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Response

of the Government of the United Kingdom to the report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) on its visit to Northern Ireland

from 29 August to 6 September 2017

The Government of the United Kingdom has requested the publication of this response. The CPT's report on the August/September 2017 visit to Northern Ireland is set out in document CPT/Inf (2018) 47.

Strasbourg, 6 December 2018

Response from the United Kingdom to the report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment on its visit to Northern Ireland from 29 August to 6 September 2017

11 October 2018

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Abbreviations

AD:EPT	"Alcohol and Drugs: Empowering people through therapy"
BHSCT	Belfast Health and Social Care Trust
CJINI	Criminal Justice Inspection Northern Ireland
CPT	Council of Europe European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
CSU	Care and Supervision Unit
DOHNI	Department of Health Northern Ireland
DOJNI	Department of Justice Northern Ireland
ECO	Enhanced Combination Order
ECPT	Council of Europe European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
ECR	Electronic Care Record
FMO	Forensic Medical Officer
IMB	Independent Monitoring Board
NIPO	Northern Ireland Prisoner Ombudsman
NIPS	Northern Ireland Prison Service
OST	Opioid Substitution Treatment
PONI	Police Ombudsman for Northern Ireland
PSNI	Police Service of Northern Ireland
PSP	Personal Safety Programme
RQIA	Regulation and Quality Improvement Authority
SEHSCT	South Eastern Health and Social Care Trust
SPAR	Supporting Prisoners at Risk
UK	United Kingdom of Great Britain and Northern Ireland

Response to the CPT report of 19 March 2018

Law enforcement agencies

Paragraph 11
The CPT recognises that the arrest of a suspect is often a hazardous task, in particular if the person concerned resists and/or is someone whom the police have good reason to believe may be armed and dangerous. The circumstances of an arrest may be such that injuries are sustained by the person concerned (and by police officers), without this being the result of an intention to inflict ill treatment. However, no more force than is strictly necessary should be used when effecting an arrest. Furthermore, once arrested persons have been brought under control, there can be no justification for their being struck by police officers. In light of the information gathered during the 2017 visit, the CPT recommends that these principles be reiterated regularly to police officers, including through practical training exercises.

1. Any complaint from a member of the public concerning the actions of a police officer is investigated by the PONI, which is fully independent of the PSNI.

Paragraph 12
The CPT recommends that police officers be reminded regularly, and in an appropriate manner, that the application of handcuffs should under no circumstances be excessively tight and that they should be applied only for as long as is strictly necessary.

2. This recommendation is already addressed through “Use of Force” training in PSP initial and refresher training.

Paragraph 15
The CPT recommends that the Northern Ireland authorities take the necessary measures to ensure that information concerning detained persons’ health be kept in a manner which ensures respect for medical confidentiality in all police stations. Health care staff may inform custodial officers on a need-to-know basis about the state of health of a detained person; however, the information provided should be limited to that necessary to prevent a serious risk for the detained person or other persons, unless the detained person consents in writing to additional information being given.

3. The PSNI contracts healthcare practitioner support for custody, currently FMOs. Medical information is managed confidentially by these healthcare practitioners. Information to manage detention safely is conveyed by the healthcare practitioner to custody staff through a form (PACE15) which sets out briefly the necessary information for each individual. This ensures that necessary measures are in place at all times to protect medical confidentiality. Approved medical practitioners can access health service information; such access is monitored and audited independently by the DOHNI.

Paragraph 16
The CPT recommends that the best-practice model observed at Antrim Police Station concerning the treatment of persons suspected of being body packers be standardised across all police stations of Northern Ireland and throughout the United Kingdom.

4. The PSNI has established an agreed service wide protocol for managing persons suspected of both body packing and/or swallowing of illicit substances. A dedicated medical observation room has been set up in Antrim Hospital and a further room is being completed in a Belfast Hospital. This ensures that there is close proximity to emergency care in situations involving these cases. The option remains for any detained person to be taken to an emergency department throughout Northern Ireland.

5. Policing is a transferred matter in Northern Ireland. The Committee may however wish to note that, in England and Wales, the College of Policing's Authorised Professional Practice (APP) already recommends a comparable approach to Northern Ireland in relation to swallowed or packed drugs packages[1]. If police officers know or suspect that a detainee has swallowed or packed drugs, either for the purpose of trafficking or to avoid imminent arrest or detention by the police, they must treat the person as being in need of urgent medical attention and transfer them straight to hospital. Officers also need to take various considerations into account before accepting a detainee for return to custody from the hospital. Forces, in partnership with healthcare trusts, should also develop local policies and protocols for assessing, treating and observing cases where drugs have been swallowed or packed.

Paragraph 17
The CPT recommends that all forensic medical officers receive appropriate training and supervision and that they are all able to access the electronic medical files (EMIS) of each Health Care Trust confidentially in every police station.

6. As set out above in the response to paragraph 15, the PSNI is working in partnership with the DOHNI to deliver a new healthcare model for police custody, which includes access to healthcare records via the ECR system and clinical governance arrangements. Currently FMOs working in PSNI custody suites have received training which enables them to access ECR in custody suites across Northern Ireland. The system is currently being rolled out to all custody suites.

Paragraph 18
More generally, it is important that staff working in custody areas are attentive to the needs of detained persons. The delegation met one person at Coleraine Police Station who had asthma and was experiencing breathing difficulties (due apparently to serious lung problems following the collapse of both lungs three years earlier) but his requests for an inhaler or to access fresh air had

[1] https://www.app.college.police.uk/app-content/detention-and-custody-2/detainee-care/alcohol-and-drugs/#swallowed-or-packed-drugs-packages

not been acted upon. Custody staff should be reminded of the importance of being attentive to the needs of detained persons throughout their shifts.

The CPT recommends that a protocol for the management of persons who self-harm in police custody which excludes the application of handcuffs be adopted throughout Northern Ireland.

7. The PSNI continues to remind custody staff of the importance of giving attention to the needs of detained persons, most recently in the continuous professional development course in May 2018. It is accepted that self-harm is not a reason in itself to apply handcuffs. However, the management of people who self-harm in police custody does not necessarily exclude the use of handcuffs. Each situation is different and requires to be assessed according to the circumstances as they present themselves at the time. Each officer will be personally responsible for his/her use of force, which is monitored via a reporting system; the expected standards are re-iterated at PSP training annually for custody staff.

Paragraph 20
The electronic custody record system provided a detailed account of a person's stay in a police station, with every observation (hourly, etc.), movement (police interview, doctor, solicitor, etc.) and event (meals, intervention, review of detention, etc.) noted. Further, all cells were covered by CCTV and audio monitoring; police staff could monitor each cell from a central control centre. In order for the detained person to retain some privacy, the toilet area was blanked out on the monitor. However, detained persons did not know this and at least one person was anxious about exposing himself on the toilet. Such information should be imparted to detained persons.

8. All custody staff will be reminded of the importance of highlighting to a detained person the monitoring by CCTV and audio within each police custody suite.

Paragraph 21
The system concerning police complaints remains the same as that described in the report on the 2008 visit[2], namely that all complaints regarding the PSNI are dealt with by the Police Ombudsman. For the year 2016/17, the number of complaints received by the Police Ombudsman's Office decreased by 8% from the previous year to 2,797 complaints. The complaints comprise 4,725 allegations, of which 1,073 were classified as "oppressive behaviour"[3]. Further, the Police Ombudsman recommended on 24 occasions during the year that the Director of Public Prosecutions should prosecute an officer (up from 18 the previous year and 11 in 2014/15), and on 261 occasions that a police officer should be disciplined or receive a performance enhancement measure. The CPT would like to be informed about how many of the cases recommended for prosecution and for disciplinary action concerned each sub-

[2] See CPT/Inf (2009) 30, paragraphs 142 and 143. [https://rm.coe.int/1680698700]
[3] Oppressive behaviour consists of several sub-types: Oppressive conduct/harassment; other assaults (unjustified or excessive force or violent conduct); Serious non-sexual assault resulting in serious injury; sexual assault; Unlawful/Unnecessary Arrest/Detention.

type of "oppressive behaviour" by the police and about the outcome of these procedures for each of the last three years.

9. According to the PONI's Annual Statistical Bulletin 2017/18[4], there were 886 "oppressive behaviour" allegations received during 2017/18. This is an 18% decrease in the number received in 2016/17 and it is the first time they have dropped below 1,000 allegations in the last five years.

10. The required information is set out below[5]:

Discipline Recommendations with an Oppressive Behaviour Allegation	2014/15	2015/16	2016/17
Total	147	70	47
Discipline Recommendations for Oppressive Behaviour sub-types			
Oppressive conduct	92	45	29
Other (assault)	73	28	19
Others (includes harassment, serious non-sexual assault, and sexual assault)	13	9	6
Note: these figures represent the number of discipline recommendations per officer per complaint. The sub-type total includes double counting; this occurs when there are multiple "oppressive behaviour" sub-types within a complaint.			

Criminal Charges	2014/15	2015/16	2016/17
Total	11	19	24
Criminal Charges with an Oppressive Behaviour Allegation	**2014/15**	**2015/16**	**2016/17**
Total	12	12	26
Oppressive Behaviour sub-types			
Oppressive conduct	1	6	22
Other (assault)	11	6	4
Others (includes harassment, serious non-sexual assault, and sexual assault)	0	0	0
Note: the figure for criminal charges covers the number of occasions the PONI recommended that the Public Prosecution Service for Northern Ireland should prosecute an officer/staff. The number of "oppressive behaviour" allegations may be greater than the number of occasions the PONI recommended criminal charges as there may be multiple allegations linked to the same incident.			

Paragraph 23
Strand Road Police Station in Derry/Londonderry has nine cells, none of which are equipped with an in-cell toilet or a sink. It is planned that the whole custody suite will be renovated. The CPT would like to be informed when it is envisaged to upgrade the material conditions of the custody suite at Strand Road Police Station in Derry/Londonderry.

[4] https://www.policeombudsman.org/getmedia/37e06a5e-28e1-43e1-93b7-d6f023471344/Annual-Statistical-Bulletin-2017-18.pdf (page 17).
[5] Sources: Northern Ireland Executive; PONI.

11. The PSNI does not intend to renovate or refurbish Strand Road custody suite, as this suite will be replaced by a new build 21 cell facility close by at Waterside. On completion of the new build, once Waterside Custody suite opens, the Strand Road custody suite will permanently close.

Paragraph 24
The police stations visited were generally well maintained and clean. All cells visited were of adequate size for short stays. They were equipped with a low plinth and detained persons were provided with a mattress, a blanket and a pillow. Meals were provided at appropriate times. The artificial lighting (dimmed at night) was adequate, as was the heating and ventilation. Detained persons could also access a shower if needed. However, none of the police stations visited had an outdoor exercise yard but at Antrim Police Station detained persons were given access to an outdoor fenced area. At Musgrave Police Station, detainees held for longer periods could, upon request, access a secure inside covered walkway (17.5m x 3m) which had access to fresh air. Nevertheless, the CPT recommends that when the custody suites are built or renovated, provision should be made for the establishment of a secure outdoor yard for persons who may be detained for periods in excess of 24 hours.

12. The PSNI new build custody suites will include exercise space. The current custody estate has limited provision as set out above. Custody staff will manage exercise and access to fresh air locally with supervision as appropriate.

Paragraph 27
At the time of the visit, the prison population stood at around 1,450 down from a high of 1,840 in 2014. The rate of imprisonment, 76 persons per 100,000 inhabitants, is only half the rate for England and Wales or Scotland (146 and 138 per 100,000, respectively). It is noticeable that the percentage of persons on remand has dropped significantly since 2008 from over 35% to 23.4%. At the same time, the authorities are seeking to expand further the use of alternatives to custody, notably for persons who abuse drugs and alcohol. Such measures are to be encouraged. The CPT would in particular like to be informed whether the Enhanced Combination Orders[6] have been extended to all of Northern Ireland.

13. The ECO is an alternative to short prison sentences of 12 months or less though which offenders complete unpaid work, participate in victim focused work and undergo assessment. A pilot has been running since 1 October 2015 in the Court Divisions of Armagh & South Down and Ards. 267 ECOs have been made as of 7 June 2018. An evaluation by the Northern Ireland Statistics and Research Agency (NISRA)[7] indicates that overall the ECO initiative is working very effectively and is a robust community sentence as an alternative to a 12-month prison sentence. The evaluation demonstrated a 40% reduction in

[6] An intensive community service combined with strict supervision was introduced on 1 October 2015 by the Probation Board and has produced positive results in reducing reoffending rates.
[7] https://www.pbni.org.uk/wp-content/uploads/2015/04/ECO-Evaluation_Final-Report-04.12.17.pdf

reoffending rate for those who completed the ECO and a 10.5% reduction in the number of prison sentences of 12 months or less awarded by courts involved in the pilot. ECOs have been rolled out to Londonderry Court area from 1 September 2018. Decisions on further roll-out will be made after that phase has been evaluated.

Maghaberry Prison for adult males

Paragraph 29
The CPT would like to receive updated information on the development of the new accommodation block and on the official capacity of the prison once the new block comes into operation.

14. The new 360 Cell Accommodation Block at Maghaberry is on target for completion in the autumn of 2019. The new block will allow for the closure of 3 Square House blocks which were described as not fit for purpose in several reviews. This will be NIPS' most modern accommodation and include separate shower and bathroom facilities in each cell, and in-cell telephony. The prison's revised Certified Normal Accommodation (based on single cell occupancy) will then be approximately 1021.

Paragraph 30
The CPT recalls that any form of ill-treatment is totally unacceptable and must be subject to appropriate sanctions. This demands that all senior and middle managers pay special attention to the actions of staff, notably prison officers under their responsibility, and take immediate steps to address any indications that staff are abusing prisoners. Failure on the part of supervisory staff to fulfil this role is, in itself, a serious dereliction of duty.

15. There is robust oversight of any allegation of ill treatment with a Senior Manager assigned to investigate any complaint which is deemed as serious. The Governor or Deputy Governor carry out a 10% assurance check of all serious complaints. A Governor reviews any use of force and a number of fact finding investigations have been completed under the NIPS Professional Code of Conduct as a result. Use of force is also monitored at the Security meeting and the Equality and Diversity meeting.

Paragraph 31
As regards inter-prisoner violence and intimidation, the number of incidents recorded had also decreased since 2008. Most prisoners stated that they felt safe and whenever incidents of violence were detected by staff, the perpetrators were subjected to the disciplinary process and the police were systematically informed. The CPT supports such an approach as it considers that every instance of inter-prisoner violence resulting in an injury should be communicated to the PSNI as it is essential that prisons do not become places of impunity. Nevertheless, a number of prisoners in Bann, Erne and Lagan Houses stated that they felt unsafe and therefore did not leave their cells or associate with other prisoners. In Bann House, where newly-committed

prisoners are kept, the delegation met several prisoners who felt threatened and bullied by other prisoners because they were considered sex offenders. These prisoners did not associate with other prisoners or leave their cells to walk in the internal yard as there was no direct staff supervision in the yard. They all said that they had been assaulted by other prisoners since being placed in Bann House. Although staff had intervened to help them when they had been physically attacked, they felt that the officers did not care about their situation. In addition, these prisoners clearly had mental health concerns which had not been addressed during the one to two months of their placement in Bann, which increased their vulnerability. Addressing the phenomenon of inter-prisoner violence requires that prison staff must be alert to signs of trouble and both resolved and properly trained to intervene. The existence of positive relations between staff and prisoners, based on the notions of dynamic security and care, is a decisive factor in this context; this will depend in large measure on staff possessing appropriate interpersonal communication skills. It is also obvious that an effective strategy to tackle interprisoner intimidation/violence should seek to ensure that prison staff are placed in a position to exercise their authority in an appropriate manner. In addition, the prison may need to develop the capacity to ensure that potentially incompatible categories of prisoners are not accommodated together. Moreover, the physical presence of prison officers in recreation rooms and yards where prisoners associate will have a preventive effect on inter-prisoner violence, while CCTV serves essentially as a means of identifying the perpetrators once an attack has taken place. The CPT recommends that the management of Maghaberry Prison pursues its efforts to address the phenomenon of inter-prisoner violence and intimidation, in the light of the above remarks. Staff should maintain a physical presence in the yards during association time.

16. The Governor and his management team have and continue to make concerted efforts to improve the safety and the perception of safety for people in custody in Maghaberry Prison. Steps taken to date include:
    - The reintroduction of staff patrols of all communal areas, increasing staff supervision and visibility in areas where previously prisoners felt unsafe such as recreational rooms and exercise yards. This requires a mandatory minimum of 5 patrols to be completed throughout the day in all areas.
    - A revised anti-bullying and violence reduction policy to improve response rates and action taken.
    - The introduction of a peer support system - “the Insider" to support prisoners during committal and their first night in custody.
    - The re-establishment of a monthly Maghaberry Security Committee with senior managers from all areas required to attend.

17. Any incident of assault will be investigated by a Governor and, where the injured party requests it or when the incident is deemed serious, a referral is made to the PSNI.

Paragraphs 33 and 34
A wide range of activities and programmes were on offer to prisoners[8]. Figures for 30 August 2017 show that 708 prisoners attended an activity in the morning and 528 attended an activity in the afternoon, including legal and family visits, etc. That said, it is noticeable that 140 places concerning education, sport and employment went unfilled in the afternoon. An examination of activities for the week of 14 to 20 August 2017 shows that the enrolment and attendance in Training and Employment was good with some 94% of the available 2,466 places spread over 494 sessions taken up. On the other hand, for Education only 44% of the 518 places for 66 sessions were taken up and for Sport and Recreation 72% of the 651 places for 21 sessions were filled. It was not clear why so many sessions were not filled and over and above encouraging prisoners, the delegation was concerned that a number of prisoners with mental health problems were not being appropriately supported and were not taking part in any activities. The CPT recommends that further efforts be made to encourage prisoners to take up the vacant places in these activities, notably education.

The CPT recommends that the prison management pursue their efforts to provide all prisoners with purposeful activities. In particular, the Committee would be interested to learn about the number of prisoners locked in their cells for 22 or more hours per day for each accommodation block for the dates of 1 March, 1 April, 1 May and 1 June 2018. The CPT also recommends that prisoners who do not work or attend education should be able to enjoy more out-of-cell time and, as far as possible, be offered meaningful activities during association. The aim should be to ensure all prisoners spend a reasonable part of the day (i.e. 8 hours or more) outside their cells engaged in purposeful activities.

18. This is a high priority for the Governor and his management team. Steps taken to date include:
    - The implementation of a new core day introduced in Maghaberry delivers a consistent, predictable and effective regime for prisoners and staff. It is focussed on maximising attendance at constructive activity, with clear responsibilities for prisoners and staff introduced and support and sanctions combined to encourage prisoners to engage in activity.
    - Improvements to the quality and volume of educational and vocational training provision in partnership with the education provider “Belfast Met”, and the development of a curriculum based on essential skills, vocational subjects and employability (all courses of study will lead to an accredited outcome from Entry Level Certificates to Level 2 Diplomas/Certificates (equivalent to secondary education)).

[8] Education (literacy, numeracy), vocational training (such as bricklaying, gardening, joinery, painting and decorating,) Recreational activities, Addiction services, Offender management programmes, Sport.

- The completion of a curriculum review to ensure demand led provision for remand prisoners and employability programmes in place to support learners preparing for release.
- Embedded student led teaching and lesson plans for all subject areas and peer mentors in place for all academic subjects.

19. A senior Governor has taken up the post of Head of Regimes in July 2018 and will work with partner agencies to enhance learning opportunities which are both relevant and modern. Activity levels have more than doubled at Maghaberry Prison over the past two years and the Governor is committed to further improvement.

Paragraph 35
None of the prisoners met were aware of any written sentence plan. The CPT recommends that every sentenced prisoner is provided with a sentence plan and is involved in drawing it up. Such sentence plans should be reviewed on a regular basis with input from the prisoner concerned.

20. All sentenced prisoners and those remanded for more than 30 days have a sentence plan which is developed and kept under review with input from the person in custody.

Paragraph 36
The CPT reiterates its recommendation that the 7m² cells at Maghaberry Prison are not occupied by more than one prisoner. Further, the toilet facilities in every cell should be at least partially partitioned[9]. Cells with deficient mattresses should be disinfected and the mattresses replaced. The CPT also wishes to receive confirmation that a privacy screen for the in-cell toilets will be installed in every cell in the new accommodation block.

21. The recommendation on occupancy and partitioning is noted. The prison is incrementally replacing all mattresses with more hygienic and decent mattresses. Cells in the new accommodation blocks have en-suite facilities (separate toilet and wet room).

Paragraph 38
The CPT recommends that additional steps be taken to address the issues of access to care and the complaints about the quality of health care. The Committee would also like to receive information about the manner in which the quality of care provided by each general practitioner is evaluated.

22. Over the last 18 months, the backlog of all complaints (formal and informal) has been cleared. The appointment of a service user engagement lead has enabled

[9] See CPT standards: Living space per prisoner in prison establishments of December 2015 (CPT/Inf (2015) 44 - https://rm.coe.int/16806cc449) and the England and Wales HMIP paper "Life in prison: Living conditions" of October 2017 (https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/life-in-prison-living-conditions/).

the development of service user forums and engagement opportunities for people in prison. One of the many positive outcomes of this work is a significant reduction in the number of complaints received and the development of a user-friendly leaflet on medication.

23. The waiting time to see a General Practitioner (GP) for a routine appointment was two weeks at the time of the CPT visit. Urgent medical conditions are assessed on the same day by a nurse and, if required, a doctor. Doctors' individual performance is managed via formal appraisal and supervision. In the case identified by the CPT, the doctor in question no longer works for the SEHSCT.

Paragraph 39
The CPT considers that the management of prison health care within the prison would be enhanced if the Donard Centre did not operate as a separate entity from the prison health care unit. It is important to stimulate interactions between somatic and psychiatric care teams to ensure coherence in therapeutic approaches. The CPT recommends that the vacant posts be filled and that a prison health care coordinator be appointed. It also recommends that the SEHSCT bring the Donard Centre and the prison health care unit together under a single management structure.

24. The prison healthcare service already operates as an integrated multi-disciplinary team, all under the same management. The Donard Centre is a multi-functional centre that is utilised by some of the prison healthcare team on a daily basis. There is (and there was at the time of the CPT visit) an operational manager in situ who co-ordinates the delivery of all health-related services in the establishment. Significant progress has also been made in relation to the recruitment of permanent senior roles within prison healthcare.

Paragraph 40
The CPT does have some concerns that during external consultations medical confidentiality was not always respected as prisoners were examined by medical staff in the presence of prison officers and often while they were handcuffed. This was apparently always the case for separated regime prisoners. The CPT recognises that due account needs to be taken of security considerations but the principle of confidentiality requires that all medical examinations of prisoners be conducted out of the hearing and - unless the doctor concerned requests otherwise in a particular case - out of the sight of prison officers. For external medical consultations, this requires undertaking a robust risk assessment of the prisoner concerned, the provision of an escort detail sufficient to secure the area where the prisoner will be examined and, of necessity, an identified room/space in each hospital setting whereby a prisoner can be examined without his medical confidentiality being compromised. The CPT recommends that the principle of medical confidentiality be respected taking due account of the above remarks.

Further, the CPT's delegation heard that separated regime prisoners were examined by temporary or stand-in doctors through the hatches of their cell

doors. Such a practice should be ended immediately as it does not enable a proper medical examination to be carried out or promote a doctor-patient relationship.

25. The NIPS recognises that the principle of medical confidentiality should be respected as far as is reasonably practicable, having given due weight to the need to ensure security at all times.

26. Doctors do not assess patients through the hatches of cell doors. All patient consultations take place in the treatment/consultation rooms, except in emergency situations where a patient would be assessed wherever they are located, but this would not be through a cell door. All patient consultations are without prison officers present, the only exception to this is if there is a safety risk to the doctor or nurse in question.

Paragraph 41
As regards medication, the delegation received a lot of complaints, including relating to prisoners being given the wrong medication. Medication management is stratified according to the risk of overdose and to the risk related to misuse and/or trading of medication. A high proportion of prisoners (718) were taking medication, of whom 50% under supervised swallow (all medication was distributed by nurses). The high prescription rate poses added challenges when attempting to tackle drug misuse. The CPT considers that the procedures regulating the management of medication and, in particular their distribution, should be reviewed.

27. The medicines management policies were under review at the time of the CPT visit. New policies are now in place in line with national policies published in November 2017. Medicines management is complex in Northern Ireland prisons in part due to the high levels of prescribing in the community. The medical, pharmacy and nursing staff work in collaboration to ensure people receive medication safely. The "Safer Prescribing in Prisons"[10] guidelines 2017 have been implemented and inform prescribing for all clinicians. A prescribing pharmacist will join the committals team in Autumn 2018 to provide medicines reconciliation on entry to the prison and prevent delay associated with the need to liaise with community GPs about prescribing history.

Paragraph 42
The CPT recommends that steps be taken so that the prison medical services fully play their role in the system for preventing ill-treatment, ensuring that:

- **the doctors indicate at the end of their traumatic injury reports, whenever they are able to do so, any causal link between one or more objective medical findings and the statements of the person concerned;**
- **traumatic injury reports relating to injuries likely to have been caused by ill treatment (even in the absence of statements) be automatically forwarded to an independent body empowered to conduct investigations, including criminal investigations, into the matter; and**

[10] http://www.rcgp.org.uk/clinical-and-research/resources/a-to-z-clinical-resources/prison-health.aspx

- **the doctors advise the prisoner concerned that the writing of such a report falls within the framework of a system for preventing ill-treatment, that this report automatically has to be forwarded to a clearly specified independent investigating body and that such forwarding does not replace the need for the prisoner to lodge a complaint in proper form.**

Further, it would be desirable for photographs to be taken of the injuries, and the photographs should also be placed in the medical file. In addition, a special trauma register should be kept in which all types of injury observed should be recorded.

28. The completion of assessments and medical reports following an alleged assault is a criminal matter and is completed by the PSNI's FMOs. The SEHSCT doctors do not have responsibility for forensic medical examinations. However, SEHSCT staff may be presented with a patient immediately following an alleged assault, possibly requiring treatment. Consequently, while not responsible for a "forensic" report, they do assess/treat and document fully any injuries in keeping with good professional practice. Such medical notes may be used routinely in any future legal case as would happen in the community if victim was initially taken to hospital. Where there are safeguarding concerns, the Adult Safeguarding Policy[11] should be implemented.

Paragraph 44
From the findings of the visit, the CPT considers that there is a need to expand access to opioid substitution treatment and that all persons entering prison with an opioid addiction ought to be offered the possibility of entering a substitution treatment programme. It is not humane to subject prisoners to "cold turkey" when they first enter the prison; the delegation met a prisoner in such a situation in Bann House and other prisoners alleged that they had experienced similar treatment. Lack of treatment may also lead certain prisoners to seek illicit access to prescription medication. In seeking to address this matter, reference might be had to international standards as well as to the United Kingdom National Institute for Health & Clinical Excellence (NICE) Guidelines[12]. The CPT recommends that the opioid substitution treatment policy be reviewed in the light of the above remarks and that formal interaction and coordination be set in place between AD:EPT and the prison health care unit. In particular, access to OST should be made available to all opiate dependent prisoners.

More generally, at the time of the visit there was still no multi-disciplinary substance misuse strategy in place[13]. The CPT recommends that the Northern

[11] https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/adult-safeguarding-policy.pdf
[12] See, for example, "Health and social responses to drug problems: a European guide" published in October 2017 by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). [http://www.emcdda.europa.eu/publications/manuals/health-and-social-responses-to-drug-problems-a-european-guide_en]
[13] In the report on the October 2014 joint inspection by CJINI and RQIA on "The Safety of Prisoners held by the Northern Ireland Prison Service" one of the three strategic recommendations made

Ireland authorities elaborate a drug strategy programme designed to put an end to the supply of drugs, to reduce as far as possible the demand for drugs and to provide appropriate assistance to prisoners with drug related problems, including substitution treatment.

29. The SEHSCT accept the need to review the OST provision within prison healthcare. The SEHSCT have reviewed the addiction service model and the evidence base emerging internationally. There is a renewed focus on the reasons people turn to substances and the use of alternative ways to manage trauma. A new model of service provision is under development with recruitment in progress. The addiction service is now Primary Care led and all people committed to prison on OST are maintained on their programme. There is a weekly addiction specific GP clinic for those requiring support and initiation onto OST. Supervision and training is available via the SEHSCT Community Addiction service.

30. The NIPS worked with the SEHSCT to develop a joint strategy for the management of substance misuse within custody. A mapping exercise has been completed; it identifies the actions under the strategic objectives that have been delivered. Addiction services across the prison estate are commissioned by the SEHSCT and delivered through SEHSCT staff and other service providers. At Maghaberry Prison a Substance Misuse Policy has been implemented and a monthly Drug Strategy Meeting introduced, chaired by the Head of Operations. Other actions taken include:
    - Increased levels of drug testing and the introduction of more support for prisoners who fail tests.
    - The introduction of measures to reduce the trading of prescription drugs, including supervised swallowing for identified medication and biometric finger scanners in the square houses, Bush House and Roe House.
    - The installation of medical lockers for prisoners to safely store medication.

Paragraph 45
The CPT recommends that the Northern Irish authorities introduce harm reduction programmes in prison to reduce the transmission of blood-borne viruses (introduction of needle and syringe exchange programmes, access to condoms). In undertaking such programmes, attention should be paid to the fact that not all prisoners are literate. Full information on the existence of such harm reduction programmes should be given to inmates by health care staff immediately after committal.

31. The DOJNI and DOHNI's "Justice Strategy" implementation programme will address this recommendation. The SEHSCT fully supports the introduction of harm reduction programmes and will continue to work in partnership with relevant agencies to ensure these public health issues are addressed. The

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concerned the elaboration of a drug misuse strategy. [http://www.cjini.org/getattachment/677ac123-4a48-43c3-8170-c2c73d2282a4/The-Safety-of-Prisoners-Held-by-the-Northern-Irela.aspx]

DOJNI is currently considering the health recommendations in relation to barrier protection to reduce the transmission of blood-borne viruses.

Paragraph 46
The CPT's delegation also found that prisoners suspected of being body packers appeared to be held in a dry cell and in some instances punished under Rule 32 of the Prison Rules instead of Rule 39[14] (see paragraph 53 below). For example, an inmate who entered prison on […] was found in possession of some cannabis and was also suspected of having secreted drugs. He was placed in a dry cell for 12 days during which he underwent a full strip search each day. Thereafter, he spent an additional 30 days in the CSU under Rule 32. First, it should be noted that any drugs ingested by a person will be evacuated naturally within a period of five days, and usually within 72 hours. Second, it was not clear from the documentation examined why the prisoner was not subject to a disciplinary inquiry and sanction instead of being placed on Rule 32, nor why he was held for as long as 42 days under Rule 32 in the CSU.

The CPT recommends that persons entering prison who are suspected of having ingested or secreted drugs within their body should be subject to a radiography examination and, if positive, placed under observation in a medical setting until the evacuation of the packs. The CPT wishes to receive information on the specific case referred to above, notably as regards the length of time he spent in a dry cell and, more generally, on the application in practice of Rule 32 as well as the reasoning for the inmate being subject to Rule 32 and not the disciplinary process.

32. The safety of all detainees is the key focus when preventing illicit materials from entering the prison. Maghaberry Prison has had significant success in preventing such contraband entering the residential units by deploying the strategy set out below.

33. Prisoners who are admitted into custody and who have drugs concealed on their persons do not admit to this; it is also not uncommon for a detainee to "repack" in his body drugs that he has previously secreted. The NIPS does not have the authority to force any prisoner to undergo any examination including a radiography examination unless they are willing to engage or unless they are deemed as not having mental capacity. Therefore, the NIPS largely acts on information or intelligence received, but this cannot be used in a disciplinary process. Hence the need temporarily to separate the individual by using Rule 32. This Rule helps in retrieving unauthorised articles by restricting the prisoner's contact with other detainees and by allocating a dedicated cell equipped for this purpose.

[14] Rule 32 regulates the restriction of association of a prisoner for the maintenance of good order or discipline, or to ensure the safety of other persons while Rule 39 concerns the disciplinary sanctions which a Governor may impose.

34. In the specific case mentioned above, the prisoner was committed to Maghaberry on […] 2017. On committal, there were significant concerns and intelligence that he was concealing illicit and illegal items within his person. Therefore, he was moved to the CSU and placed in a cell (a “dry” cell) equipped to aid the retrieval of these illicit and illegal substances. He remained in this cell for six days.

35. He was then moved to a normal cell within the CSU, where he remained for a period of 10 days before moving to an upstairs landing within the CSU. He remained in a cell in the upstairs landing for a period of 8 days before he showed signs of being intoxicated and a strong smell of cannabis. He was therefore moved back to the dry cell, where he remained for 5 days before completing the remainder of his period of Rule 32 in a fully equipped cell with functioning toilet and wash hand basin. In total, he spent 42 days in the CSU.

36. Searches completed on him during his stay in custody uncovered extensive amounts of drugs.

37. The information above suggests that the drugs were concealed within his body and were frequently “repacked” inside him.

Paragraph 47
The CPT recommends that the United Kingdom and Northern Ireland authorities take all necessary measures to ensure that prisoners suffering from severe mental disorders (i.e. including personality disorders and intellectual disabilities) are cared for and treated in a closed hospital environment, suitably equipped and with sufficiently qualified staff to provide them with the necessary assistance.

Further, prisoners suffering from severe mental illnesses should be transferred to hospital immediately.

Moreover, the CPT recommends that the authorities ensure that all prison staff are trained to recognise the major symptoms of mental ill-health and understand where to refer those prisoners requiring help.

38. The UK Government and the DOHNI note these recommendations; measures are already in place to assist vulnerable prisoners with mental disorders.

39. Under the current Northern Ireland legislative framework, personality disorder is specifically excluded from the criteria for detention under the Mental Health (Northern Ireland) Order 1986.

40. In Northern Ireland, all NIPS staff are trained in the SPAR process and the identification and support of individuals at risk. At Maghaberry, additional training has been provided to a range of staff on issues relating to vulnerable prisoners; this has included joint training with the SEHSCT and other partners.

41. All new prison staff are trained to recognise the major signs and symptoms of mental ill-health. The areas covered are: anxiety disorders; mood disorders;

psychosis and dementia. Reference is made throughout the training to substance misuse and comorbidity. As part of the training provided, staff are taught a method of assessing each condition and the risks involved to themselves and the individual. They are taught methods of appropriate engagement and how to reassure those suffering distress. Staff are also taught to consider ways of encouraging self-help for the individual and then signposting the person to the appropriate help, or referring them to any support required. Staff are then given scenarios and case studies to practice dealing with mentally unwell prisoners. During the practical assessments, all staff are required to deal with a role-play scenario where a prisoner will be suffering from poor mental health.

Paragraph 48
The CPT recommends that the admission procedures are adapted to ensure that persons with mental illnesses are clearly identified and steps are thereafter taken to provide them with the care they need in prison. Further, the Committee recommends that the SPAR process be enhanced by the establishment of a psycho-social support team to provide support to those prisoners placed on SPAR.

42. The existing SPAR process has been reviewed and a new approach, SPAR Evolution, has been designed and is currently being tested at Magilligan Prison. The approach has been developed with SEHSCT and introduces a person-centred model, supported by multi-disciplinary input.

Paragraph 49
At the time of the visit, staff at Maghaberry Prison consisted of 15 senior managers, 60 senior prison officers and a total of 504 prison officers, as well as 41.6 FTE administrative staff and 20 civilian contractors. Although the numbers of staff are high for a prison inmate population of around 850, the particular complexities of the establishment should be borne in mind, notably as regards the staffing of the separated regime units. According to the staffing table, there were 70 prison officer vacancies. The CPT would like to be informed whether the vacancies have been filled.

The CPT's delegation observed that prison officers were equipped with extendable batons which they wore on their belts. The CPT has long advocated that prison officers should not be routinely equipped with batons and recommends that prison officers at Maghaberry Prison no longer routinely carry batons.

43. Whilst not all vacancies have not been filled, there is an ongoing programme of recruitment of prison officers.

44. Batons are an integral part of the personal equipment carried by staff and an invaluable tool in keeping staff, prisoners and visitors safe. Batons are only carried by trained staff and deployed as part of a gradual response with a clear emphasis on de-escalation. Any occurrence of a baton being drawn is subject to investigation to ensure that it was an appropriate and proportionate response. As

with all systems of Personal Protective Equipment (PPE), the NIPS continually reviews all equipment and methods available to staff based on recognised best practice.

Paragraph 50
The CPT recommends that all prisoners should have the right to appeal a disciplinary sanction to an authority outside the prison. Further, care should be taken to avoid prisoners being given cumulative punishments which de facto result in them being placed in cellular confinement for periods in excess of 14 days[15].

45. At present, a prisoner who is found guilty through the adjudication process has the right to appeal to the Adjudicating Governor. He can also submit a complaint which can be escalated to the NIPO. He can also make a complaint, through his solicitor, to the Governor and complain directly to the Northern Ireland's Minister of Justice. The NIPS Adjudication Manual is currently under review, including the appeal mechanism.

Paragraph 51
The CPT's delegation again found that doctors were being asked to certify prisoners as fit for punishment before they were placed in segregation in accordance with Prison Rule 41 (2). The CPT has taken note of the response of the Northern Ireland authorities to the report on the 2008 visit whereby NIPS argues that it is necessary "to identify whether a prisoner has underlying mental health or other problems which would preclude them from spending periods in a cell confined" and therefore "the arrangement is necessary [..] to protect individual prisoners." The CPT recognises the importance of persons placed in solitary confinement whether for disciplinary reasons or good order being visited on a regular basis by a doctor or nurse. However, the medical staff should not be endorsing a disciplinary sanction by certifying the prisoner as being fit for punishment. Such an approach is not conducive to promoting a positive doctor-patient relationship between health care staff and prisoners which represents a major factor in safeguarding the health and well-being of prisoners. For this reason, the CPT recommends that Prison Rule 41(2) be abrogated.

46. From 2 July 2018, the requirement for healthcare staff to certify prisoners as fit to attend for adjudication has been removed. That decision is now taken by the Adjudicating Governor.

Paragraph 53
A major concern for the CPT is that prisoners may be held in the CSU in conditions of solitary confinement for prolonged periods. One prisoner had been in the CSU for nearly three years and three others for periods in excess of five months. It also appeared that several of the prisoners who had been in

[15] See paragraph 56(b) of the 21st General Report of the CPT of November 2011 concerning the CPT's standards on solitary confinement of prisoners as a disciplinary sanction. [https://rm.coe.int/16806cccc6]

the CSU for one or two months were in need of mental health support but had received none. Two prisoners had been on a "dirty protest"[16] for more than a month as they refused to go back to an ordinary accommodation block as they considered all of the blocks "to be awash with drugs". In this respect, it should be noted that access to medical care for prisoners in the CSU is insufficient, as security exigencies mean that health care staff are not always able to access the prisoners and to speak with them confidentially. There is a need for much greater psychiatric and psychological input and for improved synergies between security issues and health care needs.

The CPT would appreciate the observations of the Northern Ireland authorities on these matters. As regards access to daily outdoor exercise, the CPT considers that it should be a right for all prisoners regardless of the weather conditions.

47. An additional medical room has been constructed to ease the manner in which all prisoners can be seen by medical staff within the CSU. The multi-disciplinary CSU Oversight Committee introduced at Maghaberry work continuously and to good effect to manage all prisoners from the CSU to normal accommodation. Prisoners are predominantly held in the CSU to prevent contraband entering the residential units. It is only in serious and unsafe weather conditions which pose a threat of injury that outdoor exercise is curtailed. This is not unique to the CSU but is contained within Prison Rules for all residential units across the three establishments.

Paragraph 55
The CPT recommends that all prisoners subject to Rule 32 should have a right to appeal the measure. Further, all decisions should be properly documented and reasoned. The prisoner should receive a reasoned written decision on the measure and the extension of any stay under Rule 32 and information on how to challenge the measure.

48. Every prisoner whilst in the CSU will be seen daily by either: the Duty Manager or the Duty Governor; by a member of the SEHSCT; by a member of the IMB. He can also request to see any of the above at any time. The CSU Oversight Committee introduced at Maghaberry oversees all aspects of an individual's detention within the CSU and can/will cease the restriction if they consider it appropriate. Furthermore, any individual who is housed within the CSU can raise a complaint to the NIPO for investigation, and can pursue any perceived injustice or ill-treatment through their legal adviser (which is commonly the case) or by requesting a member of the IMB to be their advocate. New oversight mechanisms for the use of Rule 32 have also been introduced to augment the existing arrangements for extensions, which must be approved by a NIPS Governor independent of the establishment.

[16] A dirty protest is where a prisoner has deliberately chosen to defecate or urinate in a cell. In the majority of cases the walls, floor or ceiling are smeared and a prisoner may also smear faeces on himself as part of the protest.

Paragraph 56
The CPT recommends that the Northern Ireland authorities put in place a psychosocial support system for Rule 32 prisoners held in the CSU for longer than two weeks and provide them with greater opportunities for association and engagement in activities, in the light of the above remarks.

The aim should be for all prisoners under Rule 32 to be offered at least two hours of meaningful human contact[17] every day and preferably even more. Further, it wishes to receive the comments of the authorities about the feasibility of establishing a step-down unit from the CSU.

The Committee would also like to be informed of the number of prisoners who have spent more than one month, six months and one year in the CSU on 1 March and 1 June 2018.

49. The CSU Oversight Committee has worked to great effect to improve the opportunities available for those prisoners who have spent lengthy periods within the CSU. A refurbishment of the CSU has improved conditions and enables a more effective regime to alleviate any potentially harmful mental health impacts. The NIPS will continue to explore the feasibility of a 'step down unit' from the CSU.

50. On 1 March 2018, there was one prisoner who had been in CSU for in excess of 1 year, nil prisoners who had been in CSU for more than 6 months but less than 12 months, and two prisoners who were in CSU for more than one month but less than six months. On 1 June 2018, there was one prisoner who had been in CSU for longer than 12 months, one prisoner who had been in CSU for a period of more than 6 months but less than 12 months, and 3 prisoners who had been in CSU for a period in excess of one month but less than six months.

Paragraph 57
The CPT recommends that the Northern Ireland authorities ensure that all prisoners are entitled to a minimum of one visit a week of one hour as a minimum and that they revise the Prison Rules accordingly.

51. The current visits entitlement for prisoners is:
    - Remand – 2 visits per week.
    - Sentenced – 1 visit per week.

52. In addition, both types of prisoners, if they are "Enhanced", are entitled to an additional visit. This additional visit is not to be taken at weekends and can be taken either separately to the normal visit or back to back with the normal visit. All prisoners receive a committal visit and additional visits are routinely approved when it would be beneficial for the individual. In the period April - June 2018, prisoners availed themselves of 6,624 visits.

[17] See Essex paper 3 of February 2017 on the "Initial guidance on the interpretation and implementation of the UN Nelson Mandela Rules" and in particular pages 88 and 89. [https://rm.coe.int/16806f6f50]

Paragraph 58
Efforts should be made to increase the level and range of activities offered to "separatist" prisoners.

53. Efforts are ongoing at a local level and at a strategic level to increase opportunities for separated prisoners. An independent panel has been appointed and a consultative review of Education, Training and Employability for Separated Prisoners has commenced.

Paragraph 60
There is no means of making a confidential complaint to the Governor or directly to the Prison Ombudsman concerning serious matters such as an allegation of ill-treatment of a prisoner by a prison officer(s). In other jurisdictions, prisoners are able to address directly either the Governor of the Prison or an independent authority outside the prison whenever they have a serious allegation concerning the running of the prison[18].

The CPT recommends that the Northern Ireland Prison Rules be revised accordingly.

54. Serious complaints regarding ill-treatment, assault and bullying, are referred to a Governor for investigation (and should the matter involve a Governor then it is referred to the next senior Governor for investigation). Additionally, prisoners can make a complaint to the IMB verbally or in writing; this process is totally independent of the prison. They can also phone the NIPO directly and confidentially. A free phone number exists for all prisoners to use.

Paragraph 61
The CPT recommends that the procedure for making complaints about medical issues be clearly regulated and prisoners be informed about the procedures upon admission. Further, all complaints, including those made by lawyers, should be recorded.

55. The SEHSCT has made significant changes to their engagement process with people in prison. The backlog of all complaints (formal and informal) has been fully cleared. The appointment of a service user engagement lead has enabled the development of service user forums and numerous engagement opportunities for prisoners. One of the many positive outcomes of this work is a significant reduction in the number of complaints received and the development of a user-friendly leaflet on medication.

Paragraph 63
The CPT has noted that of the 228 decisions on complaints submitted to the Prison Ombudsman between 1 January 2015 and 15 August 2017 some 50%

[18] See also Rule 56.3 of the Nelson Mandela Rules (i.e. the revised United Nations Standard Minimum Rules for the Treatment of Prisoners adopted on 15 December 2015 by the UN General Assembly). [https://www.unodc.org/documents/justice-and-prison-reform/GA-RESOLUTION/E_ebook.pdf]

upheld (fully or partially) the prisoners' complaint. The NIPS accepted 170 recommendations made by the Ombudsman but rejected 48, some of which concerned unjustified adjudications where the NIPS did not quash the adjudication decision or refund the loss of earnings as recommended by the Ombudsman. The decision not to act upon the Prisoner Ombudsman recommendations in such cases undermines the effectiveness of the complaints system. The CPT would appreciate the comments of the Northern Ireland authorities on this matter.

56. The NIPS considers all recommendations by the NIPO in depth and in the vast majority of cases has fully accepted these recommendations. However, there are occasions where, due to practical, financial or logistical reasons, it has not been possible to accept certain recommendations.

Ash House (female prison establishment)

Paragraph 63
The CPT would like to be informed about any plans to provide a separate facility for women prisoners in Northern Ireland or to upgrade the existing facilities to better meet the specific needs of women prisoners.

57. In July 2017, the NIPS' Prisons 2020 discussion document identified the need to carry out a review of the NIPS' Estate Strategy. The NIPS will issue its report on the Prisons 2020 review in the course of 2018

Paragraph 66
As a general principle, imprisonment should be a last resort when other less restrictive measures are not considered effective or appropriate. In the course of the visit to Ash House, the CPT's delegation was struck by the number of women who were being committed to the establishment for weekends or for one or two nights[19]. Such placements are inappropriate as they drain scarce resources, are traumatic for the women and their families, and are far too short for any type of meaningful interventions to be made. In this context, consideration might be given to introducing a presumption to avoid imprisonment for short periods; for example, the Scottish Government recently announced after extensive research and consultations that the presumption against imprisonment should be extended up to sentences of 12 months[20]. Indeed, the promotion of non-custodial measures should be pursued in Northern Ireland. There is equally a need to have a far better coordination between the various community services, the judiciary and prison authorities to avoid women with mental health or learning disabilities ending up in Ash House where they cannot cope with the regime and after

[19] For example, in mid-August 2017, six women who were committed to Ash House on a Friday night were subsequently released on Saturday, the next day.
[20] See Scottish Government Programme for 2017-2018; Scottish Parliament, Official Report, Meetings of the Parliament, 5 September 2017. See also UK Ministry of Justice 2015 Analytical Services series on the impact of short custodial sentences, which found that short-term custody (less than 12 months in prison) was consistently associated with higher rates of proven re-offending than community orders and suspended sentences orders.

which they appear even less able to cope in the community. One such woman was committed 13 times to Ash House between July 2014 and July 2017 (see paragraph 80 below). Prison was clearly an inappropriate environment for her and caused disruption and distress to staff and other inmates alike.

The CPT recommends that these general issues be addressed by the Northern Ireland authorities within the context of the Justice Strategy and the reforms relating to the new Mental Capacity Act 2016.

58. The DOJNI in collaboration with partner agencies has developed a portfolio of five problem-solving justice initiatives. Problem solving justice[21] is a new approach in Northern Ireland aimed at tackling the root causes of offending behaviour and reducing harmful behaviour within families and the community. The five initiatives currently being piloted are:
    - Support Hubs – they are designed to help people improve their situation through effective interagency working and ensure citizens and communities are able to access the right services at the right time. Support Hubs are now up and running in four council areas and there are plans to roll-out more in 2018/19.
    - ECO – see the response to paragraph 27 above.
    - Domestic Violence Perpetrator Programme (DVPP) – it provides the judiciary with the option to refer convicted perpetrators to participate in a judicially monitored behaviour change programme with the aim of developing healthy, non-abusive relationships. It also provides support and advice to the perpetrators' partners. The DVPP was launched in March 2018 and is likely to involve three groups of 10 offenders, over 12 months.
    - Substance Misuse Court (SMC) – it is a Magistrates' Court Programme for criminal cases aimed at reducing reoffending and substance misuse. The pilot court commenced on 12 April 2018 in Belfast Magistrates' Court. An Assessment and Supervision Team has been established comprising the Probation Board for Northern Ireland and staff of the charity "Addiction NI". The pilot is designed to take approximately 50 clients over a 12 months period
    - Family Drug & Alcohol Court – it is aimed at helping families where a child is the subject of care proceedings because of parental substance misuse. It commenced operation in Newry on 12 December 2017. Eight families (ten parents, thirteen children) have participated in the programme to date with a further four being considered. It is anticipated around 20 families will partake over approximately 15 months of operation.

59. In addition, a scoping study for a Mental Health Court, led by the Probation Board for Northern Ireland, will be carried out in 2018/19 with potential for a pilot to be operational the following year. The ECO, DVPP and SMC are designed as alternatives to short-term custodial sentences where appropriate. To date, 16 women have been made subject to ECOs.

[21] https://www.nidirect.gov.uk/campaigns/problem-solving-justice

60. The Mental Capacity Act (Northern Ireland) 2016 contains a number of updated powers for criminal courts and prisons that allow for the transfer of an individual from the criminal justice system into the health care system. These powers extend to those who are remanded in custody as well as those who have received a custodial sentence. The Act also contains new provision which allows a court to make a hospital direction in circumstances where a custodial sentence is appropriate, but failure to provide in-patient treatment would be likely to result in harm to the individual or other people. The effect of the hospital direction will be to allow the individual to be admitted to hospital for a period before the custodial sentence would take effect.

Paragraph 67
The CPT recommends that the Northern Ireland authorities ensure that there are adequate staffing levels in Ash House to maintain a safe environment, while ensuring that the full regime of activities can be delivered. Further, additional action should be taken to tackle the abusive language employed by male young offenders towards women prisoners.

61. Ash House staffing levels are currently set to deliver a predictable and safe regime for all women within Hydebank's budget. Staff are deployed appropriately to meet the needs presented by anyone or any group of women. Hydebank is currently remodelling its induction programme to include appropriate social interaction skills. There are established prisoner forums to allow concerns or issues to be raised and discussed, and for robust and real time action to be taken.

Paragraph 68
The CPT recommends that the Northern Ireland authorities further develop the admission process at Ash House to take into account the vulnerabilities of women prisoners. This should include screening for sexual abuse or other forms of gender-based violence inflicted prior to entry to prison and ensuring that such information is considered in the drawing up of a care plan for the woman in question. Further, steps should be taken to ensure that the admission procedure is always comprehensively carried out.

62. An individual needs analysis is completed for every woman entering custody. As part of this analysis they are asked for any concerns they may have at this time - this is dependent on self-disclosure by the individual. When individuals disclose a history of abuse appropriate professional support services are provided.

Paragraph 69
Ash House has five accommodation landings on three floors: landing 1 on the first floor is for committals (and prisoners separated from other prisoners for disciplinary or other reasons) who progress on to landings 3 and 4 on the second floor. Prisoners who are on an enhanced regime are located on landing 2 on the first floor and thereafter on landing 5 on the ground floor. Also on the ground floor is the health care centre, a common area and a hairdressing

workshop. There is an outside yard (25 x 18m) with a lawn, trees and bushes and furnished with chairs and three tables; the yard is surrounded by a fence to prevent male young offenders watching the women. There was however no shelter in the yard against rain or sun.

63. A review and development of the female estate is currently in progress.

Paragraph 70
The CPT recommends that none of the ordinary cells should be used to accommodate more than one prisoner. No inmate should be placed in a cell of 6m² or less (excluding the sanitary annexe). Until such a recommendation is completely fulfilled, inmates in cells of this size should be provided with more opportunities for out-of-cell time.

64. The NIPS is committed to a single occupancy objective as part of review of the female estate. Ash house provides a full and comprehensive regime with out-of-cell opportunities for all women equally from 0800 until 1245 and from 1345 to 1900 hours Monday through Friday, and from 0800 until 1245 and 1345 to 1800 at weekends.

Paragraph 71
At the time of the visit, the CPT's delegation was informed that no mother and baby had been held in Ash House for three years. Nevertheless, whenever such a situation occurred, a converted double cell on landing 4 was designated for the mother and baby; the room would never be locked and there would be a nominated carer. The general policy was to keep the mother and baby in the prison for up to nine months as decided by the social services. Ideally mothers and babies should not be held in prison but if it is considered necessary, the CPT considers that the current arrangements need to be reviewed. It is not appropriate for a mother and her baby to be placed among the general female population. They ought to have suitable and non-carceral accommodation facilities – for example, in a separate stand-alone bungalow similar to the one used for extended family visits – which offers a child-friendly environment to nurture the development of mother-baby relations and which offers appropriate nursing facilities. It is important that the mother be offered support and be given the opportunity to associate with other prisoners and to engage in activities. The CPT also has misgivings about the current policy of taking the baby away at the age of nine months and believes the period should be extended significantly as is the case in many other European countries; of course, each case should be based on an individual assessment looking at the best interests of the child. Particular care should be taken to prepare any separation of the baby from the mother.

The CPT recommends that the policy and conditions under which a mother and her baby are kept at Ash House be reviewed, in the light of the above remarks.

65. The Committee's observations are noted. A review and development of the female estate is currently in progress.

Paragraph 72
The CPT recommends that increased efforts be made to establish sentence plans with purposeful activities of a varied nature that meet the individual needs of the prisoner. Prisoners should actively participate in the establishment of their sentence plans[22]. Particular efforts shall be made to provide appropriate services for prisoners who have psychosocial support needs, especially those who have been subjected to physical, mental or sexual abuse.

66. The NIPS encourages all prisoners to actively participate in the establishment of their sentence plans, thus enabling a structured needs based approach to their time in custody. Where abuse is disclosed, individuals are referred to the appropriate trauma counselling service.

Paragraph 73
Despite some inspirational work being promoted by the occupational therapy department, the evidence base for the interventions (such as the Just Right State Programme) and various activities was not clear. Further, the physical environment was not conducive to learning, and motivating women to attend classes was problematic. Consideration might be given to offering fewer well-validated evidence-based programmes rather than many with a limited evidence base. Also, there were few interventions addressing the risk of reoffending. The CPT would appreciate the comments of the Northern Ireland authorities on these matters.

The lack of screening for sexual abuse or other forms of gender-based violence upon admission also meant that prisoners who had suffered from such violence (several of whom were interviewed by the delegation) and were in need of specialised psychological support or counselling[23] were not being offered it. The CPT recommends that Ash House set up specialised psychological support or counselling for women who are victims of rape, sexual abuse and other gender-based violence.

67. A female designated learning programme is under development and work has already started on the physical infrastructure of the learning and skills building. The NIPS provides a range of offence based interventions and one to one sessions for those found unsuitable for group work. The NIPS psychologists

[22] For example, one inmate's activities were garden work, bee-keeping, baking, art, playing the piano, furniture restoration and gym. The occupational therapist led several programmes (Just Right State Programme and Wellness Recovery Action Plan) and promotes others (Building a sensory garden as a safe space, cooking, resettlement work/life skills, animal care, recovery café (working outside and aimed at reducing stigma), etc.).
[23] See Rules 10.1 and 38 of the Bangkok Rules. [https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf]

provide general support for all women and, where abuse is disclosed, individuals are referred to the appropriate trauma counselling service.

Paragraph 74
The CPT would like to be informed about the steps being taken to ensure that "separatist" prisoners are provided with meaningful human contact every day. It would also like to know what activities the current "separatist" prisoner could attend and whether she could associate with other prisoners if she so desired.

68. A member of staff is specifically detailed to this individual on a daily basis. The range and depth of contact is driven by the separated prisoner. All activities are open to her should she wish to avail of the opportunity, and she would be in a position to interact with others should she chose to do so (subject to normal risk assessment processes).

Paragraph 75
The CPT recommends that the Northern Ireland authorities put in place arrangements to enable health care staff to have access to a pharmacy whenever required to ensure a continuity of care for new committals to Ash House who have a prescription for particular medication. Further, the prescribing of medication for prisoners should only be made once the prisoner has been examined by a doctor.

The provision of dental care at Ash House should be reviewed to assess whether it sufficiently meets the needs of the inmate population.

69. It is not essential for a doctor to examine every patient before prescribing medication upon committal. The continuation of long term medication initiated in the community does not need a doctor's examination and could contribute to a delay or break in the patient's treatment regime. All new committals to prison are seen by registered nurses, offered a doctor's appointment and triaged appropriately. If clinically indicated, a medical appointment is arranged. Prison healthcare staff review the patients' ECR which ensures continuity of prescribing upon committal.

70. Dental provision within Hydebank Wood College and Ash House received commendation in recent inspections especially in relation to the proactive approach to public health initiatives.

Paragraph 76
The CPT recommends that the admission screening should include a history of any sexual abuse and other gender-based violence and that this should inform any care plan established for the woman to ensure appropriate care and avoid re-traumatisation.

71. An individual needs analysis is completed for every woman entering custody. As part of this analysis, they are asked for any concerns they may have at this time

- this is dependent on self-disclosure by the individual. When individuals disclose a history of abuse, appropriate professional support services are provided.

Paragraph 77
At the time of the visit, there were women on remand who were pregnant. One of the women was not eating properly or getting appropriate nutrition. Further, in addition to being confined for nearly 20 hours in a cell, she found that she was adversely affected by the other prisoners smoking in the corridor and common areas. The management of Hydebank Wood told the CPT's delegation at the end of the visit that they would examine the possibility of her cooking her own food.

The CPT trusts that this prisoner was able to improve her daily diet. More generally, it recommends that the Northern Ireland authorities ensure that all pregnant women admitted to Ash House are accommodated in suitable conditions and afforded appropriate care, including protection from passive smoking.

72. Currently, there are no pregnant females in custody. Providing suitable conditions and care for pregnant women and mothers with babies remains a priority for the management team at Hydebank Wood College. The NIPS will continue to explore opportunities to ensure that the individual needs and risks of pregnant women are assessed and effectively met, including working with the SEHSCT as the healthcare provider.

73. Smoking is not permitted in corridors or communal areas.

Paragraph 78
The CPT found that the same concerns relating to the recording and reporting of injuries and the treatment of prisoners with drug addiction or with a record of substance abuse (opioid substitution treatment and harm reduction measures) were in evidence at Ash House as those noted above in relation to Maghaberry Prison (see paragraphs 42 to 44). Action needs to be taken to facilitate access to OST and harm-reduction measures. Several women also stated that consensual sexual relations with male offenders were not uncommon; both male and female prisoners should have access to condoms.

The recommendations in paragraphs 42 to 44 above apply mutatis mutandis to Ash House.

74. The DOJNI and DOHNI's Justice Strategy implementation programme will address this recommendation. The SEHSCT fully supports the introduction of harm reduction programmes and will continue to work in partnership with relevant agencies to ensure these public health issue are addressed. The DOJNI is currently considering the health recommendations in relation to barrier protection to reduce the transmission of blood-borne viruses.

Paragraph 79
The CPT recommends that a psycho-social team including clinical psychologists be involved in the management of all prisoners placed on a SPAR and that all staff working in Ash House be trained to identify women at risk and to provide daily support.

75. The existing SPAR process has been reviewed and a new approach, SPAR Evolution, has been designed and is currently being tested at Magilligan Prison. The approach has been developed with the SEHSCT and introduces a person-centred model, supported by multi-disciplinary input. All NIPS staff are trained in the SPAR process and the identification and support of individuals at risk.

Paragraph 80
The CPT would like to be provided with an update on the current care being provided to these four women. [M, J, L, J-A]

76. All of the individuals referred to above have since been discharged from custody.

Paragraph 81
The CPT recommends that the authorities of Northern Ireland establish clear protocols and operating procedures among the PSNI, NIPS, the judiciary, health care and social services to ensure that vulnerable women who cannot be treated under the Mental Health Order 1986 are afforded the necessary care in an appropriate environment, in the light of the remarks made above. Ash House is not suitably equipped or staffed at present to provide proper care for such vulnerable women as those described above.

77. The DOJNI and DOHNI's Justice Strategy implementation programme will address this recommendation. The SEHSCT fully supports the need to improve the process of transfer to an appropriate hospital in the community when required and will work with partner agencies to ensure our patients receive appropriate care in the right location.

78. See also the response to paragraphs 66 and 72 above. In addition, the Financial Services Division in the DOJNI is working with economists in the Ulster University to develop a wider evaluation of the various problem solving justice initiatives that are being piloted, all of which are aimed at reducing short-term custodial sentences for males and females.

Paragraph 82
The CPT recommends that the staffing levels at Ash House be increased significantly and preferably to the designated official numbers so that the women kept within the unit can be held safely and the full regime of activities can be operated. Further, staff should be provided with the necessary understanding and support from managers, and, more generally, steps should be taken to improve staff-management relations at a structural level. The CPT would like to be informed of the exact staffing levels in Ash House throughout the week (for example the weeks of 11-17 June and 3-9 September 2018).

79. Staffing levels within Ash House comprise 6 Prison Officers, a Senior Officer and a Governor on a daily basis to manage 65 individuals. Ash 5 and Ash 2 do not have dedicated rostered staff deployed, as trust and behaviour requires reduced supervision. As a result, the Ash House staffing complement is focussed on Ash 1, 3 and 4 where the need for supervision and support is greatest.

Ash staffing 5 - 11 March 2018[24]

	AM – staff nr	**PM – staff nr**	**Association (i.e. time out of cells) – staff nr**
05/03/18	9	8	6
06/03/18	8	7	6
07/03/18	10	9	5
08/03/18	6	5	8
09/03/18	10	9	5
10/03/18	6	4 (until 1800hrs)	
11/03/18	5	4 (until 1800hrs)	

Ash staffing 11-17 June 2018[25]

	AM – staff nr	**PM – staff nr**	**Association (i.e. time out of cells) – staff nr**
11/06/18	5	7	5
12/06/18	5	6	6
13/06/18	5	5	3
14/06/18	6	6	6
15/06/18	6	6	5
16/06/18	5	5 (until 1800hrs)	
17/06/18	5	5 (until 1800hrs)	

Paragraph 83
The CPT recommends that the necessary steps be taken to ensure female prison officers are always present throughout Ash House and that the control and restraint of women prisoners is always carried out by well-trained staff and in the presence of at least one female member of staff.

[24] Source: Northern Ireland Executive
[25] Source: Northern Ireland Executive

80. The Ash House total staffing complement is 24 staff - 21 of whom are female. No member of staff, unless fully trained, is deployed to control and restraint (C&R) incidents and, where C&R is authorised; a female member of staff is present.

Paragraph 84
As was the situation at Maghaberry Prison, doctors were being asked to certify prisoners as fit for punishment at Ash House. As was pointed out in paragraph 51 above, this practice should be ended and Prison Rule 41(2) abrogated. The recommendation contained in paragraph 51 applies equally to Ash House.

81. From the 2 July 2018, the requirement for healthcare staff to certify prisoners as fit to attend for adjudication has been removed. That decision is now taken by the adjudicating Governor.

Paragraph 85
The CPT considers that the first few weeks of imprisonment are particularly traumatic for children and their incarcerated mothers and that providing opportunities for extended visits in a welcoming environment during this period would be particularly beneficial for both the children and their others. For example, access to the caravan could be provided for all prisoners with children. Obviously, abuse of such arrangements might result in them being forfeited. The CPT would appreciate the comments of the Northern Ireland authorities on this matter.

82. Extended visits are available to all – providing Social Services conditions are met. The NIPS recognise the impact of separation through imprisonment upon children with a mother in custody. The 'caravan' is available for longer facility centred visits when food can be prepared; outdoor play is possible.

Paragraph 86
The CPT recommends that steps be taken to ensure women prisoners with children can effectively maintain phone contact with them by adjusting the times at which such calls can take place.

83. All women have access to phones during hours of unlock, and enhanced landings benefit from calls to 23:00 or full access according to location.

Paragraph 87
The CPT wishes to be informed of the current arrangements in place to promote contacts between mothers and their sons held within the Hydebank Wood campus.

84. Joint visits are available with external family members on a weekly basis and an additional monthly visit is provided on a 'one-on-one' basis.

Shannon Clinic Medium Secure Psychiatric Unit

Paragraph 90
Shannon Clinic is the only forensic psychiatric unit in Northern Ireland and does not seem capable of meeting the demand for psychiatric in-patient beds. In particular, there is no high secure facility, despite a large number of prisoners in the country with severe psychiatric disorders. At present, those persons requiring detention in a high security psychiatric setting are sent either to The State Hospital, Carstairs in Scotland (in the case of males), or Rampton Hospital in Nottinghamshire, England (females). This makes it difficult for the patients' friends and relatives to visit them. Further, there is no low secure psychiatric unit to provide step-down facilities for patients on Ward 3. In the light of the forthcoming entry into force of the Mental Capacity Act 2016, whereby persons with personality disorders may be involuntarily treated in mental health institutions, there will be a greater need to increase the number of forensic psychiatric beds and to provide provision for high secure and low secure places.

The CPT would like to receive the observations of the Northern Ireland authorities on these matters.

85. Historically there have been quite low numbers of patients requiring conditions of high security. For those who do transfer to Scotland, we recognise that family contact is more problematic. However, the clinic does support contact in the form of video-link facilities and helps to facilitate visits for family to Carstairs as appropriate.

86. The Committee's observation on the lack of low secure psychiatric units is noted.

Paragraph 92
The CPT recommends that the management of Shannon Clinic ensure that there is always a systematic debriefing of staff whenever any incident of violence occurs in order to provide support to the person(s) concerned and draw lessons where necessary.

87. The BHSCT is looking at the issue of managerial support in the wake of violent incidents, which thankfully are a relatively rare occurrence in this service. Currently, there are a number of strategies for supporting staff in place including: a weekly reflective practice forum; clinical supervision; and Staff Care and Occupational Health support. De-briefing does occur in the wake of an incident though it is largely informal in nature. Work is ongoing on studying the needs of staff at such times and will explore ways of building resilience in the team. Systematic de-briefing may indeed be a part of this but it would be offered as a choice for staff rather than applied to each incident. Learning from such incidents is extracted via internal review processes or Severe Adverse Incident processes as appropriate.

Paragraph 94
The CPT recommends that steps be taken to ensure that patients have effective access to 25 hours of activities per week. For example, access to the gym could be increased through hiring additional staff or by allowing all staff to supervise gym activity.

88. The clinic will continue to offer 25 hours of meaningful activity for patients per week. Gym provision is currently seen as adequate to the needs of the population at 3 days per week, supervised by staff who are trained to industry standard as fitness instructors. There is also additional availability outside of these hours provided by the instructors in the evenings and at weekends. All staff can supervise gym sessions where a patient wishes to use aerobic machines. Any other gym activity must be supervised by properly trained staff to ensure the safety of all concerned. To date, the BHSCT has invested in training 5 staff.

Paragraph 96
The CPT welcomes the plans for a separate female ward and recommends that such a ward should meet the needs of women at all stages of treatment, as is already the case for men. It would like to be kept informed of the progress of these plans.

89. The project to develop the clinic to include discreet female accommodation is being advanced. As currently framed there are no plans to increase the number of female beds; this is based on the fact that there a relatively few females requiring medium security. In the history of the clinic, the BHSCT have only rarely been unable to admit a female through lack of beds.

Paragraph 97
Greater attention needs to be paid in assisting all patients to overcome their addiction, which should include counselling and therapy.

90. This is indeed an important area. The service has been piloting a Senior Nurse Practitioner post. All patients are screened on admission; furthermore, an evidence based treatment programme is delivered to help people manage addiction problems. This is delivered to both individuals and groups of patients. The BHSCT is committed to this model of service delivery and is proceeding to appoint 2 Senior Nurse Practitioners on a permanent basis.

Paragraph 98
The CPT invites the Northern Ireland authorities to take steps to increase patients' access to healthy food. Further, additional efforts should be made to teach patients to prepare and cook their own food within the ward kitchens.

91. These activities already occur in the clinic, subject to appropriate risk assessment. It happens in all 3 wards but is a very regular feature of life in Ward 3, which is a setting where people are prepared for discharge to community

settings. The Clinic's Patients Advocate is a member of the BHSCT's Food Production Unit User Group.

Paragraph 100
The CPT recommends that staff should be given more support by the management to safeguard their well-being at work and thus diminish the need for sick leave to be taken. The Committee would like to be informed about the steps being taken to reduce the level of sick leave.

92. All sick leave in the clinic is managed via the BHSCT's Attendance Management Policy. Staff are supported by their Line Manager, flexible working policy and Occupational Health.

Paragraph 101
The CPT recommends that provision be made for more group psychology sessions to be organised at the Clinic itself, if necessary by employing more clinical psychologists.

93. A Review of Psychology within Shannon Clinic has taken place recently; this will increase our capacity to deliver more psychological therapies to patients. The clinic is developing a model where the Psychology Team will be supported by the 2 Senior Nurse Practitioner posts.

Paragraph 104
The CPT recommends that, in the interests of efficiency and coherence, the authorities consider placing responsibility for all forensic care in Northern Ireland under the same health care trust.

94. A Regional Forensic Network is currently being developed, led by a Senior Manager, and this will go some way to meeting this recommendation. Shannon Clinic provides a regional service to the whole of the Northern Ireland population – not just those going through the criminal justice system.

Paragraph 105
The CPT notes the project for the development of a seclusion suite at Shannon Clinic and would like to be kept informed of its progress and the regulations that surround its use.

95. The business case is progressing.

Paragraph 108
The CPT welcomes the new Northern Ireland-specific mental capacity legislation and would like to be kept informed of its progress and entry into force.

96. Currently no formal date has been set for commencement and implementation of the Mental Capacity (Northern Ireland) Act 2016. The DOHNI is continuing to work towards commencement in 2020, if processes allow.

Paragraph 110
The CPT recommends that steps be taken to ensure that all patients are informed both orally and in writing about the avenues and deadlines for lodging an appeal against the placement decision.

97. Patients are given an information booklet on admission. This booklet is discussed with the patient by a member of staff or, if preferred, by the patient's advocate / representative. Information on rights, if detained, will also be given to the patient both in written and verbal formats.

Paragraph 111
The CPT is concerned that a second opinion is not required for the first three months of involuntary treatment and recommends that the relevant legislation be amended so as to require an immediate external psychiatric opinion (i.e. outside that of the treatment team) in any case where a patient does not agree with the treatment proposed.

98. The Committee's recommendation is noted. Shannon Clinic operates within the current legislative framework of the Mental Health (Northern Ireland) Order 1986.

Paragraph 112
The CPT recommends that patient files be stored in a coherent manner and that they be systematically kept up-to-date with all the relevant documentation; consent and second opinion forms should always be included.

99. The clinic has an information governance group which is looking at all aspects of documentation.

Paragraph 114
The CPT recommends that all patients be provided with full information on the Clinic whenever they are admitted to the facility.

100. All patients are provided with a comprehensive information booklet on admission as are their relatives/ carers. We have both Patient and Carers Advocates.

Paragraph 115
The CPT recommends that steps be taken to ensure that patients fully understand arrangements concerning their finances, are able to appeal the decision declaring them incapable of managing their finances and that they benefit from a regular review of this decision.

101. The Committee's recommendation is noted. The clinic operates the Patients Finance & Private Property Policy. This is also agreed by the multidisciplinary team in collaboration with the patient.

Paragraph 118
The CPT recommends that the patient's named nurse ensures that every patient clearly understands the complaints procedure.

102. The complaints policy is explained to patients and written information is available on all wards. We have a Patients Advocate who meets with patients regularly.