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Team Two  
Coroners Court of Victoria  
Level 12  
222 Exhibition Street  
Melbourne VIC 3000

Dear Team Two,

**Inquest into the Death of Timothy Casey**  
**Case Number: 2008 1277**

We refer to the findings of Coroner White in relation to the death of Timothy Casey at Port Phillip Prison (PPP).

G4S Custodial Services Pty Ltd (G4S) is the operator of PPP.

Coroner White made a number of recommendations arising from the circumstances of Mr Casey's death. To assist with understanding this response to the Coroner's recommendations G4S makes the following observations and comments:

1. PPP is a maximum security men's prison with a current capacity to accommodate 951 prisoners.
2. St Vincent's Hospital Melbourne (SVHM) provides health services at PPP and employs Psychiatrists and Registered Psychiatric Nurses.
3. G4S employs registered psychologists to deliver clinical services and integration programs at PPP.
4. G4S has a multidisciplinary approach to managing prisoners at risk of Suicide and Self Harm (SASH) through SVHM psychiatric staff and G4S psychologists and correctional staff.
5. G4S does not provide any services at the Melbourne Assessment Prison (MAP).

**The Coroner's Recommendations and G4S' response**

We respond to each of the Coroner's recommendations in turn.



### **Recommendation 1**

*I recommend that a written discharge note be prepared in respect of all MAP prisoners earlier housed in either unit 13 or the Acute Assessment Unit, for reasons connected to psychosis or suicide/self-harm. Such discharge note to be prepared by a consultant Psychiatrist or a Psychiatric Registrar or a Psychiatric nurse as deemed appropriate by the Senior Consultant. Further, any psychiatric nurse prepared discharge notes should be reviewed and counter signed by the duty Psychiatric Registrar or above.*

#### G4S response – Recommendation 1

G4S is aware that a discharge summary is now provided by Forensicare for prisoners admitted to the Acute Assessment Unit (AAU) at the MAP. This is expected to be helpful for SVHM in its provision of health services at PPP to those prisoners formerly placed in the AAU.

G4S understands that health information relating to prisoners previously accommodated in Unit 13 at the MAP, who have received treatment by Forensicare, will be recorded in the prisoner's medical file.

### **Recommendation 2**

*In conjunction with recommendation 1 above I further recommend that discharge notes for prisoners released from the MAP who have during their present incarceration previously been held in either Unit 13 or the Acute Assessment Unit,*

*Are to be received and acknowledged as read prior to a MAP general prison population admission by;*

- a) SASH officers by reference to same in an amended SITUPS or like document.*
- b) The Risk Review Committee, or equivalent at any other such receiving prison, with the documentation employed to record such deliberations, to be amended to include reference to the receipt and reading of, such a discharge summary.*

#### G4S response - Recommendation 2(a) and (b)

If recommendation 2 is also intended to relate to transfers to mainstream prison placement at PPP for prisoners who had previously been located in Unit 13 or the AAU at MAP for reasons connected with psychosis or suicide or self harm, G4S has an alternative position regarding the review of a discharge note (or clinical record).

Shortly, SASH Officers will no longer conduct a SASH screening process of prisoners being transferred to PPP from another prison or police custody.



All formal SASH risk assessments for newly admitted prisoners, as well as those accommodated at PPP who are identified as requiring assessment or ongoing management of SASH risk in accordance with PPP's At Risk procedures, are performed at PPP by a SVHM Registered Psychiatric Nurse.

Upon arrival to PPP a SVHM Registered Psychiatric Nurse in Admissions conducts a SASH assessment of all incoming prisoners whether they are on an existing S risk rating or not. The SVHM Registered Psychiatric Nurse working in Admissions has access to the discharge summary or clinical entries on the prisoner's medical file.

All personnel working in Admissions at PPP have access to information of past self harm incidents through the prisoner's correctional records. This information allows them to identify non-medical information concerning SASH history and correctional management SASH risks.

It is foreseeable that while a new prisoner to PPP might have previously held a SASH S1-3 rating, indicating his level of SASH risk at a particular point in time, that prisoner may have been reduced to an S4 rating while at MAP prior to transfer to PPP, indicating a reduction in this SASH risk. Some time may pass before transfer to PPP. In many cases it will be inappropriate for a Correctional Officer (including a SASH Officer) who has no medical/clinical training to review an historical medical discharge summary when the prisoner is not considered at risk at the time of transfer. To do so might breach the prisoner's medical confidentiality. This issue may remain even where the Coroner's broad definition of at risk prisoner<sup>1</sup> is applied.

G4S understands the State is reviewing the need to implement a formal handover or briefing from MAP personnel to PPP or SVHM personnel for inter-prison transfers of prisoners who had previously been accommodated in AAU or Unit 13 while at the MAP.

Where a prisoner is considered currently at risk of SASH (S1-3 rating) or is identified as requiring monitoring those prisoners are discussed at multidisciplinary Risk Review Team meetings conducted at PPP. Given those prisoners are identified as at risk at the time relevant health information can be exchanged in accordance with Health Privacy Principle 2.2.

Any relevant entries in the prisoner's medical file or discharge summary prepared by Forensicare's psychiatric staff located at MAP is expected to be reviewed and reported on by SVHM personnel at RRT meetings.

G4S will amend its RRT documentation to ensure that there is a record of the review of relevant information from a prisoner's medical file and, where applicable, any relevant Forensicare AAU discharge summary.

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<sup>1</sup> See page 80 of the Coroner's findings and Recommendation 5 below.



### **Recommendation 3**

*Having regard to this same issue, I further recommend a withdrawal of the stipulation presently found in the Reception Summary form, which suggests that a reference to a psychiatrist for psychiatric assessment or medication review should only be ordered in respect of prisoners classified as P1 or P2.*

#### G4S response– Recommendation 3

This recommendation does not apply to G4S or practices at PPP.

### **Recommendation 4**

*I also recommend that the training of Forensic psychiatric nursing staff should better instruct on this matter, and better emphasise the need to seek advice upwards concerning the position of a prisoner, who like Mr Casey, has a documented history of suicidal behaviour and who demonstrates a fluctuating mental state presentation.*

#### G4S response– Recommendation 4

This recommendation does not apply to G4S or practices at PPP.

### **Recommendation 5**

*In these circumstances, I therefore recommend:*

- a) That the office of Correctional Services Review undertakes a comprehensive review of conditions at Scarborough South and other similarly designed units at the PPP, and advises the State of its finding and recommendations.*
- b) That unless or until the State is able to introduce appropriate structural changes at Scarborough South, that the Commissioner of Corrections directs that the housing of ‘at risk prisoners’ in all unrenovated cells at the PPP, be suspended indefinitely.*

*At risk prisoners, should include any prisoner who has previously been placed on and remained on, a P or S3 rating (or suicide watch) at MAP, or any other Victorian prison within the previous 21 days.*

#### G4S response - Recommendation 5(a)

As observed at the view of accommodation cells at PPP and as described in the evidence and submissions during the course of the Inquest, following Mr Casey’s death G4S undertook its own refurbishment of the cells at PPP. This refurbishment included changing some aspects integral to the method utilized by Mr Casey to create a hanging point. Tests have been undertaken to confirm safety of those physical changes.



The Coroner's definition of 'at risk' prisoner is broader than the Department of Justice and G4S approach to identifying at risk prisoners, which requires the current risk to be determined based on a clinical evaluation and assessment by a Mental Health Professional.

With few exceptions, which are not directly relevant to this Inquest, prisoners may be transferred to PPP at any time during their imprisonment. The Coroner's definition of at risk prisoner would encapsulate a significant proportion of the total prison population in Victoria as well as at PPP.

There are a number of Units at PPP which have been built under more recent prison building guidelines and specifications than that which were in place when PPP was constructed in 1996. PPP has two newer Units; one accommodating 71 prisoners and most recently a 118 bed Unit commissioned in December 2012. The cells in those newer Units meet current building standards for cell and fire safety and allow G4S and the State greater placement options for prisoners on an S regime.

#### G4S response - Recommendation 5(b)

G4S does not place prisoners on an S1 risk rating in regular cells in Scarborough South Unit or cells of similar design in other parts of PPP. They may be located in an observation cell in such Units however. G4S endeavours to avoid S2 risk rated prisoners in cells like those in Scarborough South Unit.

Due to the prison population and the operational requirements of PPP given its position within the Victorian prison system it may not be possible to avoid all placements of prisoners with a current or recent rating of S3 or higher in Scarborough South Unit or similar Units.

Placement of prisoners requires an assessment of a raft of considerations including their classification, protection, management or mainstream status, their risk flags for violence, escape, placement, psychiatric or medical issues, their ability to safely interact with other prisoners in the Unit, their past history of violence or incidents within the correctional system across the State, movement of other prisoners around PPP or coming into PPP who may be an enemy of the prisoner or may not mix well with him given his or their associates. This is a non-exhaustive list of relevant considerations.

G4S and Corrections Victoria, which is ultimately responsible for the transfer of the prisoner to PPP and may be involved in nominating his intended Unit, require maximum flexibility when undertaking placement decisions for prisoners located at PPP. Nevertheless, G4S uses its best endeavours to avoid placement of prisoners with a current S2 or S3 rating in cells like those in Scarborough South Unit or similar.

With the exception of P1 placements which must remain at MAP there is presently no Commissioners Requirement regarding placement of prisoners with a current or recent psychiatric or 'P' rating which applies to any prison in Victoria.



While it is not possible to exclude placement of prisoners with an S2 or S3 rating in Scarborough South Unit or Units with similar cell design G4S has a comprehensive range of safety strategies and services it utilizes as part of its ongoing SASH risk management of SASH rated prisoners while that prisoner remains on formal observations and under regular review and assessment by a SVHM Registered Psychiatric Nurses and the RRT.

Prisoners with a recent past history of an S rating of S3 or higher have access to similar services and remain under observation by SVHM and G4S employees trained to monitor and refer behaviour of concern or requests for assistance through the Crisis Call and reporting procedures in place at PPP.

#### **Recommendation 6**

*I recommend therefore that the OCSR consider staffing arrangements to the Scarborough South Unit, with a view to determining whether staffing levels permit prison officers the opportunity to undertake their duty of care to prisoners, to an appropriate level. I make this recommendation despite the fact that current staffing levels have received the approval of the APOA.*

#### G4S response - Recommendation 6

G4S has no objection to any review of its staffing levels.

#### **Recommendation 7**

*I further recommend that the OCSR undertake a review of exhibits 14(c), 32(d) and (e), and other G4S materials relevant to training reference 'at risk' prisoners, as required, (to include training and update training records), to seek to ensure that both training and training updates are being carried out in a timely way with appropriate course content, having particular regard to the need for all PPP Prison Officers and RRT Staff to fully comprehend:*

- a) The role of the caseworker and backup caseworker;*
- b) The purpose and ambit of 'meaningful conversations', in regard to a prisoner on observation watch and the recording of that matter;*
- c) First principle identification of SASH risk issues, as set out in training manual Exhibit\_ ; and*
- d) The importance of proper minute taking in all RRT meetings, which minutes should fully reflect any division in views, which may occur at any such review meeting.*

#### G4S response - Recommendation 7

G4S is happy for a review of its At Risk Prisoner and SASH training materials and programs. The OCSR will commence a review of G4S At Risk Prisoner/SASH training to confirm training is being carried out in a timely manner and course content is appropriate.



### **Recommendation 8**

*Having regard then for counsels submissions and to the above discussion, and to help best ensure that these roles are understood especially by those who will continue to work on the RRT, I recommend that the suggestions made in the DOJ submission outlines above, be formally adopted by the Governor of Corrections Victoria and be included within an amended G4S Operational instruction 107.*

#### G4S response - Recommendation 8

G4S considers its practices already reflect this recommendation.

Upon the issue of a revised Commissioner's Requirement for At Risk Prisoners G4S will review its Operational Instruction No. 107 *At Risk Prisoners* for compliance to any amended framework.

### **Recommendation 9**

*To avoid doubt on the matter of ordering, I further recommend that a full clinical review, the observations and findings of which are recorded on a properly developed risk assessment tool, should be sought prior to presentation of the particular matter to the RRT or like, and that any recommendation should not go before the RRT unless or until the analysis document tool, recommends with cause, a single downgrade of the relevant classification.*

#### G4S response - Recommendation 9

An increase to a prisoner's risk rating can be performed by a Registered Psychiatric Nurse and nominated senior staff at PPP without prior referral to the RRT.

As with Mr Casey no downgrade of a prisoner's S rating occurs at PPP without consensus of each representative from the various disciplines attending the RRT after a report from and consideration of the recommendations of the Mental Health Professional who has conducted a SASH risk assessment of the prisoner.

Reports of assessments and observations are conveyed to the RRT by the relevant representative from the appropriate discipline. SVHM has a comprehensive admissions SASH form for new prisoners. Otherwise, G4S and SVHM are required to comply with the Justice Health Unit Quality Framework.

### **Recommendation 10**

*Instruction 107 should be amended to reflect this ordering.*

#### G4S response - Recommendation 10

When the Commissioner's Requirement for At Risk Prisoners, which governs operation in both public and private prisons is released G4S will, if required, amend its Operational Instruction No. 107 *At Risk Prisoners* to comply with the amended Commissioner's Requirement.



### **Recommendation 11**

*This is a complex matter and it is relevant to report that all Australian states and territories maintain a similar approach to the one described above. It is also the case that mental illness and drug dependence and dependency withdrawal treatment are in many presentation, inter related conditions, with the symptoms of each difficult to differentiate, (and difficult to address). I am satisfied however that there is potential for a great improvement in both prisoner care and prison management, and if hard and fast rules can be made more flexible allowing in appropriate cases, for the need for an early intervention to be identified.*

*Accordingly, I recommend that Pacific Shores Pty Ltd and St Vincent's Corrections Health Service, in consultation with the Commissioner of Corrections and G4S, develop protocols, which recognise that the provision of appropriate drug substitution medication within PPP, is a medical rather than an administrative issue. Further, such protocols should be developed with a firm steadfastness to the ideals concerning a healer's duty to a patient, to be the driver of decision making in this area.*

*Under such an approach, I would expect that with the assistance of nursing staff, that the duty medical officer would henceforward seek to corroborate any prisoner claims about his relevant drug history.*

*A medical review, such as that recommended in this instance by Dr Ong, should then be undertaken with a view to making an informed medical decision about the need to prescribe and the timing of commencement of delivery, to meet any particular presentation.*

*Further such a review should (where a best practice medical need is so indicated) result in the prisoner being given timely access to the appropriate medication as a response to his presentation, and without regard to a waiting list which may or may not exist, for any particular 'programme', at that time.*

### G4S response - Recommendation 11

SVHM clinicians are required to assess prisoners in accordance with applicable OSTP guidelines and protocols based on clinical/medical considerations.

The administration of OSTP medication in the prison environment has security and management consequences, such as divergence or illicit use which may increase the incidence of drug seeking behaviour. The decision to prescribe OST therefore must be made for clinical reasons only.

At times due to the availability of resources a prisoner may be waitlisted for commencement on the OSTP.

G4S is aware that OSTP is under review by Corrections Victoria which review is expected to be completed this year.





### **Recommendation 12**

*In the circumstances, I recommend that henceforth only those psychologists, who obtain endorsement as clinical psychologists from the Psychology Board of Australia, be permitted to undertake such suicide risk assessment evaluations in MAP and PPP. I note with approval that both MAP and PPP, with the support of Corrections Victoria and Justice Health have, in fact, recently downgraded the risk assessment role being undertaken by staff, who are not appropriately endorsed. This, in favour of clinically trained staff employed by Forensicare and St Vincent's Health, respectively.*

#### G4S response - Recommendation 12

The Commissioner's Requirement permits SASH risk assessments to be performed by a 'Mental Health Professional', which is defined as a person who has established experience and qualifications in the mental health field and includes psychologists.

Clinical Services staff at PPP conduct their work in accordance with their obligations under the *Health Practitioner Regulation National Law (Victoria) Act 2009* and related regulations and with the guidelines provided by the Australian Health Practitioner Regulation Agency (AHPRA).

G4S believes that generally registered psychologists with the requisite training and experience who are employed to work at PPP are capable of identification and assessment of a prisoner's risk of suicidality or self harm. Nevertheless, the formal assessment of SASH risk is presently performed by Registered Psychiatric Nurses at PPP. Additional information by way of observations and input from clinical services staff and correctional staff will be provided as part of the multidisciplinary approach to management of at risk prisoners.

G4S does not consider it necessary to restrict its policy according to the Coroner's recommendation.

### **Recommendation 13**

*To further support this Department of Justice initiative, I recommend that the Commissioner of Corrections Victoria amend the existing Directive, to reflect this change of approach.*

#### G4S response - Recommendation 13

G4S will comply with any amended Commissioner's Requirement or agreement reached with the Department of Justice regarding the assessment of at risk prisoners at PPP.

### **Recommendation 14**

*I also recommend that both Corrections Victoria and Justice Health henceforward seek to ensure that only those persons who have applied for and received clinical psychologist board endorsement, are contracted to undertake this specific aspect of the work of psychologists, within Victorian prisons.*



G4S response - Recommendation 14

G4S refers to its response to recommendations 12 and 13 above.

**Recommendation 15**

*Finally, I note that the office of the Chief Psychiatrist has a clinical review programme which is part of its Quality Assurance Committee, and that its jurisdiction extends to Victorian prisons.*

*In the circumstances, I recommend that medically qualified specialist staff, under the auspices of the Chief Psychiatrist, be invited by the Corrections Commissioner to undertake periodic prison visits to both MAP and PPP. Such a course to be undertaken to further support the State's objective that at risk prisoners accommodated within both MAP and PPP, are being provided with appropriate ongoing mental health support.*

G4S response- Recommendation 15

G4S would welcome a visit to PPP by representatives from the Office of the Chief Psychiatrist, if it falls within the ambit of that office. Any visit would be implemented via the Department of Justice (Justice Health).

We trust this information is of assistance to the Court and responds to the recommendations of Coroner White. G4S is happy to provide any further information to the Court, if necessary.

Yours faithfully

A handwritten signature in dark ink, appearing to read 'D Roach'.

Dennis Roach  
Managing Director  
Care & Justice