

THE SAFETY OF PRISONERS HELD BY THE NORTHERN IRELAND PRISON SERVICE

A joint inspection by Criminal Justice Inspection Northern
Ireland and the Regulation and Quality Improvement Authority

October 2014

Criminal Justice Inspection
Northern Ireland
a better justice system for all





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October 2014





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List of abbreviations

AD:EPT	Alcohol and Drugs: Empowering People through Therapy
BIR	Bullying Incident Report
CAB	Challenging Anti-social Behaviour
CJI	Criminal Justice Inspection Northern Ireland
CNA	Certified Normal Accommodation
DHSSPS	Department for Health, Social Services and Public Safety
EMIS	Egton Medical Information System
GP	General Practitioner
HMIP	Her Majesty's Inspectorate of Prisons in England and Wales
HNA	Health Needs Assessment
HSCB	Health and Social Care Board
IMB	Independent Monitoring Board
IP	In-possession (referring to prescribed medication)
MAR	Medication Administration Record
NI	Northern Ireland
NIPS	Northern Ireland Prison Service
PASRO	Prisoners Addressing Substance Related Offending Programme
PD	Personality Disorder
PDD	Passive Drug Dog
PONI	Prisoner Ombudsman for Northern Ireland
PREPS	Progressive Regimes and Earned Privileges Scheme
PRT	Prison Review Team
PSNI	Police Service of Northern Ireland
PSST	Prisoner Safety and Support Team
RQIA	Regulation and Quality Improvement Authority
SAI	Serious Adverse Incident
SAM	Safe at Magilligan
SEHSCT	South Eastern Health and Social Care Trust
SPAR	Supporting Prisoners at Risk
YOC	Young Offender's Centre



Chief Inspector's Foreword

'Doing their time' can be relatively straightforward for some offenders. For many others, particularly those with complex mental health conditions, personality disorders, learning difficulties or drug and alcohol addictions, it can be a time of great vulnerability in their lives.

We want our prisons to be secure establishments that meet the needs of a diverse and challenging population. Institutions, where prisoners and prison staff are safe, where therapeutic and purposeful activities are on offer to help prevent reoffending and where bullying and intimidation from whatever source, are challenged effectively.

This inspection is a timely reminder of the challenges faced daily by the staff of the Northern Ireland Prison Service (NIPS) and the South Eastern Health and Social Care Trust (SEHSCT). The statistics for drug and alcohol dependency amongst the prison population, together with the staggering numbers of prisoners on prescription medication is a depressing reflection of what has become a societal norm.

The quantity and availability of drugs in prison together with the willingness of some prisoners to experiment with potentially lethal chemical concoctions, means that prison staff need to be alert to all potential risks and to ensure that everything that can be done, is done to disrupt this activity.

While we acknowledge the progress that has been made by both the NIPS and the SEHSCT in delivering the appropriate levels of care, safety and healthcare,

more needs to be done to embed good operational practice within each of the prisons. Only then will we see positive changes to the outcomes for prisoners.

We have made a number of strategic and operational recommendations to support more effective service delivery and believe if fully implemented, they will improve the safety of prisoners.

This inspection was conducted by Dr Ian Cameron and Dr Stephen Dolan from CJI. Elizabeth Colgan led the Regulation and Quality Improvement Authority (RQIA) team, and I would wish to record the valuable contribution made by RQIA to the inspection. My sincere thanks to all those who have contributed to this work.

Brendan McGuigan
Chief Inspector of Criminal Justice
in Northern Ireland

October 2014



Executive Summary

The safety of prisoners is not just about preventing deaths in custody. It is a significant issue in the prison setting and vulnerable individuals need to be protected and supported in a therapeutic environment. Effective strategies are required to address the inter-linked areas of suicide and self-harm, the availability of illicit and prescription drugs, bullying, and the access to healthcare.

This inspection found that the NIPS and the SEHSC needed to work closely together to strengthen the strategic approach to, and the operational management of, these areas to improve safety and outcomes for prisoners.

Northern Ireland's prisons house a complex mix of prisoners. The health profile of prisoners, the high levels of mental ill-health, personality disorder, drug and alcohol addiction, the proportion of prisoners on medication, and in numerous cases a combination of these factors, all create a concentration of need within the prison establishments. This requires a high degree of communication, co-ordination and joint action between the NIPS and the SEHSC to deliver the appropriate levels of prisoner care, safety and healthcare provision.

Inspectors would wish to comment on the work of prison officers and healthcare staff who, on a daily basis, deal with some very difficult and damaged individuals. Many caring interactions were witnessed with the most vulnerable prisoners, and Inspectors are aware of a number of occasions where prison and healthcare staff acted quickly and decisively to save the lives of prisoners in critical and potentially life-threatening situations.

The procedures to protect and support prisoners at risk of suicide or self-harm are governed through the Supporting Prisoners at Risk (SPAR) process and an associated safer custody meeting structure. The report highlights concerns about the management and implementation of safer custody at establishment level, and how the response, care and



therapeutic arrangements for the most vulnerable prisoners are managed by the NIPS and the SEHSCT.

Bullying is a significant issue in the prison environment. It can be due to a number of factors including drugs and may be offence-related. Bullying and anti-social behaviour can take a variety of forms, much can be subtle and most is unreported. Many prisoners lack confidence in the investigation process. It is the view of Inspectors that the strategy needs to be reviewed to more effectively challenge bullying, to implement a robust process to investigate allegations and reported incidents, to address under-reporting, and increase confidence in the system.

The quantity and availability of drugs within prisons is concerning. Drugs are a high value currency in prisons. They have been responsible for a number of deaths in custody and other serious incidents, and are a cause of a significant proportion of the bullying which takes place. This is true both for illicit and prescription drugs. The NIPS is in the unenviable position of being powerless to totally prevent illicit drugs entering prisons until the development of search technology which allows the safe and effective detection of drugs which have been swallowed or secreted within a body cavity. A recent initiative with the police at Maghaberry Prison has had success detecting smuggled drugs. This inspection report highlights that more needs to be done to address this issue, and recommends that the NIPS, in conjunction with the SEHSCT, should review the strategy to more effectively address areas of supply reduction, demand reduction and throughcare.

The report makes comment about the prescribing and management of medicines. It found that these areas needed to be reviewed to take account of the risk-assessment process for prisoners' in-possession medications; the control of medications to prevent diversion; the supervised-swallow arrangements for benzodiazepine stabilisation or withdrawal; and the recording and use of the SEHSCT's management information.

The complexity and health needs of the prison population demand a co-ordinated response from the two principal organisations responsible for prisoner safety and care. The inspection found that the newly-introduced formal governance structures between the NIPS and the SEHSCT were effective at the more senior levels, but communication and joint-working at landing-level needed to be developed to increase effectiveness and improve outcomes for prisoners.



Recommendations

Strategic recommendations

1

The NIPS, in conjunction with the SEHSCT, should review its Suicide and Self-harm Prevention Policy to take account of the issues raised in this report. The revised approach should be a joint strategy between the NIPS and the SEHSCT to address issues of safer custody in the three prisons and should be completed within nine months of the publication of this report (paragraph 4.21). (NIPS and SEHSCT)

2

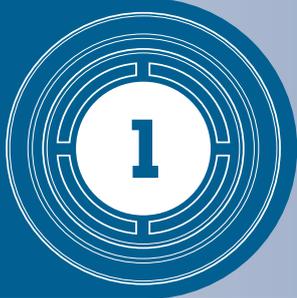
The NIPS should review its Violence Reduction and Anti-bullying policy to take account of the issues raised in this report. The revised approach should be completed within six months of the publication of this report (paragraph 4.34). (NIPS)

3

There should be a comprehensive substance misuse strategy, based on a detailed strategic assessment of the scale and nature of the drugs problem, to address the key areas of supply reduction, demand reduction and throughcare. It should be a joint strategy with the SEHSCT and should be implemented within nine months of the publication of this report (paragraph 4.50). (NIPS and SEHSCT)



Inspection Report



Introduction

Context

- 1.1 Prisons, by their very nature, have to deal with some of society's most disturbed, difficult and dangerous individuals and historically have been based on the need for detention and security, rather than a therapeutic model. Despite this, there is a duty of care on the NIPS to provide a safe and humane environment for those people in their care.
- 1.2 The core purpose of the NIPS is to improve public safety by reducing the risk of reoffending through the management and rehabilitation of offenders in custody. The delivery against this core purpose is supported by three strategic aims, the first of which 'Safe, secure and decent custody'¹ is of direct relevance to this inspection. The safety of prisoners is therefore central to the work of the NIPS, and crucial to public confidence in the Prison Service.
- 1.3 The death of Colin Bell in Maghaberry and subsequent investigation reports² were highly critical of the Prison Service and the actions of individual prison officers, and led to widespread media and political comment and undoubtedly impacted on public confidence in the NIPS.
- 1.4 The SEHSCT assumed responsibility for healthcare in the three Northern Ireland prisons on 1 April 2008. As outlined in more detail below, many prisoners have mental health and personality disorders, many have drugs and alcohol addiction issues and, in addition, other vulnerability factors can surface while in prison custody. It is therefore vital to have effective multi-disciplinary working between the NIPS and the SEHSCT to address these issues, to provide a therapeutic environment and to provide safe, secure and decent custody.
- 1.5 The inspection is set within the context of the wider prison reform process and in particular the implementation of the Prison Review Team (PRT) recommendations.
- 1.6 Whilst the measure of prisoner safety is not simply one of keeping prisoners alive, the NIPS should be given credit for the fact that at the time of writing, there has not been a death in custody³ in Northern Ireland's prisons since May 2013. This has to be viewed in the context of a rising prison population, the

1 Northern Ireland Prison Service Corporate Plan 2011-15.

2 Northern Ireland Prisoner Ombudsman Report. Death of Colin Bell. January 2009. The Pearson Review Pursuant to the Death in Custody of Colin Bell on 1 August 2008. Published 9 June 2009.

3 In England and Wales in 2013 there were 215 deaths in prison. This is a ratio of 2.55 deaths per 1000 prisoners. Ministry of Justice. Safety in Custody Statistics England and Wales. Update to December 2013. Statistics Bulletin 24 April 2014.

medical and psycho-social profile of prisoners as referred to below, and the availability, and often indiscriminate use of prescription and illicit drugs. In addition, Inspectors are aware that on a number of occasions prison and healthcare staff have acted quickly and decisively to save the lives of prisoners in critical, and potentially life-threatening, incidents.

Scope of the inspection

- 1.7 The primary focus of the inspection is on safer custody, suicide and self-harm prevention, violence reduction and anti-bullying, the use of drugs and the healthcare support available to prisoners.
- 1.8 The inspection examined the aspects of safety within the three Northern Ireland prisons, and while the inspection is not specifically about 'vulnerable prisoners', it is inevitable that reference will be made to this group. Indeed the Safeguarding Vulnerable Groups (NI) Order 2007 defines all persons lawfully detained in a prison or a young offender's centre as vulnerable adults.

The background to the prison population

- 1.9 Previous Criminal Justice Inspection Northern Ireland (CJI) and other reports have highlighted the vulnerable nature of the wider UK prison population and there is compelling evidence that the social and psychological profile of prisoners is poorer than the general population.
- 1.10 Indeed, the statistics paint a very stark picture:
 - a significant number of prisoners suffer from a psychotic disorder. A total of 25% of women and 15% of men in prison reported symptoms indicative of psychosis. The rate among the general public is about four per cent⁴;
 - 20-30% of all offenders have learning disabilities or difficulties that interfere with their ability to cope with the criminal justice system⁵;
 - 46% of women prisoners surveyed reported having attempted suicide at some point in their lives. This compares with seven per cent of women in the general population; and
 - 49% of women in prison suffer from anxiety and depression and 25% report symptoms indicative of psychosis⁶.
- 1.11 The profile for young offenders is equally concerning:
 - 34% of prisoners committed to Hydebank Wood Young Offender's Centre (YOC) have literacy at entry level 3⁷ or below;
 - 51% have a numerical ability of entry level 3 or below;
 - 21% reported learning difficulties on committal; and
 - 30% had undergone some form of mental health intervention⁸.

4 Ministry of Justice (2013) Gender Differences in substance misuse and mental health amongst prisoners, London: Ministry of Justice in Bromley Briefings Prisons Factfile. Autumn 2013. Prison Reform Trust.

5 Loucks, N. (2007) No one knows: Offenders with Learning Difficulties and Learning Disabilities. Review of prevalence and associate needs, London: Prison Reform Trust in Bromley Briefings Prisons Factfile. Autumn 2013. Prison Reform Trust.

6 Ministry of Justice (2013) Gender Differences in substance misuse and mental health amongst prisoners, London: Ministry of Justice in Bromley Briefings Prisons Factfile. Autumn 2013. Prison Reform Trust.

7 Entry level 3 can broadly be equated to that expected of a nine year old (Delivering the Hydebank Wood College. NIPS December 2013).

8 Delivering the Hydebank Wood College. NIPS December 2013.

- 1.12 An example of the challenges facing the Prison Service and the Trust were highlighted to the Assembly Committee for Health, Social Services and Public Safety by the SEHSCT's Director of Adult Services in the following terms:

“up to 5,000 prisoners including sentenced and remand prisoners, use healthcare services each year. The following figures outline the high level of need. Some 1,000 prisoners will have a personality disorder; 130 prisoners will have psychosis; 750 will have some form of neurosis; 12 prisoners will have tried to kill themselves in the past seven days; 110 will have thought about that within the past seven days; around 160 prisoners will have tried to kill themselves in the past year; 712 people will have an addiction; and 545, separate to that, will also have an addiction, alcohol and drug problems.”⁹

- 1.13 A total of 67% of all prisoners were on prescribed medication, 80% at Maghaberry Prison, 58% at Magilligan Prison and 38% at the YOC and the levels of prescribing reflect the fact that prisoners tend to have poorer physical and mental health than the wider population. 90% of prisoners have a diagnosable mental health problem, substance misuse problem or both, and 27% have some other form of chronic disease¹⁰.
- 1.14 It is thought that approximately 75% of prisoners were addicts although not all have been assessed¹¹.
- 1.15 Other issues can also impact on prisoner safety for example, the nature of the prisoner's offence and overcrowding. There are currently high levels of overcrowding and prisoners doubled-up in cells with other prisoners, particularly at Maghaberry.
- 1.16 Personality Disorders (PD) are significant in terms of prevalence, subsequent morbidity and the challenge to a range of services presented by those with the most chaotic and disturbed behaviour. Approximately 10% of people with a PD go on to complete suicide, while 12% of all people who complete suicide are considered to have a diagnosis of PD. It is generally acknowledged that PDs are caused by a combination and interaction of genetic vulnerability and adverse early experiences, such as abuse and neglect¹².
- 1.17 Among prisoners the estimated prevalence of PDs is between 60% and 80%. Unsurprisingly anti-social personality disorder has the highest prevalence with estimates of 63% among male remand prisoners, 49% of male sentenced prisoners and 31% of female prisoners. Although women make up a very small proportion of prisoners, it has been reported that proportionately more women than men commit suicide in prison, unlike in the community, and five-times more self-harm¹³.

9 Committee for Health, Social Services and Public Safety. Hansard. Inspection of Prison Healthcare: Hydebank Wood Young Offender's Centre and Ash House Women's Prison. 19 October 2011.

10 Northern Ireland Assembly Hansard. Oral questions 19 September 2011. AQO 330/11-15.

11 Ministerial Forum on Safer Custody. Minutes of meeting 28 March 2012.

12 Personality Disorder: A Diagnosis for Inclusion. The Northern Ireland Personality Disorder Strategy. Department of Health, Social Services and Public Safety. June 2010.

13 Personality Disorder: A Diagnosis for Inclusion. The Northern Ireland Personality Disorder Strategy. Department of Health, Social Services and Public Safety. June 2010.

PRISON PROFILE AND PREVIOUS INSPECTION REPORTS

Maghaberry Prison

- 1.18 Maghaberry Prison is a high security prison housing Northern Ireland's main adult male prisoners. It receives all male adult committals and has a high throughput of prisoners. The prison is overcrowded with a population of 1,092 prisoners at 25 October 2013¹⁴ set against a Certified Normal Accommodation (CNA) of 860¹⁵. Currently there are approximately 500 (50%) prisoners doubled-up in cells meant for one prisoner¹⁶. The prison contains a complex mix of lifers, remand prisoners, fine defaulters¹⁷ and sentenced prisoners serving varying lengths of sentence. The prison also holds around 70¹⁸ Loyalist and Republican prisoners in separated conditions.
- 1.19 A significant number of prisoners have mental health problems and learning difficulties, while others are vulnerable because of their offences or disputes with other prisoners¹⁹. The high proportion of the Maghaberry Prison population on prescription medication is an indication of the high level of need and vulnerability.
- 1.20 In November 2011 the Donard Centre was officially opened at Maghaberry as a day centre to work with up to 20 inmates with longstanding emotional and mental health problems.
- 1.21 Healthcare is delivered by primary and secondary care staff; mental health and addictions staff; a range of allied healthcare specialists; and, by a number of voluntary and private organisations.
- 1.22 At the time of the inspection, Moyola, previously known as the in-patient facility in Maghaberry, was staffed by prison officers with a nurse covering the unit. Inspectors were advised that Moyola was an in-reach service from healthcare but there was confusion whether this was a prison or a healthcare facility. At the Operational Forum in July 2013, representatives of the SEHSCT stated that the in-patient enhanced landing was the responsibility of healthcare staff, and could also be used for observation of prisoners. It would be the view of Inspectors that the role and function of this unit needs to be clarified by the SEHSCT.
- 1.23 The most recent inspection of Maghaberry Prison was in March 2012 and at that time, Inspectors found that outcomes for prisoners were 'not sufficiently good' against the healthy prison test. For self-harm and suicide, there was good knowledge of vulnerable prisoners and those at risk of self-harm, but the report went on to say that improvements in SPAR procedures were needed, the quality of the completed SPAR documents was mixed, and in many cases there was no consistent case manager. Few of the SPAR reviews were found to be multi-disciplinary and needed to be better organised. The observation cells were used too frequently. The report made the recommendation that SPAR procedures should be improved with particular focus on case management and reviews²⁰.

14 NIPS web site. <http://www.dojni.gov.uk/index/ni-prison-service/situation-reports/nips-October-2013/situation-report-25-October-2013.htm>.

15 At time of 2012 inspection.

16 Northern Ireland Assembly Hansard. Committee for Justice, Prison Reform Programme: Prison Governors' Association. 27 March 2014.

17 Currently the impact of fine-defaulters on the Maghaberry prison population is artificially low due to a Judicial Review. There were no fine defaulters in Maghaberry at 31 December 2013. In the 2011-12 financial year there were 1722 fine committals at Maghaberry.

18 Figures at 19 February 2014 (27 Loyalist and 43 Republican).

19 Report on an unannounced inspection of Maghaberry Prison 19-23 March 2012. CJI, HMIP, RQIA, ETI 17 December 2012.

20 Report on an unannounced inspection of Maghaberry Prison 19-23 March 2012. CJI, HMIP, RQIA, ETI. 17 December 2012.

- 1.24 In terms of bullying and violence reduction, the inspection found that formal procedures to address bullying had not been used effectively although they had been re-launched. The Prisoner Safety and Support Team (PSST) had been established and was providing a new focus on safer custody and providing good support to vulnerable prisoners. It was important that the caring ethos of the team became embedded with all residential officers. The report expressed the concern that prisoners in the survey were more likely to say that they felt unsafe than in comparator prisons and there had been a lack of an effective strategy for some time to address bullying. Data collection to inform the strategy and management of violence reduction was limited. One of the report's main recommendations was for an effective strategy to be developed to reduce levels of violence and address bullying.

Magilligan Prison

- 1.25 The prison at Magilligan holds male sentenced offenders. At 25 October 2013 the population in Magilligan was 546²¹. The CNA is 571²². The prison has no committals into prison custody from the wider criminal justice system, all prisoners come as transfers from Maghaberry. There are no remand prisoners and Magilligan houses low and medium-risk prisoners, as a result the population is relatively stable. There are low numbers of prisoners with the acute vulnerabilities experienced at Maghaberry, although Magilligan houses a significant proportion of prisoners who were considered vulnerable, mainly due to other prisoners' attitudes towards their offence²³.
- 1.26 There is no SEHSCT in-patient facility at Magilligan Prison, the on-site health centre provides primary healthcare services.
- 1.27 There is a separate low-security semi-open facility for selected prisoners who are nearing the end of their sentences.
- 1.28 At the time of writing, the last inspection of Magilligan Prison was published in September 2010 when outcomes for prisoners were found to be reasonably good against the healthy prison test. The safer custody priority had been focused on suicide prevention and the inspection found that there was no current violence reduction or anti-bullying policy or strategy. Data about indicators of violence were sparse. Links between security and safer custody were found to be poor. The report recommended a violence reduction strategy, incorporating anti-bullying procedures specific to Magilligan Prison should be implemented in consultation with all groups of prisoners and based on an up-to-date survey of their perceptions and experiences of safety.
- 1.29 In terms of self-harm and suicide, the report found that levels were low and the process for supporting prisoners at risk worked effectively with multi-disciplinary attendance at case conferences and care plans took account of prisoners' needs. There was no evidence however, that information was analysed to identify any trend or pattern that could be addressed and the report made a recommendation to address this.
- 1.30 Drug testing arrangements made it difficult to determine the extent of illicit drug use. Random mandatory testing was not carried out and targeted testing was rare. The only drug testing available was compliance testing²⁴.

21 NIPS website <http://www.dojni.gov.uk/index/ni-prison-service/situation-reports/nips-October-2013/situation-report-25-October-2013.htm>.

22 NIPS report.

23 Report on an announced inspection of Magilligan Prison 29 March – 2 April 2010. CJI, HMIP, RQIA, ETI. 13 September 2010.

24 Report on an announced inspection of Magilligan Prison 29 March – 2 April 2010. CJI, HMIP, RQIA, ETI. 13 September 2010.

Hydebank Wood: Young Offender's Centre (YOC)

- 1.31 Hydebank Wood YOC holds Northern Ireland's young offenders, aged 18-24, on a shared site with the Women's Prison. There were 169 young offenders in the YOC on 25 October 2013, against a CNA of 253²⁵. The population is made up of remand and sentenced offenders, and levels of need and vulnerability can be high amongst this age group.
- 1.32 There is no SEHSCT in-patient facility; an on-site health centre provides primary healthcare services. Healthcare is delivered by primary and secondary care staff; mental health and addictions staff; a range of allied healthcare specialists; and, by a number of voluntary and private organisations.
- 1.33 Hydebank Wood was recently inspected in February 2013. The inspection found that in terms of safety, outcomes for prisoners were 'not sufficiently good' against the healthy prison test.
- 1.34 The report expressed concern that the suicide and self-harm policy had not considered the specific needs of prisoners. While levels of self-harm were not high, the care provided was inconsistent and some aspects were poor. Most support documents were poor, and aspects of individualised care planning were under-developed. There was no formal peer support scheme, and not all those who needed input from mental health workers received it. The recommendation was made that SPAR procedures should be improved with an emphasis on individualised care plans, regular staff engagement, less use of observation cells and greater involvement in activity, including a peer support scheme and input from mental health workers.
- 1.35 It was also found that security information, including the use of intelligence, needed to be improved and better used to inform local strategies, particularly on safety. Links to other areas such as violence reduction and drugs strategy needed to improve.
- 1.36 There was found to be no effective strategy to challenge bullying and anti-social behaviour. Investigations were superficial and more needed to be done to protect vulnerable prisoners.
- 1.37 Random and suspicion drug testing were inconsistently delivered with testing officers frequently deployed to other duties. In terms of the drug and alcohol strategy there was no evidence available to Inspectors that it had been informed by an analysis of local needs. Overall, there was found to be little strategic leadership or oversight or a coordinated approach to addressing the four key principles in the strategy: supply reduction, demand reduction, harm reduction and throughcare²⁶.

Hydebank Wood: Ash House Women's Prison

- 1.38 Ash House is Northern Ireland's Women's Prison, and has the disadvantage of being co-located with the YOC which restricts access to facilities and services. It holds a relatively small number of women, 52 at 25 October 2013, although this had risen to 74 on 4 April 2014. The CNA is 71²⁷. CJJ has previously commented that many of the women have serious social and emotional problems and that the small population can have both a positive and negative impact. On the one hand it can intensify difficult

²⁵ Report on an announced inspection of Hydebank Wood Young Offender's Centre 18-22 February 2013. CJI, HMIP, RQIA, ETI. 1 October 2013.

²⁶ Report on an announced inspection of Hydebank Wood Young Offender's Centre 18-22 February 2013. CJI, HMIP, RQIA, ETI. 1 October 2013.

²⁷ Report of unannounced inspection of Ash House, Hydebank Wood Women's Prison 18-22 February 2013. CJI, HMIP, RQIA, ETI. 1 October 2013.

relationships while on the other, it can facilitate better levels of supervision and interaction between staff and prisoners²⁸.

- 1.39 As for the YOC, there is no SEHSCT in-patient facility at Hydebank Wood, an on-site health centre provides primary healthcare services. Healthcare is delivered by primary and secondary care staff; mental health and addictions staff; a range of allied healthcare specialists; and, by a number of voluntary and private organisations.
- 1.40 The most recent inspection in February 2013 found that in terms of safety, outcomes for prisoners were reasonably good against the healthy prison test. For bullying and violence reduction governance was found to be poor. The report recommended that there should be a dedicated safer custody manager and a safer custody committee for Ash House focusing on anti-bullying, the prevention of suicide and the reduction of self-harm.
- 1.41 The suicide and self-harm policy had not considered the specific needs of women prisoners. Whilst levels of self-harm were not high, the care provided was inconsistent and some aspects were poor. Most support documents were poor, and aspects of individualised care planning were under-developed. There was no formal peer support scheme, and not all those who needed input from mental health workers received it. The associated recommendation was for the SPAR procedures to be improved to address these issues.
- 1.42 Random and suspicion drug testing programmes were inconsistent with testing officers frequently redeployed to other duties. The drug and alcohol strategy was out of date and there was no evidence that it had been informed by an analysis of local needs. There was little strategic leadership or oversight of a coordinated approach to addressing the drugs and alcohol issues²⁹.
- 1.43 In addition to the prison specific reports, there have been a number of relevant thematic inspection and other reports.

Vulnerable prisoners

- 1.44 CJI reported on progress on the NIPS implementation of the Prisoner Ombudsman for Northern Ireland (PONI) recommendations following the investigation and report into the death of Colin Bell at Maghaberry Prison on 1 August 2008. The inspection found that the NIPS had delivered the letter of many recommendations; however there was still scope for progress in relation to implementing the spirit of the recommendations. Procedural improvements did not translate into meaningful outcomes for prisoners and there were concerns expressed about the provision of a suitable regime in each establishment for vulnerable prisoners. A wide range of activities such as remedial education, work and social interaction is recognised as essential for helping vulnerable prisoners to cope, however these remained in short supply and time out-of-cell was much less than would have been expected.
- 1.45 The report also recommended that the NIPS should revise its safer custody meeting structure to clarify participation and input expectations, to differentiate between strategic and operational agendas and train staff on focussing on outcomes rather than actions.

28 Vulnerable Prisoners. An inspection of the treatment of vulnerable prisoners by the Northern Ireland Prison Service. CJI. 16 December 2009.

29 Report of unannounced inspection of Ash House, Hydebank Wood Women's Prison 18-22 February 2013. CJI, HMIP, RQIA, ETI. 1 October 2013.

- 1.46 The report also highlighted a disconnect between the NIPS policy on safer custody and activity on the ground. The core regime for vulnerable prisoners was also negatively impacted upon by wider management pressures which included:
- the NIPS priorities meant safer custody had been downgraded when other matters were deemed a higher priority, for example, the Headquarters-based Safer Custody Governor was transferred to other duties for lengthy periods;
 - industrial action by Prison Officers' Association members impeded regime delivery for prisoners; and
 - violence reduction/anti-bullying, an essential component of safer custody, had not received sufficient attention due to the emphasis on suicide prevention³⁰.

Prison Review Team report

- 1.47 The Prison Review Team (PRT) produced a wide-ranging report on the conditions, oversight and management of all prisons in Northern Ireland, making 40 recommendations. A section of the report focussed on suicide prevention and substance misuse.
- 1.48 The report commented on the wider concerns about the efficacy of the SPAR procedures and support mechanisms for those at risk and referred to previous Prisoner Ombudsman investigations which revealed failings in both support and understanding for those at risk.
- 1.49 The PRT examined SPAR documents and were not reassured that the procedures were being properly implemented, or that the causes of vulnerability were understood and engaged with. Concerns were expressed in four areas:
- procedures for linking previous and current SPARs did not appear to be operating effectively;
 - SPARs appeared to be closed very quickly, with no evidence of a proper closure review or assurances that issues of concern had been dealt with;
 - many comments on the SPAR logs were purely observational with no evidence of insight or in-depth conversations, even when these were mandated in the care plan; and
 - though care plans existed, the aims were often unhelpfully vague.
- 1.50 The report also highlighted that many of those at risk of suicide and self-harm had issues in relation to prescription medication. Many prisoners arrived in prison with long histories of prescription drug use and addiction. Prescribing policies in prisons have been neither consistent nor safe: with delays in obtaining prescriptions, and a too swift reduction in supply, resulting in significant levels of anxiety and increased vulnerability³¹.
- 1.51 The PRT made a number of recommendations in relation to substance misuse. The report outlined the need for a cycle of annual needs assessments, service monitoring and planning for substance misuse services, supported by effective data collection. There was also a need for an increase in partnership working and integrated care amongst the three providers of substance misuse services (primary care, secondary care and AD:EPT), with other departments and services in the prisons, supported by information-sharing protocols. A recommendation was made regarding undertaking a clinical audit specific to substance misuse, to ensure low dosage withdrawal-led substitute prescribing, beginning at committal, for all those dependent on opiates and consistent and safe prescribing for those who are benzodiazepine dependent.

³⁰ Vulnerable Prisoners. An inspection of the treatment of vulnerable prisoners by the Northern Ireland Prison Service. CJI. 16 December 2009.

³¹ Review of the Northern Ireland Prison Service. Conditions, management and oversight of all prisons. Prison Review Team final report. October 2011.

Prisoner Ombudsman's reports

- 1.52 Numerous PONI reports and death in custody investigations have highlighted issues around prisoner safety and the SPAR process, bullying and the use of drugs in prison.
- 1.53 The report into the death of Samuel Carson and Mr E raised significant issues about bullying, the recording and investigation of bullying incidents and the effectiveness of bullying investigations³².
- 1.54 Issues in relation to drugs were again addressed in a report into the death of Mr D, published in November 2013, which found evidence of the following issues related to the management of illicit and non-prescribed medication, all of which have been highlighted in previous death in custody and complaint investigation reports:
- an acceptance by staff of the inevitability of the prevalence of drugs in prison;
 - the ease with which medicines and illicit drugs can be sourced and traded in prison;
 - a failure on the part of both prison and healthcare staff to take action where somebody is displaying clear indications of drowsiness and slurred speech as a result of medicine/drug abuse;
 - inadequate intelligence-led cell searching;
 - a failure to listen to and act on evidence from phone calls where there is reason to suspect drug/medicine abuse;
 - a failure to refer inmates with obvious addiction problems to therapeutic support services;
 - an inadequate response to vulnerability issues that are known to staff;
 - no clear communication strategy between prison and healthcare staff that can be implemented in the event that an inmate is found with medication which has not been prescribed to them;
 - no written policy in relation to what course of action an officer should take having found an inmate to be in possession of medication which has not been prescribed;
 - no automatic drug testing in response to incidents where an inmate is found to be in possession of medication which has not been prescribed; and
 - inadequate cell searching arrangements when it is known that drugs/medication are being abused on a landing³³.

32 Summary and issues of concern of the investigation into the circumstances surrounding the death in Hydebank Wood of Samuel Carson. Prisoner Ombudsman for Northern Ireland 20 November 2012. Also report into the circumstances surrounding the death of Mr E in Maghaberry Prison. Prisoner Ombudsman for Northern Ireland. Published 30 April 2014.

33 Report by the Prisoner Ombudsman for Northern Ireland into the circumstances surrounding the death of Mr D on (date redacted) Aged (age redacted). 27 November 2013.



Strategy and governance

- 2.1 At the strategic level, the Ministerial Forum on Safer Custody³⁴, chaired by the Justice Minister, which meets on a tri-annual basis³⁵ champions a shared responsibility across all the custodial agencies for the care and well-being of vulnerable people at risk of self-harm or suicide within the criminal justice system.
- 2.2 At organisational level, the Prison Service's core purpose is improving public safety by reducing the risk of re-offending through the management and rehabilitation of offenders in custody. The NIPS has three strategic aims, set by the Justice Minister:
- (1) safe, secure and decent custody;
 - (2) reform and modernise to create a more efficient and effective service; and
 - (3) reduce the rate of re-offending³⁶.
- 2.3 It is the first of these that is particularly relevant in the context of this inspection.
- 2.4 In terms of strategy and governance, there are four main areas relevant to this inspection covered by policy:
- safer custody;
 - bullying and anti-social behaviour;
 - substance misuse; and
 - the NIPS/SEHSCT joint-working.

Safer custody

- 2.5 Safer custody had until recently, been centrally co-ordinated by a senior Governor at Headquarters, however, this officer had retired from the Service and, whilst the NIPS Director of Operations retained responsibility for the overall policy area, issues relating to safer custody in general, and the SPAR process in particular, had been delegated to the establishments. This had caused some unease at establishment level and there was concern expressed to Inspectors that corporacy may be lost. The HQ Safer Custody Forum, which met bi-monthly, and involved the Safer Custody Co-ordinators from the three prisons, Prison Escort and Court Custody Service, Prison Psychology and NIPS Health and Safety staff no longer met. There is no evidence from the minutes of the meetings that any representatives from healthcare were invited or attended the meetings. This forum provided an opportunity for feedback, lessons-learned and good practice to be shared between HQ and the establishments in relation to safer custody issues, and a mechanism to facilitate this in the future should be considered in furtherance of strategic recommendation 1.

³⁴ Membership includes NIPS, PSNI, NICTS, PBNI, Healthcare, Academia, IMB, Voluntary and Community Sector, and Prisoner Ombudsman.

³⁵ There was a gap in meetings from May 2013 to May 2014.

³⁶ NIPS Business Plan 2013-2014.

- 2.6 The NIPS Suicide and Self-harm Prevention Policy was first published in 2011 and had been updated in October 2013. The policy states that *'the NIPS takes its responsibilities for the safe custody of those in its care very seriously. The NIPS will take all practical and reasonable steps to ensure that prisoners who identify as being at risk of self-harm or suicide are effectively managed through a process of multi-disciplinary assessment and care planning. Processes will be in place to monitor agreed pathways for care, and to record observations and engagement by prison staff and other professional agencies in the care of those in custody'*³⁷.
- 2.7 The aim of the policy is to identify vulnerable prisoners at risk of self-harm or suicide and provide the necessary support and care to minimise the harm an individual may cause to him/herself throughout their time in custody.
- 2.8 The policy contains standard operating procedures to recognise early, and support vulnerable prisoners through identification; intervention; regime management; policy implementation; and training.
- 2.9 This report has already made reference to the poor health profile of prisoners and throughout the Suicide and Self-harm Prevention Policy there is emphasis on the need for a multi-disciplinary approach and ensuring that the appropriate clinical and psychological support is provided.
- 2.10 The Suicide and Self-harm Prevention Policy contains the SPAR process. This is to help staff identify, at an early stage, symptoms or behaviours that suggest a prisoner may be in a personal crisis and who may need additional and immediate support and care. This is affected through a three-section SPAR document: Section 1 – contains a risk matrix to help staff assess the level of crisis or extent of the prisoner's desire to self-harm and a keep-safe plan to help protect the prisoner for the next 48 hour period; Section 2 – provides the structure for staff to conduct an assessment interview with the prisoner to more accurately assess the triggers and reasons behind the crisis s/he is experiencing; and Section 3 – ensures that once the initial keep-safe plan has been implemented, on-going care and attention and continuous review takes place until the risks are sufficiently mitigated³⁸.
- 2.11 The 2013 Hydebank Wood inspection found that the NIPS Suicide and Self-harm Prevention Policy did not reflect the needs of women prisoners or young offenders³⁹.

Bullying and anti-social behaviour

- 2.12 Anti-social behaviour, and in particular bullying, can be a significant issue in prisons, as it is in society more generally, and can be exacerbated by the confined prison environment, overcrowding, the lack of purposeful activity, the presence of illicit drugs and prescription medicines, and the nature of the offence for which the person is imprisoned.
- 2.13 Policy around anti-bullying is fragmented and there are currently different local policies.
- 2.14 A recent prisoner death in custody report which involved bullying recommended that there needed to be more clarity on the specific roles and responsibilities of healthcare staff in respect of the NIPS Anti-bullying Policy⁴⁰.

37 NIPS Suicide and Self-harm Prevention Policy 2011. Updated October 2013.

38 NIPS Suicide and Self-harm Prevention Policy 2011. Updated October 2013.

39 Report on an announced inspection of Hydebank Wood Young Offender's Centre 18-22 February 2013. CJI, HMIP, RQIA, ETI. 1 October 2013. Report of unannounced inspection of Ash House, Hydebank Wood Women's Prison 18-22 February 2013. CJI, HMIP, RQIA, ETI. 1 October 2013.

40 Report into the circumstances surrounding the death of Mr E in Maghaberry Prison. Prisoner Ombudsman for Northern Ireland. Published 30 April 2014.

- 2.15 As part of the safer custody strategy a new approach to tackling anti-social behaviour was developed – Challenging Anti-social Behaviour (CAB). This was piloted and remains in place in the women’s prison at Hydebank Wood. Following an evaluation, it was the intention of the NIPS to roll-out CAB on a service-wide basis although the NIPS Operational Management Board postponed implementation because of issues around the potential impact on regimes, and the Service’s ability to deliver the necessary training.
- 2.16 As an interim measure the Safer Custody Co-ordinators at the prison establishments were asked to revisit the local policy and procedures, i.e. Bullying Incident Report (BIR) at Maghaberry Prison and the Hydebank Wood YOC, and Safe at Magilligan (SAM), to ensure managers were competent in managing referrals and that action could be properly recorded in cases that were substantiated.
- 2.17 One of the actions of the 2013-14 NIPS Business Plan is to re-publish the Managing Anti-social Behaviour Policy Plan by August 2013, although Inspectors understand that this has been delayed to await the publication of this inspection report.

Substance misuse

- 2.18 The NIPS has a zero tolerance policy with regard to drugs in prison⁴¹.
- 2.19 The misuse of substances, including alcohol, but in particular the misuse of illicit and prescription drugs is a serious and significant issue for the Prison Service. There have been a number of deaths in custody, and recent incidents where prisoners have become critically ill, as a result of the misuse of drugs. Recent Prisoner Ombudsman investigations into prisoner deaths in custody have commented on the ease with which illicit drugs and prescription medication can be accessed and traded in prisons.
- 2.20 The current NIPS Alcohol and Substance Misuse Policy was implemented in 2006. It focussed on three key strands:
- supply reduction through searching, intelligence gathering, observation and drug testing;
 - education and awareness through programmes, literature and staff supervision; and
 - treatment, specifically with interventions by specialist providers.
- 2.21 The 2006 policy has been superseded by recent developments including the SEHSCT assuming responsibility for healthcare in the three NI prisons from 1 April 2008; the transfer of responsibility for addiction services to the SEHSCT from 2008; the introduction of mandatory drug-testing; and the AD:EPT⁴² service delivered by Opportunity Youth on behalf of the SEHSCT.
- 2.22 In 2008 the NIPS produced a report on minimising the supply of drugs in NI prisons, which assessed the extent of drug misuse in the prisons at that time. The report highlighted that by far the most common means of bringing drugs into prison was smuggling by visitors to prisoners, that too high a proportion of visitors and prisoners were circumventing the search arrangements, and that the CCTV arrangements for monitoring visits were not as effective as they might be. The report also examined the use of intelligence, the arrangements for drug testing and the searching of staff and visitors to the prison. The report made 30 recommendations, a number of which have been progressed⁴³.

41 Northern Ireland Assembly Written Answers Friday 14 February 2014. AQW 30386/11-15.

42 Alcohol and Drugs: Empowering People through Therapy.

43 Report on Minimising the Supply of Drugs in NI Prisons. Internal Northern Ireland Prison Service paper. May 2008.

- 2.23 In March 2012 the NIPS and the SEHSCT jointly published a Strategic Framework for the Reduction and Management of Substance Misuse in Custody. The framework reinforced the two organisations commitment to working in partnership to address misuse. It provided a template to ensure substance misuse issues are recognised and the challenges from a number of scrutiny reports, including the PRT Report, can be addressed.
- 2.24 The purpose of the framework is to provide strategic direction and guidance in the management of prisoners with substance problems. The NIPS and the SEHSCT will take all reasonable measures to reduce the availability of illicit substances to prisoners; and to provide recovery-aiding services broadly equivalent to those available in the community, whilst recognising that prisoners require different routes to recovery.
- 2.25 The strategic aims are to:
- reduce the availability and supply of illegal substances;
 - reduce the levels of substance misuse through recovery-based treatment programmes;
 - ensure treatment programmes are integrated with, not separate to, a wide range of related prison-based services; and
 - substance misuse services will be developed to reflect the diverse needs of the prisoner population⁴⁴.
- 2.26 The NIPS is currently in the process of revising its substance misuse policy and this is a target on the 2013-14 Business Plan, again Inspectors understand the NIPS Review will await the publication of this report.

NIPS/SEHSCT joint-working

- 2.27 In April 2008 responsibility for commissioning and delivering prison healthcare passed to the Department of Health, Social Services and Public Safety (DHSSPS). It is commissioned by the Health and Social Care Board (HSCB) in conjunction with the Public Health Agency, and delivered by the SEHSCT.
- 2.28 The health profile of prisoners, the high levels of mental ill-health, personality disorder, drug and alcohol addiction, the high proportion of prisoners on medication and in numerous cases, a combination of these factors all create a concentration of need within the prison establishments. This requires a high degree of communication, co-ordination and joint-action between the two organisations responsible for prisoner care, safety and health needs.
- 2.29 The governance structure through which the SEHSCT and the NIPS plan and deliver a safe and effective prison healthcare service is a three-tiered model. In August 2012 this replaced the previous Service Improvement Board, Partnership Board and local and regional governance meetings originally set up when the SEHSCT assumed responsibility for prison healthcare in 2008.
- 2.30 The Prison Healthcare Strategic Forum is attended by the NIPS Director General, the SEHSCT Chief Executive and representatives of the Health and Social Care Board (HSCB) and the DHSSPS. It meets every two months and the Committee's role is to make strategic decisions and provide strategic direction in relation to the provision of healthcare within the NI prisons. It communicates decisions to the Operational Management Forum (see below) and considers issues referred to it as unresolved by the operational forum.

⁴⁴ Northern Ireland Prison Service and South Eastern Health and Social Care Trust Strategic Framework for the Reduction and Management of Substance Misuse in Custody. March 2012.

- 2.31 The Prison Healthcare Operational Management Forum is attended by the NIPS Director of Operations and the three prison governors and from SEHSCT by the Director of Adult Services and Prison Healthcare together with a number of health specialist consultants and clinical leads. It also meets every two months and the Committee's role is to manage interface issues in relation to the delivery of healthcare in the prison setting. It will also address any unresolved issues from the Local Forums (see below).
- 2.32 The Prison Healthcare Local Forums are held at each of the three prison establishments and on the NIPS side include the Governor of the prison and other nominated managers. Healthcare is represented by the Assistant Director Prison Healthcare, clinical leads and local staff. The role of the Local Forum is to discuss all local interface issues in relation to the delivery of healthcare. Senior managers will disseminate all relevant information to members of their respective teams where decisions will be translated into the delivery of care. The forum should resolve to share all areas of good practice between each of the three sites⁴⁵.

Healthcare provision

- 2.33 The provision of substance misuse services within Northern Ireland's prisons has undergone significant change in recent years. The transfer of responsibility for prison healthcare services to the SEHSCT in 2008, and recommendations from a number of independent reviews⁴⁶, surveys⁴⁷ and inspections have influenced and reflected on a period of continued transition and change.
- 2.34 The provision of substance misuse services has developed since the SEHSCT undertook responsibility in April 2008, and there has been progress regarding the implementation of a joint Prison Service and Trust substance misuse policy. Each of the prisons within Northern Ireland provides a range of treatment interventions through primary care, secondary care and specialist addiction services.
- 2.35 The Prisoner Quality of Life Survey found that 50% of respondents reported having emotional wellbeing/ mental health issues; 44% reported having an alcohol problem when they came into prison; 39% had a problem with drugs when they came into prison, and 31% had a problem with prescription drugs⁴⁸.
- 2.36 Results from the survey also revealed that the most commonly drugs used were:

Table 1: Most commonly drugs used

Cannabis	22%
Cenzodiazepines	16%
Co-codamol	12%
Tramadol	12%
Ecstasy	11%
Subutex	11%

45 South Eastern Health and Social Care Trust. Prison Healthcare Strategic Forum TOR August 2012. Prison Healthcare Operational Management Forum TOR August 2012. Prison Healthcare Local Forums TOR August 2012.

46 Review of the Northern Ireland Prison Service. Conditions, management and oversight of all prisons. Report on Substance Misuse Treatment in the Prisons of Northern Ireland. A Review undertaken by Anthony Hewitt, March 2011.

47 NIPS. Prisoner Quality of Life Survey 2012. Roisin Broderick Scottish Prison Service Research Branch. April 2013.

48 NIPS. Prisoner Quality of Life Survey 2012. Roisin Broderick Scottish Prison Service Research Branch. April 2013.

- 2.37 At the time of the inspection, 50 male prisoners were known to the prison's addiction service of which 47 were receiving opiate substitute treatment. The majority of these were serving their sentence in Maghaberry Prison. There were no prisoners in the YOC or Ash House Women's Prison receiving treatment from the prison's clinical addiction team.
- 2.38 Inspectors were unable to access up-to-date information regarding the numbers of prisoners presenting with substance misuse problems within each prison. However, primary care staff providing initial healthcare screening and interventions to newly committed prisoners, were recording information regarding prisoner's use of substances. Inspectors were informed that this information was being captured within the Trust's data recording systems. Inspectors also noted that a member of the medical team had previously completed an audit of the prevalence of substance misuse within the population of newly committed prisoners.
- 2.39 The Prisoner Quality of Life Survey found that 39% of prisoners who responded reported having a problem with drugs. The survey also identified that the most common drugs used included two opiates (subutex and co-codomol) and tramadol. Although not an opiate, tramadol affects the same receptors in the brain. Inspectors were concerned that the numbers of prisoners accessing the clinical addictions team was significantly low when compared to the numbers of prisoners reporting as having opiate substance misuse problems. Equally, there were no accurate up-to-date records regarding the prevalence and types of substance misuse within the prison population.

Prisoner health needs assessment

- 2.40 The PRT Report recommended improved data collection and monitoring, with health needs assessments carried out in each prison to frame and support individual improvement plans and assess performance delivery⁴⁹.
- 2.41 A number of vulnerable groups are over-represented in the criminal justice system when compared with the national average, including those with mental ill-health, personality disorder, learning disabilities, speech, language and communication difficulties. These individuals may experience particular difficulties as they move through the justice system in terms of communication, participation, access and welfare; their needs are likely to require both a medical and a criminal justice response.
- 2.42 The first Health Needs Assessment (HNA) was carried out by the Health and Social Care Board and was highly valuable with regard to learning about the process, engagement of key organisations and the stakeholder feedback that was obtained. However, there was a lack of robust information such that an accurate assessment of need was difficult. The key finding from the report was that information systems require development to support routine HNA.

49 Review of the Northern Ireland Prison Service. Conditions, management and oversight of all prisons. Prison Review Team Final Report. October 2011.

- 2.43 The 2012-13 HNA also included a corporate element involving a stakeholder survey of the NIPS and the SEHSCT staff, and utilised findings from the 2011 prisoner healthcare survey. Both surveys suffered from a low response rate, however, the key health needs identified by the respondents, including both staff and prisoners were:
- prescription drug abuse;
 - personality disorders;
 - anxiety and depression;
 - pain management;
 - development of chronic disease clinics;
 - more purposeful activities for prisoners; and
 - a focus on the prisoner as an individual with individual needs.
- 2.44 The Health Needs Assessment of Prisoners in Northern Ireland 2013-14 was published in 2014 by the Public Health Agency. It will inform commissioning and assesses the healthcare need for the changing prison population, which is essential to ensure that services are preventing illnesses and enabling prisoners to stay healthy by meeting their needs⁵⁰.

⁵⁰ Health Needs Assessment of Prisoners in Northern Ireland 2013/2014. Public Health Agency publication.



Delivery

- 3.1 The delivery of policy is primarily at establishment level within the three prisons, and is delegated to the Governor.
- 3.2 Inspectors are pleased to note that the relationships and communication between Headquarters and the operational Governors, which was the subject of criticism in previous inspection reports, has significantly improved and is now operating at a much more effective level. There is now a stable management team at strategic level and Inspectors are confident that it will continue to reform and drive the service forward along the lines envisaged by the PRT.

Safer custody and SPAR

- 3.3 The SPAR process was introduced in 2011, and replaced the previous Prisoner at Risk (PAR) process. The operation of SPAR has been the subject of adverse comment from a number of inspection bodies including the Prison Review Team, the Prisoner Ombudsman for Northern Ireland, Her Majesty's Inspectorate of Prisons (HMIP) and CJI. These include the process as having a 'tick-box' approach with little thought given to the quality of care plans and the outcomes of case conferences in terms of meeting prisoners' needs⁵¹. In addition there were concerns that SPAR documents have been opened for repeated acts of self-harm or suicide attempts but with insufficient action taken during the intervening period to address the underlying issues. Staff needed to go beyond reacting to self-harm and address suicide and self-harm prevention. The NIPS was to review the policy to include addressing how to deal with prisoners with wider vulnerability issues or chronic cases of prolific self-harmers, and take into consideration the recommendation to introduce a care co-ordinator⁵².
- 3.4 The SPAR process is designed to be a short-term crisis first-aid management tool and is therefore not being used effectively where prisoners are being frequently referred to the process for similar reasons as the previous period of crisis. SPAR is not designed to provide long-term care, or to address the underlying issues such as poor mental health or historical trauma. The process provides for an immediate plan for keeping the person safe, for a swift assessment of the concerns causing the crisis and a pathway for longer-term interventions and support to prevent or reduce a recurrence⁵³.
- 3.5 The SPAR policy provides for family support as an element of care planning, and whilst Inspectors found that this was used on occasions, there is scope for more use to be made of this in appropriate cases.

51 Ministerial Forum for Safer Custody. Minutes of meeting 31 July 2012.

52 Ministerial Forum for Safer Custody. Minutes of meeting 6 December 2012.

53 Ministerial Forum for Safer Custody. Minutes of meeting 6 December 2012.

- 3.6 In furtherance of PRT recommendation 9⁵⁴, CJI has undertaken a number of audits of the SPAR documentation in the three prison establishments. These found that more needs to be done within the NIPS in relation to the completion and quality assurance of SPAR documents, and also to address the PRT concerns about the procedures for linking previous and current SPAR forms; that closure reviews provided assurance, that issues of concern had been dealt with; and to improve the quality of log entries and care plans.
- 3.7 The NIPS has subsequently introduced procedures for internally auditing the completed SPAR booklets in the three prisons and for managers to quality assure the content of the booklets. It would be the view of Inspectors that these audits could be improved if they included increased focus on the more qualitative aspects of the SPAR document content, including those areas raised in the PRT report.
- 3.8 A further issue which should be addressed by the NIPS is the effect purposeful activity, including work, education, time out of cell, association, exercise and the number of lock-ups has on rates of self-harm and suicide. Death in custody reports have shown that there needs to be an increase in purposeful activity as bored prisoners are at risk of suicide and self-harm, and that being locked up for long periods affects sleep which increases the demand for illicit drugs⁵⁵ and medication to alleviate boredom⁵⁶. For prisoners who have issues with mental health and personality disorder, lock-ups can be particularly problematic.

Area for improvement

- 3.9 As a recommended **area for improvement, the NIPS and the SEHSCT should examine the effects of purposeful activity on prisoners' self-harm and suicide, drug-taking and bullying behaviour, and address the findings as part of strategic recommendations 1, 2 and 3.**
- 3.10 Each prison has a designated Safer Custody Co-ordinator, and within the over-arching Suicide and Self-harm Prevention Policy, there are local safer custody policies to give local guidance on the identification and management of vulnerable prisoners.
- 3.11 There is a Strategic Safer Custody Forum in each prison which meets on a monthly basis (bi-monthly in Magilligan). There had been NIPS HQ attendance at these meetings but this had ceased with the demise of the HQ Safer Custody Co-ordinator role.
- 3.12 The meetings are multi-agency, chaired by a NIPS Governor. However on occasions attendance from a number of the relevant NIPS and support organisations, including healthcare has been inconsistent. Some of the meetings have recently been reinvigorated by new staff appointments. There is scope for improvement in relation to the statistics and management information available to the meeting, the security and intelligence available, including phone monitoring, and how this informs local safer custody strategies and drives operational performance and outcomes for prisoners. In addition, like the meetings discussed below, the Safer Custody Forums are very NIPS-led and focussed and should be reviewed in furtherance of strategic recommendation 1.

54 PRT recommendation 9 states 'The Prisoner Ombudsman should be invited to carry out random reviews of SPAR documentation, and her findings should be reflected in training for managers and staff', and following discussion with the Minister, the Prisoner Ombudsman and the Chief Inspector CJI, it was subsequently agreed that it would be more appropriate for CJI to undertake this role.

55 See also Northern Ireland Prison Service. Prisoner Quality of Life Survey 2012. Roisin Broderick Scottish Prison Service Research Branch. April 2013.

56 Ministerial Forum for Safer Custody. Minutes of meeting 31 July 2012.

- 3.13 Maghaberry Prison has the highest number of vulnerable prisoners and the co-ordination of safer custody is the responsibility of a Prisoner Safety and Support Team (PSST), headed by a Governor and supported by a Safer Custody Senior Officer and 2.5 administration support staff. The caring ethos of the PSST was commented on in a previous inspection report and Inspectors found that although there has been a change in staff, the caring approach has been maintained.
- 3.14 The PSST has an associated meeting structure through which safer custody issues are identified, discussed and addressed. A daily meeting discusses operational issues in relation to safer custody, those prisoners on a SPAR and will escalate issues, as necessary, to prison management and the weekly prisoner safety and support meeting.
- 3.15 The weekly PSST meeting is multi-agency and involves a wide range of prison staff and support agencies including Probation, Psychology, Education, Healthcare, Chaplaincy, Quakers, Independent Monitoring Board, AD:EPT etc all of whom provide a valuable contribution from their own perspective. The meeting is chaired by the PSST Unit Manager to discuss the most vulnerable prisoners who are referred for a variety of reasons, for example inability to cope, self-harming behaviour, are difficult to manage, mental health or personality disorder issues, frequently on SPAR etc. Case load can be up to 30 per week and all parties update the meeting on the current position (from their particular specialism perspective) regarding the prisoner in question, and a decision is then made as to how best to deal with the prisoner. This may involve a referral to a specialist agency, for example addictions or mental health, a change in location within the prison, a referral to Donard, increased activity etc.
- 3.16 Inspectors have attended this meeting on a number of occasions and there is no doubt that it deals with some very damaged, vulnerable and at-risk prisoners. The overwhelming majority of the cases under discussion stem from, among other things, mental health, personality disorder, or learning difficulty backgrounds, or as a result of drug or alcohol addiction. Inspectors would be concerned that on a number of occasions, there was no healthcare representative at the meeting, and at other meetings the healthcare representative was not fully acquainted with the facts of the case. As a result, any clinical assessment of the prisoner's need was unable to be provided or recommendations made as to how best to address the assessed need. It is an unenviable position for prison staff trying to take decisions to put in place plans for the most vulnerable and damaged prisoners in the absence of a clinical assessment of the underlying medical issues, or any clinical recommendations as to the way the prisoner should be managed to address the assessed need. As referred to earlier, the underlying vulnerabilities of many prisoners stem from broader health-related, social or addiction-based issues and it would be the view of Inspectors that the emphasis of the prisoner safety and support meeting should change from a NIPS-driven and directed meeting with a healthcare input, to one jointly-chaired by the NIPS and the SEHSCT which can focus on identifying and addressing the clinical needs of the prisoners in question. This should be considered in furtherance of strategic recommendation 1⁵⁷.
- 3.17 Where there is high concern about an individual prisoner who cannot be dealt with through the PSST meeting mechanism, there is a referral to a multi-agency serious case review chaired by the NIPS. These meetings are well attended by the relevant prison and support agencies including healthcare and psychiatry, but again Inspectors would argue that these should be jointly-chaired by the NIPS and the SEHSCT.

57 The Corston Report recommended that the management and care of self-harming women should be led by the NHS, either in an NHS resource or shared multi-disciplinary care in prison. The Corston Report. A Report by Baroness Jean Corston of a Review of Women with Particular Vulnerabilities in the Criminal Justice System. The need for a distinct, radically different, visibly-led, strategic, proportionate, holistic, woman-centred, integrated approach. March 2007. <http://www.justice.gov.uk/publications/docs/corston-report-march-2007.pdf>

The Donard Centre

- 3.18 The Donard Centre in Maghaberry Prison was officially opened by the Justice and Employment and Learning Ministers in November 2011. It is a purpose-built unit, developed in partnership with the SEHSCT, to deal with the most vulnerable prisoners who are referred where there is a requirement for support in relation to vulnerability, who may have mental health or personality disorder problems, and who may require a period of convalescence. There is a multi-agency assessment of suitability and the prisoners attending the Centre undertake various therapeutic interventions, including working in the Donard gardens.
- 3.19 Maghaberry Prison has committed a Senior Officer and 14 staff to the Donard Centre and the associated vulnerable prisoners landing in Quoile House. The officers have received additional training in mental health and personality disorder, although Inspectors were advised that the regular Donard staff can, on occasions, be re-assigned to other duties in the prison. The SEHSCT have staff attached to the unit specialising in mental health, personality disorder and occupational therapy. The capacity of the Centre is 25 prisoners per day, although this is dependent on the availability of programmes. Inspectors understand that whilst any absences of prison staff are replaced, this is not always the case for the SEHSCT staff, and this can affect the availability of programmes, for example at the time of the fieldwork, art therapy was not running as the facilitator had been unavailable. It was intended that prisoners referred to Donard should remain in the Centre over lunchtime, but at the time of the inspection, Donard was closed over the lunchtime period due to prison service resourcing issues.
- 3.20 The running of the unit had been re-energised with the appointment of a new Senior Officer and it was evident to Inspectors that there were good working relationships within the unit between prison and healthcare staff.
- 3.21 There is a weekly multi-disciplinary meeting chaired by the prison psychiatrist to discuss the case load, directing programmes and preparation for discharge. Inspectors observed these meetings and were assured that individual cases were discussed in detail with good input from all attending. There was clarity in decision-making and Inspectors noted that there had been several effective outcomes in respect of individual prisoners.
- 3.22 There is no doubt that the staff in Donard deal with some of the most challenging prisoners on a day-to-day basis and it can, on occasions, be a difficult working environment. It is important that the staff are supported in their role by the NIPS and the SEHSCT management, and that the unit works to full capacity.

Bullying and anti-social behaviour

- 3.23 The Strategic Safer Custody Forums referred to address issues of bullying and anti-social behaviour in the respective prisons. Similar comments apply in respect of attendance and the scope for improvement in relation to the data on indicators of violence and management information available to the meeting, the security and intelligence available, including phone monitoring, and how this informs local strategies and drives operational performance and outcomes for prisoners.

- 3.24 At Maghaberry Prison there is also a weekly Violence Reduction Meeting with representatives from Security and the Residential Unit Manager to discuss issues of violence, anti-social behaviour and bullying among prisoners and to identify any trends or issues to be addressed. Statistics considered include violent incidents, drugs etc. However this meeting has been poorly attended and is frequently cancelled. The management information and statistical analysis available does not provide sufficient information on trends, data about indicators of violence, or intelligence patterns, including phone monitoring, to allow proactive action to be taken to address issues of safety, violence and drugs. The meeting needs to focus more on performance and actions to improve outcomes for prisoners. Staff changes have meant that there is a new residential manager chairing the meeting, and Inspectors understand that the new chair will be reviewing the terms of reference with a view to addressing these concerns.
- 3.25 In Maghaberry Prison bullying is managed through the BIR process. Where there is an alleged bullying incident, an initial report is completed which provides an outline of the incident and a section where the member of staff must speak to and record their discussions with the victim, any witnesses and the alleged bully. The residential manager then comments and directs what immediate actions are required, for example no further action; issue a formal written warning; or to commence a BIR monitoring process. There is also the option to direct interventions, for example victim provided support, adverse report under PREPS, or change the location of the victim or bully.
- 3.26 If the alleged bully's behaviour is to be monitored a BIR booklet is opened. The alleged bully will be interviewed by the residential manager, to explain the anti-bullying strategy, to establish the prisoner's understanding of the bullying behaviour and to explain the monitoring procedure. The prisoner is told that there is reason to believe he has been involved in bullying others and that his behaviour will be monitored for up to 28 days with a review after 14. Prison staff then monitor and enter comments on a daily basis during the morning, afternoon, the association period and at night. Completed forms are reviewed at the multi-agency prisoner safety and support meeting.
- 3.27 Safe at Magilligan (SAM) is the name for the anti-bullying strategy at Magilligan Prison. When an incident is reported or witnessed, details are passed to the anti-bullying co-ordinator who appoints two members of staff to investigate and interview the bully and the victim. The investigating officers can decide to pursue the matter further and refer to the Anti-bullying Management Board; resolve amicably between the parties; issue an informal warning; or take no further action.
- 3.28 The Anti-bullying Management Board is chaired by the Deputy Governor and includes two others from a multi-disciplinary group and can make recommendations to the Governor to end the bullying, for example to relocate the perpetrator or victim, issue warnings etc.
- 3.29 In Hydebank Wood the YOC manages bullying and anti-social behaviour through the BIR. In Ash House Challenging Anti-social Behaviour (CAB), introduced in October 2010 as a pilot, is the process. The CAB acknowledges that anti-social behaviour among women can be more discrete in nature and more difficult to identify than among men. The CAB stresses the importance of women being held accountable for their behaviour and taught a more acceptable means of interacting with their peers, and the person should be encouraged and supported to address her inappropriate behaviour.
- 3.30 On receipt of an allegation of bullying, the unit manager investigates and decides the most appropriate method of addressing the matter. This may be through the CAB process or through other means including no further action; mediation/restorative practice; victim support booklet; and informal warning etc.

- 3.31 Where it is decided to proceed through CAB, a booklet is commenced and a multi-disciplinary case conference convened. The woman is encouraged to address her inappropriate behaviour and this is monitored over time with periodic reviews.
- 3.32 Hydebank Wood Prison has been using a restorative approach to address prisoner conflicts, on both the male and the female sites, run by a small team of officers who have received specific training. This has been operational since 2011 and has been successful in a number of incidents. It is a model which has potential to be expanded more widely throughout the NIPS.
- 3.33 There are clear linkages between bullying and prescription and illicit drugs.

Drugs

- 3.34 The quantity and availability of drugs within prisons is concerning. Within prisons drugs are a high value currency. They have been responsible for a number of deaths in custody and other serious incidents, and are a cause of a significant proportion of the bullying which takes place. This is true both for illicit and prescription drugs, and more recently from 'legal highs'. However, the difficulty for the Prison Service is that until there is a development in search technology which will allow for the safe and effective detection of drugs which have been swallowed or secreted within a body cavity, it will be impossible to totally prevent illicit drugs, and other items of contraband, getting into prisons. Inspectors are not optimistic that this will be available in the foreseeable future.
- 3.35 The abuse of prescription medication is also an issue. Of the 27 deaths recorded in the NIPS since March 2009, the Prison Service has received Prisoner Ombudsman reports in relation to 18 of these, of which eight have cited recommendations or issues of concern in relation to therapeutic or prescription medication⁵⁸. It is clear that prescription drugs, whether issued or smuggled, are abused at a higher rate than banned substances⁵⁹.
- 3.36 The lack of purposeful activity directly impacts on the level of drug taking⁶⁰ (see Area for Improvement par 3.9).
- 3.37 There has been a move in the NIPS from the random and routine searching of prisoners and their cells to an intelligence-led approach, where searching is based on the prisoners' security category and risk-based. This was due to go live in spring 2014.
- 3.38 The Justice Minister said there was a renewed effort to deal with drugs in the NI prisons and referred to a recent successful initiative between the NIPS and the Police Service of Northern Ireland (PSNI) at Maghaberry Prison. In a short period of time, this resulted in 53 drug seizures at the prison, six visitors to prisoners were arrested when found in possession of drugs and 40 prisoners were the subject of investigation by the PSNI for drugs offences. The Minister went on to say that revised searching strategies have also been developed for all three prisons to improve the detection of drugs⁶¹.

58 Northern Ireland Assembly. Written Answers. AQW 31289/11-15. Friday 14 March 2014.

59 Northern Ireland Assembly. Written Answers. AQW 31910/11-15. Friday 21 March 2014.

60 Ministerial Forum on Safer Custody. Minutes of meeting 28 March 2012. See also Northern Ireland Prison Service. Prisoner Quality of life Survey 2012. Roisin Broderick Scottish Prison Service Research Branch. April 2013.

61 Ford commends improved success against drugs in prison. DOJ website 19 November 2013. <http://www.dojni.gov.uk/index/media-centre/ford-commends-improved-success-against-drugs-in-prison.htm>.

- 3.39 The Minister commented that drugs are prevalent in the community and prisons are not immune from issues that affect wider society. He said there is a real and concerted effort by the NIPS to address what is a genuine issue of concern. Physical measures are in place to prevent illicit drugs coming in to prisons, the use of drugs is monitored by mandatory drug testing and sanctions are taken against those who test positive for illicit substances⁶².
- 3.40 The initiative at Maghaberry Prison in conjunction with the PSNI to target those prisoners and visitors involved in drugs activity has had success. From September 2013 to January 2014 there were 180 finds, involving 152 prisoners. There were 85 referrals to the PSNI and 10 visitors were arrested⁶³.

Reduction of supply

- 3.41 At establishment level there are a number of measures to reduce the supply of drugs with minor variation across the three establishments.
- 3.42 **Staff search:** At Maghaberry Prison there is a search facility for all people entering the prison. This includes prison and SEHSCT staff, and other associated staff and official visitors, although this is occasionally dropped due to resourcing issues. The search involves any outer clothing, belongings, brief cases etc being subject to an x-ray scan. The person also passes through a metal detector and receives a rub-down search by a member of staff which can vary from thorough to cursory. The staff search is predominantly staffed by a male and female prison officer but on occasions only one member of staff is present, and if this is the case people of the opposite gender are searched with a metal-detecting 'wand'.
- 3.43 At Magilligan Prison the staff search no longer operates for all staff and official visitors, instead there is random searching. On occasions the staff search will be activated on an intelligence-led basis, and there are occasional spot checks of staff within the prison.
- 3.44 In Hydebank Wood Prison there is no regular search of staff or official visitors. The search facility is activated on an intelligence-led basis although this is infrequent. There is no random checking of staff or official visitors within the complex.
- 3.45 Outside Maghaberry Prison, staff expressed some concern to Inspectors about the lack of a structured search regime for staff which could potentially leave them vulnerable in the event of allegations of smuggling contraband, or of threats or pressure from prisoners.
- 3.46 **Prisoner visits:** Searching arrangements are in place for visitors at the three prisons. In addition to a rub-down search all visitors are put before a passive drug dog (PDD) which has been trained to indicate to its handler if it detects the scent of certain drugs. If the PDD indicates about a visitor they are offered a closed visit. The percentage of PDD positive indications has dropped from 1.5% in 2008 to 0.33% in 2013⁶⁴. In addition, the visits areas are under CCTV surveillance and are patrolled and monitored by prison officers. The role of the CCTV camera operators is a specialised role and requires a degree of skill to detect the subtle act of passing contraband between visitor and prisoner. Where there is information or suspicion about a particular prisoner in relation to the passing of drugs at visits, this will be passed to the officers concerned.

62 Northern Ireland Assembly Written Answers AQO 5034/11-15. Friday 22 November 2013.

63 Northern Ireland Prison Service Statistics.

64 Report on Minimising the supply of Drugs in Northern Ireland Prisons. NIPS May 2008, and NIPS Quarterly Drug Report 1 June 2013 to 31 August 2013.

- 3.47 Inspectors understand that, on occasions due to staff shortages, the post monitoring the CCTV in visits in some prisons can be dropped. It would be the view of Inspectors that this is an important role which should be prioritised and undertaken by properly trained, skilled and fully-briefed officers. In addition, concerns were expressed to Inspectors that the pressure on resources has reduced the effectiveness of the patrol function in visits.
- 3.48 **Searching of prisoners:** Reference was made earlier to the move to intelligence-led searching of prisoners whilst in prison. In addition there is routine searching of prisoners on committal to prison, on return to prison from home leave, compassionate temporary release, or if working outside the prison. There is also currently random searching of prisoners on return from a visit although this is currently being examined with a view to moving to a more intelligence-led approach for higher-risk individuals.
- 3.49 **Contractors and deliveries:** There is a search regime for contractors and delivery vehicles to the three prison establishments although the effectiveness and thoroughness of the search can vary, and the NIPS should review the procedures in this area and should consider the use of drug dogs for vehicles on a targeted and random basis.
- 3.50 **Drug testing of prisoners:** The current NIPS drug testing strategy has a number of strands. In addition to intelligence-led, suspicion testing and risk assessment drug tests, on a monthly basis, a minimum of five per cent of the population at Maghaberry and Magilligan Prisons, and 10% at Hydebank Wood Prison, will be selected for a random drug test⁶⁵. It is the view of the Director General that with finite resources, the NIPS should be testing more on the basis of risk or on the basis of compliance, for example, for access to enhanced status. It is also current policy that prisoners who go out of prison on home leave are subject to drug testing⁶⁶.
- 3.51 The specific objectives of mandatory drug testing are as follows:
- to increase significantly the detection of those misusing drugs and to send a clear message to all prisoners that if they misuse drugs they have a greater chance of being caught and punished;
 - to help prisoners to resist the peer pressure often placed on them to become involved in drug taking, due to increased possibility of detection;
 - to help identify prisoners who may need assistance to combat their drug problems with assistance offered to those who want it;
 - to provide, by means of the random testing programme, more accurate and objective information on the scale, trends and patterns of drug misuse, allowing prisons to manage and target more effectively their resources for tackling drug problems; and
 - to enable the proportion of prisoners testing positive for different drug types on the random testing programme to be used as one performance indicator of drug misuse⁶⁷.
- 3.52 Previous inspection reports have referred to the inconsistency of the drug testing programme and that resourcing difficulties can mean testing officers being deployed to other duties and this inspection found that this can still happen on occasions. The NIPS should review the drug testing programme as part of strategic recommendation 3.

65 Northern Ireland Assembly. Written Answers. AQW 31924/11-15. Friday 28 March 2014.

66 Northern Ireland Assembly. Committee for Justice. Official Report (Hansard). Prison Service Reform Programme: Update. 16 May 2013.

67 NIPS Guidance on the Mandatory Drug Testing of Prisoners. Issues 15 September 2010.

- 3.53 There is a Security Department at each of the prisons whose role includes the collection and processing of intelligence information. This includes the monitoring of prisoners' phone calls, the information provided by the drug testing programme, and the analysis⁶⁸ and actioning of security information reports submitted by officers. All three establishments report an increase in the numbers and quality of reports submitted. The shift in emphasis to intelligence-led operations and searching relies on the Security Department having the underlying systems and processes to assure the Governor that the intelligence-led approach is effective in the strategy to reduce drugs supply. Previous inspection reports have found that the links between the Security Department and other areas such as the violence reduction and drug strategy meetings were weak and the sharing of information was inconsistent⁶⁹. Inspectors were not assured that these aspects had been fully addressed and the NIPS should review this aspect of the supply reduction strategy as part of strategic recommendation 3.
- 3.54 At Maghaberry Prison there is a joint NIPS/SEHSCT local policy for the management of substance misuse in custody and action plan. One of the guiding principles of the policy is a *'zero tolerance approach towards the presence of illicit drugs and the commitment to eliminating the supply of and demand for drugs in our prison'*⁷⁰.
- 3.55 The policy has a number of key principles including a comprehensive range of security measures to reduce the supply of drugs; recovery and services for treatment and rehabilitation for prisoners with drug and alcohol problems; testing for illegal substance misuse deployed to support clinical prescribing; risk management and prisoner progression; to identify the prevalence of illegal drug use; and blood-borne virus prevention, treatment and care. The implementation of the policy is over a three-year period commencing April 2012.
- 3.56 There is a monthly multi-agency drugs strategy meeting in Maghaberry Prison, which like other meetings referred to above can suffer from inconsistent attendance from prisons, support and healthcare staff. The supporting management information, security information, including the use of intelligence, needs to be improved to enable the meeting to more effectively drive performance, target resources to address the wider strategy and to focus on outcomes for prisoners.
- 3.57 Drugs strategy meetings at Hydebank Wood and Magilligan Prisons are not currently being held and Inspectors understand that this is pending the publication of the revised corporate substance misuse policy.
- 3.58 There are currently plans for the establishment of a Drug Recovery Unit in Maghaberry Prison. It will be a 15 bed unit with a dedicated regime and specially trained staff for a 12-week programme. At the time of writing it was anticipated that the Unit would be operational by late May/early June 2014. The NIPS will then put in place relapse prevention support to stop prisoners going back to drugs, and whilst this is the first unit of its type, the idea would be to roll it out more widely to Hydebank Wood and Magilligan Prisons⁷¹. Inspectors look forward to seeing the impact this initiative will have to reduce demand for illicit and prescription drugs in Maghaberry Prison and over time, across the wider estate.

68 Previous inspection reports have recommended that intelligence analysts within the Security function should be provided with appropriate training, and whilst Inspectors understand that some training has been provided, none of the Security Department staff are trained analysts. Report on an unannounced inspection of Maghaberry Prison 19-23 March 2012. CJI, HMIP, RQIA, ETI 17 December 2012.

69 Report of unannounced inspection of Ash House, Hydebank Wood Women's Prison 18-22 February 2013. CJI, HMIP, RQIA, ETI. 1 October 2013. Report on an announced inspection of Hydebank Wood Young Offender's Centre 18-22 February 2013. CJI, HMIP, RQIA, ETI. 1 October 2013.

70 Maghaberry Prison Local policy for the Management of Substance Misuse in Custody and Action Plan. February 2012. NIPS and SEHSCT.

71 Northern Ireland Assembly. Committee for Justice. Official Report (Hansard). Prison Service Reform Programme: Northern Ireland Prison Service. 10 April 2014.

Healthcare provision

- 3.59 **Substance misuse strategy:** The strategic planning of addiction services within Northern Ireland's prisons was subject to both a NIPS strategy and a SEHSCT strategy. A combined NIPS and SEHSCT substance misuse strategy had been developed and was being reviewed. Minutes from the Prison Healthcare Operational Forum held on the 2 May 2013 detailed that the substance misuse strategy was in the process of being updated.
- 3.60 A copy of the Trust Opioid Dependence Policy was available. The policy was appropriate and completed in accordance with national and regional policy and guidelines. The Opioid dependence policy had been scheduled for a review in February 2013. Inspectors were informed that this had not been completed.
- 3.61 The implementation of the substance misuse strategy had been negatively affected by staffing and recruitment issues within both the Prison Service and the Trust. This had affected the delivery of services and the ability of the clinical addictions team to maintain a consistent staff presence in each prison.
- 3.62 Inspectors noted that the Prison Healthcare Operational Forum met on a regular basis and was attended by senior prison and Trust staff. Minutes from the meetings reflected continued review regarding the development of addiction services. Inspectors noted anecdotal evidence of increasingly effective working relationships in Maghaberry and Magilligan Prisons, between uniformed prison staff, primary healthcare staff, the clinical addictions team and the AD:EPT service.
- 3.63 **Medications and prescribing:** Medications are prescribed by the primary care General Practitioner (GP) team supported by consultant and forensic psychiatrists. One doctor covers Magilligan Prison, two cover Hydebank Wood Prison and four cover Maghaberry Prison.
- 3.64 There are plans to use patient's electronic care record to confirm prescribed medication on committal until the patient is seen by the prison doctor. This is to be supplemented by increasing the clinical role of the pharmacist in relation to confirming the appropriateness of medication at committal, and in providing advice regarding optimum dosage regimens.
- 3.65 Currently only doctors can add medication to, and remove medication from, the current prescribing section on the Egton Medical Information System (EMIS). There has been a recent development in Maghaberry Prison where repeat prescriptions can be generated by a pharmacy technician, for the doctors to sign. This has resulted in the repeat prescriptions now being available for the doctors to sign much earlier in the day, and fewer prescriptions being generated for repeat prescriptions which are not required. The ultimate goal is to have a pharmacy technician attached to each house in Maghaberry Prison, generating the repeat prescriptions in the house and bringing them to the pharmacy for the doctors to sign. This will mean that re-write requests will no longer be necessary.
- 3.66 In Hydebank Wood and Magilligan Prisons, repeat prescriptions are ordered by the nursing staff, prescriptions are signed by the doctors and medicines are dispensed from the prison pharmacy at Maghaberry Prison.
- 3.67 For emergency prescriptions nurses can access an emergency medicines cupboard. This cupboard is stocked using the regional critical medicines list which is similar to primary care in the community. The contents of the cupboard are reviewed weekly. If a medicine is not available in the emergency cupboard, an arrangement is made for it to be obtained from a community or hospital pharmacy.

- 3.68 Benzodiazepines are only initiated in the prison environment when there is a clear clinical indication. Prisoners are assessed at committal; this assessment is repeated if required. The aim is to provide a mechanism by which patients, who are taking prescribed benzodiazepines at committal, may be assisted to reduce, and ultimately to withdraw from their benzodiazepines. The patient is assessed for benzodiazepine dependence using the 'withdrawal assessment of benzodiazepine' (WA-B) scale. Diazepam is used within all three Prison Service establishments as the benzodiazepine of choice for these reduction regimes. Other benzodiazepines are first converted to an equivalent dose of diazepam before this process can commence. The senior prisons' pharmacist is responsible for monitoring the prescribing of benzodiazepines and liaises with the relevant prescribers to rectify any issues.
- 3.69 **Substance misuse services:** The care and treatment of prisoners presenting with substance misuse problems involved a number of different teams within the four prisons. Primary care, secondary care and psycho-social interventions were available in each prison. The primary care team were significant providers of substance misuse services including: initial screening and assessment of patients; alcohol detoxification and benzodiazepine reduction regimes. The primary care team also facilitated the supervised dispensing of opiate substitute medication, (potentially 50 supervised doses per day across the four prisons), and provided on-going alcohol and drug support and advice to all patients receiving healthcare services. Inspectors were informed that substance misuse services were also provided through a number of non-specialist staff including psychology, education and uniformed staff.
- 3.70 **Addictions team:** The prisons' addiction team managed those prisoners presenting with opiate-dependence. Subsequently, the team focussed on treatment interventions specific to the needs of this patient group. At the time of the inspection there were a number of prisoners accessing this service.

Table 2: Numbers of prisoners receiving treatment

Prison	Prison population	Numbers receiving treatment from addictions team	Interventions
Maghaberry	1034	37	Information detailing the interventions provided was not available on the day of inspection. All 37 patients were reported to be receiving opiate substitute medication.
Magilligan	550	13	8 patients methadone substitute treatment; 1 patient subutex substitute treatment; 1 patient suboxone treatment; 2 patients on lalfexadine; and 1 patient detoxed.
Hydebank Wood (YOC)	160	0	No patients involved with the prison's addiction team
Hydebank Wood (Ash House)	70	0	No patients involved with the prison's addiction team

3.71 The addictions team provided a service within each of the four prisons. The team consisted of five members of nursing staff, a part-time Consultant Psychiatrist and the team was also supported by a GP who was also part of the Magilligan Prison primary healthcare team. The five members of nursing staff included two newly appointed band 5 nurses, a part time (0.20 whole time equivalent) band 6 nurse, and a newly appointed band 7 nurse team-lead. Inspectors were informed that the band 7 nurse would be taking up post in March 2014. The band 7 nurse role is to include management of the addictions team and oversight of the implementation of prison dual-diagnosis services.

Table 3: Addiction team staffing levels per prison

Prison	Patient Numbers	Staffing
Magilligan	13	1 band 6 nurse one day a week; Consultant Psychiatrist 4 hours per month; and Support from primary healthcare GP.
Maghaberry	37	2 full time band 5 nurses (newly appointed); 1 full time band 5 nurse (unavailable for work); Consultant Psychiatrist 2 clinics per week (Mondays and Thursdays); and 1 member of administrative staff.
Hydebank Wood YOC and Ash House	0	The prison(s) addiction team input was provided on a part time basis by one of the nursing staff from the Maghaberry team. The prison(s) had no input from the addiction service at the time of the inspection.

3.72 Inspectors were concerned that the addiction team staffing levels were low and that there was an insufficient staffing level to provide the addiction service to prisoners across the four prisons. There was no identified addiction staff member for the Hydebank Wood YOC and Ash House Women's Prison. The staff member working in Magilligan Prison worked one day per week for the addiction service, with the remainder of their time dedicated to providing mental health services.

3.73 Staff leaving the addiction service and the subsequent recruitment processes had negatively impacted on the provision of opiate addiction services within each of the prisons. Limited staffing resources had restricted the service available to the point where only those prisoners already receiving opiate addiction treatment could have this treatment continued. Subsequently, commencement onto opiate substitute and stabilisation treatment was not available, at the time of the inspection, to newly-presenting prisoners or to newly-committed prisoners.

3.74 Inspectors were informed that the provision of opiate substitute treatment had been suspended for a 90 day period from the beginning of October 2013. Whilst recognising the staffing pressures and the necessity to ensure that treatment is provided in accordance with clinical standards and safe practice, the lack of opiate substitute treatment provision was contrary to national clinical guidelines. In the absence of opiate substitute treatment, newly sentenced prisoners suffering from opiate addiction were offered symptomatic treatment for withdrawal. Subsequently, during the 90 days when treatment was not available prisoners could, potentially, be detoxified against their will, and prior to their being considered for opiate substitute medication. Non-consensual detoxification from opiates could increase the risk of overdose when the prisoner was released, particularly if the sentence was short-term or a remand detention.

- 3.75 **Psychosocial interventions:** The delivery of psycho-social interventions was provided by the AD:EPT Drug and Alcohol Service. The service was available in each prison. The AD:EPT team(s) provided a number of interventions to prisoners seeking support with alcohol and/or drug problems. The interventions provided included: counselling, one to one casework, pre-release sessions and the Prisoners Addressing Substance Related Offending programme (PASRO). The PASRO programme is a cognitive behavioural therapy-based programme and works on the premise that a person can take control of their own choices and therefore change the behaviour or action. PASRO programmes run for 20 sessions. Inspectors were informed that the AD:EPT service would be replacing the PASRO programme with the Building Skills to Recovery programme. A date as to when the Building Skills to Recovery programme would be introduced was not available. Staff who spoke with the Inspector indicated that they envisaged the programme being introduced within the next six months.
- 3.76 The service also provided naloxone training to uniformed staff and acupuncture therapy to service users. Naloxone is a short acting opioid antagonist that reverses the effects of morphine and other opioid drugs. Training in the use of naloxone provides staff with the knowledge and skills necessary to manage a person who may have overdosed using opiate drugs. Acupuncture was also provided to patients. Acupuncture was provided in both the Maghaberry and Magilligan Prisons and the Inspector was informed that this was a limited service and the numbers of prisoners receiving acupuncture was limited. The Inspector was unable to verify the numbers of prisoners receiving acupuncture.
- 3.77 **AD:EPT:** Each member of AD:EPT’s counselling and case work staff held a caseload of 15 service users. Staff who met with Inspectors detailed that the service was operating to its full capacity across the four prison sites.

Table 4: Staffing per prison

Prison	Staff numbers	Number of service users
Maghaberry	6	90
Magilligan	4	60
Hydebank Wood (YOC and Ash House)	3	45

- 3.78 The AD:EPT staff who met with Inspectors reported that they had good working relationships with the primary care team, the addiction team and uniformed staff within the prisons. Staff in the Hydebank Wood site reported that they attended weekly custody meetings with prison staff, the mental health team and the chaplaincy. This was reported to be useful to increasing communication, promoting working relationships and ensuring consistency between the services.
- 3.79 The AD:EPT teams had also commenced the AD:EPT 2 service which facilitated post release services for prisoners situated within their local community.

Healthcare recommendations

- 3.80 **It is recommended that:**
- **the opiate substitute treatment programme is recommenced; and**
 - **the Opiate Dependency Policy is updated.**



Outcomes

4.1 Dealing with the most vulnerable and damaged prisoners is undoubtedly a difficult role for prison officers. However, Inspectors witnessed, and were impressed by, the care and concern given by a number of individual prison officers and staff to prisoners who were in extreme distress or in crisis. This was true across the three establishments. In addition, a number on non-NIPS interviewees made it clear to Inspectors that they recognised and acknowledged the good work done by many prison officers, often in very difficult circumstances.

Safer custody/SPAR

4.2 There is a high number of SPAR documents opened on prisoners across the NIPS, but particularly in Maghaberry and Hydebank Wood Prisons.

Table 5: Number of SPAR documents opened on prisoners

Location	Number SPARS raised	Number self-harms	Number CRC authorised	Special clothing authorised	Number of Listener requests
Maghaberry	758	333	226	155	21
Magilligan	82	26	25	0	14
Hydebank Wood	471	425	108	36	2*

The above data is from November 2012 to October 2013⁷².

*Listeners were not operating in Hydebank Wood for part of this period.

4.3 In addition to the overall figures there are numerous examples of SPAR documents being opened repeatedly for individual prisoners, and of SPAR booklets remaining open for extended periods, on many occasions for weeks and in some extreme cases, for longer periods. This indicates that for some prisoners, the current process does not address the original concerns or the underlying issues which caused the SPAR to be opened.

4.4 There was good multi-disciplinary attendance at SPAR case conferences across the three establishments, although in a number of cases there was an inconsistency in case management⁷³. Inspectors attended a

⁷² Northern Ireland Prison Service statistics.

⁷³ See also previous Maghaberry inspection and comments re care co-ordination. Report on an unannounced inspection of Maghaberry Prison 19-23 March 2012. CJI, HMIP, RQIA, ETI. 17 December 2012. Also Ministerial Forum on Safer Custody. Minutes of meeting 6 December 2012.

SPAR case conference unannounced at which there was good multi-disciplinary attendance, a comprehensive discussion of the relevant issues, including the wider family context in the community, and a caring and sensitive handling of difficult issues with the prisoner in question.

- 4.5 An audit of SPAR booklets by Inspectors found that across the board there had been an improvement in the completion of the documentation, although some were completed to a higher standard than others. Concerns remained however, in relation to the areas specifically referred to in the PRT report, i.e. the procedures for linking previous and current SPAR forms; the quality of care plans; the quality of log entries; and closure reviews. There is a continuing role at establishment level for supervision and management to address these issues, both proactively in terms of support and encouragement for officers dealing with prisoners at risk, but also to take the necessary action where SPARs are incomplete or the content is not to the required standard. There is also a continuing role for training.
- 4.6 During the inspection a number of interviewees thought that the operation of SPAR was too process-driven and that the completion of the booklet had become more important than the needs of the person in question. Officers felt that they had no discretion on whether or not to open a SPAR document, for example if a prisoner had self-harmed in a very minor way, and that the process does not recognise that there are prisoners who may self-harm to cope but who have no suicidal thoughts/tendencies.
- 4.7 Healthcare staff spoken to were also concerned about the SPAR process, and felt that although the principles were good, in practice it was not as effective as it could be. Healthcare staff, due to other commitments can't always attend SPAR meetings and the nurse attending may not have an in-depth knowledge of the prisoner. They would acknowledge that more work is required between the SEHSCT and the NIPS to improve this area.
- 4.8 Healthcare staff expressed similar concerns to prison officers that a SPAR document can be opened and closed quickly, sometimes within 24 hours. Healthcare staff thought that there should be more training and support on opening SPARs as they also felt that they had no discretion on whether or not to open a SPAR document.
- 4.9 Healthcare staff were of the view that self-harming was an element of prisoner culture, particularly for those prisoners who do not have community/family support, and many have low self-esteem. It was also the perception of healthcare staff that there was a lack of support for prison staff looking after prisoners with mental health/complex needs, which can increase the levels of stress for officers⁷⁴. A number of prison officers expressed concern that they were not trained or qualified to deal with very vulnerable prisoners with mental health or personality disorder issues.
- 4.10 Some of the officers that Inspectors spoke to were acutely aware of the Colin Bell case and the risks associated with dealing with the most vulnerable prisoners. Many could be described as risk-averse, and officers told Inspectors that they would resort to SPAR in the first instance, even if they had no concerns about the prisoner's safety, rather than, for example, to take steps to help a prisoner to cope, or to try and

⁷⁴ The report of Hydebank Wood YOC and Ash House Women's Prison highlighted that there was no provision for fast-tracking prisoners, for crisis work or an intensive short-term home-treatment model. Prisoners who self-harmed are assessed by primary care professionals; Inspectors stated that procedures for onward referral and joint working were needed. Inspectors observed a complacency of approach by some healthcare staff to the management of self-harm and support offered to prisoners who self-harmed needed to improve as a matter of urgency. All staff including prison officers require more training in the management of prisoners with personality disorders. Report on an announced inspection of Hydebank Wood Young Offender's Centre 18-22 February 2013. CJI, HMIP, RQIA, ETI. 1 October 2013. Report of unannounced inspection of Ash House, Hydebank Wood Women's Prison 18-22 February 2013. CJI, HMIP, RQIA, ETI. 1 October 2013.

address their issues⁷⁵. One senior interviewee said to Inspectors that in most cases there is a lead up to a crisis, and human interaction between prison officers and the prisoner should pick up these indications to allow proactive or preventative action to be taken.

- 4.11 This rigidity has produced some unintended consequences, and many officers and managers referred to examples of prisoners manipulating the SPAR process for personal reasons, for example in an attempt to move location within the prison, to escape drug debts to other prisoners, or to get access to healthcare or medication⁷⁶. This was confirmed to Inspectors by a number of prisoners who told Inspectors openly and without prompting, that they would use the SPAR process to try and get what they want. However, as described above, staff would not take the chance of not opening a SPAR even if they suspected a prisoner was not genuine. Whilst Inspectors do not doubt that there is some manipulation of the SPAR process by prisoners, it is difficult to assess its extent. Some senior prison staff suspected it was less prevalent than it had been in the past.
- 4.12 Officers were of the view that many of the SPARs were linked to periods of lock-up, this was especially true in Ash House, and can be as a result of the inability to cope during these periods. Inspectors understand that there are no statistics available about regime restrictions, constructive activity, time out of cell etc. for prisoners subject to a SPAR and this should be considered as part of the area for improvement noted at par 3.9.
- 4.13 Officers felt that on occasions it could be difficult to meet the SPAR expectations in terms of the level of observations and conversation checks, particularly if there were a large number of SPARs in a single location with 15 minute observations, as could often be the case in Maghaberry.
- 4.14 A number of interviewees perceived the SPAR as a preventative process, not a proactive one. It was viewed as mitigating the risks and not about addressing the underlying issues, treating the prisoner or providing therapeutic interventions. In addition, officers expressed frustration that in a number of cases prisoners refused to engage with healthcare or the other support agencies, for example for addictions, and when this happened, the 'problem' remained with the prison staff but the underlying issues had not been addressed.

Listeners

- 4.15 Listeners are prisoners who have volunteered, and been selected for the role, and have received training from the Samaritans. Listeners are available to be requested by prisoners who are feeling in distress or contemplating suicide or self-harm, and they provide a confidential one-to-one service to talk through the issues and help to alleviate the distress.
- 4.16 There are established Listener schemes in Maghaberry Prison which has 13 Listeners while Magilligan Prison has seven Listeners⁷⁷. A scheme commenced in the YOC in March 2014 with three Listeners,

75 See also Maghaberry inspection which cautioned that too much emphasis was being placed on physical methods to prevent self-harm in the short-term rather than on individual staff interaction to support prisoners through a crisis. Report on an unannounced inspection of Maghaberry Prison 19-23 March 2012. CJI, HMIP, RQIA, ETI. 17 December 2012. A review of the SPAR care plans in Hydebank Wood found that SPAR care plans largely related to the physical, e.g. locations and observations, rather than psychological factors, supports, family contact etc. Psychology Services, Hydebank Wood, review of SPAR Care Plans. April 2013.

76 The PRT report found that some prisoners do self-harm in order to obtain more medication and went on to say that this is often dismissed by both Healthcare and prison staff as simply manipulation, when in some cases it is a reflection of poor clinical practice or inadequate communication or assessment. Review of the Northern Ireland Prison Service, conditions, management and oversight of all prisons. Prison Review Team Final Report, October 2011.

77 At 2 June 2014.

although this was subsequently suspended in early April. Previous inspection reports have been critical of the absence of a Listening service in the YOC and in Ash House Prison⁷⁸.

Area for improvement

- 4.17 Table 5 shows a low number of requests for Listeners⁷⁹ in comparison to the number of SPAR documents opened, particularly at Maghaberry. The existing Listener schemes are widely considered to be successful and a valuable resource for prisoners in times of crisis, and should be built upon and further improved. Inspectors would recommend as an **area for improvement that the NIPS reviews the operation of the Listener scheme in the three prisons, particularly in Hydebank Wood, the ratio⁸⁰ of Listeners to prisoners, the availability of Listeners and the general awareness of the scheme throughout the prison population, with a view to expanding the scheme and increasing its uptake.**

NIPS prisoner survey

- 4.18 In late 2012 the NIPS undertook a survey⁸¹ of all prisoners in the three NI prisons aimed at helping to inform and shape the change process and improving the quality of service delivery in each prison. It was anticipated that the exercise would be repeated 18 months later to allow for progress to be tracked.
- 4.19 In respect of safety, almost half of prisoners (49%) expressed fearing for their safety at some stage during their sentence and 20% felt unsafe at the time of the survey. Areas where prisoners felt most unsafe were exercise yards, during movement, association and on landing/wing.
- 4.20 The survey also asked prisoners if they had ever been on a SPAR, and, of those respondents who had been on a SPAR, a sizeable majority, across the three prisons, said that the process had not helped them.

Strategic recommendation

- 4.21 **The NIPS, in conjunction with the SEHSCT, should review its Suicide and Self-harm Prevention Policy to take account of the issues raised in this report. The revised approach should be a joint strategy between the NIPS and the SEHSCT to address issues of safer custody in the three prisons and should be completed within nine months of the publication of this report.**
- 4.22 It would be the view of Inspectors that the review should address:
- the SPAR procedures, documentation, management and quality assurance of the process;
 - the wider safer custody and SPAR meeting structure, including the chairing arrangements, terms of reference, attendees etc;
 - the management information and performance metrics relating to safer custody;
 - procedures to address the issues of prisoners on repeated or long-term SPARs;
 - the particular safer custody needs of women and young offenders in the YOC⁸²;

78 Report on an announced inspection of Hydebank Wood Young Offender's Centre 18-22 February 2013. CJI, HMIP, RQIA, ETI. 1 October 2013. Report of unannounced inspection of Ash House, Hydebank Wood Women's Prison 18-22 February 2013. CJI, HMIP, RQIA, ETI. 1 October 2013.

79 Statistics kept by Samaritans are much higher and would suggest that the use of Listeners is under-recorded by the NIPS, although the Samaritans' figures also contain non-prison officer initiated contacts. Inspectors understand that NIPS has recently moved to record information on the use of Listeners on PRISM, so future data may be more accurate.

80 A ratio of one listener per 50 prisoners is the aim for prisons with a rota to allow a 24 hour service. Samaritans web site <http://www.samaritans.org/your-community/our-work/prisons/listener-scheme>. Based on NIPS statistics for prison population for the week ending 28 March 2014 for a 50:1 ratio the prisons should be aiming for 21 Listeners in Maghaberry (population 1089); 11 in Magilligan (population 569); 3 in the YOC (population 163); and 2 in Ash House (population 72). NIPS Web site Weekly Situation Report <http://www.dojni.gov.uk/index/ni-prison-service/situation-reports/march-sitrep-2014/sitrep-march-28.htm>.

81 Northern Ireland Prison Service. Prisoner Quality of Life Survey 2012. Roisin Broderick Scottish Prison Service Research Branch. April 2013.

82 See also footnote 57.

- an increased focus on case management and whether there is a need for a care-coordinator role to address underlying issues, treating the prisoner and provision of therapeutic interventions;
- the use of family support for vulnerable prisoners, where appropriate;
- the role and structure of Donard and how it can be further improved to increase capacity/programmes for the most vulnerable prisoners; and
- the links between safer custody, violence reduction and substance misuse.

Violence reduction, anti-social behaviour and bullying

Table 6: The numbers of reported incidents⁸³ of bullying

Establishment	2012	2013
Maghaberry (BIR)	227	378
Magilligan (SAM)	0	3
Hydebank Wood YOC (BIR)	36	38
Hydebank Wood Ash House (CAB)	25	43

- 4.23 In the two-year period from November 2011 to October 2013, there were 579 recorded prisoner-on-prisoner assaults (Maghaberry Prison 275; Magilligan Prison 140; Hydebank Wood 164)⁸⁴.
- 4.24 Bullying is a significant issue in the prison environment and can be due to a number of factors including drugs, or may be offence-related. It is reasonable to assume that much bullying and anti-social behaviour is not reported and goes unrecorded.
- 4.25 Both officers and prisoners pointed to the policy as a contributory factor to the level of under-reporting, in that when a bullying incident is reported, the alleged bully would be interviewed and made aware of the allegations at an early stage. In many cases this made life for the victim much more difficult⁸⁵, and even though the alleged bully was being monitored by prison staff in line with the policy, the perpetrator would either refrain from any other bullying of the victim during the formal monitoring period, or would use prisoner networks to get others to continue on their behalf.
- 4.26 Bullying, by its very nature, can be a subtle process, and many cases of reported bullying will come down to one prisoner's word against another, and it is difficult for the investigating prison officer to obtain objective evidence to support either side. Other prisoners can be peripheral to the incident but, understandably, they can be reluctant to get involved and evidence from independent witnesses is therefore not usually available.
- 4.27 Prisoners advised Inspectors that they lacked confidence in the Prison Service's response to allegations of bullying, and this further contributed to the level of under-reporting.

⁸³ NIPS Statistics.

⁸⁴ Northern Ireland Prison Service statistics.

⁸⁵ See also Summary and Issues of concern of the investigation into the circumstances surrounding the death in Hydebank Wood of Samuel Carson. Prisoner Ombudsman for Northern Ireland 20 November 2012.

- 4.28 As highlighted in previous inspection reports⁸⁶, some of the bullying investigations⁸⁷ seen by Inspectors as part of the fieldwork needed a more rigorous investigative approach. A number of staff felt that they had not received sufficient training in the anti-bullying policy for the respective prison, or about undertaking investigations into reported incidents.
- 4.29 Many of the incidents of bullying are related to prescription medication. An effective and comprehensive supervised swallow regime, accompanied by a regime of in-possession medication checks, for the main tradeable prescription drugs would go some way to reduce this as a factor.
- 4.30 There were some allegations that prisoners had made allegations of bullying in order to get moved to a different location within the prison, but this was to a significantly lesser degree than with SPAR.
- 4.31 Following the investigation of a bullying incident one possible way to resolve the situation is to move either the victim or the perpetrator to another location within the prison. However, there is very limited scope for interventions of this type in certain areas, for example in Hydebank Wood and Magilligan.

NIPS prisoner survey

- 4.32 The NIPS Quality of Life Survey found that half of prisoners reported feeling unsafe at some time during their time in custody: in the YOC at Hydebank Wood the figure was 38%, in Magilligan 44%, in Maghaberry 49%, and in Ash House 56%.
- 4.33 It can be extrapolated from the survey data that 42% of respondents had been bullied⁸⁸ and of those that had, 19% reported the incident, 23% did not. Broken down the figures show that in Magilligan and Maghaberry Prisons a majority of those who said they were bullied did not report it. In Hydebank Wood, both Ash House and the YOC, however a majority of incidents were reported. Of those who had been bullied the most common reasons were insulting remarks about the prisoner or his/her family or friends, physical abuse or having prescription drugs taken. However, across the three prisons a large majority of prisoners who had reported being bullied responded that it had not been dealt with.

Strategic recommendation

- 4.34 **The NIPS should review its Violence Reduction and Anti-bullying policy to take account of the issues raised in this report. The revised approach should be completed within six months of the publication of this report.**
- 4.35 It would be the view of Inspectors that this should include:
- an effective strategy to challenge bullying and anti-social behaviour;
 - the management of violence reduction and bullying within the wider safer custody meeting structure;
 - the management information and performance metrics relating to indicators of violence, anti-social behaviour and bullying;
 - the particular needs of women and young offenders in Hydebank Wood in respect of violence,

86 Report on an announced inspection of Hydebank Wood Young Offender's Centre 18-22 February 2013. CJI, HMIP, RQIA, ETI. 1 October 2013.

87 See also PONI Report which recommended that a NIPS-wide training needs analysis should be undertaken to address the inadequate application of the anti-bullying policy, and the complacency shown by some staff to levels of abuse experienced by certain prisoners. Report into the circumstances surrounding the death of Mr E in Maghaberry Prison. Prisoner Ombudsman for Northern Ireland. Published 30 April 2014.

88 The survey question relates to bullying by prisoners or staff – it is not possible to separate these two categories. Northern Ireland Prison Service. Prisoner Quality of Life Survey 2012. Roisin Broderick Scottish Prison Service Research Branch, April 2013.

- anti-social behaviour and bullying;
- the identification and investigation process for allegations of violence, anti-social behaviour and bullying, the management and quality assurance of the process and the training and guidance for officers;
- measures to reduce under-reporting and increase confidence in the reporting and investigation process;
- the use of the restorative approach to address prisoner conflicts, particularly with the limited scope to move prisoners in some areas; and
- the links between bullying, substance misuse and safer custody.

Drugs

4.36 Finds of illicit drugs in prisons including prescription medication which was not legitimately held⁸⁹ show significant increases in Maghaberry and Hydebank Wood prisons.

Table 7: Finds of illicit drugs in prisons

Year	Maghaberry	Magilligan	Hydebank Wood
2012	234 (0.24)	104 (0.21)	115 (0.57)
2013	521 (0.49)	123 (0.23)	254 (1.13)
Total	755	227	369

The figures in brackets are the number of finds per prisoner and have been calculated using the prison population at 31 December 2012 and 31 December 2013⁹⁰.

4.37 The move to intelligence-led searching from spring 2014 should increase the ratio of finds per prisoner over time.

Table 8: Number of drugs tests carried out in the prisons in 2012 and 2013⁹¹

Location	Number of tests	Average number of tests per month	Population*	Percentage*
Hydebank Wood 2012	1255	105	200	52%
Hydebank Wood 2013	833	69	224	31%
Magilligan 2012	1217	101	502	20%
Magilligan 2013	1024	85	523	16%
Maghaberry 2012	1284	107	981	11%
Maghaberry 2013	2184	182	1049	17%

**The percentages are an estimate and have been calculated using the prison population at 31 December 2012 and 31 December 2013⁹².*

89 Northern Ireland Assembly Written Answers. AQW 29955/11-15. 20 January 2014.

90 Analysis of the NIPS prison population from 1/10/13 to 31/12/13. <http://www.dojni.gov.uk/index/ni-prison-service/nips-population-statistics-2/population-snapshot.pdf>.

91 Northern Ireland Assembly. Written Answer. AQW 31122/11-15. Friday 7 March 2014.

92 Analysis of the NIPS prison population from 1/10/13 to 31/12/13. <http://www.dojni.gov.uk/index/ni-prison-service/nips-population-statistics-2/population-snapshot.pdf>.

Table 9: Positive detection rates for intelligence-led drug tests⁹³

Location	Number intelligence-led tests	Number positive	% Positive
Hydebank Wood 2012	281	12	4.27%
Hydebank Wood 2013	116	13	11.2%
Magilligan 2012	122	11	9%
Magilligan 2013	160	32	20%
Maghaberry 2012	166	47	28.3%
Maghaberry 2013	604	142	23.5%

4.38 In some cases the differential between random and intelligence-led positive percentages is marginal and would indicate issues with the drug testing programme, or with the underlying intelligence base, and this should be examined as part of strategic recommendation 3.

Table 10: Figures for positive results for 2013-14 from mandatory drug tests show encouraging progress⁹⁴.

Establishment	Q1 Baseline	Q3	Q4
Maghaberry	25.7%	20.24%	18.45%
Magilligan	8.33%	18.46%	7.34%
Hydebank Wood	28.89%	4.76%	18.33%

- 4.39 Historically in the NIPS there has been an issue with data quality and reliability. Inspectors are therefore pleased that the Director of Operations has taken action to address this, and from the start of the 2013-14 financial year, there is reliable performance information in a number of areas where previously this had not been the case. This can act as a baseline for more accurate comparison of future performance over time.
- 4.40 Random and suspicion drug testing has suffered in the past from being inconsistently delivered with testing officers frequently redeployed to other duties⁹⁵. Although the situation has improved in Maghaberry and Magilligan Prisons, it is an area Governors need to continually monitor. Drug testing is on urine samples and detects nine groups of drugs⁹⁶ and further categories can be tested for as required. Prisoners undergoing drug testing are taken to a designated area within the respective prison and are permitted up to four hours, in controlled conditions, to produce a sample. This is a very time-consuming and resource-intensive process. It would be the view of Inspectors that drug testing could be undertaken much more efficiently by hair or saliva sample testing⁹⁷ and the NIPS should consider this as part of strategic recommendation 3. The use of PDDs and range of drugs detected by PDDs, and tested for as part of the mandatory drug testing programme should also be reviewed as part of this work, as officers expressed concerns that on some occasions, prisoners who appeared to be under the influence of drugs passed the test. The contract term for the current NIPS supplier of drug tests is due to expire on 31 August 2014⁹⁸ so it is an opportune time to review.

93 Northern Ireland Assembly. Written Answer. AQW 31144/11-15. Friday 7 March 2014.

94 NIPS Statistics.

95 Report of unannounced inspection of Ash House, Hydebank Wood Women's Prison 18-22 February 2013. CJI, HMIP, RQIA, ETI. 1 October 2013. Report on an announced inspection of Hydebank Wood Young Offender's Centre 18-22 February 2013. CJI, HMIP, RQIA, ETI. 1 October 2013.

96 The current service provider is required to supply the NIPS with testing for the following drugs of abuse: cannabis, opiates, methadone, MDMA (Ecstasy), benzodiazepines, buprenorphine) heroine substitute), cocaine, barbiturates and amphetamines. Northern Ireland Assembly Written Answers. Friday 14 March 2014 AQW 31286/11-15.

97 This was a recommendation in the Report on Minimising the Supply of Drugs in NI Prisons. Internal Northern Ireland Prison Service paper. May 2008.

98 Northern Ireland Assembly. Written Answers AQW 3275/11-15. Friday 18 April 2014.

- 4.41 At establishment level Inspectors have not seen evidence that the operation of the drug testing programme is meeting the objective of providing more accurate and objective information on the scale, trends and patterns of drug misuse, and allowing Governors to manage and target more effectively their resources for tackling the drug problem.
- 4.42 Prisoner visits are one of the primary methods by which drugs are smuggled into prisons. The NIPS report on minimising the supply of drugs in prisons highlighted this and prison security staff confirmed this is still the case. There are a number of aspects of the visits procedures that the NIPS should revisit as part of strategic recommendation 3. This would include the searching of visitors, the camera monitoring and patrolling of visits, the facilities and supply of refreshments for prisoners and visitors, and the use of barrier and closed visits.
- 4.43 The absence of permanent search arrangements for staff and visitors to Magilligan and Hydebank Wood Prisons should be re-examined by the NIPS as part of strategic recommendation 3. This should include the quality and effectiveness of the staff search arrangements at Maghaberry, together with the arrangements for the searching of contractors and delivery vehicles entering the main prison complexes.
- 4.44 The role of the Prison Service security department and the gathering, assessing and actioning of information relating to drugs, and also in respect of safer custody and anti-bullying, is crucial in enabling a co-ordinated approach to the supply of drugs in prisons. There are established mechanisms for this but as part of the work towards strategic recommendation 3, the NIPS should review this. Findings from this inspection show that there is the potential to improve the flows of information between security and the other operational areas and support agencies. The links between the security and the strategic safer custody and drugs meetings need to be strengthened with intelligence, trend and pattern analysis driving activity and performance.
- 4.45 In view of the higher rate of abuse of prescription drugs the move to supervised swallow of the most 'tradeable' medications would make a significant impact.

NIPS prisoner survey

- 4.46 The NIPS Quality of Life Survey also contained a series of questions about prisoners drug use. Almost 40% of respondents reported that they had a problem with drugs when they came into prison; 31% had a problem with prescription drugs. Almost one in 10 prisoners (8%) reported they had developed a problem with drugs since coming into prison. 44% reported having a problem with alcohol when they came into prison.
- 4.47 The survey also asked prisoners how easy it was to get illegal drugs in prison, and the responses were concerning: 42% said it was easy or very easy; 11% said it was difficult or very difficult with 40% selecting 'don't know'. The pattern of responses was similar across the three prisons.
- 4.48 Equally concerning was the reasons prisoners stated as to why they took drugs in prison. One quarter said they were bored (5% Maghaberry; 33% Magilligan; 10% YOC; 7% Ash House); a further 25% had a dependency (4% Maghaberry; 6% Magilligan; 40% YOC; 14% Ash House), and 17% cited availability (10% Maghaberry; 19% Magilligan; 10% YOC; 2% Ash House). A further question asked what, if anything would stop you misusing drugs whilst in prison and the top responses were '*more challenging ways to spend time*' (16%), '*more mental health or substance abuse support*' (14%), and '*more contact with family*' (11%).

- 4.49 One in five prisoners said they had been pressurised to carry drugs whilst in prison (16% Maghaberry; 25% Magilligan; 6% YOC; Ash House 6%)⁹⁹.

Strategic recommendation

- 4.50 **There should be a comprehensive substance misuse strategy, based on a detailed strategic assessment of the scale and nature of the drugs problem, to address the key areas of supply reduction, demand reduction and throughcare. It should be a joint strategy with the SEHSCT and should be implemented within nine months of the publication of this report.**

- 4.51 It would be the view of Inspectors that the strategy should address:
- the substance misuse meeting structure, including chairing arrangements, terms of reference, attendees etc;
 - the management and performance information to deliver the strategy;
 - a review of the role of the Security Department and the processes to support an intelligence-led approach to searching and testing;
 - a review of the searching arrangements for prison officers and support staff, visitors, prisoners, contractors and suppliers to the three prison sites;
 - the links between substance misuse, safer custody and violence reduction;
 - a review of the operation on the mandatory drug testing programme and testing arrangements, including the potential to use saliva and hair sample testing; and
 - the particular substance misuse needs of women and young offenders in Hydebank Wood.

Joint working between the NIPS and the SEHSCT

- 4.52 The PRT report stressed the need for joint working between prisons and healthcare. It found that silo working in prisons, and the absence of agreed information-sharing protocols impeded the effective provision of joined-up care. The report also stated that healthcare staff were not sufficiently involved in the reviewing and support of prisoners at risk of self-harm or suicide¹⁰⁰.
- 4.53 Subsequent inspection reports found that the partnership arrangements for the provision of healthcare were not working effectively¹⁰¹ and senior healthcare staff had concerns about the lack of collaborative working¹⁰².
- 4.54 Following the PRT report, and specifically recommendation 12¹⁰³ the governance structure for the delivery of healthcare in prisons was strengthened and clarified into the current three-tier structure. A recent RQIA report¹⁰⁴ to the PRT Oversight Group assessed the recommendation to be complete. It would be the assessment of Inspectors that at the formal level within the meeting structure, the working relationships between the more senior NIPS and SEHSCT staff have improved. They are working more

99 NIPS. Prisoner Quality of Life Survey 2012. Roisin Broderick Scottish Prison Service Research Branch. April 2013.

100 Review of the Northern Ireland Prison Service. Conditions, management and oversight of all prisons. Prison Review Team Final Report. October 2011.

101 Report on an unannounced inspection of Maghaberry Prison 19-23 March 2012. CJI, HMIP, RQIA, ETI 17 December 2012.

102 Report of unannounced inspection of Ash House, Hydebank Wood Women's Prison 18-22 February 2013. CJI, HMIP, RQIA, ETI. 1 October 2013.

Report on an announced inspection of Hydebank Wood Young Offender's Centre 18-22 February 2013. CJI, HMIP, RQIA, ETI. 1 October 2013.

103 Recommendation 12: The current governance structure for the delivery of healthcare in prisons should be strengthened and clarified, in the context of links between criminal justice and healthcare more generally. This should include direct representation from health and social care at a senior level on the Prisons Board. It should also include clarifying and strengthening the governance of healthcare delivery, through a permanent board linked to the commissioning structure and accountable for the implementation of an agreed strategy. Review of the Northern Ireland Prison Service. Conditions, management and oversight of all prisons. Prison Review Team Final Report. October 2011.

104 Report to Oversight Group on PRT recommendations 12 and 15. RQIA. March 2014.

effectively, with a clarity of function of the meetings, relevant issues are tabled and discussed and acted upon as appropriate.

- 4.55 However, Inspectors would still have concerns that the communication and partnership-working arrangements at ground-level, in the operational prison establishments (less so in Magilligan), are not fully effective and further work needs to be done to improve inter-agency communication and working at this level. This is particularly important at local-level safer custody, anti-bullying and drugs meetings where there are still issues of attendance, and a lack of clarity about the role of participants, information-sharing and areas of responsibility.
- 4.56 In the event of a serious incident involving the safety of a prisoner, for example an attempted suicide, serious self-harm etc. the NIPS and the SEHSCT have separate reporting processes. The NIPS undertake an internal investigation; the SEHSCT report through its Serious Adverse Incident (SAI) procedure. Inspectors would consider it important that the two organisations have a mechanism to consult following an SAI to share learning and good practice, and this should be addressed a part of strategic recommendation 1.
- 4.57 Concerns have also been expressed by the Independent Monitoring Board (IMB) about the degree of cooperation between SEHSCT staff and prison staff and Board Members at Maghaberry¹⁰⁵. In Hydebank Wood where despite the improvement in working relationships at senior level, the relationship at landing-level had not been problem-free¹⁰⁶.
- 4.58 The Substance Misuse/Drugs meetings, many of which have been observed by Inspectors, are primarily prison-driven forums and the healthcare representatives frequently do not attend or when they do, their role is more peripheral rather than as a joint partner to provide a service for the needs of prisoners.
- 4.59 Inspectors understand that a review of the various meetings involving healthcare is being undertaken however the *status quo* cannot remain. This aspect should be addressed as part of strategic recommendations 1-3.
- 4.60 It is clear to Inspectors that there is a lack of clarity about the roles and inter-agency relationships between the NIPS and the SEHSCT at establishment-level. Inspectors are aware of numerous examples of poor communication and the need for improved joint-working at ground-level. Inspectors would recommend that this should be addressed by a Memorandum of Understanding between the NIPS Governor and senior SEHSCT manager in each prison to encourage collaborative working, to provide clarity of the role and function of both organisations, and to outline what each organisation can expect from the other to address need and improve outcomes for prisoners.

Healthcare recommendation

- 4.61 **Inspectors recommend that the NIPS and the SEHSCT should introduce Memoranda of Understanding at the three prison establishments to clarify the respective roles and responsibilities, particularly in relation to the needs of prisoners in relation to safer custody, anti-bullying and drugs issues.**

105 Independent Monitoring Board Annual Report 2012/2013. HMP Maghaberry.

106 Independent Monitoring Board Annual Report 2012/2013. Young Offender's Centre and HMP Hydebank Wood.

Healthcare provision

- 4.62 **In-possession (IP) medicines:** The SEHSCT IP Medication Policy applies to all prisoners in the three NIPS establishments.
- 4.63 **IP risk assessments:** Nurses complete the 'Risk Assessment for In-Possession Medication' form in discussion with the prisoner. The policy states that *'a prisoner will be assessed on their suitability for storing and taking their own prescribed medication within one week of committal'*¹⁰⁷. However, nursing staff informed the Inspectors that these assessments were completed subjectively after the patient has been in prison for several weeks.
- 4.64 The Trust IP medication policy states that *'a copy of the completed Risk-Assessment for IP Medication form should be attached to the inside cover of the patient's Medication Administration Record (MAR) chart'*¹⁰⁸. Inspectors randomly selected records and evidenced that there were gaps in this process:
- in Maghaberry Prison, 18 out of 60 medication records did not have an IP risk-assessment form attached to their MAR chart. In 10 out of 42 records, the IP risk-assessments did not reflect practice, for example, the IP risk-assessment might have said they were getting medication in possession but they were actually having supervised swallow;
 - in Magilligan Prison, eight out of 30 records did not have an IP risk-assessment form attached to their MAR chart, and in 15 records the IP risk-assessments did not reflect practice; and
 - in Hydebank Wood, five out of 36 records did not have an IP risk-assessment form attached to their MAR chart. In four records, the IP risk-assessments did not reflect practice.
- 4.65 This inadequate completion of the IP risk assessment forms means that staff need to refer to the body of the MAR charts or the EMIS entry in order to determine the patient's accurate IP risk assessment. There was no evidence that the completion of IP risk assessments is audited.
- 4.66 If the patient is assessed as unable to manage his/her medicine or is non-concordant, the Trust policy states that the medicine must be issued under supervision, i.e. supervised swallow.
- 4.67 The Trust IP medication policy states that *'if a prisoner is assessed as non-IP the risk assessment should be reviewed monthly. If assessed as IP then it should be reviewed at least annually'*¹⁰⁹. From the evidence available, Inspectors concluded that the required frequency for these reviews was not being met. For example, in Maghaberry, for 13 out of 42 records, the annual IP and monthly supervised swallow reviews had not taken place in accordance with policy.
- 4.68 The Trust IP medication policy states that *'healthcare staff in each location will carry out monitoring checks to review how a prisoner is managing their IP medication and that each location should aim to check 10% of patients each month, or more frequently if healthcare or discipline staff have concerns about a patient abusing or trading his/her medications'*¹¹⁰. The policy also states that *'the results of this check should be documented on the patients risk assessment form and recorded on EMIS. The healthcare managers are required to ensure*

107 SEHSCT In-possession Medication Policy. September 2012. The policy applies to all prisoners in the three Northern Ireland Prison Service Establishments.

108 SEHSCT In-possession Medication Policy. September 2012. The policy applies to all prisoners in the three Northern Ireland Prison Service Establishments.

109 SEHSCT In-possession Medication Policy. September 2012. The policy applies to all prisoners in the three Northern Ireland Prison Service Establishments.

110 SEHSCT In-possession Medication Policy. September 2012. The policy applies to all prisoners in the three Northern Ireland Prison Service Establishments.

that healthcare staff are consistent in their approach to monitoring checks.

- 4.69 In Hydebank Wood and Maghaberry Prisons, the arrangements for performing and recording IP monitoring checks were not robust or consistent.
- 4.70 In Magilligan Prison, prior to October 2013, there was no evidence that the IP monitoring checks were being performed in accordance with the SEHSCT policy. However, since October 2013, a healthcare assistant has been given the responsibility of performing these monitoring checks in Magilligan. There was recorded evidence that IP monitoring checks had been performed in accordance with Trust policy since October 2013.
- 4.71 The evidence is that IP monitoring checks are more often recorded on EMIS and IP monitoring check sheets rather than on the designated section on the reverse of the patient IP risk-assessment form (which was shown to be infrequently used). Sometimes the monitoring check outcomes were recorded on the MAR charts. EMIS read codes are not being used.
- 4.72 There was no evidence of any central collation of IP monitoring checks data.
- 4.73 There are discussions ongoing regarding the roles and responsibilities in relation to the policing of IP medication. At the time of writing, it was planned that the matter would be discussed at strategic level between the SEHSCT and the NIPS.
- 4.74 The IP medication policy states that *'if the issue identified as a result of the monitoring check is in relation to suspected trading/drug misuse, then the member of healthcare staff should explain to the patient that under the 'Prisoner Medication Policy' they will be referred to the doctor and the offending medication will be discontinued which is not acceptable*¹¹¹. However, from discussion with senior pharmacy and nursing staff and also by examining EMIS entries, it is evident that an unsatisfactory monitoring check triggers a medication risk review by either the doctor or pharmacist. This review does not necessarily result in the medication being discontinued. The IP medication policy should be reviewed to reflect actual practice.
- 4.75 **Supervised swallow:** Those medications not excluded from IP have been broadly classified into:
- 'High Risk' – high risk from overdose and/or misuse/trading and only suitable for weekly IP; and
 - 'Low Risk' – low risk from overdose and/or misuse/trading and suitable for monthly IP.
- 4.76 The following medicines have been classified as only suitable for supervised swallow at Hydebank Wood and Magilligan Prisons:
- all Schedule 2 and 3 Controlled Drugs Schedule 2 (for example, methadone, fentanyl), Schedule 3 (e. g. temazepam, BuTrans);
 - Benzodiazepines (for example, diazepam, lorazepam, chlordiazepoxide);
 - Quetiapine (only available as 'once daily' XL¹¹². Max. 800mg daily); and
 - Tramadol (only available as 'once daily' XL formulation).
- 4.77 In Maghaberry Prison, all Schedule 2 and 3 controlled drugs and amitriptyline have been classified as medicines that are only suitable for supervised swallow. Red and amber list medicines (high risk). Purple

111 SEHSCT In-possession Medication Policy. September 2012. The policy applies to all prisoners in the three Northern Ireland Prison Service Establishments.

112 Extended Release formulation.

list medications are supplied to the patient for weekly IP. Green list medicines (low risk) are supplied to the patient for monthly IP. With the exception of two prisoners, (due to NIPS operational issues), patients that should be administered medicines as supervised swallow are generally supplied with their night medication for IP after tea.

- 4.78 The evidence available indicates that there is a potentially high level of abuse of red list medication and codeine-containing analgesics held IP in Maghaberry Prison:
- in Lagan House, nine out of 10 checks had failed in June 2013, eight out of 10 checks had failed in September 2013 and 13 out of 14 checks had failed in October 2013. Several failures related to codeine-containing analgesia. In a previous two month period, two patients have gone onto supervised swallow as a result of failed IP monitoring checks; and
 - in Quoile House, two out of two checks that had been performed in August 2013 had failed (the previous recordings on the monitoring check sheets were made in 2012).
- 4.79 Senior pharmacy staff stated that the ultimate aim is to have the same arrangements for supervised swallow in Maghaberry Prison as those that exist in Magilligan Prison. Nurse staffing issues and concerns raised by the NIPS regarding the number of cells that will need to be opened at night to allow the patient to attend the medicine room have resulted in logistical difficulties that have not allowed this to proceed to date. The operational nurse manager in Maghaberry Prison has been requested to look into increasing the level of supervised swallow in that prison. Pharmacy has been working to free-up nurses to do supervised swallow. It was planned that by spring 2014 there would be a pharmacy technician in each house, taking control of the supply of IP medicines to patients. It is anticipated that this will free-up nursing time in such a manner as to allow the routine administration of red list medicines as supervised swallow. The SEHSCT historically requires nurses to administer medicines as supervised swallow; the Inspectors posed the question regarding whether there is scope for the Trust to permit competent healthcare assistants to assist the nursing staff in performing this duty, and the Trust agreed to consider the issue further.
- 4.80 In Magilligan Prison, all those medicines that have been classified as only suitable for supervised swallow are currently administered in this manner. These medicines are either administered to patients in liquid-form or in modified release solid-dose form. Nursing staff in Magilligan stated that there were no issues with respect to patients not receiving supervised swallow medication. However, they expressed their concern regarding how the nursing staff would manage if there was a significant increase in the amount of supervised swallow medication required.
- 4.81 In Hydebank Wood, supervised swallow medicines are administered by a nurse in the morning, after lunch and after tea. The patients attend the treatment rooms on these occasions. With the exception of two prisoners, who staff did not deem suitable for IP even at night, patients that should be administered medicines as supervised swallow are generally supplied with their night medication for IP after tea. Also, patients under supervised swallow arrangements may be supplied medicines IP at weekends. The Trust standard operating procedure for the supply of 'supervised swallow' medication in exceptional circumstances is being used for this purpose. Senior Trust staff stated that the NIPS were very concerned about having to open up a large number of prisoners' cells at night-time in order to facilitate supervised swallow arrangements. Also, only one nurse is on duty in the prison after 20:00 hours, covering all houses

in the YOC and Ash House Prison.

- 4.82 The issue of the NIPS access to prisoner's cells at night-time by Trust staff to administer medicines should be examined as part of strategic recommendation 1.
- 4.83 The Trust IP medication policy states that *'if a patient is dependent on drugs or alcohol and is undergoing drug stabilisation or withdrawal then these medications must be given as supervised swallow to enhance the control of drug diversion, to ensure medication concordance and to facilitate accurate clinical observations of drug withdrawal symptoms'*¹¹³. However, contrary to this policy, in Maghaberry Prison, diazepam is being provided IP to patients undergoing drug stabilisation or withdrawal.
- 4.84 Senior pharmacy staff stated that the Drugs and Therapeutics Committee has very recently decided that any patient with unaccounted medication which is at high risk from overdose and/or misuse/trading will immediately commence to have it administered as supervised swallow. This practice has not yet been introduced at the time of writing. Inspectors were advised that it was but it is planned to have it as common policy across all three prisons.

Healthcare recommendations

- 4.85 **It is recommended that:**
- **in Hydebank Wood YOC and Maghaberry Prison, the IP supply of medicines at high risk from misuse/trading should be reviewed to ensure the appropriate control of medication diversion;**
 - **in Maghaberry Prison, if a patient is undergoing benzodiazepine stabilisation or withdrawal these medicines should be given as supervised swallow in accordance with Trust policy;**
 - **the IP risk assessments should be accurately completed and monitoring checks increased and audited to ensure compliance with Trust policy;**
 - **the actual practice for recording on the EMIS should be reviewed to ensure consistency and appropriate read codes used on EMIS so that figures can be collated; and**
 - **the IP medication policy should be reviewed to reflect actual practice.**

113 SEHSCT In-possession Medication Policy. September 2012. The policy applies to all prisoners in the three Northern Ireland Prison Service Establishments.



Appendix



Appendix 1: Terms of reference

An inspection of the Safety of Prisoners held by the Northern Ireland Prison Service

TERMS OF REFERENCE

Introduction

Criminal Justice Inspection proposes to undertake a joint inspection with the Regulation and Quality Improvement Authority of the safety of prisoners held by the Northern Ireland Prison Service (NIPS).

Context

The core purpose of the NIPS is to improve public safety by reducing the risk of reoffending through the management and rehabilitation of offenders in custody.

The delivery against this core purpose is supported by three strategic aims the first of which is 'Safe, secure and decent custody'¹¹⁴. The safety of prisoners is therefore central to the work of the NIPS, and crucial for public confidence in the Prison Service.

The South Eastern Health and Social Care Trust (SEHSCT) assumed responsibility for healthcare in the three Northern Ireland prisons on April 2008. Many prisoners have mental health and personality disorder issues, many have drugs and alcohol addiction and, in addition, other vulnerability factors can surface while in prison custody. There is a need therefore, for effective multi-disciplinary working between the NIPS and the SEHSCT to address these issues to provide safe, secure and decent custody.

Criminal Justice Inspection (CJI), Her Majesty's Inspectorate of Prisons (HMIP), and the Prisoner Ombudsman reports have highlighted issues in respect of the safety of prisoners. In addition, the Prison Review Team report expressed concern about the operation of the SPAR (Supporting Prisoners at Risk) process.

This inspection is set within the context of the wider prison reform process and in particular the implementation of the PRT recommendations.

Aims of the inspection

The broad aims of the inspection are to examine:

- the safety of prisoners held by the NIPS;
- the support available for, and the understanding of, vulnerable prisoners;
- the policies and procedures for prisoner safety;
- the governance issues around vulnerable prisoners, the meeting structures and reporting mechanisms;
- the effectiveness of communication and inter-disciplinary working between the NIPS and the SEHSCT in respect of prisoner safety;
- the effectiveness of healthcare provided within prisons to vulnerable prisoners and those with suicide and self-harm issues;
- the medical assessment of prisoners, on committal and during the custodial period, to identify vulnerability; and
- issues around assessment for, and provision of, prescription medication.

114 Northern Ireland Prison Service Corporate Plan 2011–15.



Methodology

The inspection will be based on the CJJ Inspection Framework for each inspection that it conducts. The three main elements of the inspection framework are:

- Strategy and governance;
- Delivery; and
- Outcomes.

CJJ constants in each of the three framework elements and throughout each inspection are equality and fairness, together with standards and best practice. CJJ inspection methodology can be found at CJJINI - The Inspection Process.

Research and review

Collection and review of relevant documentation such as previous inspection and other reports, the NIPS and the SEHSCT policies and procedures, management information, minutes of meetings, SPAR and other prisoner safety-related documentation.

Fieldwork

- terms of reference will be prepared and shared with the NIPS and the SEHSCT prior to the initiation of the inspection. Liaison officers from the NIPS and the SEHSCT should be nominated for the purposes of this inspection;
- the NIPS and the SEHSCT will be given the opportunity to complete a self-assessment of the safety of prisoners and any management information deemed relevant;
- interviews and focus groups will be conducted with the NIPS and the SEHSCT management, staff, and relevant stakeholders to give an insight into the issues affecting prisoner safety;
- progress in the development of management information and performance management data will be examined;
- evidence of planning and decision-making leading to performance improvement and recognition of future development will be gathered; and
- where appropriate benchmarking and identification of best practice within and outside Northern Ireland.

Feedback and writing

Following completion of the fieldwork and analysis of data a draft report will be shared with the NIPS and the SEHSCT for factual accuracy check. The Chief Inspector will invite the NIPS and the SEHSCT to complete an action plan within six weeks to address the recommendations. If the plan has been agreed and is available it will be published as part of the final inspection report. The inspection report will be shared, under embargo, in advance of the publication date with the NIPS and the SEHSCT.

Inspection publication and closure

- the final report is scheduled to be completed by May 2014;
- a report will be sent to the Minister of Justice for permission to publish;
- when permission is received the report will be finalised for publication;
- any CJJ press release will be shared with the NIPS and SEHSCT prior to publication and release; and
- a suitable publication date will be agreed and the report will be issued.



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