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COMMITTEE FOR
HEALTH, SOCIAL SERVICES AND
PUBLIC SAFETY

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(Hansard)

Inspection of Prison Healthcare: Hydebank Wood Young Offenders' Centre and Ash House Women's Prison

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NORTHERN IRELAND ASSEMBLY

COMMITTEE FOR HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY

Inspection of Prison Healthcare: Hydebank Wood Young Offenders' Centre and Ash House Women's Prison

12 October 2011

Members present for all or part of the proceedings:
Ms Michelle Gildernew (Chairperson)
Ms Michaela Boyle
Ms Paula Bradley
Mr Mickey Brady
Mr Gordon Dunne
Mr Mark H Durkan
Mr Sam Gardiner
Ms Pam Lewis
Mr John McCallister
Mr Kieran McCarthy

Witnesses:
Mrs Elizabeth Colgan)
Mr Glenn Houston) Regulation and Quality Improvement Authority
Dr David Stewart)

The Chairperson:

I welcome Glenn Houston, who is the chief executive of the Regulation and Quality Improvement Authority (RQIA). It is good to see you again, Glenn. I also welcome Dr David Stewart, the director of review and the medical director of the RQIA, and Elizabeth Colgan, the senior hygiene inspector in the RQIA. Glenn will make a presentation. A few members want to leave

early. I know that we said that the presentation could last for 15 minutes. However, if it is slightly shorter, we will let the people who want to leave early come in with their questions, and if they come back, they can have another go.

Mr Glenn Houston (Regulation and Quality Improvement Authority):
Thank you very much for the welcome. We are pleased to be here to present our findings on the report. I will keep my introductory remarks fairly brief, which will allow members to ask questions as appropriate.

The background is that in March 2011, the RQIA took part in joint inspections of Hydebank Wood Young Offenders' Centre and Ash House Women's Prison in partnership with the Criminal Justice Inspection (CJI), Her Majesty's Inspectorate of Prisons and the Education and Training Inspectorate. Those inspections were carried out as a follow-up to previous inspections that took place in 2007. The joint reports of those inspections have also been published. In addition, the RQIA conducted a detailed inspection of healthcare at Hydebank Wood Young Offenders' Centre and Ash House Women's Prison, and our report on prison healthcare is the focus of today's evidence.

Hydebank Wood Young Offenders' Centre and Ash House are located on the same site in south Belfast. The young offenders' centre accommodates all young male offenders aged between 17 and 21 on conviction, serving a period of four years or less in custody. At the time of the inspection, there were 203 young offenders in the prison, including 17 young male prisoners under 18 years of age. Ash House accommodates all women prisoners in Northern Ireland. It is a self-contained unit on the same site. At the time of the inspection, there were 49 female prisoners, all over the age of 18.

Responsibility for prison healthcare transferred from the Northern Ireland Prison Service (NIPS) to health and social care in 2008. Prison healthcare is currently provided by the South Eastern Health and Social Care Trust, and it is commissioned by the Health and Social Care Board. The healthcare team at the prisons includes qualified nurses, healthcare officers and healthcare assistants. NIPS staff are not currently in the employment of the South Eastern Trust, but I understand that they will transfer to the trust's employment on 1 April 2012. The healthcare centre provides separate accommodation for male and female prisoners.

Our inspection methodology was based on Her Majesty's Prison Service and Department of Health 'Prison Health Performance and Quality Indicators' and the draft 'Prison Health Performance Indicators for Northern Ireland'.

The overall findings of the RQIA inspection indicate that there are significant deficits in respect of organisational systems and governance, which need to be addressed to ensure that young offenders and women prisoners have a standard of healthcare equivalent to that of the general public. The joint clinical and social care governance arrangements between the Prison Service and the South Eastern Trust need to be improved. Many challenges still need to be addressed to ensure that partnership arrangements are sufficiently robust to allow for joint decision-making, effective management of resources, information sharing, audit and service development.

On a positive note, the inspectors found that a draft prison healthcare strategy has been devised by the trust, which outlines a vision for Northern Ireland prison healthcare. A service improvement board for Hydebank Wood has also been established to provide leadership and direction in the development of specific work streams and to provide a focus for continuing improvement.

A key issue in the organisational governance arrangements is that the South Eastern Trust, although responsible for the provision of those healthcare services, has no direct authority over the healthcare staff employed by the Prison Service. That creates difficulties for performance management and can leave staff somewhat professionally isolated. The transfer of direct responsibility for staff is planned for April 2012. In the interim, the South Eastern Trust and the Prison Service should provide clarity in respect of accountability arrangements for both professional and employment issues. We believe that a more robust approach is required, pending the transfer of staff. An information-sharing policy between the trust and the Prison Service has not been developed for either establishment. We think that that is a vital safeguard that would help to promote the welfare of those within the units.

The second area of our inspection looked at protecting and promoting health and well-being. This section includes reference to a number of very important issues, including the environment; prevention of self-harm and suicide; patient safety; safeguarding arrangements; management of medication; vaccinations; sexual health; and exercise. RQIA inspectors examined the systems

that were in place for the prevention of self-harm and suicide. A major concern is the need to strengthen the range of responses available to prevent self-harm and suicide. The inspectors identified a particular concern about ligature points in some areas and have asked that a detailed risk assessment of those be carried out as a matter of urgency. They have also made specific recommendations relating to the provision of services and for the training of staff in relation to the prevention of self-harm and suicide.

The young offenders' centre continues to accommodate young men under the age of 18 in Hydebank Wood, and 17 were present at the time of the inspection. It is the view of all four regulatory authorities that Hydebank Wood is not an appropriate place to deal with children in the criminal justice system. Similarly, despite efforts by the Prison Service to meet the specific needs of women prisoners, Ash House remains an unsuitable environment. Sharing the site with young men means that the needs of women prisoners cannot be appropriately met.

Some improvements were noted by the RQIA. Those include the suicide and self-harm prevention policy, which was revised in 2011 and is applicable to all prisons in Northern Ireland. A supporting prisoners at risk (SPAR) process has been introduced. That process enables staff to identify prisoners at risk and to provide immediate assistance and ongoing support.

The third area of our inspection relates to accessible, responsive and effective care. The findings of the team indicate that significant improvements are required in the provision of prison healthcare. In particular, specific improvements are needed to address the mental health needs of prisoners. The review team identified a number of key services that were not fully developed at the time of the inspection. For example, mental health services are under-resourced, and the current provision of psychiatric support is inadequate. The RQIA recommends that the provision of psychiatric support services should be reviewed as a matter of priority. The inspection evidenced that prisoners can wait longer than one week for a first appointment with the mental health team. In one instance, the waiting time was eight weeks or more from the point of referral to the assessment of the prisoner. The RQIA strongly recommends that this deficit be addressed.

At the time of the inspection, there were no specialist child and adolescent mental health services (CAMHS) in the prison. However, our report makes reference to the work that is undertaken by Opportunity Youth and the alcohol and drug educational programme and training (ADEPT), which promotes support to prisoners who are deemed to be at risk. The inspection

team strongly recommends that the absence of child and adolescent mental health services should be reviewed by the trust and the Health and Social Care Board as a matter of priority. The current regime at Hydebank is not appropriately resourced or capable of meeting the needs of that category of young offender.

At the time of the inspection, addiction services were under-resourced, with only one session a week. There was also an apparent lack of referrals from the young offenders' centre — the male side — which needs to be investigated and rectified. In the majority of cases, young offenders and women prisoners undergo clinical detoxification from alcohol or drugs on the prison landings rather than in the healthcare centre. Inspectors recommend that that approach be reviewed to ensure appropriate treatment, including, when necessary, the offer of admission to the healthcare centre.

The RQIA acknowledges the fact that a prison is a challenging environment in which to deliver healthcare. Although we have identified significant room for improvement, we recognise that there is a commitment from the Health and Social Care Board and the South Eastern Health and Social Care Trust to improve and develop those services. Our report makes 113 specific recommendations to a range of bodies where further change and improvement is required. The number of recommendations reflects the detailed nature of the inspection. The report should be used to promote and facilitate further improvements in service delivery. Thank you very much.

The Chairperson:

Thanks a million, Glenn. John, you are popping out to something. Are you coming back?

Mr McCallister:

No; I am going to Dublin.

The Chairperson:

Oh are you? Is the Miss Blue Jeans festival on? Is it that time of year again? I am conscious that we have this session with the RQIA, followed by a session with the Department.

Mr McCallister:

I will stay for as long as I can.

The Chairperson:

We do not want to lose our quorum.

Ms Boyle:

Thank you, Glenn, for the presentation. The report makes for some good reading. It is very comprehensive and detailed. After reading it, my honest opinion is that, with regard to mental health and well-being, prisoners are locked up and forgotten about. There are key areas for improvement, and you said that the corporate suicide and self-harm prevention policy does not specifically reflect the needs of the children and young adults. The report states:

"To date, all aspects of the policy have not been fully implemented due to funding restraints."

That statement jumped out at me. Mental health and well-being should not be about pounds, shillings and pence. Considering the self-harm and suicide rates in prisons, you would imagine that funding should not be the issue, but obviously it is.

The poor attendance at the regional prison health governance committee was alarming; there was very little participation. One recommendation is that senior officials from the trust should attend those meetings. Where does that leave the RQIA? Do you go back in so many months' time to make sure that that happens? How are your recommendations implemented so that they will have successful outcomes?

Mr Houston:

Your question touches on one of the most fundamental issues in the report, which is the importance of having a strategy that prevents self-harm and suicide and responds to prisoners when there are early indications that that may be a risk factor. We have worked closely with the Criminal Justice Inspection and the other two regulatory bodies in undertaking the initial inspection. We have also had separate conversations with the trust about the report's findings. We would be very keen to make sure that the report is used as a vehicle to continue to deliver improvements. We will have further discussions with the other three regulatory bodies about the timing of a follow-up inspection. That inspection is essential, and it should be unannounced. It will be delivered in a time frame that is most appropriate to the circumstances.

My colleague Mrs Colgan, who headed up the RQIA team, may want to say something further.

Mrs Elizabeth Colgan (Regulation and Quality Improvement Authority):

In respect of the partnership board, in August this year I was involved in a joint inspection for vulnerable prisoners with the Criminal Justice Inspection. One element of that inspection was to review the minutes of various meetings. Since that date, there has been a vast improvement in attendance.

Mr McCallister:

It is certainly difficult to read the report and not be somewhat alarmed. I will touch on some of the points that Michaela made. It is a fairly well-established fact that there is a huge need for mental health provision in our prison system. Given the timescale that you think is realistic for addressing the 113 recommendations, or at least start the process of doing that, you do not mention that some of those services are under-resourced. Are you absolutely confident that the moneys allocated to the South Eastern Trust for prison services were all spent in the Prison Service?

Mr Houston:

We have targeted some of our recommendations at the trust and some at the Health and Social Care Board. It is important that the Health and Social Care Board comes in behind the report and looks at how the money that is currently invested in prison healthcare is being used. We want to be assured that the board has mechanisms to ensure that the money is being appropriately applied. There is also a need to invest further in the development of elements of healthcare services. Clearly, in the broad range of things, that can be challenging, because tough decisions have to be made about resources. However, the report identifies a number of areas in which there is an urgent need to look at how services are currently being provided and delivered. Some of that concerns the arrangement and organisation of the delivery of those services, but some of it may also concern resource commitments. We know from our conversations with the health and social care trust that it has taken a number of steps since the inspection in March to improve aspects of service delivery. I know that, following our evidence, you will be hearing from the South Eastern Trust, whose representatives will no doubt outline those steps.

Mr McCallister:

You mentioned that staff will move from the Prison Service to the trust. Do you think that that will help some of the linkages that are perhaps not being formed at the moment?

Mr Houston:

I will ask Dr Stewart to pick up on that, because I think that it is important.

Dr David Stewart (Regulation and Quality Improvement Authority):

The current position is that the trust has responsibility for providing care in the prison, but the staff are not trust staff. From the perspective of the inspection, we feel that it is much more appropriate that, as the provider of care to the prison, the trust should have the staff. We are aware that the trust will advise the Committee later in the afternoon that some of the key issues we raised in the report that relate to mental health services are being actively looked at, and additional staff are being recruited. As I understand it, those staff will be recruited by the trust. The staff whom we are talking about are the existing staff, who have been providing healthcare in the prison, prior to the change of arrangement, when health and social care services became responsible for healthcare in prisons. That is a significant change. It is recognised in the report that the model by which you are responsible for delivering a service but do not employ the staff is not the best model for provision of care.

Mr McCallister:

I assume that it is hard to know whom you work for. That is the problem. The staff are delivering healthcare, but they do not work directly for the health and social care trust that is tasked with providing that care.

Dr Stewart:

Liz may want to comment on this, but this is not a criticism of staff who have been working hard in a difficult environment to provide care; however, we would like those staff to be integrated in a wider healthcare group of staff.

Mr McCallister:

That is their primary focus.

Mr Houston:

Our feeling is that that would allow access to a range of support mechanisms, including training and development in the trust. It would also allow for better co-ordination of the way in which services are delivered with the back-up of key healthcare professionals, including people employed at consultant level in areas such as child and adolescent mental health services,

addictions or general adult psychiatry.

Mr McCallister:

Will that transfer happen?

Mr Houston:

We understand that it is to take place in April 2012. It has been a negotiated transfer on which the trust has worked with the Prison Service and the prison authorities to agree.

Mr McCallister:

We could check with the Health and Social Care Board to make sure that the moneys allocated to prison healthcare actually have been allocated.

Mr Gardiner:

First, I declare that I have had some experience with people like this because I was a chairman at the Maze prison at the height of the Troubles when young people were brought into the H-blocks. I am concerned to read that, to date, not all aspects of the policies have been fully implemented due to funding restraints. Have many people in the young offenders centre have tried to commit suicide?

Mr Houston:

We said at the outset that, at the time of the inspection, there were 17 young men under the age of 18 in Hydebank Wood, but we were not aware of any women under the age of 18 in Ash House. If a prisoner is deemed to be at risk, they will be followed up through the system for the monitoring of prisoners, and I will ask Mrs Colgan to say a little bit more about that in a moment. However, our concern is about whether Hydebank Wood is a suitable environment at all for anybody aged 17.

Mr Gardiner:

Do you think that it is?

Mr Houston:

We do not believe so. Woodlands Juvenile Justice Centre can provide facilities for young people under 18. I can say confidently that the view of the four organisations that collaborated in

delivering the inspection is that young prisoners should not be in Hydebank Wood.

Mrs Colgan:

Can I ask you to repeat your question?

Mr Gardiner:

Have any young people attempted to take their life in your care?

Mrs Colgan:

As you will understand, certain deaths occurred in Hydebank Wood after our inspection, and those are being —

Mr Gardiner:

How many?

Ms Colgan:

Two. They are being investigated by the Police Ombudsman, so I do not think that we are in a position to speak about those at present.

Mr Gardiner:

I accept that.

The Chairperson:

For clarification, Sam, this is the team that inspected the prison. Those people are not under their care.

Mr Gardiner:

I know, but they should be looking into these things.

The Chairperson:

They have made recommendations.

Mr Houston:

To pick up on Mr Gardiner's point, we highlighted examples in the report of information that was

shared with us through serious incident reports. Where there is a serious incident, such as an attempt at self-harm or suicide, it is reported through the serious incident reporting system, which we believe to be a very appropriate system. The Prisoner Ombudsman will report her findings on the investigations into the two deaths, one of which occurred in Hydebank Wood and one in Ash House.

Mr Gardiner:

Are you waiting for feedback as a result of that investigation?

Mr Houston:

The arrangement is that the Prisoner Ombudsman is charged with the investigation of those events, and she has begun that investigation. We have shared our report with the Prisoner Ombudsman, but she will need to conclude her own investigation into those matters and publish her findings in due course.

Mr Gardiner:

How long has that investigation been going on?

Mr Houston:

It began shortly after those deaths.

Mr Gardiner:

When?

Mr Houston:

In May of this year. Therefore we expect those reports not to be available until the investigations are completed.

Mr Dunne:

I understand that this investigation is the first of its type to be carried out in the organisation. Why did it take seven months for the report to come forward?

Mr Houston:

We were working in conjunction with three other regulatory authorities and felt that it was

appropriate to do so in carrying out the initial assessment. We follow a clear pathway in the preparation of our reports; we always try to get our report completed as close to the date of the inspection event as possible. However, there are processes that we must follow for accuracy checking and the proofing of the report.

Having said that, we always at the end of an inspection provide initial feedback on the findings and recommendations, and we took steps to do that with the South Eastern Trust and in joint meetings with representatives of the trust and the Prison Service.

Mr Dunne:

Any inspection or audit is carried out against standards. Is it true that management lacked awareness and commitment to those standards in the organisation?

The Chairperson:

Do you mean management in the prison, Gordon?

Mr Dunne:

Yes, in the prison. There are weaknesses in the organisation, and you have highlighted them.

Mr Houston:

What you are referring to is the first section of our report, which looks at the governance arrangements in the system. We looked at clinical governance and organisational governance, and we made several specific recommendations that we believe will tighten that process.

Mr Dunne:

In any organisation you need commitment from the top to implementing standards and to work to them and make sure that they are uniform throughout an organisation. Is it true to say that that was not happening here? There is evidence in the report of major weaknesses.

Dr Stewart:

In the context of this review, the process with the four organisations was a follow-up to a previous inspection in 2007. Therefore it was a follow-up to find out whether the recommendations that had been made —

Mr Dunne:

Four years ago.

Dr Stewart:

Yes, four years ago. To find out whether they had been implemented. At that time, the Northern Ireland Prison Service was responsible for healthcare; the Health and Social Care Board only subsequently became responsible for the provision of healthcare in the Prison Service. Therefore, RQIA would not have been involved in the earlier prison inspection; that would have been carried out by regulators who were involved in the prison.

Two joint reports have been published, and they are the overall reports of the inspections. One of the findings documents how many of the recommendations of the previous inspection had been carried out by the time of this inspection. I do not know the exact figures, but some 50% per cent of the recommendations had not been achieved.

Mr Dunne:

That is a poor performance. Fifty per cent is not good; it is disappointing to say the least. Were the 113 recommendations prioritised into different categories? Some would be just observations, while others would need straight corrective action. Is that the case?

Mr Houston:

That is true. In our recommendations in the report, we have not indicated a sequence of priority, because all the recommendations are important. However, we have identified, in our feedback to the trust, those that we felt needed immediate action. For example, one of the recommendations that we felt needed immediate action was to look at ligature points and undertake steps to address that.

Mr Dunne:

OK. The bottom line is that everyone must learn from what you have done and take corrective action to make sure that there is no reoccurrence. Will you revisit to follow up on those actions?

Mr Houston:

Absolutely. We want to make sure that there is follow-up action. I have already indicated to the South Eastern Health and Social Care Trust that there will be follow-up action on the part of the

Regulation and Quality Improvement Authority. However, we also indicated to the trust that we would be more than willing to engage with it on how the recommendations can be taken forward. Therefore if you look at our role as a regulator, we have undertaken this inspection, provided the report and set out clearly the recommendations. Our title reflects our responsibility for quality and improvement, and we will work with the trust to make sure that, as best they can be, those recommendations are taken forward.

Mr Dunne:

Was there evidence that the quality standards were or were not adhered to?

Mr Houston:

After conducting an inspection and publishing a report containing 113 recommendations, it is fair to say that there were some areas where we felt quality standards were not being fully met. Our recommendations state how we believe that could be improved upon. For example, one such area is the mechanisms by which the trust and the Prison Service work jointly to address some such issues. Although we have seen some progress on that, you will note from the minutes that one of the meetings was poorly attended. We highlighted that fact and suggested that if there is a commitment from both organisations, those systems and processes need to be taken seriously and to be robust.

Mr Brady:

Thanks for the comprehensive report. I have more of an observation: it is well documented that a disproportionate number of people in prison, particularly young people, have mental health problems. If there were a proper regime in place outside for young people with mental health difficulties, many of them would not end up in prison. It was interesting to talk to people about their views on that, which is something that needs to be addressed.

You deal with young people in the particular environment of prison, and I was disturbed to read the part of the report in which young people said that they sometimes had to wreck their cell to draw attention to their plight. That seems peculiar, even bizarre, if there is a regime in place to help them and they did not have a member of staff to whom they could look for mentoring or counselling. It was their peers that they talked to, who may not be the best people to talk to in such circumstances.

We hear a great deal about the amount it costs to keep someone in prison; the figure of £76,000 was thrown out recently. If that kind of money is being spent and the system is failing, particularly those young people and women, something there needs to be radically addressed. We must look at why youngsters in particular go to prison. Many of them have alcohol and/or drug abuse problems and mental health problems that have gone undiagnosed until they get to prison. Therefore the system, from birth right through to the time they end up there, is failing them. What are your views on that?

Mr Houston:

I agree that there are many issues in providing high-quality healthcare support to prisoners. There are particular issues about how that service is delivered to women and to young prisoners. Some of the issues that you highlighted are the kind of things that we identified as areas where there are particular and specific concerns. Therefore, we would like, for example, to see improvements in support for prisoners who going through withdrawal from drugs and alcohol. We want to see better support for entry to the prison system for young people who have been involved in child and adolescent support services on the outside. Specifically, we want improvements in how the system responds to young people or to women prisoners whose mental health is obviously deteriorating from the point of admission to prison. Those are all important areas.

Dr Stewart:

From the perspective of all the team, we would welcome any initiatives outside that would help young people in difficulty and reduce the number who go to prison. However, the focus was on those young people who come to prison.

Mr Brady:

I appreciate that it is about a particular environment.

Dr Stewart:

The clear message that came through from this inspection — although it was recorded in the 2007 inspection — was that the current model of a women's prison and a prison dealing with young people up to the age of 18 in the same environment as those over 18 — albeit in different locations on the same site — is not an appropriate environment to manage the situation. All the regulators believe that there is a need to look at those groups to see how they could be provided with accommodation on separate locations.

Mr Brady:

In looking at their likes and dislikes, it was interesting that their likes were the fry, the gym and the tuck shop, and their dislikes were the staff. Obviously, a great deal of work has to be done on interpersonal relationships. Nevertheless, having staff who can relate to those young people would be beneficial in the long run, but that seems to be a problem. It appeared to be a recurring theme through all the groups that were interviewed.

The Chairperson:

Bear in mind that the Department, the board and the trust are coming up on the back of this session. Therefore, if your questions are more relevant to the Department, you can ask them then.

Mr McCarthy:

You said that there was a 50% take-up of the 2007 recommendations. Surely, you will expect a much better report when you go back with these recommendations? What can be done to achieve that?

Mr Houston:

We want to see improvement across the piece, and we want to go back at an appropriate time and look at how the trust has taken the recommendations forward. There are some recommendations in the report that are for the trust; and some that the trust will be able to take forward only in conjunction with the Prison Service. That is why it is appropriate that, in undertaking the inspection, we worked closely with the regulators of the Criminal Justice Inspection Northern Ireland and Her Majesty's Inspectorate of Prisons. We would be very keen to see evidence of progress.

Through our contact with the trust, we are already aware of steps that it has taken in recognition of the need to make improvements in some of those areas. I have no doubt that the trust will elaborate on that when they come before you later this afternoon.

Mr McCarthy:

Have you any indication of whether there will be a willingness to provide the new facility for that group somewhere else?

Mr Houston:

That is probably a much more challenging issue for the longer term. We hope that the recommendation will be picked up and given due consideration by those responsible for making decisions about the future of the Prison Service. We would be very willing to talk to anybody who has an interest in how that might be taken forward and in what time frame.

Mr Durkan:

Thank you for your presentation. This is your final question, and I hope that it is pertinent to you, although it may be outside your remit. If not you, who is responsible for prescribing medicines in the prison? A recent Assembly question flushed out the statistic that 85 per cent of prisoners were on prescription drugs. That is extremely worrying, given that the report states that the addiction services are under-resourced. Therefore, there is a real danger of young people — and women — coming out with addictions.

Mr Houston:

Thank you, Mr Durkan. We looked at medicines management as a key area. I will ask Mrs Colgan to say a little bit about the two or three key issues that we picked up in relation to prescribing medicines management and the safety of prescribing in prison and some of the issues that it identified.

Mrs Colgan:

The trust would probably be better placed to answer your question on prescribing patterns in the prison. However, the trust recently appointed a clinical lead, part of whose remit will be to look at the prescribing of medications in prison. On the inspection, we had a pharmacist who looked at how medications were administered, stored and given to prisoners. We felt that medications on committal could be improved and that the system at that time was unsafe; we also felt that storage in some areas could be improved. Therefore, the trust was given pointers on various areas in the report where we felt that there was room for improvement.

Mr Houston:

On page 73 of the report, there are seven specific recommendations on medicines management.

The Chairperson:

There is a huge amount of information in the report. I suppose, like Sam, I should declare an

interest: I had many relatives in Long Kesh, Sam.

Mr Gardiner:

Perhaps I visited them.

Mr Dunne:

Did they work there? *[Laughter.]*

The Chairperson:

No. *[Laughter.]*

Mr Gardiner:

It is the Maze Prison, Madam Chairman.

The Chairperson:

I hear you, Sam. We have to look at our own experiences. Twenty years ago, I suffered from depression after I broke my ankle and could not drive. A number of things happened around that time. One of the reasons that I had mental health issues was because I could not get out of the house. There was no public transport where we lived. It really had an adverse impact on me. It was temporary; I was at home, so there is no comparison. However, it made a huge impact on me to have so much freedom taken away because I was in a cast. Therefore, I can empathise to a point with what people in Ash House and Hydebank Wood suffer. With regard to the figure that Mark quoted for the number of prisoners who are on medication, on the back of that statistic alone, the Committee — as I have suggested previously — would like to visit the prison to see for ourselves and to look at how it has improved since the new regime kicked in.

I have a couple of questions for the RQIA; I have plenty more for the Department. How often do you meet the board, the trust and the Department to see how the 113 recommendations are being implemented? Everyone needs to be able to talk to people. However, my understanding is that prison pay phones charge hotel rates; they are the most expensive pay phones. Although prisoners can buy phone cards, those cards last much less time. They are not charged the standard rate; therefore their ability to talk to people outside prison is seriously curtailed. That could be overturned with the snap of the fingers.

Strip searches are still ongoing. Is there a recommendation to stop that practice? None jumped out at me. I did not see a recommendation on education. Keeping your mind active is hugely important for mental health. Are there opportunities for people in Hydebank Wood to access education? Is that one of the recommendations?

Mr Houston:

I will begin by picking up on your question on links with the trust and other bodies. We want to have specific conversations with the Health and Social Care Trust and with the board. We meet the board and the trust at set intervals to look at our overall programme, specific review work and any issues that we believe we need to highlight to them during those meetings. With regard to that particular inspection and report, we would want to have further conversations with those organisations about how they are taking matters forward. Normally, when we undertake an inspection, we ask for a quality-improvement plan from the organisation, setting out how it intends to take forward recommendations. We have already received a first written proposal from the trust on some of the actions that it has already taken and some that it plans to take. That process is already in train, and we want to make sure that we follow through on it as appropriate. Therefore we will do that.

You mentioned the use of telephones, the time that prisoners spend in their cells and the isolating effects of being in prison. Those are hugely important points, and I will ask my colleague Mrs Colgan, who led the inspection team, to say a word or two about that.

Ms Colgan:

Our inspection focused on healthcare, and there are lapses with what you said into healthcare. The inspection was a joint inspection by the four regulatory bodies to focus on the recommendations of the 2007 report; we did not inspect every aspect of prison life. The aspects that you talked about were looked at specifically by Her Majesty's Inspectorate of Prisons, and its recommendations are in the joint reports rather than in our report.

The Chairperson:

Does that include strip searches and education?

Mrs Colgan:

Yes.

Dr Stewart:

One of the partner organisations for the inspection was the Education and Training Inspectorate; therefore the key issues about education are in the joint report as well.

The Chairperson:

Prisoners were asked about what is good and what is bad, and, in the women's prison, they said that the only good thing was staffing levels 2 and 3; they could think of nothing else positive to say. I accept that care and healthcare are not the main contractual obligations of those who work in prisons, and that point was made by the Prison Officers' Association. That has to change: people can make a difference when they treat people humanely and with compassion. That was obvious when prisoners could not think of anything else positive to say.

It is important to factor that back to the staff and, where people do a good job, feed that back from the prisoners. We recognise it too, because the staff in a prison can make such a difference; there is no question about that. There needs to be a tie-in with the Health and Social Care Trust on staff in the prison, but the regime has to change. The fact that only 50 per cent of the recommendations from the previous report had been implemented is absolutely not good enough. There are 113 recommendations outstanding from your report, and we will see how we get on with the implementation of those. I suspect and fear that it could be a similarly disappointing assessment. We need to know when those recommendations are fully implemented.

I noticed recommendation 93 about the appointment of a forensic psychiatric consultant. That is absolutely critical, and we will ask the Department about its position on that. We look forward to that, and you should come back to see us after your second unannounced visit because — nobody is shaking their head in disagreement — we need to hear how the prison regime has dealt with the new way of doing things.

Mr Houston:

Thank you very much, Chairperson.