

Freedom of Information Officer
Criminal Justice Inspection Northern Ireland
7th Floor
14 Great Victoria Street
Belfast
BT2 7BA

04 January 2016

Our references

FO1091215/031 FO1111215/032

RE: Request for information in relation to all correspondence between the Chief Inspector of Criminal Justice in Northern Ireland and the Director General, Northern Ireland Prison Service in relation to an incident in Erne House, Maghaberry on 26 April 2015;

and

Request for information in relation to all correspondence between the Chief Inspector of Criminal Justice in Northern Ireland in relation to an incident in Erne House, Maghaberry on 26 April 2015.

Dear ,

Thank you for your recent Freedom of Information requests submitted via email to Criminal Justice Inspection Northern Ireland (CJI) on 9 December and 11 December 2015 respectively in accordance with the Freedom of Information Act 2000.

Our understanding of the information requested is as follows:

- all correspondence between the Chief Inspector of Criminal Justice in Northern Ireland and the Director General, Northern Ireland Prison Service in relation to an incident in Erne House, Maghaberry on 26 April 2015; and
- all correspondence between the Chief Inspector of Criminal Justice in Northern Ireland in relation to an incident in Erne House, Maghaberry on 26 April 2015.

In answer to your two request for information, I can confirm that the following information is being released in response to your enquiry.

FOI reference 091215/031

I can confirm that one letter was written by the Chief Inspector of Criminal Justice in Northern Ireland to the Director General of the Northern Ireland Prison service in relation to an incident at Erne House, Maghaberry on 26 April 2015. A copy of this letter is attached for your information.

FOI reference III215/032

Query 1b

I can confirm that one further letter was written by the Chief Inspector of Criminal Justice in Northern Ireland in relation to an incident at Erne House, Maghaberry on 26 April 2015. A copy of this letter is also attached for your information. Personal details of the recipient and other information which could identify an individual have been redacted to comply with Data Protection principles.

I hope this response satisfies your request.

Should the information contained in this letter not satisfy your request for information, you should contact in the first instance CJI's Freedom of Information Officer. Their address is Freedom of Information Officer, Criminal Justice Inspection Northern Ireland, Block I, Knockview Buildings, Belfast, BT4 3SJor email info@cjini.org.

Yours sincerely,

James Corrigan Chief Executive

Criminal Justice Inspection Northern Ireland



Criminal Justice Inspection
Northern Ireland
a better justice system for all

29 May 2015

Sue McAlllister
Director General
Northern Ireland Prison Service
Dundonald House
Upper Newtownards Road
BELFAST BT4 3SU

Dear Sue

INSPECTION OF MAGHABERRY PRISON - May 2015

The inspection emerging findings were dire and I had hoped that the briefing provided last Friday had given you and your senior leadership team a true reflection of our collective concerns.

Maghaberry was found to be a prison in crisis. It was unsafe and presenting levels of dangerousness for both prisoners and staff that we have not seen before in Northern Ireland. Nick Hardwick's view is that Maghaberry is on a par with the worst performing prisons in England and Wales. The findings were especially disappointing at the culmination of a three year period of reform that was intended to radically improve the prison system in Northern Ireland.

I acknowledge the context within which the prison is operating, however there was a clear lack of effective leadership to deal with the contextual issues and as a result, many of the basic needs of the prison population were not being met. This is not acceptable and cannot be permitted to continue.

During the week the inspection was conducted, Inspectors heard varying accounts from both staff and prisoners of the recent fire at Erne House. Needless to say the basic elements that led to the incident are still prevalent in the prison. Whilst I understand the incident is being investigated by the PSNI, both Nick and I believe that you should commission an independent review of the circumstances leading up to the incident and its subsequent handling by the prison service, so that lessons can be learnt to avoid a repetition.

I am writing to reinforce the urgency of the situation and the need for immediate and critical action to be taken, to stabilise the prison and make it safer for both prisoners and staff.

To that end, I need you to provide an interim action plan, in response to the emerging findings. This action plan should reflect what immediate actions you intend to take and the depth and scope of interventions to halt the decline with challenging timelines to deliver real change.

Yours sincerely

Brendan McGuigan

Chief Inspector of Criminal Justice

Enc Inspection of Maghaberry Prison Emerging Findings

cc David Ford, MLA, Minister of Justice
Nick Hardwick, HM Chief Inspector of Prisons

Safety

The prison was not safe and we thought there was a risk of a serious incident. Prisoners were more negative than we usually see about most aspects of escorts to the prison. Arrival and first night arrangements were adequate. Too many prisoners said they felt unsafe. Levels of reported violence were rising and there had been some concerning incidents. Staff supervision in some areas was poor. There had been several self inflicted deaths and levels of self harm were high. SPAR arrangements needed to be better. Aspects of security had improved but links with key departments needed to be better. Use of segregation, force, special accommodation and adjudications was high, and the segregation unit regime and environment was poor. Some clinical aspects of substance misuse support were unsafe. On the basis of this inspection, we considered that outcomes for prisoners were poor against this healthy prison test.

Most journeys to the prisons were short but prisoners were more negative than the comparator about most aspects of the experience, including feeling safe. The large reception area was functional but unwelcoming. Reception staff were respectful and responded appropriately to prisoner needs. There were no peer supporters to help ease the anxiety felt by newly arrived prisoners. More prisoners than the comparator reported feeling unsafe on their first night. Reception interviews gathered pertinent information about prisoners but were not always carried out in private. Prisoners were offered a shower and free telephone call. All prisoners were seen in private the day after arrival by a chaplain and a member of PDU staff; interviews were well managed and provided information about the services available. Induction could commence several days after arrival and it omitted some important information about life at the prison.

The prison was unstable and we had serious concerns about safety. There had been some recent significant incidents, and we felt there was a risk of further disorder, particularly in the square houses. Staff and prisoners told us and we observed significant tension and frustration amongst prisoners. A recent serious incident on Erne which could have resulted in loss of life needed to be independently investigated to establish the lessons to be learned. More prisoners felt unsafe than at the last inspection and in comparator prisons. Assaults on prisoners and staff had increased significantly since out inspection in 2012. Management structures did not effectively support work to keep prisoners safe and run a constructive regime. Exercise yards, association areas and movements were the areas of most concern to prisoners. Supervision by staff in communal areas was inadequate. The anti-bullying policy was not sufficiently effective and analysis of data was inadequate to provide an effective response to the safety challenges faced. The absence of data on unexplained injuries was particularly notable. Offence related vulnerable prisoners were identified and supported. There was a serious case review for those who required it.

There had been seven self-inflicted deaths since the last inspection. There were action plans to address the ombudsman's recommendations but more robust mechanisms were needed to ensure the changes needed were implemented. The number of prisoners on a SPAR had increased since the last inspection and incidents of self-harm were high. Use of observation cells and anti-ligature clothing was far too high. The quality of completed SPAR documents we reviewed was mixed and many focused only on protection from harm, with little evidence of efforts to address the underlying issues or to provide therapeutic interventions. Listeners provided a valuable service but access was problematic at night and during regime curtailment.

There was no adult safeguarding policy or formal safeguarding arrangements with the community in place. Funding cuts had reduced some of the activities available in the Donard centre, but it continued to provide good support to some of the most vulnerable prisoners. Weekly multi-disciplinary meetings were used to support prisoners with complex needs.

Individual members of staff had been subject to some serious and credible threats from dissident prisoners and their associates in the community and appropriate security arrangements were in place to support staff in these circumstances. The management of procedural security had improved in some areas since the last inspection, but intelligence analysis remained underdeveloped. Management of the dedicated search team (DST) had improved. Security intelligence reports (SIRs) had more than doubled since the last inspection but some important elements of dynamic security remained weak. A security committee meeting was held monthly but attendance was poor and links with other important prison departments such as safer custody and the PDU were underdeveloped. Security objectives were not set consistently and key threats were not always adequately identified and acted upon. Mandatory drug testing (MDT) positive rates were too high and the diversion of prescribed medications by prisoners was resulting in bullying an intimidation.

There was little evidence that the PREPS scheme was effective in encouraging responsible behaviour. A significant number of prisoners were on the enhanced level of the scheme and arrangements for those on basic were reasonable.

The numbers of adjudications were significantly higher than both the comparator and at the last inspection. Hearings were conducted fairly but many charges were for petty reasons which could have been dealt with informally or through the PREPS scheme.

Segregation living conditions were mixed; some cells on the ground floor were poor and holding rooms and special cells were dirty. Conditions in cells on the upper floor were better but many were poorly furnished and some toilets were dirty. The regime was too basic, especially for longer term prisoners. Initial safety assessments were not

completed and some were not seen by health care professionals prior to their admission. Monitoring of segregation was insufficient and formal planning to address prisoner needs was underdeveloped. Some prisoners remained segregated for excessive periods of time. Far too many prisoners were managed on SPARs in segregation in the absence of exceptional circumstances. The use of special accommodation was too high and governance was inadequate.

Use of force was high and had increased significantly since the last inspection. On the whole, use of force paperwork we reviewed was completed correctly and accounts demonstrated that de-escalation was used as a preferred option. However, the analysis of data to identify patterns or trends was poor.

Prisoners waited too long to start opiate substitution, which was unsafe. However, once prisoners were in treatment they received good care and support from the addictions team. Prisoners on alcohol and opiate detoxification regimes had their medication in possession which was also unsafe. Psychosocial services were reaching too few prisoners, but a good range of interventions were offered.

Respect

Living conditions were mixed; square houses remained poor and we found many dirty areas. Other houses and outside areas were good. Regime curtailment was resulting in many frustrations for prisoners in daily life. Managing the separated houses was still having a disproportionately negative impact on the rest of the prison. Staff prisoner relationships were respectful but distant. Some aspects of equality and diversity had improved, but poorer outcomes for Catholics were still not understood and the needs of many prisoners with disabilities were not being met. Support for foreign nationals was now good. The complaints system was overwhelmed and prisoners had little confidence in the system. Good legal services support was provided. Health services were unsafe. Food provided was poor and meals served far to early. Tuck shop arrangement were good. On the basis of this inspection, we considered that outcomes for prisoners were poor against this healthy prison test.

Free-flow movement was now well embedded. The standard of the newer accommodation was mostly good. The 'square houses' were poor and had areas which were dirty and neglected. Exercise yards were stark. It was helpful that the numbers of prisoners held in the 'square houses' had been reduced. Prisoners were understandably very frustrated by the unpredictable access to the basics of daily life. Staff shortages had restricted prisoner access to showers, phone calls, hot water and mail.

Living conditions on both separated units were good. Cells and communal areas were clean. Prisoners had good access to time out of cell and a range of activities. However, relationships between staff and prisoners, particularly on Roe House, were at best distant. Staff working in these environments were subject to significant pressures and needed to be better supported. Overall, we again considered that the separated units continued to consume a disproportionate amount of staff and management energy to the detriment of the majority of the population.

Prisoners were less satisfied with their relationships with staff than at the 2012 inspection, although most still said staff treated them respectfully. Exchanges we observed between staff and prisoners were generally appropriate, but staff expectations of prisoners were low and most of what we saw was staff responding to requests, rather than initiating interactions. There were few meaningful interactions during association and there was no personal officer scheme. Prisoners' forums had occurred but were irregular and the forum structure was not embedded.

Equality and diversity (E&D) work now had better senior management leadership. Monitoring data (SMART) was being used increasingly effectively. However, data showed consistently poorer outcomes for Catholic prisoners. The reasons for this were complex. Some progress had been made, but more still needed to be done to

understand these discrepancies. Recording of prisoners with disabilities was confused and only a small number of those declaring a disability were assessed for further support. There was no forum for older prisoners or evidence of work to engage with Travellers. More needed to be done to acknowledge the needs of minority groups including black and minority ethnic and gay prisoners. Some good support was now being offered to foreign national prisoners.

Chaplains saw all new receptions, were accessible and attended SPAR reviews occasionally. Corporate services were offered in a range of locations but access was being negatively affected by regime curtailments. The chapel was a welcoming environment.

The complaints system was in disarray. Prisoners had less confidence in the complaints system than at the 2012 inspection. The Decency Performance Report was a positive development but an alarming 1500 complaints remained outstanding dating back to summer, 2014. Quality assurance systems were not systematic and the quality of some responses was poor.

Prisoners were happier with legal arrangements than at comparator prisons and had good access to their legal representatives.

Progress identified in the delivery of healthcare services at the last inspection had regressed and we had significant concerns about many aspects of the provision. Staffing levels were concerning and did not ensure a safe and effective service. A range of issues had been escalated to the Trust by the Regulatory Quality Improvement Agency (RQIA) but as yet with no effective response. Health staff complained about a lack of leadership and communication from Trust senior managers and the culture did not encourage open discussion. Clinical governance was poor.

Prisoners with justification, were extremely negative about the healthcare support provided. They could wait up to four weeks to see the doctor and nurse triage was regularly cancelled. Lockdowns in the regime were impacting on attendance. Resuscitation equipment and emergency drugs were not subject to frequent checks and some drugs were out of date. Some healthcare equipment needed replacement and infection prevention and control was inadequate. Chronic disease management was unsafe. A range of health promotion information was available, although screening was limited. Information sharing and management around communicable diseases needed to improve. Waiting times to see the dentist were too long although once seen, the quality of care was good. There were delays and some serious problems in the way medications were managed and administered. This created a risk of medication being diverted and was having a negative impact on the overall safety of the prison.

Mental health staffing levels had reduced and development of the service had been hampered by the absence of senior staff and the requirement for mental health nurses to support primary care work. Despite this staff had maintained the mental health services for prisoners who needed it. The consultant forensic psychiatrist and mental health nurse screened all new committals which was good practice.

Few prisoners said the food was good. Meal times were too early and some food was served lukewarm. Prisoners were generally satisfied with the tuck shop and the in-house system was well run, flexible and efficient.

Purposeful activity

There was daily and unpredictable curtailment of the regime. Nearly all prisoners were spending too much time on wings with nothing to do, and often locked up for long periods of time. This was causing negative impacts across most areas of prisoner outcomes. Learning and skills provision was in transition, and outcomes in nearly all significant areas were inadequate. There were far too few activities for the population. Whilst there were plans in place to address many of these shortfalls, urgent action was needed to stabilise the regime. Physical education (PE) provided some good opportunities. On the basis of this inspection, we considered that outcomes for prisoners were poor against this healthy prison test.

Around 70% of prisoners were on the units during activity periods, and around a third of these were locked up. Frequent unpredictable lockdowns were a source of significant frustration and resentment which affected safety, prisoner well- being and relationships with staff.

Some advanced plans were in place to outsource learning and skills provision, but this was not yet in place, and in the interim period the overall quality had declined and was now inadequate. The capacity to manage, develop and quality improve learning and skills had reduced significantly as staff have left and not been replaced. Ineffective use was made of key performance data to monitor prisoners' progress and inform self-evaluation and quality improvement planning. Prisoner access to purposeful activity had been impacted negatively by the frequent lockdowns. There has been good investment in physical resources and accommodation across most of the prison to support purposeful activity but the benefits of this remained largely under utilised. A positive ethos and good relationships existed across most of the learning and skills provision but there was insufficient purposeful activity for all prisoners. Approximately two thirds of prisoners were not participating in work, vocational training and education. The majority of the work activities available were mundane and did not provide realistic work activities. The work allocation process was ineffective.

The education curriculum had narrowed since the last inspection; fewer courses were accredited and most provision was at too low a level. These were major barriers to prisoners accessing employment or further and higher education. Non-accredited provision to support the development of personal and social skills needed to be enhanced.

Too much teaching, training and learning observed was not good enough. The outcomes of educational initial assessments were not sufficiently detailed and were not used well enough to inform planning to meet individual learning needs. Most literacy and numeracy provision, including essential skills lacked accreditation and provided poor opportunities for progression. The quality of ICT resources in the learning and skills centre had improved, but were not yet good enough.

Most of the limited vocational training provided was good and the small number of prisoners involved were developing good practical skills. However, most of the accreditation was at too low a level to meet the resettlement needs of the prisoners. Most prisoners demonstrated good standards of work in vocational training, particularly within the areas of joinery, Braille, ceramics and horticulture. The links between the vocational training and the essential skills of literacy and numeracy were underdeveloped. Vocational training was not aligned sufficiently to the Northern Ireland economic priority areas and enterprise was underdeveloped. Opportunities were missed to develop self-employment and social economy businesses.

The library provision was satisfactory, but would benefit from a wider range of books matched more effectively to the prisoners' needs and aspirations.

PE provision was effectively led and relationships were strong. Prisoners valued the provision offered and facilities were good. Personalised fitness assessments and training programmes were available. Use was good but more needed to be done to engage with older and disabled prisoners. Very good links have been developed by the PE staff to a number of other departments across the prison to promote exercise and healthy living.

Resettlement

A more strategic approach to resettlement was needed. Good use was made of temporary release. Offender management arrangements were generally good. Public protection work was mostly appropriate. Work in the last three years of tariff with lifers and ICS prisoners was good, but others felt neglected. Burren House was a very useful new addition. Reintegration work was good and support in the resettlement pathways was generally reasonable, although the number of offending behaviour programme places had reduced. On the basis of this inspection, we considered that outcomes for prisoners were reasonably good against this healthy prison test.

A strategic approach to the management of resettlement needed to be developed; links between departments were weak, and there was little understanding of whether the services provided met the needs of prisoners. Temporary release was used much more widely than we usually see, both for compassionate purposes and to support resettlement planning. Decisions were based on an appropriate range of material but the rationale for decisions was not sufficiently clear.

Offender management arrangements were generally good. Most prisoners had a sentence plan within eight weeks of arrival, which was based on a risk of harm assessment completed prior to sentencing. Contact between prisoners and their sentence managers and probation officers was more frequent and purposeful than we normally see. Joint working between probation and prison staff was developing, but staff elsewhere in the prison had little understanding of resettlement work.

Categorisation following sentencing was swift, but record keeping was poor and we could not be assured that all reviews took place on time. Multi agency structures were used appropriately to protect the public. Lifers and ICS prisoners were well supported in the three years prior to their tariff expiry date, but many were frustrated by a lack of progress prior to this. As at our previous inspection, sentence plans for these men were repetitive and insufficiently tailored to individual needs. The regime and opportunities on Wilson House were good and encouraged independent living. However, prisoners on Braid House needed more opportunities to keep them constructively occupied.

All prisoners except those on remand had their needs assessed on arrival, and were referred to resettlement service providers as appropriate. Those subject to probation supervision on release met their prison and community probation officers before release to develop a release plan.

Long term prisoners at Burren House had excellent opportunities and support to plan for their reintegration and release. Overall, risks were managed carefully and sensitively by committed staff. There was an established housing advice service supported by trained peer workers who identified needs at induction and helped with housing benefit claims. More problematic accomodation issues were referred to the trained staff. Few prisoners were released without accomodation.

Prisoners nearing the end of their sentence, and those on short sentences, did not have sufficient access to short accredited courses that would increase their employability skills.

Mental health discharge planning was good and staff had a single point of contact in the community. Discharge planning for primary health was adequate but in-reach services needed more development.

Prisoners with drug and alcohol problems were offered good pre and post release support through the partnerships associated with Adept2 scheme.

A trained NIACRO worker provided a debt advice service one day per week. There was no provision from CAB or the Job Centre and overall provision for finance, benefit and debt was under developed.

The visitors centre continued to be a good resource and there was a range of family support provided. The Families Matter programme helped prisoners develop parenting and relationships skills. Visits did not always start at the advertised time, and were sometimes considerably delayed by prisoners not being unlocked on time. The visits rooms were clean and bright with access to good refreshment facilities and a large supervised play area.

The number of offending behaviour programmes (OBPs) had reduced dramatically since the last inspection. Less than half the comparator said they were currently involved in OBPs. For the few who had attended a programme the quality was good. Some good one to one support was offered.

10 September 2015





Following our meeting on 7 September we agreed that I would write to you outlining the CJINI and HMIP concerns surrounding the fire in Erne House in April 2015.

The meeting was helpful and allowed discussion around the wider context, the NIPS, the Prison Review Team Report and its implementation, and in particular the role of CJINI. In respect of this latter point we, as an Inspectorate, are acutely aware of the need to allow people within inspected organisations to speak to Inspectors with confidence that their comments will not be repeated to their peers or management, and without fear of being identified as the source of our information. This is fundamental to an effective inspection process.

The fire in Erne House had the potential to cause serious injury or death and the inspection team heard varying accounts about the way the incident was handled. Inspectors were so concerned that I wrote to the NIPS Director General immediately following the inspection asking for an independent review to be conducted of the circumstances of the incident and its handling, so that lessons can be learned to avoid a repetition. I am pleased that you have now been appointed to undertake this review.

You will, I assume, have access to all the records, decision logs, and documentary and video evidence relating to the incident, and access to those involved as duty officers and in decision-making, which will allow you to review the effectiveness of the operational response.

It would be the view of the Inspectorates that the following areas should be included in your review:

- The operational response to a small group of non-compliant prisoners, and the availability of staff, equipment and other resources, e.g. prison dogs;
- The circumstances surrounding the decision to escalate the incident to NIPS HQ and Gold Command;
- Once escalated, locations of the Gold and Silver Commanders and the communication process between Gold and Silver Command; and

The incident management training available to Unit Managers and Functional Heads.

You mentioned in the meeting that the prisoners involved in the incident should have been in the CSU but the fact that it was at full capacity meant they were housed in Erne; and this raises issues about the rationale to place them all in the same residential area of the prison, and the dynamic risk assessment to allow this group of prisoners into the exercise yard together, and in my view, this is also something your review should examine.

You asked about responses to the incident in the prisoner survey for the May 2015 inspection and these are summarised below:

- In the Prisoner Survey one response stated that 'there was a fire about 3 weeks ago in the store room which took 5 hours to get under control. We didn't get fresh air for three days'.
- In the Prisoner Survey Confidential Comments one respondent ticked yes to feeling unsafe now, everywhere and in the comments box about safety said: 'When there was a fire on the 26/05/2015 we were not evacuated at all and

. I feel let down and unsafe because I could have went into a coma

When I returned they just put me in the cell without observation directed by the doctor'.

• In the Prisoner Focus Group Feedback:

- o Erne House lots of complaints re living in smoke damaged wing and no access to Healthcare since fire.
- Staff needed the recent fire and riot to justify getting more money.

You will appreciate that the confidential comment above was made on that basis and should be treated accordingly.

As I mentioned yesterday, the regime restrictions in Maghaberry at the time of the inspection were causing significant frustrations amongst prisoners, and while these remain there is potential for further incidents of indiscipline. The Inspectorates would want to be reassured that any lessons from the Erne House fire management response have been learned and will be applied in the event of any future incidents.

Yours sincerely

Brendan McGuigan

Chief Inspector of Criminal Justice