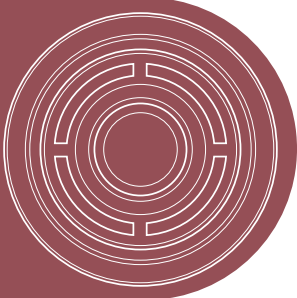


THE SAFETY OF PRISONERS HELD BY THE NORTHERN IRELAND PRISON SERVICE

A JOINT INSPECTION BY CRIMINAL
JUSTICE INSPECTION NORTHERN IRELAND
AND THE REGULATION AND QUALITY
IMPROVEMENT AUTHORITY

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November 2019



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List of abbreviations

AD:EPT	Alcohol and Drugs: Empowering People through Therapy
ADHD	Attention Deficit Hyperactivity Disorder
ADP	Average Daily (Prisoner) Population
ASD	Autistic Spectrum Disorder
BIR	Bullying Incident Report
CAB	Challenging Anti-social Behaviour
CCTV	Closed Circuit Television
CJI	Criminal Justice Inspection Northern Ireland
COPD	Chronic Obstructive Pulmonary Disease
CRC	Camera Recording Cell
CSU	Care and Supervision Unit
DHSSPS	Department for Health, Social Services and Public Safety (now DoH)
DIC	Death in Custody
DoH	Department of Health
DoJ	Department of Justice
EMIS	Egton Medical Information System
ETI	Education and Training Inspectorate
GP	General Practitioner
HBW	Hydebank Wood
HMIP	Her Majesty's Inspectorate of Prisons in England and Wales
HMP	Her Majesty's Prison
HNA	Health Needs Assessment
HQ	Headquarters
HSCB	Health and Social Care Board
IMB	Independent Monitoring Board
MDT	Mandatory Drugs Test/Testing
MoJ	Ministry of Justice
NI	Northern Ireland
NIPS	Northern Ireland Prison Service
NPS	New Psychoactive Substances
OST	Opioid Substitution Treatment
PASRO	Prisoners Addressing Substance Related Offending
PDD	Passive Drug Dog
PDU	Prisoner Development Unit
PECCS	Prison Escort and Court Custody Service
PfG	Programme for Government

POA	Prison Officers' Association
PONI	Prisoner Ombudsman for Northern Ireland
PREPS	Progressive Regimes and Earned Privileges Scheme
PRT	Prison Review Team
PSNI	Police Service of Northern Ireland
PSST(s)	Prisoner Safety and Support Team(s)
RQIA	Regulation and Quality Improvement Authority
SAI(s)	Serious Adverse Incident(s)
SAM	Safer at Magilligan
SEHSCT	South Eastern Health and Social Care Trust
SPAR	Supporting Prisoners at Risk
SPAR Evolution	Revised Version of SPAR
UK	United Kingdom
YOC	Young Offender's Centre



Chief Inspector's Foreword

The punitive element of imprisonment is the loss of an individual's liberty. Their successful rehabilitation is often dependent on isolating them from the negative factors in their lives that contributed to their offending. Many arrive in prison with significant diagnosed and undiagnosed healthcare needs, addictions to drugs and alcohol, mental health issues and a number struggle with the rigours and restrictions of the prison regime and the bullying and intimidation that despite the efforts of staff to challenge, are synonymous with prison life. Some will self-harm or become suicidal and the challenges for prison and healthcare staff are real and omnipresent.

During 2018 I performed the role of Interim Prisoner Ombudsman for Northern Ireland and during that time I met the families of young men who had died in prison as a result of suicide or drug overdose. The death in custody investigations revealed that in many cases, their unmet needs in the community during their childhood and adolescence, their mental ill health, their addiction to drugs and alcohol had not been adequately dealt with and their descent into criminality became almost inevitable. I acknowledge the limited choices available to Judges who must of course, consider the safety of the public and the offender when sentencing.

In my view the most difficult issue facing the Northern Ireland Prison Service (NIPS) is the identification of those really vulnerable prisoners, as opposed to those who just seek isolation from the main prisoner population, or those prisoners who seek to avoid the more challenging elements of the prison regime designed for rehabilitation. I have often said that prison is not by nature a therapeutic environment and yet, that is exactly what the NIPS has to create to stabilise individuals at risk and enable them to manage their imprisonment more safely.

The NIPS and the South Eastern Health and Social Care Trust (SEHSCT) have improved the operational delivery of prison healthcare. However, this report highlights difficulties at a strategic level which have led to very slow progress in establishing the levels of partnership that are essential to embedding and improving the fundamental building blocks that will make prisons safe. I am frustrated at having to repeat recommendations from my 2014 report.

I am encouraged by the new approach to managing prisoners at risk; the efforts to extend the reach of the Prisoner Safety and Support Teams; and the embryonic willingness to involve families in trying to work more effectively with some difficult and demanding prisoners. The identification of vulnerability by prison and healthcare staff has improved and critical interventions have undoubtedly saved lives. The efforts to stem the availability of illicit drugs and the use of psychoactive substances are paying dividends, but as one supply route is blocked another will be attempted, such is the nature of demand and supply.

The report makes two strategic and 10 operational recommendations and identifies a number of areas for improvement which all flow from the findings. Sadly, I am not confident that on their own and at the current pace, that they will deliver the transformational change that is required.

I do believe the NIPS needs to become a more intelligent provider in partnership with the SEHSCT, when it comes to the levels of healthcare provision that it needs to keep prisoners safe. I believe there is a critical need for the creation and appointment of a Director of Healthcare, within the NIPS, an individual with the level of knowledge and expertise to drive forward the prison healthcare agenda.

This inspection was conducted by Dr Ian Cameron and Stevie Wilson from CJI jointly with colleagues in RQIA. My sincere thanks to all who supported this work.



Brendan McGuigan CBE
Chief Inspector of Criminal Justice
in Northern Ireland

November 2019

Criminal Justice Inspection
Northern Ireland
a better justice system for all





Executive Summary

The health profile of prisoners, the high levels of mental ill-health, personality disorder, learning difficulty, drug and alcohol addiction, the proportion of prisoners on medication, and in numerous cases a combination of these factors, together with other vulnerability factors, all created a concentration of need within the prison establishments.

It was therefore vital to have effective multi-disciplinary working between the Northern Ireland Prison Service (NIPS) and the South Eastern Health and Social Care Trust (SEHSCT) to address these issues and to deliver the appropriate levels of care, safety and healthcare provision to the prison population.

There had been a number of incidents where the prompt actions and interventions by staff in response to serious self-harm incidents had undoubtedly saved lives. Inspectors were aware of, and on many occasions witnessed, individual members of prison and healthcare staff demonstrating a very caring and compassionate approach to vulnerable prisoners, sometimes in extremely challenging circumstances.

Concerns remained that prison did not provide the therapeutic environment required for prisoners with complex needs and the Courts should be aware of these limitations when committing people to prison for mental health assessments.

In November 2016, the Ministers of Justice and Health announced a joint review of vulnerable people in custody. This followed five deaths in prison custody in Northern Ireland, four relating to mental health issues, and incidents of prisoners committing acts of serious self-harm. At the time of this inspection the work had not been completed. The Ministerial Forum for Safer Custody had not met for some time and there was no strategic drive at Northern Ireland Assembly level to address these wider issues.

Working relationships at local level between prison and health staff had improved since the previous CJI Safety of Prisoners inspection in 2014. There needed to be much closer working between the NIPS and the SEHSCT in the joint-delivery of the strategies on suicide and self-harm and the management of substance abuse which were crucial to the safety of prisoners; on the implementation of inspection and Death in Custody (DIC) report recommendations; and the delivery of safer custody at establishment level.

Inspectors have made a strategic recommendation that the NIPS and SEHSCT should immediately review and address the effectiveness of the joint-working and joint-governance arrangements between the two organisations.

There had been progress made in relation to the management of vulnerable prisoners and those in crisis with the piloting of SPAR Evolution. Inspectors viewed the new policy as positive, and if successfully implemented, should address many of the areas where concern had been expressed in the past. The SEHSCT however needed to be much more involved in the design and delivery of the policy, and further work needed to be undertaken before the roll-out of SPAR Evolution across all the prison sites.

The Safer Custody case-load meetings in the three prisons should be jointly-chaired by the NIPS and the SEHSCT to focus on identifying and addressing the clinical needs of the prisoners in crisis.

There was the need for the NIPS and the SEHSCT to examine the effects of purposeful activity on prisoners' self-harm and suicide, drug-taking and bullying behaviour and to address the findings as part of the wider approach to safer custody.

Inspectors had previously commented on the need for increased family support for vulnerable prisoners and those involved with SPAR, and family support needed to be more embedded within the safer custody arrangements.

The implementation of the recommendations from DIC investigations, and in particular joint recommendations to the NIPS and the SEHSCT, needed to be addressed to

provide corporate assurance to Prison Service and Health Trust senior management that recommendations were fully implemented in a timely manner, with learning properly shared and embedded in operational practice.

The quantity and availability of drugs within prisons continued to be a matter of significant concern. The publication of a Joint Strategy for the Management of Substance Misuse in Custody by the NIPS was a positive development. The prisons had demonstrated a degree of success in reducing the supply of drugs into the prisons, although there undoubtedly remained a serious problem of access to illegal drugs and diverted prescription medication in Northern Ireland prisons. Further work was needed to implement and embed the strategy by the NIPS and the SEHSCT.

There had been advances in search technology which the NIPS should examine as an element of its strategy to address substance misuse, bullying and violence.

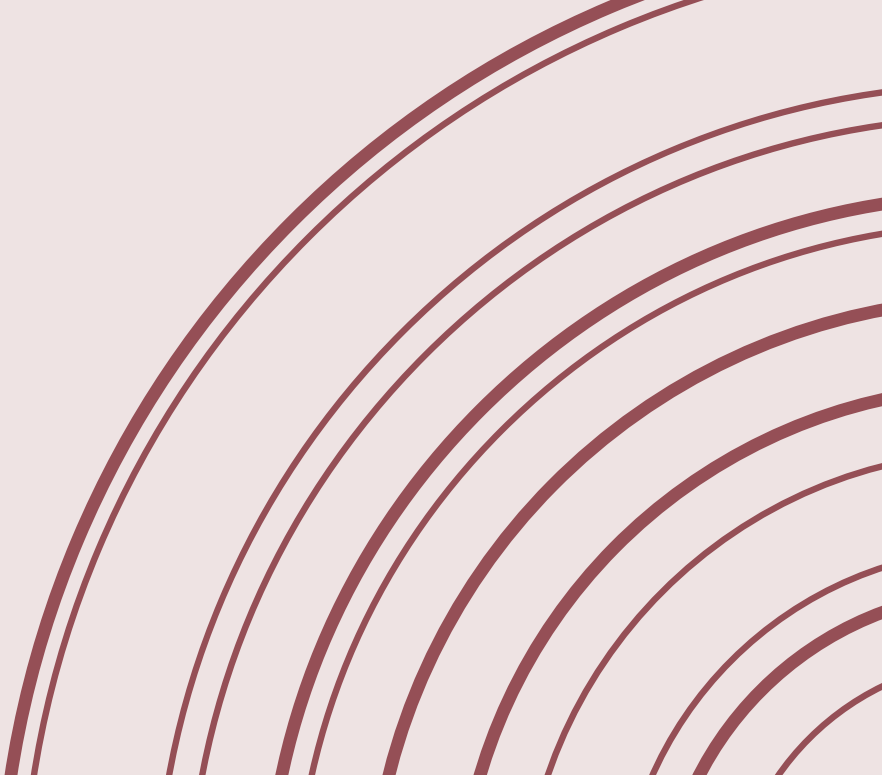
Bullying was a significant issue in the prison setting. It could be exacerbated by a number of factors including the prison environment, drugs, or may be offence-related. Much of it was not reported and went unnoticed and unrecorded. It created some very negative outcomes for prisoners. Inspectors have again recommended that the NIPS should review its Violence Reduction and Anti-Bullying Strategy to take account of the issues raised in this report. We consider that this should be prioritised with the work completed to address the strategic recommendation within six months of the publication of this report.

The report makes comment about the prescribing and management of medicines. It found that policies and procedures in



relation to these areas were undergoing review. Challenges remained in relation to 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 health needs of the prison population were complex. This inspection found that communication and joint working at landing level was good. However, further development was required in the formal governance structures and working relationship between the NIPS and the SEHSCT to ensure effective communication and improve joint working, which would lead to positive outcomes for prisoners in respect of their health.



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