



INVESTIGATION INTO THE DEATH OF MR N WHO DIED ON 27th AUGUST 2017, THIRTEEN DAYS AFTER HIS RELEASE ON LICENCE FROM MAGHABERRY PRISON

When notified that a person has died within fourteen days of their release from prison, I have discretion to investigate, to the extent appropriate, matters relating to the care they received in prison.

Mr N was released on life licence on 14th August 2017 after his release was directed by Parole Commissioners for Northern Ireland (PCNI) the previous week. He was subject to standard licence conditions which included that he resided at a specified address, maintained contact with his supervising probation officer and refrained from consuming alcohol and drugs among a number of other measures to support his resettlement in the community.

Mr N was serving a life sentence imposed for manslaughter with a tariff of six years and six months. This was the minimum time to be served in prison before his release on licence could be considered. He had served an additional four years in prison as Parole Commissioners were not satisfied, before that point, that he no longer posed a risk of serious harm to the public.

Mr N resided in a PBNI approved hostel in Belfast following his release from Maghaberry. He occupied a single room. When a member of hostel staff checked on him at 11:00am on 27th August 2017, he found Mr N lying on the floor. Resuscitation was not attempted and Mr N was formally pronounced dead at 13:50. Drugs and alcohol were found in his room.

A post mortem was conducted on 30th August 2017 and the cause of death was recorded as being due to the Toxic Effects of Pregablin, Alprazolam and Alcohol. Neither drug had been prescribed for Mr N. He was aged 53 years.

Mr N was estranged from his family and they did not wish to contribute to this investigation. However the Hostel Manager highlighted a number of challenges associated with their ability to manage Mr N's care in the short period since his release. This included that he was not registered with a GP, he did not have photographic identification when released from custody and that he had not undertaken a longer period of testing in the community prior to his release on licence.

The Probation Board also acknowledged that it is more challenging to successfully supervise life licencees in the community if they are not registered with a GP and have not undergone a rigorous testing period prior to their discharge on licence.



The timing of Mr N's release was a matter for the Parole Commissioners for Northern Ireland and is outside the scope of this review.

Mr N was known to hostel staff having been allocated a hostel place for the purpose of pre-release testing. His earlier stays at the hostel had not been without incident.

In the days leading up to his death Mr N's behaviour and health was causing concern. A NIACRO resettlement worker brought him to Accident and Emergency on one occasion and he refused to attend hospital on a second occasion several days later. Mr N was reported as being unsteady on his feet; his speech was slurred and he appeared to be under the influence of drugs/alcohol. He was being closely monitored by hostel staff who were in daily contact with his supervising probation officer. There was evidence of good communication and information sharing between the various agencies involved in supporting Mr N in the community.

GP registration and photographic identification

Mr N had chronic health problems including drug and alcohol addiction, cirrhosis of the liver, and an infectious blood virus. When discharged he was issued with a five day supply of medication which included an anti-depressant and medication to treat neuropathic pain. The South Eastern Health and Social Care Trust (SEHSCT), who provide prison healthcare services, may issue a longer supply of medication but each case is assessed individually.

It is normal practice for the SEHSCT to issue a discharge letter notifying an individual's General Practitioner (GP) of their imminent release and providing details of their medication regime at the time of discharge, a list of current problems requiring active consideration or outstanding out-patient dates. When a person is not registered with a GP this letter is issued to the Business Service Organisation (BSO). In this instance a discharge letter was issued to BSO on 15th August 2017, the day after Mr N's release.

On the day of his release a multi-disciplinary meeting was held at the Hostel involving hostel staff, a NIACRO worker and both the prison and community probation officers, where registration with a GP was identified as a priority matter.

Probation Board records indicate that a number of attempts were made to address this issue including contact with prison healthcare and efforts to link Mr N with a GP he had previously been registered with while he was being tested in the community at an earlier stage in his sentence. Mr N was brought to a local surgery on 21st August 2017 but the Doctor could not see details of a previous prescription and did not prescribe medication.



Prison healthcare records indicated that the discharge letter issued on 15th August 2017 was faxed to a local Doctor's surgery on 22nd August 2017.

One obstacle to Mr N being registered with a GP was that he did not have photographic identification.

It appears that there is no legal requirement for GP practices to seek proof of identity before registering a patient and there is a duty on GPs to provide emergency and immediately necessary treatment. BSO advised that exceptions can be made and photographs certified by a probation officer or other professional for the purpose of establishing proof of identity.

Some of these problems could have been offset if Mr N's release had been managed through the NIPS pre-release scheme operated from Maghaberry prison's Working Out Unit at Burren House. This scheme is open to suitable long term prisoners who are usually in the last fifteen months of their sentence and provides supported and structured resettlement support.

Part of the reintegration work done in Burren House is to register prisoners living there with a local GP so that their healthcare needs are met in the community. This entails a first appointment being made with the local practice, the completion of a pack of information for the surgery including a proof of identity declaration and the sharing of prison healthcare records with the community practice.

Mr N had progressed to Burren House on two occasions but he was suspended from the pre-release scheme and returned to Maghaberry from where he was later discharged on licence.

Figures provided by the NIPS indicate that between May 2014 and August 2018 there was a significantly lower rate of revocation between those released from the Working Out Unit (10%) when compared with those released from closed conditions (60%). This indicates that the structured resettlement support provided by the NIPS and its partner agencies through the operation of the pre-release testing scheme is effective. The figures provided by the

Prison Service also highlight that a third of those released between 2014 and 2018 were released directly from the prison so the issues associated with Mr N's case could also arise in others.



It is improbable that Mr N's death would have been prevented if he had been registered with a GP at the point of release but this case highlights the importance of this issue in making a successful transition from custody to community and I make the following recommendation to the Northern Ireland Prison Service.

It is recommended that where a life sentence or indeterminate custodial prisoner is being released directly from the prison, the NIPS in conjunction with its partner agencies should ensure, where possible, that individuals are registered with a GP and have a bank account opened or other practical resettlement supports in place at the point of release. This should include providing proof of identification when necessary.

I accept that the NIPS has a limited timeframe to action the release of an individual once directed to do so by the Parole Commissioners. The implementation of the above recommendation is likely to need discussion with partner agencies and the Parole Commissioners so that requisite support to smooth the transition from custody to community is in place at the point of release.

The NIPS did not accept the above recommendation on the basis that there is a limited timeframe to implement release once a recommendation to release is given by the Parole commissioners. The NIPS said this significantly reduces the capacity to ensure that resettlement supports are in place at the time of release. The NIPS also highlighted, as stated in my report, that exceptions can be made to the requirement to provide photographic identification and that Mr N's probation officer could have certificated a photograph to allow registration to be completed.

On the basis of these findings I conclude there are no additional matters relating to Mr N's management and care by the NI Prison Service or South Eastern Health and Social Care Trust that require further investigation.

BRENDAN MCGUIGAN CBE

**Office of the Prisoner Ombudsman for Northern Ireland/Chief Inspector, Criminal Justice
Inspection Northern Ireland**

14th February 2019