



Northern Ireland
Assembly

Committee for Justice

OFFICIAL REPORT (Hansard)

Prison Service Reform and Management of
Drugs Misuse:
Northern Ireland Prison Service

22 October 2014

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:

Mr Paul Givan (Chairperson)
Mr Raymond McCartney (Deputy Chairperson)
Mr Stewart Dickson
Mr Sammy Douglas
Mr Tom Elliott
Mr Paul Frew
Mr Chris Hazzard
Mr Seán Lynch
Mr Alban Maginness
Mr Patsy McGlone

Witnesses:

Mr Mark Adam	Northern Ireland Prison Service
Mr Paul Cawkwell	Northern Ireland Prison Service
Mrs Sue McAllister	Northern Ireland Prison Service
Mr Brian McCaughey	Northern Ireland Prison Service

The Chairperson (Mr Givan): Let me welcome Sue McAllister, director general of the Northern Ireland Prison Service (NIPS); Mark Adam, director of human resources and corporate services; Paul Cawkwell, director of offender policy and operations; and Brian McCaughey, director of rehabilitation. You are all very welcome to the meeting today. As normal, it will be recorded by Hansard and published in due course. Sue, I will hand over to you at this stage.

Mrs Sue McAllister (Northern Ireland Prison Service): Thank you, Mr Chairman, for your welcome. We are grateful for the opportunity to brief you today. Members have requested an update on the reform programme and on the issue of drugs in our prisons. While I will provide that for you, we are, of course, happy to answer any questions that you may have on wider prison issues.

This Friday is the third anniversary of the publication of the prison review team (PRT) report, which was led by Dame Anne Owers. As you are aware, that report made 40 wide-ranging and challenging recommendations that, in her words, would transform the prison system in Northern Ireland. To date, the prison review oversight group, which is chaired by the Minister, has deemed 16 of the 40 recommendations complete. The group has also referred a further 17 to the Criminal Justice Inspection (CJI) and the Regulation and Quality Improvement Authority (RQIA), as appropriate, for independent assessment. That brings the number of recommendations that have been completed or referred to 33. The remaining seven will be brought to the oversight group in December this year and March next year. That represents significant progress against the 40 recommendations.

I will say something about the financial outlook. All of this work is being progressed at a time of great financial pressure across the public sector. The Prison Service is no different, and we face many challenges to live within the budget provided to us. Over the past few years, we have made significant progress to ensure that we deliver value for money to the public. Since devolution and the start of the reform programme, the cost per prisoner place has decreased from £73,732 in 2010 to £62,898 this year, with a target of £60,800 by the end of this financial year. That equates to a 21% reduction.

However, in the future, further cuts to the budget will inevitably have an adverse effect on prison reform. Against the backdrop of a rising prisoner population, the Prison Service has already endured a baseline reduction of 15% over the last four years. When the PRT report was published in 2011, it had been envisaged that any savings from the voluntary early retirement scheme would be reinvested in the Prison Service. With the current economic situation, that will not now be possible. These are all challenges, not just for the senior team before you today but for everybody in our service. No one will be immune from the challenges that lie ahead. That includes our public sector colleagues and partners in the voluntary and community sectors.

I do not want to simply highlight the difficulties in the future. We are making progress. Since we were before the Committee in April, a number of significant developments have taken place. The voluntary early retirement scheme has concluded, with 518 staff leaving our service. Our adult male step-down facility at Burren House has opened. This provides a step-down facility for male prisoners who are on a phased return to the community. It was a key recommendation of the prison review team report. Our drug recovery unit pilot at Glen House in Maghaberry has worked with 12 prisoners with serious addiction issues. That work finished last week, and, while it is now being evaluated, the early signals are that it has been a tremendous success. We have opened a new training facility for female prisoners at Hydebank Wood. A review of psychology services has been completed and is being implemented. Learning and development for our staff continues to be rolled out. Progress has been made in our estate strategy, with approval for a new 360 block at Maghaberry. A huge amount of work has taken place at Hydebank Wood in preparation for the Hydebank college opening next spring. A curriculum is being developed with colleagues in Colleges NI that will focus on educational and vocational skills, including work to deliver basic literacy and numeracy.

These are just a few examples of the positive work that has taken place. It has been achieved through the determination and hard work of the staff involved. I would like to say again today that I value the commitment that our staff bring to their roles.

The budget is not the only challenge that we face. We have seen a significant increase in the prisoner population in the last 10 years, and particularly in the last five years. This has led to accommodation issues and crowding in certain parts of the prison estate. You will have heard the Prison Officers' Association (POA) highlight their concerns about staffing levels and safety in prisons last week. As director general, I want to be as clear as I can possibly be that we do not tolerate violence in our prisons, whether that is on staff or prisoners. Any assault is one too many and is unacceptable. We all know that prisons can be difficult places to work and that we deal with some very challenging people, but that is no excuse for assaulting people who are just doing their job and serving the people of Northern Ireland. I can assure the Committee that we, as the leadership team, give this issue the highest priority. I am sure that you will wish to discuss this further today.

I would like to make a few brief remarks that Paul can elaborate on as part of our discussion. All of our information points to crowding as a major factor in the number of assaults. That is why we have taken steps to address this. Over 300 prisoners have been relocated to other accommodation. This greatly reduces the pressure in areas such as Lagan House, which had a population of 180 and now houses 130 prisoners. I have spoken to some of the staff who work there, and they have told me that this has had a positive impact on them and on prisoners.

The POA also highlighted the issue of staff numbers. It is correct when it says that we are currently running below our target staffing level. Whilst most of this shortfall can be covered through overtime, we are hopeful that we will be able to embark on a limited recruitment process in the near future. Discussions on this are at an early stage. In fact, Mark spoke to the Department's permanent secretary on this issue last week. We are conscious of the current financial climate, but we firmly believe that further recruitment will be necessary. We also have to continue to robustly challenge sick absence. While three quarters of our staff have not taken stat sick leave in the last 12 months, it is still too high. This impacts on the officers on the ground. We, as a management team, are determined to address this serious issue.

The POA also highlighted its calls to give officers pepper spray. While PAVA (pelargonic acid vanillylamide) is available to be used by specially trained officers, its use has to be authorised by me as director general. While we remain open-minded regarding general deployment of PAVA, we are taking advice from the Health and Safety Executive, and that will play a large part in our final decision. However, I reaffirm that the evidence at this stage indicates that crowding is the major factor, and, as I have said, we are taking steps to address that. We have a good relationship with the POA, and I want to see that continue. We will continue to discuss all these matters with the POA in an honest and professional way. We will not always agree, but we are committed to that process of engagement with the POA.

Members have requested a further update on drugs in our prisons. I know that you received a written paper on this issue following our previous appearance in April. Let me start by saying that drug and substance misuse is a significant issue. It would be naive to think that an issue that is a problem in the community would not be replicated in the prison environment. As I have said, we deal with some very challenging individuals who have a range of addiction and mental health problems.

You may have seen the Criminal Justice Inspection report on prisoner safety that was published today. It lays out the scale of the challenge that we inherit when people are taken out of the community and sent to prison. The report states that up to 5,000 prisoners use healthcare each year, 1,000 of whom have a personality disorder. It also says that 67% of prisoners are on prescribed medication. Possibly the starkest figure is that 90% of prisoners have a diagnosable mental health problem or substance misuse problem or both. That is the scale of the problem that we face along with our partners in health, and that is why we take a three-pronged approach to drugs.

The first part is focused on blocking supply. Since the introduction of intelligence-led searching, the number of drug finds has increased. The second part involves educating people in custody on the health risks associated with misusing drugs. Finally, the service supports those who want to break the cycle of addiction. As I have said, the drug recovery pilot that has been running is one example of our innovative approach to this issue. There has been some comment recently regarding the reliability of our data — that we do not include those who refuse to take a test. I can assure you that we do include those people in our statistics and that they are recorded as a failure. We stand over our data as an accurate reflection of drug use in our prisons.

I will now move on to talk about the big issues for us next quarter. Like every part of the public sector, the Prison Service faces many challenges in the time ahead. We are entering the final six months of the formal part of our reform programme. We see this as the end of the beginning, not the beginning of the end. Reform and change will be a constant theme of our service for years to come. All of this will have to be progressed within our budget. It will take innovation to ensure that we get the best possible outcomes from the investments that we make.

In conclusion, prisons can be difficult places to work, but they can also be hugely rewarding. Our service is firmly focused on playing its part in making Northern Ireland a safer place for everyone. As I have set out, we face huge challenges. However, I believe that the reform programme has put us in a place where we are capable of meeting those challenges through leadership and, most importantly, partnership with our staff, the unions, our delivery partners and, indeed, this Committee. Thank you for giving us the opportunity to speak this afternoon. We would welcome any questions that you have on the issues that I have raised or on any other area of our work.

The Chairperson (Mr Givan): Thank you very much, Sue. On your target staffing level (TSL), let me just confirm the figures. You said that Finlay's figures were accurate. TSL is supposed to be 1,319, so you are 91 below that; is that accurate?

Mrs S McAllister: I will ask Mark to talk about target staffing levels in a moment, but I will just put it into some sort of context. As we move forward to live within a reducing budget and to reassess what our priorities will be, we would not expect to have a static target staffing figure. We would expect that we would reprofile at least annually and possibly even more frequently, if requirements dictate that. Any figure that you are given would only be a snapshot in time. We would not be able to stand over any figure, given the requirement to constantly reprofile. Mark, do you want to say anything else about those figures?

Mr Mark Adam (Northern Ireland Prison Service): As Sue says, it is a constantly moving feast, but we are significantly below that, which warranted me going and having a conversation with the permanent secretary about the need to recruit now because reopening that pipeline and being able to

bring people in is not an instant process. With staff turnover, leavers, changes and things like that we cannot carry that kind of difference. Although there is a healthy amount of overtime, which actually works in everybody's favour to keep some flexibility, maintaining that around the mid-90s does not give us flexibility for either side. We need to start to close that gap.

Mr Paul Cawkwell (Northern Ireland Prison Service): I should probably clarify that the last time that we took stock on a staffing position was around six weeks ago. It indicated that at Magilligan, it was quite close to parity — I think, around 2% variance. At Hydebank, it was just over 5%, but there is accommodation close to Hydebank, so that is not pressing. At Maghaberry, it was 6.8%. By contrast, in March this year, there was an 11% shortfall. All of the 6.8% is being paid back with the use of overtime.

The Chairperson (Mr Givan): You have talked about a limited type of recruitment process. What trigger points do you use as a service to identify what you should have and that you now need to do something? The accusation could be that you have failed to ensure that you are going to have an adequate level of staff and you are now at a significantly lower point. What is the criteria for assessing when you need to have recruitment?

Mrs S McAllister: As we have said, and as we continue to say, any gap between the number of staff we should have and the number of staff that we physically do have can be filled by using overtime, because obviously we have that money that we are not paying in salaries. We can use that for overtime. That gives management flexibility and staff the opportunity to augment their salaries through overtime. That is the context. We are not physically short of hours.

The other thing to say is that the level at which our staff are leaving is within the acceptable limit for an organisation like ours in the current economic climate, where other organisations are recruiting at higher salaries. Again, we are watching very carefully how many staff are leaving, but we are not yet anxious that that has risen above expected levels.

What we need to be able to do, though, to answer your question, is have a pipeline that we can turn on and off. We need to have a way of bringing staff into the service so that, as people leave, we do not then have to start a recruitment process that inevitably has a long tail. We are looking to switch on a recruitment pipeline. That is the discussion that we are having with the permanent secretary now, so that there does not have to be a trigger point and we can actually bring people in. Rather than bringing them in, as we did previously, in one big lot, we can bring them in gradually.

Mr Adam: There are two parts. We are running at a turnover of around 10%, which, as Sue says, is relatively healthy. It is higher than what the Prison Service has been used to in the past, but it is not out of step with broader industry. The other bit that we need to look at is that we have done a fair amount of promotions over the past six to nine months. A number of people have moved up and on within the organisation. So we are looking to take recruitment in two ways: one to look at our existing escort service and do a certain amount of recruitment from that, and then to look at external recruitment to backfill those escort jobs as well. We will always keep that healthy element of flexibility with overtime, because that works for staff and works for us as well, rather than closing that option off completely.

The Chairperson (Mr Givan): You mentioned a 10% turnover. How much of that 10% is made up of staff at custody officer level?

Mrs S McAllister: Most of that would be new staff. We are doing a fair amount of work to understand why that is happening. We know that, for some people, they find that it is not the job for them. We are pleased that they recognise that at an early stage and feel able to move on to do something else. We are looking at how we can induct people into the service in a slightly different way, so that they get the opportunity to experience the environment perhaps before they have to commit to it. The majority is the cadre of new custody officers, not least because they are the ones who would be attracted, for example, when the police recruit and can do so at a higher salary, whereas for the main-grade officers, that would not be the case.

The Chairperson (Mr Givan): So the review of the recruitment process will look at maybe exposing them to the environment that they are coming into, some would say, with a little bit of ignorance and then realising —

Mrs S McAllister: Yes, absolutely. And that is quite difficult to do, because prisons, by their very nature, are closed environments. It is very difficult to bring people in and give them a real taste, but, yes, we need to think about how we do that.

Mr Cawkwell: It is important to note that if you are looking at where most of the movement occurs — at Maghaberry — you see that over half of the resignations in 2014 were because people moved to other jobs. That was not unexpected with the cadre of staff that we recruited. Just under one tenth went for domestic reasons. One was dismissed. Only a third left without giving a reason. That was the area where we would have most concern.

The Chairperson (Mr Givan): In terms of sick levels, how many staff are off on sick leave due to being assaulted?

Mrs S McAllister: The important thing to say, first of all, is that, as we have said, 75% of our staff have had no sick leave. We know that that figure is fairly constant, so the sick leave represents a reasonably small percentage of our staff. Do you have the figures? I do not have the actual figures here.

Mr Adam: It is around 15%

The Chairperson (Mr Givan): How do you work with staff who have been assaulted? Is there flexibility in the sick leave policy? Some people to whom I have spoken have indicated to me that, after having been assaulted — I accept that every organisation needs a robust sick policy so that obviously nobody abuses sick leave. What is the differential treatment for people in that scenario?

Mrs S McAllister: Let us be clear: one of the things that you might be talking about, Chairman, is the issue of warnings to people and progressing them through our process. We do allow management discretion in how the policy is implemented. We have resisted any attempt to have a uniform approach, because there will always be some cases that need a more flexible approach — sometimes a very, very long-term sympathetic approach. So, yes, we take into consideration why somebody is off sick and whether they have received injuries at work.

However, that does not mean that we cannot manage the sickness of people who are sick as a result of being assaulted. We have to do that, in fairness to them. We have to discuss with them how and whether they envisage being able to return to work, whether we can make any adjustments and whether we can offer them alternatives, because every person who is off sick puts pressure on the people who remain at work and on our numbers, particularly at a time when budgets are constrained. We believe that we have got much better at supporting our colleagues who are sick and having sensible discussions with them about returning to work and what we can do as managers to support them while they are off sick. It is very much not one size fits all. It is certainly not a punitive approach to people's being off sick; it is very much a supportive approach.

Mr Adam: One of the things that we have put in place is a moderation process right the way across all of our prisons and also our headquarters in order to make sure that we are applying those rules consistently. As you can imagine, managers, when given flexibility, apply that flexibility slightly differently. We are trying to standardise that approach. That is why we have been quite clear that warnings are not a mandatory thing to apply just because somebody has gone off on the sick or they have been involved in a serious incident. So we are looking at applying that flexibility and what supports we put in place. We are in the process of exploring some training that helps support people in resilience and getting back to work. We have a good support mechanism from Carecall to put behind staff. We are actually looking at how we take a more moderate approach where we need to, but that we are also absolutely robust where we have people who are putting pressure on those staff.

It is important, though, that over 70% of our staff do not take sick leave. We have a hugely committed workforce. When people do take sick leave, that puts a lot of pressure on those committed staff. We have got to make sure that they can see that there are the appropriate sanctions but, at the same time, not be a negligent organisation that does not care about people who suffer to deliver their jobs. It is about finding that balance and getting consistency to make sure that we apply it in the same way to everyone.

The Chairperson (Mr Givan): If I can touch on the assaults, the figures that I have been getting indicate a pretty bleak picture, certainly of attacks on staff. When you looked at Maghaberry, not that

long ago, you would have seen that it was single figures, and that number has increased quite substantially since then. What I would be interested in hearing is how you would categorise an assault. Obviously, you could be assaulted to varying degrees. I would be interested to get behind the figures as to how you categorise an assault.

Mrs S McAllister: It is probably best to let Paul answer that, because he has been leading a significant amount of analysis of our assaults.

Mr Cawkwell: To give a direct answer to a direct question, historically, since 2002, NIPS has followed a line that says that you must be disabled to the extent that you would lose three days from work. This could be a hospitalisation, and it listed examples of fractures and concussion injuries, but the bottom line was that the expectation was that you would be debilitated for more than three days. That was the policy from 2002, and that was the yardstick used to measure performance until last year.

Last year, we moved away from that description and said that we would capture anything that an establishment told us was an assault, which typically meant anything that was entered into the health and safety accident books. That is the individual's perception of the injury, so there are items being recorded within that mass now that certainly would not have been captured in previous years. It virtually is in the eye of the beholder if they consider it to have been an assault.

The Chairperson (Mr Givan): That change, though, would not account for the figures in the previous years. If the policy only changed last year, the increase of recording the level of assaults did not actually go up that when much compared to the previous years. You had a pattern, four or five years ago, where it was in single figures, and then it has progressively increased. There was not a dramatic change in the record of assaults on the basis of that policy change.

Mr Cawkwell: The figures that have been laid out, particularly those that were rightly referred to by trade union partners, are accurate. That precisely points to a change in the definition in September 2013. It was fairly stable in the business years up to 2013 and then in 2013, there is a step up, but if you are going on calendar years —

The Chairperson (Mr Givan): What are those figures, Paul?

Mr Cawkwell: They will show that, in the business year 2012-13, at Maghaberry there were 36 assaults, three at Magilligan and 10 at Hydebank. In the following business year, 2013-14, which included the change of definition during the course of that year, it went to 67, six and 23. The actual increase, if you are looking at calendar years, is 10.1% across the two calendar years. That is unacceptable, but that is set against an increase in the prison population of 6.7% at the same time.

The Chairperson (Mr Givan): That is useful. Let me bring in some other members, and then I will come back with a few other points.

Mr Frew: On that point, Paul, I hear what you are saying and I know that a change in definition will skew figures dramatically. It is fair to say that, yes, an 86% increase at Maghaberry in those two years is because the definition changed, but how, then, do you explain that, in a five-year period, it went from four assaults, single figures — I have not seen the figures, but I assume that it stayed in the single figures prior to that — quite rapidly up to 36. Now we are trying to explain away 67 assaults last year. How do you answer the sharp increase from four to 36 in a period of five years?

Mr Cawkwell: I do not think that I can stand over the data from 2008 or 2009. I am struggling to think of any prison I have encountered that would report only four assaults taking place during a year. That would really be a quite remarkable feat. There are reasons for the step changes, not least the increase in the population over that period. It is important that we do not focus exclusively on those that are recorded as assaults on members of staff, because they make up a very small proportion of the violent incidents in custody, the overwhelming majority of which are prisoner on prisoner, which inevitably require an officer in a white shirt to step in between and put themselves at risk. Over the last two years, we have looked at every violent incident in our custody, including where and when it took place and the circumstances, and that showed us that violence is down quite significantly, taking account of all assaults. It also gave a direct causal feed that said that crowding is driving this and that we should eradicate crowding. It also suggested that high staffing levels do not offer you protection, because the lowest number of assaults occurred at weekends, when the lowest number of staff are on duty.

Mr Frew: What are the figures for prisoner-on-prisoner assaults — for example, for 2012-13 and 2013-14 at Maghaberry?

Mr Cawkwell: I do not have the out-turn against that. I can tell you the percentage improvement rate against each of those years. You will usually find that the rate of prisoner-on-prisoner assaults versus staff assaults is about six or seven times higher. It is the significant contributor.

Mr Frew: Why do you have percentage success rates but not actual figures?

Mr Cawkwell: For ease of presentation.

Mrs S McAllister: We can get the figures and write to you.

Mr Frew: It would be useful to have figures for the last six years for all three prisons.

Mrs S McAllister: We can do that.

Mr Frew: We can talk about numbers — unfortunately, everything will be a statistic — but I was alarmed last week when questioning Mr Hardy, who was with Mr Spratt. We talked about prisoner-on-prisoner assaults, and Mr Hardy said:

"More scarily, the level of violence has increased. Previously, an assault might have been a few punches or something; now, we are getting mop buckets full of boiling water poured over people, as happened in Braid House. It may be that two or three prisoners get one inmate in the exercise yard and forget when to stop until we get there. So, the level of violence is increasing in certain cases. Before, it would sometimes just have been handbags at dawn, but no, it is getting more serious. That applies to prisoner-on-prisoner assaults as well as to prisoner-on-staff assaults."

I asked:

"Could the severity levels be down to the fact that you have not got the staff to handle it, to react quickly and deal with it when they get there?"

Mr Hardy replied, "Yes".

Mrs S McAllister: I challenge the assertion that the nature or severity of assaults has changed markedly over the years. Sadly, we know that, for many years, in this jurisdiction and in other jurisdictions, there have been very serious assaults in our prisons. Thankfully, they remain in very small numbers. I suggest that those events, which staff clearly felt very threatened by, do not constitute the whole story. We continue to look at and to base our decisions on good evidence, but I challenge that that is borne out by the fact that the level of violence in our prisons, as Paul said, is going down in terms of the number of assaults. I do not expect the qualitative nature of that analysis — it remains to be done — to tell us that we used to have handbags at dawn and that we now have very serious assaults. I simply think that that is not correct.

Mr Frew: That information and evidence must be recorded somewhere and somehow.

Mrs S McAllister: Interestingly, we have been doing some work to look at how we record incidents, and we know that we have work to do to introduce a robust and detailed incident reporting system, which we may have been used to in previous roles. So I do not know the answer to that. I do not know how good the record-keeping has been, but certainly, drawing a line from now, we are making sure that we have that qualitative evidence to support any assertion that things have changed.

Mr Frew: Whilst you could say that Mr Hardy's answers and assumptions were anecdotal, it would be hard to argue that your rationale and answers are not anecdotal too, because you do not have the facts and the evidence.

Mr Cawkwell: What is not in dispute is the fact that the level of assaults in prisons is down by over 18% this year compared with last year; that is not in question. From January to August in each year, it is down by over 24%. That is not debatable. It is a matter of fact and accepted by the trade union.

Mrs S McAllister: Paul, it is not the case that serious assaults did not happen in the past when we had very high staffing levels. They did. We know that prisoners and staff suffered very serious injuries in our prisons, sometimes to the point of death. What we are trying to say is that it is not as simple as high staffing levels being a guarantee that violence will not occur. It is much more sophisticated than that.

There is a dimension to this that we call dynamic security, which means that the nature of the relationships that our staff have with prisoners is so good that they de-escalate many situations that could result in assaults. So we need to see it in context. I have spent time working alongside colleagues on the landings in all three prisons, and I have been impressed. I have not felt that the levels of staff that I have seen or experienced have been unsafe. I have felt confident that we had staff to respond to emergencies.

Mr Frew: Why did you turn down the request for the use of pepper spray?

Mrs S McAllister: As I said, we have not turned down a request for the use of pepper spray. We are seeking advice from the Health and Safety Executive. It is important to say that we already have pepper spray. It is a weapon, and legal controls have to be in place for the use of pepper spray. We have trained staff who carry PAVA, and I would have no hesitation in authorising the use of PAVA if I believed it to be justified. Up until now, I have not felt that any situation has merited the use of pepper spray. Paul, Max Murray and I do the on-call between us, and we all have considerable experience of dealing with serious incidents in prisons. We have pepper spray, and we would use it if we needed to.

Mr Cawkwell: It was stressed to the trade unions that any decision would have to be evidence-based. At the moment, there is no evidence to suggest that it would be a better deterrent than the measures that are already being taken, which include taking 350 men out of crowded conditions; looking to improve the locking schedules, which will speed up response times to incidents; and looking at what there is in legislation to protect staff in prisons.

Mr Frew: Last week, Mr Spratt talked about the fear of losing control of a prison. What keeps you up at night? Is that a worry for you? What would the cost be, both in human terms and in pounds, shillings and pence?

Mrs S McAllister: I do not say this flippantly, but I sleep well at night. I have confidence in our contingency arrangements for managing incidents. I have seen, heard or witnessed nothing that suggests to me that we have any unrest or potential unrest in our prisons. I know that there is always the unexpected and the unplanned, but I do not think that it is helpful to talk in that way. I think that our staff deserve better leadership than that. They deserve us to share with them our confidence in them, in us as leaders of the organisation, and in our planning arrangements. We test our contingency plans regularly. We review them to make sure that we can deal with the unexpected and unplanned. We have 24-hour on-call cover at all levels in our organisation so that we can respond to incidents.

Mr Frew: Thank you very much for your answers.

Mr McCartney: Thank you for your presentation. I want to refer to the update from the oversight group. It has asked that six recommendations go out for independent assessment. I note that two of them are personalised custody/sentenced planning and integration of service delivery with the Probation Service. Was there a reason for the request for independent assessment, or is it just to seek to ensure that the recommendations are fully adhered to?

Mrs S McAllister: I will ask Brian and Mark to answer that between them.

Mr Adam: I will start with the processes. We seek an independent assurance for all our recommendations. It goes through two stages. It goes through the Minister, who chairs the independent board that will look at it. It then refers everything that relates to prisons to the Criminal Justice Inspection and any health recommendations to the RQIA. We always ask for validation of what we have done and whether or not we have done that, meeting the full spirit of the recommendations.

Mr Brian McCaughey (Northern Ireland Prison Service): You are right. Recommendation 29 is about the assessment of risk and need, recommendation 30 is about the new prisoner development

model, and recommendation 31 is about the aligned working of prisons and probation. I did the work of presenting a theory about how it would work. CJI is out to see it in practice.

Mr McCartney: Are you happy that it is going in the right direction?

Mr McCaughey: I appreciate the Committee's comments in the lead-up to this question. I am absolutely convinced that the Prison Service is in a process of transformation. Those recommendations, particularly recommendation 30, place the prison officer at the centre of all interaction with the prisoner as the coordinator of the personal development plan for prisoners and holds all other providers to account. That is a very significant change that will transform the way in which prisons will work. We have talked an awful lot about assaults, but I have been absolutely full of praise for the staff who have demonstrated their ability to engage purposefully, with hope and optimism, with many of the prisoners who, as today's report states, come to us with many, many difficulties. I think that we should acknowledge those things.

Mr McCartney: Recommendation 36 is a new custodial facility for women. Is there an update on where we are with that?

Mrs S McAllister: As you know, there are two strands to our plans for women. We have the step-down facility for women, for which we are awaiting the outcome of a planning application. That will be an open facility where we can test women in less secure conditions. The secure facility for women is progressing. We remain absolutely committed to providing that facility, even with the inevitable constraints on funding.

Mr McCartney: When we spoke to members of the senior management team during our last visit to Maghaberry, they said that they had a number of challenges and that prisoner access to drugs posed one of the biggest. We can read about all that flows from it, such as assaults, and the health profile is also part of that. In the CJINI report, which is a quality of life survey, illegal drugs and prescription drugs have a high profile. CJINI refers to measures for dealing with that. One of the recommendations is about the use of the X-ray body scanner. We have heard about equality assurance and certificates, but, three years on, we do not seem to be any closer to delivering what might help to combat the high level of illegal drugs.

Mrs S McAllister: As you know, we have applied for permission to trial the X-ray body scanner. We had to apply for that through the Westminster Government, because it is not a devolved matter. We are awaiting the outcome of that application, and we will then pilot the X-ray equipment. That will help us with our drugs strategy. However, we know that it is likely to be a challenge with potential health risks and concerns. We are bound by the legal hoops that we have to go through to get that equipment. We would love to trial it now, but we have to go through that process.

Mr McCartney: Does the process seem a bit long?

Mrs S McAllister: We have never done it before, and it has never been done before. Nobody has ever applied for it before, so we have nothing to benchmark it against. However, it does seem to be taking an inordinately long time.

Mr McCartney: There is a connection between overcrowding and assaults. I am using assaults as a crude barometer, but there are fewer assaults in Magilligan than in Hydebank and Maghaberry. Are things being done differently in Magilligan than in Hydebank and Maghaberry to get that outcome? Obviously, prisoner profile has a part to play.

Mrs S McAllister: Interestingly, our lowest staffing level is in Magilligan. There is an element of selection about who goes to Magilligan, and it does not have high security prisoners or prisoners on remand for whom uncertainty is an issue. We are comparing apples with pears: Maghaberry is multifunctional and is a local high security prison, and Magilligan has a much more settled population. Do you want to add anything to that, Paul?

Mr Cawkwell: I will reinforce that by saying that CJINI and the RQIA published a report today setting out the challenge that prison officers have to contend with daily in terms of what the population looks like. That is what prison officers in Maghaberry are exposed to. With Magilligan, there is an element of preselection. They are all known quantities when they arrive.

I am reassured by the drug testing in all three prisons. When you compare this year with last year, there have been significant improvements in outcomes. We test regularly. We understand the baseline for drug use in those prisons. We still believe that we are testing for the appropriate substances. In the first half of the year at Maghaberry, it has halved compared with the first half of last year. At Magilligan, it is down to nearly one quarter, and at Hydebank Wood, it is down one third.

Mr McCartney: We always have to be mindful of prisoner movement, but are you satisfied that categorising prisoners to move to Magilligan is as quick and robust as it should be?

Mr Cawkwell: We reviewed our categorisation policies last year, with a particular preference for dealing with women and young offenders. That also gave us the opportunity to look at our general categorisation policy. It now allows us to categorise people as being suitable for open conditions in day one in custody, whereas, previously, they would have had to be in custody for several months. The inhibitor on moving people through to Magilligan quickly is the fact that we run it at full capacity. It is safe, has good facilities for training and opportunities, and we like to keep it full. We could categorise people more quickly, but they would just be stacking up at Maghaberry and ready to move when there is a vacancy.

Mr McCartney: That brings me to my next question: is there room to expand? The new build is still very much at the thinking stage. Magilligan has been successful. All categories of prisoner intertwine at Maghaberry. In the House the other day, the Minister said that, when you visit Foyleview at Magilligan, most of the prisoners are out during the day, and you do not see them. That model is working. How do you get more people into Magilligan, at least to take pressure off other parts of the system?

Mrs S McAllister: As Paul said, we keep Magilligan full. It holds 571 prisoners, and it will have that number at the end of every week. Typically, we take two shipments of people up there every week. Interestingly, I did a shift on the committal landing at Magilligan a few weeks ago and witnessed the process that people go through. I was hugely impressed by the way in which prisoners, who perhaps might not want to be up in that part of the country, or might not understand why they have suddenly been told that that is where they are going, are put at their ease and given confidence that this is the right place. Perhaps that is also why we witness fewer incidents. The quality of interaction is very good.

We simply do not have any more buildings. We have even looked at whether we could put some quick-build prefabricated units into Magilligan, for exactly the same reason. Again, the length of time it takes to source those and the cost do not represent value for money, which is why we need to progress the Magilligan business case. It is progressing, and I had a bilateral meeting yesterday with Max Murray, the director of estates, who told me that the Magilligan outline business case is progressing through the system so that we can get the new build.

Mr McCartney: Is Foyleview at its capacity?

Mrs S McAllister: Yes.

Mr Cawkwell: There is a waiting list.

Mr McCartney: With the buildings in Foyleview, prefabrication does not seem to be too challenging. It is like walking into a large work camp at the edge of a motorway in the 1960s. I wonder whether you could have that process in place.

Mrs S McAllister: We looked at that. We thought exactly that: you could just buy some prefabs, drop them in and use them, but it is not that easy.

Mr Adam: There are rules.

Mr McCartney: Rules — that is another problem. When you look at the statistics, you can see that it is obviously working. This would take out some of the overcrowding, particularly in Maghaberry. Maybe using common sense is the wrong way to look at.

Mr Cawkwell: I am so pleased that you highlighted Foyleview, because it is a success story. It is full, and there is a waiting list. Seventeen employers now want to take prisoners from Foyleview and prepare them for release.

Mr McCartney: Will you provide an update on the open college? Does the fact that there is still a women's facility in Hydebank limit the potential for the open college scenario?

Mr McCaughey: We have agreed the design principles for the college. We have done work on the curriculum. We are training staff and prisoners on culture change and how to move from a young offenders centre to a secure college. We have expanded the vocational training. We are well progressed in outsourcing the entire learning skills, which should be complete for the beginning of the financial year on 1 April. We hope to have that arrangement agreed at the end of January.

Mr McCartney: Does the women's facility in Hydebank limit your potential?

Mrs S McAllister: I do not think so. We mentioned Ornella — the ground floor of Ash House — which provides vocational training and activity places. There will still be a need for some women to spend time in the learning and skills department, but much more is available now. In some ways, the women will benefit from the college until such time as they move to the dedicated women's facility.

Mr McCartney: Will you provide an update on relationships in the segregated blocks?

Mrs S McAllister: In Roe House?

Mr McCartney: In Roe House and Bush House.

Mrs S McAllister: As you know, the Minister commissioned a stocktake of the arrangements for separated prisoners. He has now received the report from the independent assessors, to whom he wrote this week asking for a meeting. The next steps will be to take forward the report's recommendations. That is probably all that we can say on the formal stocktake. However, the numbers have reduced slightly, so the population pressures have eased, with further releases predicted during the coming months.

Mr McCartney: Are the Minister and the assessors still working on it?

Mrs S McAllister: It remains a very challenging environment for our staff. We remain committed to working with the independent assessors and have had discussions with other groups.

Mr McCartney: This is my last question, Chair. You said that there were 518 people in the exit scheme. How many new staff are there?

Mr Adam: A total of 320 new staff came in.

Mr McCartney: What is your appraisal of training those younger people?

Mr Adam: When you go for that number of new staff, the answer will always be mixed. As I said, a number of people realised quite quickly that it was not the place for them. It is a challenging environment that is not for everybody. However, some fantastic people have come in. When we opened up opportunities for temporary promotion to senior officer, a number of them were successful in achieving promotion. We have also been through a rigorous assessment, working with the University of Ulster on the accreditation process. The early signs are that the people coming through and receiving their certificate are of an excellent standard. The university commended the quality of the training we delivered, the quality of the people who came through, what they have done, what they have delivered and how they are going about their job.

Mr McCartney: And what is the drop-out?

Mr Adam: As I say, it is around 10%. We have lost 10% each year of those, partly, as Paul says, because the police offer a little bit more money than us, and that is kind of inevitable. Some have gone back into study, and some have genuinely said, "I didn't realise that this is what I was going into". There is some learning for us to do on how we —

Mr McCartney: Have you built a profile of the reasons why people drop out?

Mr Adam: We have, yes.

The Chairperson (Mr Givan): Are you able to tell us the recommendations or findings of the stocktaking exercise?

Mrs S McAllister: We are not in a position to do that. I am more than happy to seek permission to do that, Chair, and to brief you separately.

The Chairperson (Mr Givan): I would appreciate that. Who, ultimately, will take decisions around what will or will not happen about the outcomes of the stocktaking?

Mrs S McAllister: There will be a meeting between the Minister and the independent assessors, but we expect to have an input to that, as will the managers in Maghaberry. Part of that will be consulting with staff. On a day-to-day basis, there is the significant matter of communication continuing between management and staff and staff and prisoners. So, we would always try to include them. We know that it will be challenging and will remain a challenging environment and that before we agree to take forward any recommendations they will need to be well understood by all parties.

The Chairperson (Mr Givan): Who finally decides what does or does not get implemented?

Mrs S McAllister: Some of those things will be decisions on operational matters to be decided by my senior team and me. Some decisions will be more strategic, which will be for the Minister.

The Chairperson (Mr Givan): What criteria are used to break down what is operational and what is strategic? One would assume that they are interlinked. A strategic decision will have an operational impact and vice versa.

Mrs S McAllister: Absolutely. It is difficult to speak hypothetically, without being able to use a real example. All I will say is that I have confidence that the Minister is open to hearing advice from us and experienced staff in Maghaberry. Equally, we understand the broader political and strategic context in which we make our operational decisions.

The Chairperson (Mr Givan): What weight is given to the views of Maghaberry staff and management? In the consultation, you mentioned that you would expect your senior management team and the local staff structure to be consulted, and that that would all feed into it. What weighting is given to the local view in Maghaberry?

Mrs S McAllister: Significant weight. Paul was at Maghaberry as recently as yesterday. We all spend time in Maghaberry, Paul more than any of us, and we speak regularly. So it would be madness not to include in any decision that affects them the people who do that work daily.

The Chairperson (Mr Givan): In the past — in the time of the Maze — Dundonald told the governors there what to do and there was too much interference. My experience of visiting Maghaberry suggests to me that there is a disconnect between what Maghaberry thinks should be happening and what I am hearing that the senior management at Dundonald House think should be happening.

Mrs S McAllister: That could be said about any organisation that I have ever worked in, where there is a headquarters and a front line, if you like. We work very hard to make sure that we genuinely understand what it is like for our staff at the front line. That includes spending time with them and making sure that they come and spend time with us and understand all of our issues, so that we minimise that disconnect and perceived absence of understanding. I challenge that we do not listen and talk to them and do not understand what it is like. Between us, we have a significant number of years of experience of working in prisons, and we also hugely respect what our colleagues bring to that discussion.

Mr Cawkwell: Ultimately, the governor's name is over the door. The 1953 Act puts the power in the governor, and they are not passive; they will push back if they have concerns. They directly inform decisions through the operational management board.

The Chairperson (Mr Givan): How much experience have any of you folk had in dealing with terrorists in prisons?

Mrs S McAllister: Paul has had significantly more than me.

Mr Cawkwell: Quite significant.

The Chairperson (Mr Givan): What prison was it?

Mr Cawkwell: I began my career as a prison officer over 20 years ago in a high-security prison that held terrorist offenders, and my last operational post in a prison was as the governor of Whitemoor prison, which, by default, holds a significant proportion of the terrorist offenders in England's custody.

The Chairperson (Mr Givan): Is it reasonable to make a comparison between what is in existence in Roe and Bush with what is in Whitemoor?

Mr Cawkwell: When I started my career, they were different times, and the terrorist threat looked very different at Whitemoor then from now. So, I think that it is relevant.

The Chairperson (Mr Givan): I asked a question about the visitor centre and the answer came back. I asked about the security specification, and I was intrigued at the response that the new facilities would be designed to what NIPS considers to be an appropriate level of security equivalent to Home Office design standards. What are the normal criteria that are used to assess security measures for any new facility?

Mrs S McAllister: There is a set of design standards and specifications for everything to do with a prison. There is a standard cell and a standard cell block, and that will cover things like the size, the thickness of the walls and all the things that contribute to physical security. When designing a visits facility, it is about the capacity of staff to supervise appropriately and consideration of barriers, where appropriate, to prevent illicit items being passed, but, equally, it would be a design that took account of the need for visits to happen in a way that is decent and promotes good family relationships. So, I am not altogether sure, Chair, what statement you are referring to when you refer to the Home Office design specifications.

The Chairperson (Mr Givan): It was specifically about the proposed refurbishment of visitor facilities. You have seen the paper of the republicans' wish list, which is appalling. That is a political comment; I will not ask you to respond. There are concerns that the security could be compromised in what they want and what you may be willing to give them. So, I asked what the specifications are, and the response came back as a NIPS equivalent to what the Home Office security specifications are. I want to know what NIPS regards as an equivalent to Home Office security specification and if it is normal that you diverge from Home Office.

Mrs S McAllister: We do not diverge but we take account of the different nature of different establishments and, indeed, different prisoner groups. So, what might be appropriate for Magilligan would not necessarily be appropriate for Maghaberry. Equally, we need to have facilities — I am talking generally now and not just about the separated prisoners — where enhanced visits, family visits and closed visits can take place. So, it is a continuum. But, no, we would not digress from the specification because that, as I say, allows us to safely supervise visits. Equally, that is for the safety and security of prisoners as well as for the safety of the establishment.

Mr Cawkwell: Not meaning to contradict, but we use the Home Office standards to save us time and money. If it is telling us the strength of the concrete and how far walls should be apart, it would be daft of us to think that — we have three prisons and 29 vans — we can spend that sort of money and out-think them. We crib designs, but we then use our own judgement and ask, in this context, in the environment that we are working in with the prisoners who we are working with, is it sensible to move away to possibly lower standards in some cases or to enhance and go to a higher standard. It is our population. It is a judgement call, but we certainly do crib and plagiarise what the Home Office produces because it saves everybody money.

The Chairperson (Mr Givan): It was my understanding that you took the Home Office lead, but I found it intriguing that, when it comes to the separated visitors facility, it will be a NIPS equivalent. I will pursue that.

I take it that you have all read the Steele report.

Mrs S McAllister: On separation.

The Chairperson (Mr Givan): Yes.

Mrs S McAllister: Yes.

The Chairperson (Mr Givan): The Steele report made it emphatically clear that there would be controlled movement and that they would not be unlocked for 24 hours and free to do whatever they want. I have read the republicans' wish list in their document, and that is exactly what they want. The Steele report said that it should be emphatically stated that it will never happen through government. As director general, do you stand by what the Steele report said in relation that?

Mrs S McAllister: Yes.

The Chairperson (Mr Givan): Will that be your assessment in terms of the response to that particular demand?

Mrs S McAllister: As I have said before, this is the Minister's report, but you have absolutely correctly stated that the conditions document that you have referred to is a list of things that a group of prisoners is asking for. That is what it is. It will then be for us to determine which, if any, of those are acceptable given that that is a high-security facility and that we need to control that environment and maintain security in that environment. So, at the risk of pre-empting the discussions between the Minister and the independent assessors and, subsequently, what our work will deliver, I hope that that gives you some confidence.

The Chairperson (Mr Givan): It will certainly help. There is a real concern for a number of people that we will go back to what it was like in the Maze. I know what it was like from my own family's point of view. I know what it was like when my uncle was stripped and had his uniform taken off him when the Provisionals had control. A lot of people want never to go back there again. I have very real concerns about what I am hearing, first, in terms of the demands that are being made, which I anticipate, and, secondly, about the level of interest and interference in the process by Dundonald House, with the local establishment not being given the proper weight that it should be given to determine the outcome.

Mrs S McAllister: I am very sorry that some of my colleagues feel like that. I will again say, as I have said on many occasions, that I am absolutely committed to delivering a safe, secure and decent Prison Service, and that means safe for all my colleagues and secure for the communities in Northern Ireland.

Mr A Maginness: Welcome. It seems to me that steady progress is being made with the prison reform programme, and that is to be welcomed. A lot of the questions that I wanted to ask have already been asked. I will not retread them. I share colleagues' concerns about the apparent increase in assaults — I understand some of the reasons for that — and about the availability of drugs in prison. It should be a top priority to try to deal with that, and I know that steps are being taken to deal with it. Nonetheless, a further effort should be made to deal with that problem because I do not think that you can run a prison properly if drugs are freely available. It is as simple as that.

The other point that I want to make is in relation to Magilligan. Despite its buildings and geographic isolation, it seems to work well. That is important. Can you import any of the ethos from Magilligan into the young offenders' centre and into the development of the secure college? It seems to me that dealing with the young offenders' centre and getting the secure college under way should be a top priority. I am repeating, to some extent, what the Deputy Chair, Raymond McCartney, said, but I invite further comment on that.

Mrs S McAllister: Brian will speak in more detail. Absolutely, Alban. We have regular discussions with our senior colleagues. We take a collegiate approach to the way that we work as a senior team, and, equally, we foster that with governors, deputy governors and functional heads. So, we ought not to be having three prisons in isolation. Of course, we must be harvesting ideas and sharing good practice. So, absolutely, yes. Moving people across prisons is part of that but also having

opportunities to share good practice, share resources and share successes is absolutely key to it. I am sure that Brian wants to say a bit more.

Mr McCaughey: I have probably said this at the Committee previously. When the courts take the decision to send someone to prison and take away their liberty, prisons are obliged, through the assessment of risk and need, to provide an opportunity for change. Prisons should be organised to provide that opportunity. I said earlier that I have evidence and can see the transformational change happening in prisons; I have only to look at Glen House and our drugs-free landing and family matters landing, or the day-to-day work that goes on in all the prisons. As to the future for prisons, in which I have said that the prison officer will be central to all engagement and the coordination of all services to the prisoner, the focus must be on staff and directions; staff and directions for the prisoner, as a person, who will eventually be released. It is about preparing that person for eventual release. Engagement must be consistent and constructive. Their job must now be about effecting change in the person who has offended, tackling distorted attitudes and behaviours, leading by example and rewarding progress. Their key job is to give hope and optimism to people who, I have to say, have failed or have been failed by many of our institutions and who we now have in prison for short periods or, for some, long periods. It is about giving hope and optimism, getting things done and making every conversation count. That is what we need to put in place in every one of our establishments.

Mr Adam: Just to add to that: we have learned a number of things from Magilligan about the quality of access to employment and flexibility of movement. A breadth of education is starting to be put in place and applied to Hydebank, and there are a growing number of employment opportunities. We are looking at identifying education work with Colleges NI, and that is going to make a huge difference to the quality of the basic stuff around English and maths. One day, as a trial, the governor had 100% of his population in activity. That proves the art of the possible. It is now about repeating that on a daily basis, taking those cultural things and seeing how we apply them to what is a fairly small jail at the moment. We can be quite imaginative in how we change and improve.

Mr McCaughey: My only final comment is that we have a wide range of voluntary and community sector organisations providing services in our prisons; for example, resettlement services around housing, employment, debt, income and family relationships. We need to strengthen the coordination across those groups to maximise the impact that they can make, especially in the current climate.

Mr Lynch: Thank you, Chair. As Alban said, there is not much left. However, I want to pick up on one point made last week by the POA. With the staff reduction, there are greater lockdown times. That runs contrary to what the reform programme outlined.

The other issue is health care and the addiction that you find in prisons. How are they being handled? The recommendation is that, with the health service, you should review suicide and self-harm prevention.

Mrs S McAllister: I will ask Paul to talk about lockdowns. We have made that a key performance measure, because we think that it is so important.

Mr Cawkwell: If I remember rightly, my colleagues in the POA were at pains to state that lockdowns are not up. There are times, particularly where we have high sickness absenteeism, that we have regime restrictions. That does not cut across people when they are supposed to have association; it does not cut across people when they are supposed to be out on exercise; and it does not stop people from getting to work. If you look at lockdowns, you will see that, at Maghaberry, the figure is down this year compared with last year; at Magilligan, there are no lockdowns; at Hydebank, it is down by half this year compared with the same period last year. It is something that is important to us.

I will talk about the drugs side as well. It is important that people understand the context in which we work. I gave you figures earlier that showed that drug consumption is down in prisons. However, the population that we have is extremely challenging. I was at a cross-border policing event three weeks ago where it was explained that 348 psychoactive substances were being used in the community, all of which present a challenge. Look at the sheer number of people in the community who take antidepressant drugs — 37.4 million prescriptions for antidepressants are issued each year. That was the figure quoted by the PSNI, and it equates to 22 prescription items for every man, woman and child in Northern Ireland. We take the most damaged and affected of them into our custody, which is why it is such a challenge to manage it. Nevertheless, our testing shows that we are reducing drug use in there, and initiatives, such as the pilot in Maghaberry, will, we hope, help to reduce the problem in the future.

Mr Lynch: The quote from the POA last week that I was trying to find was that it was easier to get drugs within prison than outside. You may have read that. How accurate was that?

Mrs S McAllister: The difference between the prevalence of drugs in the community and in prisons goes back, I suppose, to what Paul said. We do not have a cross-section of society in prison. We have people for whom the most serious sanction is deemed necessary; people who have often fallen through all of the other nets that they encountered before and during their passage through the criminal justice system. So, we would expect it to be a more concentrated sample. I do not know where that POA figure came from, Seán.

Mr Elliott: Apologies for missing the start of your presentation. What percentage of the prison population do, you believe, would misuse drugs?

Mrs S McAllister: We have a statistic from this morning's CJINI report that suggested almost 70% of people coming into our custody would be on some sort of prescription. Paul has probably got —

Mr Cawkwell: There are two figures. The first is what proportion is taking some form of medication. At Maghaberry, over 80% of the population take medication. As for those who illicitly take drugs, we have a good understanding of the number because we randomly test a large sample of the population and baseline it. That tells us that at Maghaberry it is 17%, at Magilligan 5% and at Hydebank Wood 14%. Those are all significantly reduced on this time last year.

Mr Elliott: Right. How are those figures brought together?

Mrs S McAllister: Do you mean for the illicit drugs?

Mr Elliott: Yes.

Mrs S McAllister: We randomly test a percentage of our population. It is a genuinely, randomly generated sample, so it does not allow for what we think. We then benchmark every month against that figure.

Mr Elliott: So it is only 15%, is it?

Mr Cawkwell: At Maghaberry, in the first two quarters of this year, it is 17%. This time last year, it was 33%. Magilligan is at 5% and this time last year was at 19%. Hydebank is at 14% and this time last year was at 21%.

Mr Elliott: So, effectively, in some cases, the use of illicit drugs has reduced by 50% in a year.

Mr Cawkwell: Yes.

Mr Elliott: Is the percentage related to those misusing prescription drugs increasing?

Mr Cawkwell: Within that figure is misuse of prescription items.

Mr Elliott: OK. So we are saying that only 17% are misusing drugs in Maghaberry.

Mr Cawkwell: That is a baseline. There is empirical evidence behind random drug testing that says that it can deviate by a few per cent either way. As a broad measure, though, it shows you that that is around the figure, but, more significantly, it is a reducing figure.

The Chairperson (Mr Givan): How have you achieved that, Paul? Sorry, Tom.

Mrs S McAllister: We have always said that we have done it in a number of ways: through reducing the supply by better searching so we find more; by reducing the demand through running the programmes and changing the types of drugs that health colleagues prescribe to make them less attractive; and the third prong is about reducing the harm that drugs do. It is a many-pronged approach.

Mr Cawkwell: A significant factor is that we did two things. We moved away from truly picking people at random all of the time and said, "Follow intelligence". Following intelligence has meant that we are finding far more illicit items in our cell searches. Previously, when it was done defensively and on a random basis, we rarely found items. Now, we go where the intelligence takes us. Since 2010, there has been a 113% increase in what we find in cells, because we are now following an intelligence pathway. The second bit is that there is now a deterrent. Previously, sanctions were not applied to people who failed a drug test in prison; they were encouraged to seek treatment. Now, it is the carrot-and-stick approach. We encourage them to take treatment and offer them the opportunity to do so through programmes. If they do not, punitive measures will follow through an adjudication.

The Chairperson (Mr Givan): I know that there was a police project to do with visitors to Maghaberry. Has that reduced the number of drugs coming in through that route?

Mr Cawkwell: I certainly think that that has helped as a deterrent; people knew that, if they were caught in possession, the public prosecutor would look to prosecute wherever they could. We have seized more items, more people have gone for prosecution as a result of it and some people have served time because of it.

The Chairperson (Mr Givan): They are certainly impressive figures. Sorry, Tom.

Mr Elliott: It is an interesting issue. I am hearing from some prison officers — although they have not carried out any detailed assessment — that a lot more than 17% of prisoners in Maghaberry are using illegal or illicit drugs. How are those samples carried out? Are they urine samples or blood samples? Are they hair follicle samples?

Mr Cawkwell: Every month at Maghaberry, 5% of the population is tested via urine. At Hydebank, it is 10%.

Mr Elliott: Are any hair follicle samples used?

Mr Cawkwell: Not yet. One of the recommendations coming out of the CJINI/RQIA report is to work with health to revise our drug strategy policy. It has actively encouraged us to look at how we test, whether through hair, sweat or other methods, and how we baseline. We will look at that and have committed to returning to CJINI by the end of March next year with our response.

Mr Elliott: I have one other query around comments made last week by the Prison Officers' Association. It feels that prisons are significantly understaffed and that Northern Ireland has the wrong process. The term they used was something like, "an English model in an Irish prison".

Mr McCartney: Was it, "an English solution for an Irish problem"? *[Laughter.]*

Mr Elliott: I am only saying what they said, not that I agree with it.

Mr McCartney: Finlay has said that a few times.

Mrs S McAllister: It has been mentioned before.

Mr Elliott: How do you react to that, particularly the understaffing issue?

Mrs S McAllister: I think that what was being referred to is the way we do the risk assessments that inform the decisions about safe staffing levels and the differential approach; we do not have a one-size-fits-all approach. I will ask Paul to talk you through how that works, but it is simply untrue to say that we have brought an English set of procedures and decided to impose them on the Northern Ireland Prison Service. I think that it is about the risk assessments; is it not, Paul?

Mr Cawkwell: Let us be clear on what informs our decisions. We do not look to England and ask what staffing levels there are. You cannot contrast them. I was in Braid House yesterday, which has an unlock ratio equivalent to, if you broke down who was on there, nine prisoners to every member of staff. If that same accommodation was in England, it would be 30. Let us be really clear here that we have not followed the English model. What we have done is looked across the EuroPris network. We

have looked at our partners throughout Europe, and also New Zealand, to see what their staffing models are and what works successfully. That has helped inform our decision-making process.

The sensitivity that exists with the trade union is that we used to have a risk assessment model that said before you make a decision on how you staff your prison, a risk assessment is produced, and, by and large, that was produced by a union official. That made it very difficult to make efficiencies where we were not yet in a state of grace where we could make efficiencies. We now have a model whereby, in health and safety law, the risks and responsibilities sit with the governor, so the governor commissions and undertakes that risk assessment process. I know that that is a sea change for the unions. I know that they would like to move away from that model, and I have formally given them the opportunity to write to me to set out their proposals on how they would like to work more collaboratively in the future.

Mr Elliott: So, are you telling us here today that the staffing model that is in place is safe?

Mrs S McAllister: Yes. Again, it is important to say that we all spend time in the prisons. Certainly, I have made a point of spending whole shifts on the residential units with those staff at those staffing levels to see and feel for myself whether they feel safe. I am confident that the way that we determine the appropriate staffing levels is robust and that the results that we get are safe.

Mr Cawkwell: Crowding 186 men into Lagan House, which was initially designed for 108 men, was inherently unsafe. The model that we have moved to now is one that has the governor's risk assessment saying that we will not put more than 130 people into that location. That has significantly diffused tensions in the main body of the prison at Maghaberry.

Mr Douglas: Thanks very much for your presentation. During it, Sue, you talked about overcrowding and said that you are taking steps to reduce it. First, what big issues do you face in meeting targets that would be much better if there was not that overcrowding? Secondly, what is the timescale for that?

Mrs S McAllister: We did some things immediately, which Paul alluded to. We opened additional accommodation and reopened some mothballed accommodation: we reopened one of the square houses that had been mothballed; we opened Burren House, which is the step-down facility on the Crumlin Road; and we opened Shimna, which was new-build accommodation and which gives us 40 places. So, we have opened new accommodation.

At the same time, we have commissioned a piece of work to look at the reasons for the rising prison population so that we can start to address that. We are doing it from both ends. We recently had a really successful seminar with the Parole Commissioners to look at recalls. We have a very high number of recalls to prison. The number of recalls is high and the time that it takes from recall to somebody being released from prison again is lengthy. We have looked at whether there is the opportunity to provide step-up accommodation, so that if somebody is released from prison and their behaviour is giving cause for concern, instead of them being sent straight back to prison, there would be something in between where they can be given appropriate support.

We have been talking to sentencers and our probation colleagues about giving the people who make the sentencing decisions more confidence in the alternatives to custody. We are absolutely clear that, where custody is appropriate, it is appropriate and we will take through our gates people who are sent to us and committed by the courts. That is what we do. That is our role. We have been looking at reducing the population through providing alternatives in conjunction with our criminal justice partners, but we have also been looking at providing additional accommodation and using the accommodation that we have got more flexibly.

Mr Douglas: Is that an ongoing process? How long will it take until you feel satisfied that you have actually dealt with this?

Mrs S McAllister: It is happening already. We have seen a significant reduction in the level of crowding and a reduction in the population. It will continue. We have to keep on top of it all the time.

Mr Douglas: You mentioned the report that came out this morning. It said that nine out of 10 prisoners suffer from mental health issues. Obviously, Northern Ireland has a major problem with mental health right across the community. It is much higher here than in other parts of the United

Kingdom. I have a couple of questions. I know that the report has just come out today, but have you any idea of the male/female breakdown of those nine out of 10 or 90% of prisoners?

Mrs S McAllister: I do not know that. Do you know that, Paul?

Mr Cawkwell: No.

Mrs S McAllister: When we come to analyse the report, which, as you said, has just been published today, and develop our response to that, we can share those figures.

Mr Douglas: I read a Prison Reform Trust report that talked about prisoners having mental health problems. Its figure was something like 23%. When I say 23%, I mean 23% of males. It was very much about people having anxiety, depression and so on. That figure is much lower than for general mental health. Would that be the case in other prisons in the United Kingdom?

Mrs S McAllister: The statistics that the Prison Reform Trust produces twice yearly are based on GB prisons, so they are not comparing like with like. I would not like to comment on the veracity of those statistics, but that seems to be a low figure. I do not know whether the trust is talking about acute mental illness.

Mr Douglas: There is obviously a problem about men admitting to having mental health problems.

Mrs S McAllister: Of course.

Mr Douglas: Paul, you talked about the experiences in Europe and other parts, and you mentioned New Zealand. I was in New Zealand last year for a holiday and visited its Parliament, sad as I was. *[Laughter.]* I was interested in some of the prison figures there. Why New Zealand?

Mr Cawkwell: Yes. Europe, as a club, has the usual members and suspects around it, but EuroPris allows other nations to buy in and become sub-members. You cannot vote but can share the information, and New Zealand is quite prominent in there, followed by the US.

Mr McCartney: How is the interface between health care and you worked out in terms of the demands that you make?

Mrs S McAllister: Do you mean the demands that we make on the services?

Mr McCartney: Yes.

Mrs S McAllister: Health care is delivered by the trust. It has the resources, and we move the money across. So, the trust comes in and delivers health care in exactly the same way as it would in a primary care facility in the community. It would run a GP clinic, specialist clinics, dentists and acute care, and it would determine whether people need outside hospital treatment. We have no say in the access, level of demand or supply.

Mr McCartney: What about the preventative approach such as, say, the drugs strategy?

Mrs S McAllister: That is an interesting question, because we are continuing to discuss in partnership how we can do more. We believe that doing more on the preventative stuff is a spend-to-save strategy; it will save on the numbers of people who will suffer. We are taking a holistic approach to that. For some time, we have been talking about our ongoing health initiatives. We have been speaking to Action Cancer about what we can do together with our health colleagues. We now have an occupational therapist in-post, funded by the trust, delivering health promotion. We are talking about smoking cessation, weight management and all of those things. Sleep clinics are held by the trust. So, it is very open to doing more with us on the preventative side. Like us, though, the trust will be subject to financial constraints and will have to determine what resources it can allocate in prisons.

Strictly speaking, however, health is the responsibility of the health trust to deliver. We are having a continuing debate about social care. Paul and one of his colleagues in DHSSPS are taking forward a piece of work on how we determine what the gap is and how we deliver for that, so it is a true partnership.

Mr McCartney: Is there any community and voluntary sector buy-in on drug prevention?

Mrs S McAllister: Yes there is. For example, the pilot drug recovery unit that ran in Glen House was with Start360. We ran that through a tendering exercise that it competed for. So, in that respect, we make sure that we get best value for money. That was paid for by us, but there was input from the health trust; it put a GP into that pilot to make sure that there was some health care input, and they will be part of the evaluation.

Mr A Maginness: I overlooked one point. You mentioned that the Department has indicated that you will no longer be able to hold on to savings that you make as a result of the reform programme. Have you been officially informed of that?

Mrs S McAllister: I think that that is the approach that happens there. Whereas in the good old days — for want of a better saying — we could suggest that we reinvest any savings that we made, the situation across the Department and government is such that any savings identified will inevitably have to form part of the package of savings.

Mr Adam: As you can probably imagine, the savings were considerable, as 500 staff reduced to 300. We hoped to have a fair amount of money to be able to reinvest. Given the nature of the reductions within our budgets, year on year, that is money that has left us standing still in some respects in terms of our efficiencies. In many respects, what we have done in delivering reform has protected us, to some degree, because it has given us the right foundations to be able to take forward the organisation. If we had not gone through some of the reforms that we have, the budget constraints that we have had would have put us into some very difficult positions.

Mr A Maginness: I am sorry for interrupting you, but the point I am making is that it is a double hit for you. You have carried out a reform programme; you have made efficiencies and savings as a result of that; and you are asked to make further efficiencies and savings on top of what you have achieved, next year and, possibly, this year. That seems to be a very difficult situation for you. Perhaps it is an unfair burden to place on the Prison Service. Is that your view?

Mrs S McAllister: We see that we are part of the Department of Justice. As well as being an agency, we have a corporate responsibility. Indeed, we are now part of a wider directorate to reduce offending. We try to be solution-focused when identifying where we can make savings. We also flag up to the permanent secretary and others the risk of what certain choices would be, whether that is the risk of curtailing the regime or the risk of having fewer interventions. We know that the reality for us, as it will be for all public sector organisations in the future, is that finances will be much more challenging.

Mr Dickson: Thank you for all of the information that you have brought to us today. I will concentrate on health care and the quality of the health care that is delivered. How do you measure the quality of that health care? To what extent do you have interaction with the RQIA?

Mrs S McAllister: The short answer is that we do not measure the quality of the health care. Health care is the responsibility of the South Eastern Trust, under the auspices of the DHSSPS. It is commissioned by the Health and Social Care Board. Any complaints about health care are not dealt with through the Prisoner Ombudsman; they are dealt with through the health trust's internal complaints process. However, we have a series of strategic partnership meetings every two months, which are chaired by the South Eastern Trust's chief executive. Paul and I attend those meetings. There is then an operational level board, which is chaired by Paul and his counterparts in the Health Department, and there are meetings at establishment level so that delivery can be discussed. We have some shared performance measures. We share measures on cancelled appointments, for example. In the past, that has been an issue when outside hospital appointments are cancelled for want of escorting staff. We have got that down to very, very low levels. So, we have shared performance targets where that is appropriate, but the actual quality of health care delivery is a matter for the health care providers.

Mr Dickson: I understand that, but if that quality were to drop and become unsatisfactory, it would have the potential to reflect back by way of distress, disturbance and other activities. I am trying to understand that interface. How do you measure that? I appreciate that the Health Department has responsibility for the delivery of the health service, but I want to know how you perceive the success of that within the organisation.

Mrs S McAllister: That is a continuing challenge for us. You are absolutely right. I often use this example: if somebody has toothache and cannot get to see a dentist, the repercussions in terms of the pressure on that individual and Prison Service colleagues can be significant. For want of a health intervention, you can end up with a situation that becomes quite serious. We can do no more than continue to work closely with our health care colleagues. As recently as this morning, we had discussions with health trust colleagues about how we continue this debate to make them understand that, whilst offender health may not always be a high priority for them, we are committed to ensuring that people in prison get equivalent health care provision to that delivered in the community.

Mr Dickson: I will take that tooth extraction analogy further. There may be members of the public who may not necessarily be terribly sympathetic to a prisoner who has a toothache and needs to have a tooth extracted. However, the reality is that the knock-on effect to you of a prisoner who is in pain has the potential to cause substantially different disruption inside a prison than they would if they were at home.

Mrs S McAllister: That is absolutely right. We know that. Our health care colleagues, particularly those who have been recruited to work for the trust since health has been transferred over, have been learning very quickly about how that different environment operates. At the working level, there is a very good relationship between the nurses, doctors and the specialist delivering health care in prisons and the Prison Service staff. The debate that we need to continue is around the shared commitment, and that will be encapsulated in the justice health strategy, which is one of the 40 recommendations of the prison reform team.

Mr Dickson: Where is that strategy at this stage?

Mrs S McAllister: It is continuing. We are doing a piece of work to identify the social care gaps so that we can determine what is not being delivered, what needs to be delivered and who should deliver it. That is a key part. The rest of the strategy continues. It will probably be one of the last of the 40 recommendations to be delivered, because it is one of the most complex and one of the very challenging ones, to be frank.

The Chairperson (Mr Givan): Thank you very much for coming to the Committee. I appreciate your time. I know that it has been a long session, but it has been worthwhile.