Northern Ireland Assembly

Committee for Justice

OFFICIAL REPORT (Hansard)

Report on Serious Self-harm by Sean Lynch in Maghaberry Prison: Northern Ireland Prison Service

6 October 2016

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:
Mr Paul Frew (Chairperson)
Mrs Pam Cameron (Deputy Chairperson)
Mr Doug Beattie
Mr Roy Beggs
Mr Sammy Douglas
Mr Declan Kearney
Mr Trevor Lunn
Mr Pat Sheehan

Witnesses:

Ms Sue McAllister	Northern Ireland Prison Service
Mr Brian McCaughey	Northern Ireland Prison Service
Mr Phil Wragg	Northern Ireland Prison Service

The Chairperson (Mr Frew): I welcome to the meeting Sue McAllister, director general of the Northern Ireland Prison Service (NIPS); Phil Wragg, the director of operations; and Brian McCaughey, the director of rehabilitation at the Northern Ireland Prison Service. I advise you that the session is being recorded by Hansard and the report will be published on the Committee web page. You are all very welcome here. Of course, none of you are strangers to this Committee or the previous Committee, so you are very welcome to discuss what is a very harrowing and sobering report before us today. Without further ado, I will hand over to Sue.

Ms Sue McAllister (Northern Ireland Prison Service): Thank you, Mr Chairman, and thank you for the invitation to discuss the Prisoner Ombudsman report into serious self-harm by Sean Lynch at Maghaberry prison over a number of days in June 2014. I know members will have read the detailed report and are keen to ask questions, so I will keep my opening remarks very brief.

My thoughts are with Mr Lynch and his family at what has been a deeply traumatic time for them. I have written to them asking whether they would like to meet me to discuss any issue in the report. I have had an initial response from the family, and I am hopeful they will agree to meet me before I leave the Prison Service at the end of this month. You will know from reading the report that the days leading up to the most serious incident of self-harm were hugely challenging for everyone: our officers; our healthcare colleagues; Mr Lynch's family; and, of course, Mr Lynch himself. I am sorry for the life-changing injuries Mr Lynch sustained whilst in our care.

Our staff are trained to use their judgement, often in extremely challenging and varied circumstances; however, this tragic case was beyond anything they could have been asked to deal with, and that is

reflected in this report. Prison staff are asked to deal with difficult and vulnerable people, and they perform that task with skill and professionalism. They keep people safe in our prisons every hour of every day.

Thank you, Mr Chairman. That is all I want to say at this stage, and we are, of course, happy to take any questions you have.

The Chairperson (Mr Frew): Thank you very much, Sue, again as ever, for being concise and clear with your presentation. Can I just ask for the indulgence of members? I know some members will wish to ask Sue questions on the headlines and media coverage over the weekend, but I ask that you refrain from doing that in this part. After we deal with the report, we can go over it, because I am sure the officials will want to address some of the issues that have been reported in the press. We can just keep this part and this session for the report, and I will give you the opportunity to ask questions on that, if members are OK with that. I seek the agreement of the members for that, if that is OK.

Members indicated assent.

The Chairperson (Mr Frew): Sue, I will start off. It is a very harrowing report, and none of us will wish to read or hear of it again in any other scenario. I will start off with what I said to Tom, the ombudsman. It seems very clear in reading the report, and I am reading between the lines, that prison was not the place for Mr Lynch. Whilst it is easy to put things down on paper in chronological order, with hindsight, it is very clear there were many occasions and opportunities where someone could have hit a button and said, "We just cannot cope; we cannot care; this is not our place. There is another place for this gentleman, and he needs to be there" but failed to do so. Without taking too much time, I will read through some of the summary report. On page six, it states:

> *"He was meant to have six mental health reviews pending the psychiatric assessment, but only one took place. It took two weeks for Mr Lynch to see a psychiatrist ... He was reviewed by the psychiatrist three weeks later and his medication was increased ... Numerous people from the NIPS and the SEHSCT were involved, but nobody took overall responsibility for managing him, either as a patient or as a vulnerable prisoner. Events moved faster than the official reaction".*

I could go on, and there is a bit more of a timeline, but you can see that, whilst it is easy to read out a page that has been ordered, the man had to be moved to hospital twice, so surely somewhere along that scenario someone said, "Right, this is too far. We cannot cope, this is not what we are here for, and something else has to happen", but that did not seem to happen at all.

Ms McAllister: You understand that it is not for me to pronounce on whether Sean should or should not have been sent to prison. Obviously, I have my personal view, but, as the Prison Service, all of us understand that we keep in custody the people who are committed to us by the courts, and if somebody comes to us with a legal warrant we have no choice but to take them in. There is no magic button. There is no facility or procedure via which we, as Prison Service practitioners, can decide that somebody is too unwell, chaotic or challenging for us to look after. That has to be a health decision. There are procedures via which somebody can be dealt with under the Mental Health Act and sent to a mental health facility. That is not a quick process. It requires more than one doctor to determine that somebody is so unwell. That procedure would have to be instigated through the trust. We can then make arrangements to transfer somebody to a mental health facility. When Sean Lynch went out to hospital on several occasions, it was to deal with the physical injuries he had inflicted on himself, particularly those to his scrotum. He was fixed physically, in that he was stitched up and then sent back to us. If the clinical decision is to discharge him, we have to take him back, even if we think more could or should have been done at the outside hospital.

The Chairperson (Mr Frew): I am very aware that the trust is a massive factor in the report and, of course, in prisons. I have heard that the trust was not prepared to come before us here today. I find that very disappointing. We should deliver the Hansard report of this meeting to the Health Committee to follow that up. I realise that it is a health matter; we are not the Health Committee. There should be a partnership approach within the prison setting. If I have heard it correctly, I am disappointed that the trust is not here before us alongside you.

Tom told us — this is in his report — that leadership on the ground was lacking and that, if it had been there, this may not have happened. How do you address that?

Ms McAllister: First of all, we share your disappointment and frustration that we do not have somebody from health sitting alongside us here today. That would have been very helpful to you, as a Committee. Where the local leadership is concerned, I think Tom was referring to the leadership at middle-management level, that is, the staff who made the decisions about whether they should intervene. I think it is very clear to all of us who read that report, worked with the people since then and know how they feel about this incident that it was beyond anything our staff had ever dealt with before or could reasonably be expected to deal with. Whilst I do not argue that there are issues to be addressed on the decision-making, we were asking people to exercise judgement. All the circumstances were different. All the times when local managers had to make decisions were different. They were required to make decisions based on their judgement and all the circumstances at that time.

The Chairperson (Mr Frew): You say that higher leadership cannot be all-seeing and all-doing. I understand that. There is certainly a lot of delegation in the Prison Service. However, there was a camera, there were people and there was somebody viewing the footage on the camera, yet decisions were taken, or were not taken, the night before. Surely when you get a highly pressurised scenario, in any job, standard operating procedures should kick in. Are you sure the standard operating procedures the Prison Service performs against are fit for purpose?

Ms McAllister: Let me talk a bit strategically about where we think we are on those procedures. I will then probably ask Phil to talk a bit about what might have been going on in the emergency control room and on the landing that day and about the context of what Maghaberry would have been like on that day. We have procedures and an infrastructure that say the cameras that are trained on those observation cells are fed through to the emergency control room (ECR). That is the system we have inherited. Decisions were made when those wings — Quoile House — were built that that was the best solution.
As a result not just of this serious incident but other incidents, we are reviewing our safer custody procedures and policies and have come a long way in that work. We need further input from our health colleagues. Our view is that we would like something different to that that had gated cells, which are cells that, instead of having a solid door, have a gate so that members of staff can sit outside the gate and not just watch prisoners but engage with and talk to them. We have seen that work very well. We have it in some parts of our estate, but it was not the favoured solution.

With the best will in the world, staff in the ECR are doing a lot of other things. Whilst we have been able to watch — we have all seen the CCTV recording of the whole period during which Sean was in that cell — it is not always clear what is happening or how serious the injuries might be. Equally, those staff in the ECR would not have been expected to be watching that camera constantly and would have been dealing with other things at the same time. It was an issue of process and communication and how what was seen on those cameras was fed back to the staff. The staff on the landings in Quoile House did not have the benefit of seeing that camera feed; all they could see was what they saw through the flap in the cell door.

Phil, do you want to say a bit about what was happening in Maghaberry that day?

Mr Phil Wragg (Northern Ireland Prison Service): Yes, thanks. As the director general said, the control room does more than just monitor the camera feed to what was on the night in question, Mr Lynch; it also monitors a number of different cameras for security reasons around the establishment. Staff there will have been taking and making calls and will have, indeed, made the 999 call for the ambulance to attend the establishment. The direct observance of that camera all the time cannot be guaranteed.

As background to the night in question, 28 prisoners were subject to medical unlocks between 8.45 pm and 11.29 pm. That meant that, in any part of and all over the establishment, staff unlocked men so that the medical staff could give them their medication. In addition, 17 other prisoners were on the supporting prisoners at risk (SPAR) documentation, and they were required to be observed throughout the night.

The Chairperson (Mr Frew): Sorry, how many?

Mr Wragg: Seventeen.

The Chairperson (Mr Frew): Sorry for interrupting.

Mr Wragg: Also, Mr Lynch was one of three men subject to location in observation cells. The staff on the night in question would have been dealing with a number of differing medical concerns and were administering the medication and observing those prisoners in observation cells, as well as the 17 men on SPAR forms.

The Chairperson (Mr Frew): OK. You said there was so much going on in the control room; I get that. As the report suggests, there were failures with things as simple and as procedural as handovers. Surely when you saw the incidents that took place the night before, when it took several personnel to restrain Mr Lynch, something more should have been said. You had three highly vulnerable prisoners in observation cells and, I understand, 17 on SPAR and 28 medical unlocks. You had a lot going on. With the duty of care placed upon your officers, surely there should have been something more said in the handovers, such as, "Please watch Mr Lynch carefully. He is a very vulnerable state. Here is what happened last night". What happens in a handover if that information is not passed on?

Ms McAllister: You are absolutely right, Mr Chairman. That information is passed on. We have a handover process. There is a time when the day staff go off duty and the night staff come on when they have the opportunity to share information. There is an observation book on each landing, and anybody who is subject to SPAR procedures will have any concerns documented in those SPAR procedures. So I do not think that there was any question in this case that staff were aware of what had gone on before. They were aware of just how complex and challenging Sean Lynch's case and situation was. You are right; it is important that we have good-quality handovers. It is not just about the technical nature, numbers and so on. It is about flagging up any concerns.

The Chairperson (Mr Frew): I know that there is high pressure and that prison life is busy at all times, night or day. I understand that there is a lot going on and there is a lot to monitor and review. However, I have to come back to that 67 minutes when someone could have been looking and seeing that something was not right or that something went wrong. I would not expect two people to go into the scenario in that cell, but after a time more people came, who then went in to restrain Mr Lynch with the nurse and came out. There have to be questions around that protocol and what happened at that precise moment. This was a harrowing experience for everyone involved, including the prison officers, but that is when, if your training is right and proper, standard operating procedures should be clicking in automatically.

Ms McAllister: I do not disagree with any of that, Mr Chairman, but it does come down to judgement ultimately. You are right; there is no answer as to whether it is right or not right for two officers to go in. There will be times when it is right for a single officer to enter a cell. All of our staff understand and accept that where there is a threat to life, time is of the essence. We have seen instances where our staff have intervened when they have been on their own, and sometimes they have put themselves at considerable risk to save lives. What we had here was a long period of time, over days, when Mr Lynch had shown complex and challenging behaviours, including violent behaviours and behaviours where he tried to run out of the cell and where he had faked injury. This came down to an assessment by the staff on the night, given what had happened before, as to whether it was in this case right to go in or not to go in. Certainly, when they went in with the nurse and came out, the view of the nurse — the clinician — was that there was no immediate threat and that it was safe to leave Sean Lynch while they waited for the ambulance to arrive.

That is my understanding, having spoken to colleagues and seen the CCTV. That is why they went in and came back out. While the 67 minutes sounds horrendous and is very harrowing, it was not 67 minutes in which staff did nothing. There were a number of times when staff went to the door, made phone calls or gave Sean a cigarette — on more than occasion, when they talked to him. It was absolutely, as I have said on a number of occasions, down to the judgement of those staff who had been trained. However, our SPAR procedures were never designed for mental health and self-harm issues as serious and life-changing as this.

The Chairperson (Mr Frew): I hear what you say, but you did not even get the man a wheelchair. You did not even help him into the ambulance.

Ms McAllister: Yes. We have seen that for ourselves, and it is very difficult to understand why we would not physically help Sean to get dressed and find him a wheelchair to get to the ambulance. I accept that.

The Chairperson (Mr Frew): I hear what you say about people on the ground and middle management, seniority and everything else. I hear you when you say that you cannot be on the ground all the time and you cannot see all and do all. However, senior management can implement recommendations that have been made on previous occasions that could have helped prevent this action taking place.

Ms McAllister: I agree with that. We have been in this situation before where it is very difficult for me to criticise in public colleagues, some of whom are no longer working in our service. This incident happened over two years ago. The senior managers in that prison are no longer working in Maghaberry, for reasons that are well rehearsed. Having been a governor, I absolutely accept that much of what happens in the prison, along with the moral tone and the culture, is set by the local management. I do not dispute that. You are right: although you cannot be there all of the time, you are, ultimately, responsible for taking forward recommendations applicable to the establishment.

The Chairperson (Mr Frew): I hear what you say about failure of leadership in the past, but what you are saying, really, is that all these recommendations are now implemented.

Ms McAllister: In relation to the Sean Lynch case? No, we are not saying that at all. We have now taken receipt of the recommendations. First of all, not all of them have been accepted by us. When a report makes recommendations, we can choose not to accept them, and we do that in discussion with the ombudsman. Some of those recommendations have been implemented, some are in progress and some are yet to be implemented.

The Chairperson (Mr Frew): Yes, but recommendations 4, 5, 7, 8, 9, 10, 12, 20, 23, 35 and 63 had previously been made to and accepted by the Northern Ireland Prison Service.

Ms McAllister: Yes.

The Chairperson (Mr Frew): And four recommendations — 42, 49, 53 and 63 — had been made to and accepted by the South Eastern Health and Social Care Trust. Have those recommendations been implemented?

Ms McAllister: Sorry, I did not quite understand what you were saying. I think what we have in some cases are repeat recommendations that have been made before.

The Chairperson (Mr Frew): Surely even after the incident, you look at the recommendations from before, and say, "Right, OK, now this has happened, it really is time for us to implement them."

Ms McAllister: Yes, and some of that we did, and some we had done already. We just physically have not got the resources to implement all of our recommendations from all of the very many reports that we get. We actually have a spreadsheet of all the recommendations that are made to us by CJINI, the ombudsman and HMIP, and they are in the thousands. We have tried to have those conversations, where we end up in recommendation overload. We are addressing those that we believe to be most urgent but, as leader of the organisation, I accept the criticism that we have had too many repeat recommendations that we have not taken forward.

The Chairperson (Mr Frew): It seems to be a massive piece. Nobody here is best placed to answer these questions, because it is about the hospital and the prison. However, it was outlined to us earlier that from 2008 to 2012-13, you lost the prison hospital. Why did the trust close it?

Ms McAllister: When we moved to an outsource model for prison healthcare, we were comfortable with the view that healthcare should be delivered by healthcare professionals, but, of course, it was then for the health trust to decide how it used the money that had moved over, and the resources. It was a health trust decision to close the inpatient facility. We have had a number of conversations during the last four years, and certainly in my time here, about whether we could reopen it. Its view is that it — well, I think it would have to come and explain that for itself, but my understanding is that the trust does not intend to open an inpatient facility.

The Chairperson (Mr Frew): I know you are not really in a position to answer the first question, Sue, but you should be able to answer this: what impact did it have on the prison when it was closed?

Ms McAllister: It makes it very difficult for us to look after some people with complex needs — not just mental health needs but sometimes social care and physical needs. We do have cells in our prisons that are built for people with physical disabilities, so we have facilities for people who are physically impaired. It is probably right that we try to manage them in a normal population. However, there is no doubt that in the absence of an inpatient facility, people stay in outside hospital for longer than they need to. For example, people who have strokes or physical injuries such as broken limbs, and mental health issues, who, were they not prisoners, would be discharged to live at home and have input from social care services or be looked after by, for example, district nurses. Either people have to stay at outside hospital for longer, or we have to manage them in mainstream prison accommodation, which is not ideal.

Mr Brian McCaughey (Northern Ireland Prison Service): Also, the absence of such a facility must hinder assessment in a more therapeutic environment and allow professionals to make their diagnoses.

The Chairperson (Mr Frew): Was the hospital, when it was there, or the impact it had on patients, anywhere near sufficient?

Ms McAllister: In terms of numbers?

The Chairperson (Mr Frew): Capacity to care is probably the best way to put it.

Ms McAllister: Interestingly, that is where the health trust focus when they talk about not reinstating it. Their view is that the governance and standards that are required for inpatient beds would not be able to be met in the prison setting. When we first joined the Prison Service and you had a hospital, it was to all intents and purposes a "sick bay plus". Some larger prisons had operating theatres and facilities but, in the main, it was somewhere where people could stay and recover or recuperate, or where someone could be kept for a short term. It was adequate for its time. I am not a clinician, so I cannot say if we could, realistically, operate something in a prison now that would meet the needs — the clinical guidelines. As Brian quite properly said, it would give us a more therapeutic environment sometimes for people who are physically, mentally or emotionally not robust enough to be in the normal location.

The Chairperson (Mr Frew): You have to cater and care for anyone who is in your prison. It is not your place to put someone in prison, you just look after them; you have already outlined that. You talked about the Mental Health Act 1983, and you talked about the slow process. We asked questions of Tom, the ombudsman, about this process and getting somebody into a setting that they need to be in. I talked about hitting a button. Do you see anything that needs to be put in place to make this move quicker? There must be more Sean Lynches in that prison.

Mr McCaughey: Chair, if I may at least begin to answer that. We are focusing, rightly, on his time in prison. From my experience working in the community, and from looking at this case, I think as a Justice Committee you might want to look at the case in its entirety. For me, this case is not about 67 minutes, or 27 minutes that the officers were opening the flap — and the ombudsman says that he was not actually self-harming for all of those 27 minutes. For me, this case is seven or eight years in the making. As a Justice Committee and identifying our priorities for this Government, what was happening seven years ago? I do not want to discuss the individual in public, but everyone has read the report and know what was happening in the community. What services was he getting? What service did he seek, and what service did he receive? That needs to be examined. He then moves into the justice system, and many people with mental illness offend and appear before our courts. Do we treat them the same as everybody else? Then he moves on to prison. Is this not a priority case for bail? Was bail offered or refused, or what were the circumstances preventing him from getting bail? There is a host of issues for Justice as we come into prison.

The Chairperson (Mr Frew): I completely understand that, Brian. To be fair, the Prisoner Ombudsman's report goes into that context and into his family history at times. Why was he even engaged with the police? It is very clear. I do not necessarily need to speak of the detail of the personal situation around him and his family, but it is very clear how he ended up in there. That is a story that we can talk about.

Mr McCaughey: Chair, your question was "Is there a button that we can hit?".

The Chairperson (Mr Frew): Yes.

Mr McCaughey: My question back is, is the button in the community, is the button at court or is the button in prison?

The Chairperson (Mr Frew): Irrespective of that, and I agree with you, this man should not have been in prison, but he was. It is very slow and methodical, and cogs turn slowly to get somebody statemented or to get somebody from the prison setting to a hospital setting in good time. That is a slow process. Is there anything that you can see needs to happen for that to be done quicker? No matter what you talk about — society as a whole or how he ended up in the judicial system — we can see that and we can read about it in the report. This happened in the prison.

Mr McCaughey: In my opinion, certainly the Prison Service has to look at its responsibilities in the case, take the learning from that and bring about whatever changes or developments in its practice.

The Chairperson (Mr Frew): I see the failures, but I am giving you a way to explain whether you think there was a way out whereby you could have hit a button or started a procedure that would have got Sean Lynch lifted from the premises he was in to a secure unit.

Ms McAllister: And that is very helpful. We have talked to our Health partners quite recently about whether we could have a memorandum of understanding or a service level agreement. The relationship we have with Health is not a purchase/provider relationship; it is not like the relationship we have with learning and skills, where we buy a service from Belfast Met and North West Regional College, and we as an intelligent customer tell them what we want. We do not have that with Health. What happens with Health is that the money was moved over, so it has the money and is able to close things down or redirect that money, and any decisions about the clinical or therapeutic care of prisoners/patients are a matter for Health. It would be helpful if we could have an input into the decision-making about what happens to people, because we are experienced practitioners. We are not clinicians, but we sometimes know what the best outcome for an individual is. At the moment, we do not have that, but it may help. I do not know what that would look like in reality, because there may be times when the prison practitioners and the clinicians disagree, and you would have to have some mechanism for that. At the moment, we can ask, but ultimately it is up to the health trust as to whether something progresses. There have been instances of frustration because we have wanted to get an intervention for somebody that had to be delivered in a health setting and it was not forthcoming. This is not the only case where that pertains, but it is the price we pay for the model we have.

Mrs Cameron: Thank you for being here to answer some questions today. It is more than I can say for the trust, which is not here to answer questions, and that is very disappointing. You spoke about the times that Mr Lynch was removed to go to outside hospitals for his physical injuries. Does that mean that, even though you recognise that someone has severe mental health problems, you are unable to summon an ambulance to take them to hospital to access that kind of care, in the absence of physical injuries?

Ms McAllister: That is correct. Any decision about a prisoner going to an outside hospital, whether it is for physical injuries or anything else, is made by the health professionals in the prison. We can call 999 for an ambulance in an emergency if there are no healthcare professionals on duty, but that would be unusual. The decision is normally made by the nurse, which is what happened in this case. We cannot source a mental health bed for a prisoner; that has to be done through the health trust.

Mrs Cameron: I understand that, but it is quite obvious that the physical injuries were as a result of very serious mental health issues. I fail to understand how Mr Lynch could be returned to the prison without actually getting the care he needed for his mental health.

Ms McAllister: Absolutely. I know that you have read the ombudsman's report, and it makes that clear as well — that it was a surprise that Sean Lynch did not get the equivalent consideration from the psychiatrists. Having gone into hospital with a physical injury that was the result of self-harm, it would be usual for him to be seen then by the mental health team. My understanding is that the hospital staff discharged him for two reasons: first, his behaviour was challenging; and, secondly, they believed he could get the same mental health intervention back in the prison, which was clearly not the case.

Mrs Cameron: Do you believe that the hospital staff actually believed that he could access the same mental health care by being sent back to prison immediately?

Ms McAllister: I do not know that. I have no evidence to suggest that they did not know that, but, equally, I have none to suggest that they did.

Mrs Cameron: In relation to the CCTV, there was no audio. Why was that?

Ms McAllister: There should have been. In the system in Quoile House, which is the only one of its kind in the Prison Service because Quoile House is a new build, there should be audio, and the audio did not work on that day. That is not the only time that it has broken down. It is like any other system in that it is prone to that.

Mrs Cameron: Does that mean that there was no audio recorded or that there was no audio heard, full stop? It would have gone to the emergency control room.

Ms McAllister: My understanding was that there was no audio. Phil may know whether there would be audio in the ECR at the time.

Mr Wragg: I do not know whether there is audio in the control room. It records in one place.

Ms McAllister: We will have to check that. I do not know.

Mrs Cameron: Can you check that?

Ms McAllister: Yes.

Mrs Cameron: Obviously, if audio was available in the control room, that may well be more disturbing. Is the audio recording working now?

Ms McAllister: I believe that it is. I am not able to give you absolute assurance, but it was a failure of the system that it did not work. It was broken. It should work.

Mrs Cameron: What is the point of this footage going to this emergency control, when no useful action is taken apart from sending for an ambulance at the end of the ordeal?

Ms McAllister: When it was agreed that that was the system that we should have, there will have been an expectation that there would be communication between the ECR staff and the landing staff, and, clearly, there was an issue about the quality and quantity of that communication on the day. My view is that it is not helpful to have that camera feed into the ECR, because the ECR staff have far too many other things to do, and we should be looking at it. There is a propensity sometimes to put CCTV cameras and monitors in places and think that that is the answer. I have always thought that you have to really think it through. If you are going to put cameras somewhere, who is going to watch that camera? What are they going to do when they see something on that camera? We had one a couple of weeks ago. Somebody was suggesting that we put a camera on a barrier on a road, and we did not do it in the end because my question was: who is going to watch it, who are they going to tell if they see somebody and what are they going to do about it? Nobody had thought that through. This is an example of that. My view is that it is a design issue, and we need to address that as part of our review of our procedures.

Mrs Cameron: Explain this to me, as I am new to the Justice Committee. Mr Lynch was in a special cell.

Ms McAllister: He was in an observation cell.

Mrs Cameron: How many observation cells are there?

Mr Wragg: Off the top of my head, I cannot give you the number, but there are a good few.

Ms McAllister: There are probably two or three in each house, and some would be —

Mrs Cameron: How many of those were occupied on 5 June?

Ms McAllister: We had three prisoners in observation cells.

Mrs Cameron: These were three obviously very vulnerable prisoners, yet there was no priority to actually watch those cells —

Ms McAllister: They are watching them.

Mrs Cameron: — from the emergency control room.

Ms McAllister: They are watching a lot of other things as well. They are watching them, but they are watching a lot of other things.

Mrs Cameron: They did not see what was going on. I cannot remember your exact wording, but you did say at one stage that it did not seem very clear what was happening to him, yet the Prisoner Ombudsman in his report seemed very clear as to what was happening to Mr Lynch. Of course he was watching it intensively — I understand that.

Ms McAllister: I have to say that we have watched the CCTV footage on a number of occasions, including recently, and it is not as clear as you would think from reading the ombudsman's report what is happening. That is not meant to obfuscate what was happening. It is quite good-quality CCTV, but it is not —

Mrs Cameron: So there was a communication failing between the emergency control room and the staff who were physically present watching the cell. There are obviously big failings there, and, between the two of them, they should have been putting two and two together and getting four and getting this man help much quicker.

Ms McAllister: I do not think that it was an absolute breakdown and failure. There was communication between the ECR and the wing; we know that. There was communication between the wing staff and Sean Lynch at the door; we know that. I think that what we are saying is that, if the staff on the wing could have physically seen what was happening all of the time through a gated cell, my belief is that that would have been preferable.

Mrs Cameron: The staff on the wing could not physically see what was going on.

Ms McAllister: Only through the hatch in the door.

Mrs Cameron: And either the CCTV was not picking it up or the people in the room were not able to devote their time to watching the right screens. There really is no point in having CCTV for these very vulnerable prisoners, is there?

Ms McAllister: There is some point, but I think we could have a better system.

Mrs Cameron: OK. You also mentioned that there were senior officers there at the time, two years ago, who are no longer with the Prison Service. Can you tell us under what circumstances they left?

Ms McAllister: You know that there was a highly critical report on Maghaberry prison in early 2015, as a result of which we made some senior staff changes. That highly critical report reflected an inspection that identified some cultural and long-standing issues that we needed to address, so we made some senior staff moves, including removing the governor and deputy governor.

Mr Kearney: Thank you for coming this afternoon. I want to preface my remarks by saying that I have a very firm conviction that all prison staff and every single inmate in the prison estate deserves to be treated with respect and dignity. They are all entitled to the highest standard of care. What happened to Sean Lynch was wrong, unacceptable and an absolute travesty. It should never have happened on anyone's watch. It should not happen in any prison system anywhere on these islands. That said, I would like to ask you a few questions about operational procedure and the immediate circumstances of Sean's self-harm.

I will start with the investigation carried out internally. What has the Prison Service's investigation established, arising from the operational decision that was taken on the night of 4 June and the operational decision taken on the night of 5 June, when the worst self-harm, the blinding, took place? On 4 June there was an order, direction or instruction given to intervene physically and to ensure that Sean's arms were restrained, but that did not happen on the following night. Can you explain what the investigation revealed in relation to why, clearly, an instruction was given on one evening to intervene and effect physical restraint and a similar instruction was not given 24 hours later?

Ms McAllister: I just want to understand the question. You are asking what the internal investigation highlighted about that. It did not address the issue. I was not satisfied with the quality or depth of the internal investigation, which was one of the reasons why I asked Tom McGonigle to carry out an independent investigation.

Mr Kearney: What were the terms of reference or the remit? Who was tasked with carrying out the investigation, and what was the manner of its execution?

Ms McAllister: We have not got the terms of reference, but we can get them for you.

Mr Kearney: Will you, please?

Ms McAllister: Yes. That request went to the governor at the time, who identified somebody in his senior team, and the investigation was indeed carried out by a member of the governor-grade team at Maghaberry. Again, we can share that with you.

Mr Kearney: Is that governor still in post?

Ms McAllister: That governor is still in post, yes. The governor who carried out the investigation? Yes, he is.

Mr Kearney: Is the governor who commissioned the investigation still in post?

Ms McAllister: No, he is not.

Mr Kearney: I would like to see the terms of reference.

Ms McAllister: We can do that.

Mr Kearney: Staying with that point, Sue, can you explain to us what was defective in the investigation from your point of view?

Ms McAllister: It simply did not ask some of the difficult questions, one of which you have alluded to. It lacked depth and the ability to dig into the lessons that we needed to learn. If it would be helpful, we could give you a briefing on that investigation. We know that, culturally, as a small service, it is sometimes difficult to get to the root of things via an internal investigation, more difficult than through independent scrutiny, which is why we welcome Tom's independent scrutiny.

Mr Kearney: It strikes me that there is a disconnection here. You have brought in Tom McGonigle to carry out his independent investigation in part because of the defect of the internal inquiry investigation. When I asked Tom about that same issue, he referred me to the internal investigation. This suggests to me that no one can answer the question as to why one order was given 24 hours before —

Ms McAllister: It is certainly not in the internal investigation. We will go back and check to make sure, but I am pretty sure of that because we have actually had this discussion. To my recollection, it is not in there, but we will have a look and we will brief you.

Mr McCaughey: I think that Sue's response is in terms of the independence of the ombudsman as opposed to an internal review. When I look at internal reviews, they seem to be a summary of what the events were, rather than an interpretation and assessment of practice.

Mr Kearney: Explain that to me again, Brian.

Mr McCaughey: It is my personal opinion. When I look at review reports, they tend to summarise what happened between the dates rather than give an assessment of whether the practice was right or was at a level —.

Mr Kearney: With respect, what I am locking into here is quite fundamental. On the night of the 4th, either an SO or a governor intervened and said to other members of staff, "Restrain the man".

Mr McCaughey: I understand that.

Mr Kearney: Twenty-four hours later, when there were six members of staff standing outside Sean Lynch's cell, no one gave a similar order to intervene. I do not understand why, in much more extreme circumstances, 24 hours later, someone would not have had the wit to instruct that the same intervention be made.

Ms McAllister: We have looked at this and asked ourselves about it. There are some issues that may be relevant. In the intervening period, Sean Lynch had assaulted a member of staff quite seriously. He had feigned, or faked, injury. He had behaved increasingly bizarrely. That does not excuse what happened. It comes back to my earlier point, which is that it is about the judgement on that night. To go back to your original question, I do not believe that that was explicitly addressed in the internal investigation.

Mr Kearney: I think that this is a huge issue. Even at this late stage, it needs to be clarified. It is quite fundamental in relation to operational procedures. These are not matters of assumption; they are about leadership on the ground being able to act effectively in difficult and challenging circumstances and, clearly, someone had the sense to do that 24 hours beforehand. However, 24 hours later, someone decided not to use the same level of judgement. That raises huge questions in relation to the care of this man and the operational practice on the night itself.

The term "special observation cell" is an operational term. If the special observation cell does not allow you to correctly or properly observe the inmate, is it not a misnomer to describe it as such?

Ms McAllister: It is called an observation cell because it has a camera in it. There are degrees of observation. Just because someone is in an observation cell does not always mean that there is an expectation that they will be monitored constantly on camera. It just gives you that facility. It may well be that they are still subject to 50-minute or 30-minute observation. There is no one-size-fits-all for how often somebody is observed. Those are the SPAR procedures that we have. The observation cell is just one of a number of tools that we have at our disposal.

Mr Kearney: Phil, if I understand you correctly from earlier, you were explaining that there was a lot happening on the night in question.

Mr Wragg: Yes, that is right, Mr Kearney.

Mr Kearney: Why, then, were more staff not deployed? Why were changes not made to shift patterns? Why were staff not asked to do overtime? Why did you not have enough personnel on the ground if, in fact, you are suggesting that you did not have enough personnel?

Mr Wragg: No, not at all. The level of staffing in the establishment was absolutely at the right number for the night and for an establishment of that size. However, one can never predict how busy an establishment is going to be during the night. Some nights can be particularly quiet and others can be particularly busy.

Ms McAllister: You would not staff up beyond the agreed staffing level. The procedures that we have been talking about as being preferable to us, where we would have somebody on continuous observation, would mean that we would bring in an additional member of staff to sit with that prisoner during the night. You would have an additional staff member on duty.

Mr Kearney: That is useful. Yet, a decision was taken not to intervene and we had four night custody officers, a senior officer and a dog handler, who all assembled outside this man's cell while he was inflicting very serious self-harm. When the decision was taken to enter the cell, the four night custody officers, the senior officer and the dog handler followed a nurse into the cell, and then they left and more self-harm was caused.

Ms McAllister: Again, if you read the report and look at what actually happened, the nurse went into the cell with two of the officers, and when they left it was the view of the nurse that it was safe to close the cell door and wait until the ambulance came.

Mr Kearney: But it was not.

Ms McAllister: Actually, most of the harm that Sean Lynch did to himself had taken place by then. The period during which they were waiting for the ambulance was not one in which further serious self-harm occurred.

Mr Kearney: It seems to me that that was a particular instance of busyness and challenge. There were plenty of staff available, yet they were entirely negligent in responding adequately to the situation in hand.

Ms McAllister: I genuinely believe that this was a situation in which our staff went into the cell and came out because they did not believe that they could usefully do anything other than call for an ambulance and wait for it to arrive. It was the view of the nurse that it was safe to do that. I believe that they were beyond anything they had been trained for or could reasonably have been trained for or could have expected to happen. This was beyond the capabilities of prison staff of any grade.

Mr Kearney: I want to take you back to a question that Paul asked earlier and which we touched on with the ombudsman. I would find that explanation plausible if, when the ambulance arrived, staff had shown a duty of care to Sean Lynch by accompanying him to the ambulance, but they did not do so. Somebody needs to explain to me why that did not happen, if, in fact, you are arguing that staff were not negligent in relation to the incident in the cell; otherwise, you will not convince me. That was absolute negligence. That was inhumane. They left a guy, who was blinded at that stage, to walk to the ambulance on his own. I cannot find any other term to describe it. Has the internal investigation interrogated why that happened?

Ms McAllister: I do not believe so. I share your view that it is unfortunate and unacceptable.

Mr Kearney: When Paul was posing some questions earlier, Brian posed a question back to the Chair in relation to society or the community having to press the button. I found my patience being challenged by that question. People go to jail because of a social context. Jails exist because of society. It is entirely about a social context; and jails, then, must operate on the basis of being an effective social response to challenging circumstances in the community. To put the point back to you: if you are tasked with the responsibility of ensuring that a prison works in an effective way within the social context, then that prison needs to be able to press the button, you need to have adequate systems, and there need to be processes that work. It is not enough to just say that it is down to society.

Mr McCaughey: If it is interpreted that I was saying that it was down to society, that is not what I meant. Again, I do not want to talk about the individual, but looking at the history and what the ombudsman has written, I was simply asking how many chances, or times, there were to divert that individual in another direction to receive the care he required.

Mr Kearney: OK. I accept that. Paul, if you do not mind, I have two very brief questions and I will then I finish. If you take this incident in its entirety, to what extent does the decision-making process that was used relate to the primacy of a security mindset rather than an adherence to a culture that is more akin to the promotion of the welfare and safety of inmates and staff and, in fact, in ensuring that prisons operate as places of rehabilitation?

Ms McAllister: That is a really good question and is at the heart of what we have been trying to do for the last four years. We put rehabilitation, decency and care for people at the centre of everything we do, but if we do not get security right we cannot do any of that. Security has to be the context in which we operate. We have to get security right, because we cannot care for people if we cannot keep them and keep them safe. It is very difficult balance.

I know that the phrase used in the ombudsman's report is that security trumped care in this case, and I can understand that that is how it looks. Our staff are trained to exercise judgement in those situations and there is no easy answer. The staff on that day clearly believed that it was not safe to enter the cell or did not know what they would usefully do when they got into that cell. More

strategically, we still have a challenge with the security mindset. We have to see security as an enabler to things happening and not a barrier; that is a real challenge for us. We are all absolutely clear that that is where security sits.

Mr McCaughey: I have said it at this Committee on at least one occasion previously: in our rehabilitation agenda, the people who come through the door are people first, offenders second and prisoners third, but they are always people. We should demonstrate the values that you spoke of in everything we do and in every engagement we have. That is what we seek to achieve.

Mr Kearney: To finish, do you accept that this incident and the detail that has emerged from the ombudsman's report has damaged public confidence in the Prison Service and is potentially a hopefully short-term setback for the wider project of prison reform?

Ms McAllister: I think that the public perception of our service is a complex issue, particularly in the Northern Ireland context. There is a whole range of views of what prisons should be for and what they should be like. We also know that the only news about prisons out there is bad news. I am not excusing what happened in this case or saying that any of the other news criticism is not deserved or justified, but we also know that the media are often reluctant, you might even say unwilling, to publish some of the good things that we are doing. We do not get a balanced press. I believe that there will be a constituency out there for whom this will reinforce a negative view that they have of us. I equally believe that there are members of the public who think that we are going too soft in prisons. Our job is to do the right thing. If we do the right thing, we will hopefully have the confidence of the public who pay us to do that job on behalf of society.

Mr McCaughey: The right thing for me is to appreciate the recommendations, examine the practice, see where it needs to be developed and continue to focus. The report is not positive, but you have to take the lessons from it and develop practice and be relentless in the delivery of the rehabilitation agenda.

Mr Beattie: Sue, thank you for coming in front of us. It is never easy to sit there and be thrown questions, certainly on a subject such as this. I genuinely appreciate your team coming along and speaking to us.

I genuinely understand the Prison Service's difficulties and the challenges it has to deal with, especially when its budgets are being salami-sliced in the way they are and where it is expected to do far more with far less. I understand the pressures you find yourselves under, although you are not the only people with that sort of pressure.

I asked the Prisoner Ombudsman two questions. I am going to come to you in exactly the same way. The picture that Phil painted of that night was that it was extremely busy and challenging. We had an emergency control room with phones going. We had CCTV; I do not know whether that does gate accesses. We had all that going on. We had 28 prisoners unlocked, 17 on the SPAR process and three located in observation cells. It was extremely busy. The minimum manning level, I believe, in the whole prison is 31 prison officers.

Mr Wragg: There were 32 on duty that night.

Mr Beattie: That is not necessarily the norm, though, is it? The number normally falls below that; it normally sits at about 25 when you take out those who are sick and do not come in. Is that accurate?

Ms McAllister: Sometimes, we have to drop below that for reasons of sickness. Are you asking whether I think that that is enough staff to run a night shift?

Mr Beattie: Yes, but I am also trying to get to the point that, if you have an emergency control room that is manned by only one or two people — I do not know how many it is manned by — then they are looking after so much that is going on that they do not have the ability to look at the CCTV. How many people man the control room?

Mr Wragg: Three.

Ms McAllister: You ask a really interesting and important question. It is all part of our plan for the estate. When I came here, it surprised me greatly that each of our three prisons had what they refer

to as an ECR. An ECR is a high-security prison concept; it is necessary only in high-security prisons. Other prisons should have what we call a communications room. We need to move away from a one-size-fits-all model, where we staff up with technology for a high-security prison and then expect them to do the job across 1,000 prisoners. My view — clearly, it will not be for me to deliver now — is that, when we reconfigure Maghaberry, we really only need to have an ECR for the high-security facility. We can then look at all the whizzy technology that is available out there, which Phil is far more familiar with than I am, like blank screens that show up pictures only when there is any movement. That makes it much more cost-effective and useful. We can then focus the rest of our resource on delivering the right service to the other prisoners. We might move away from anything other than a basic communications room for the rest of our estate and focus on what we need to be watching when we watch vulnerable prisoners in observation rooms.

More broadly, we have fewer staff than we used to have, and fewer than we, as a service, are used to having. We believe that we have enough staff to run our prisons safely. It is a real challenge that our sickness is as high as it is. To cover that staff sickness, we sometimes have to pay overtime where we cannot afford to do so. The sickness levels are coming down as a result of strong leadership. We have to get the staff in the right places at the right time doing the right things.

Mr Beattie: Sue, we have discussed this. You have given me your in-depth plans, and I support what you are trying to do; I have no issue there. If we look at this issue in running a prison, rather than in isolation, and we are saying that the minimum manning level in an evening is 31, how can it be acceptable to go below that level?

Ms McAllister: That is the staffing level for night-time when we are in, what we call, night state. First, you cannot staff up for those emergencies, so quite often if you do have an emergency, for example an escort going out, you might have to call staff in to cover that. The staffing level at night will allow you some resilience to go below the higher level. For example, you can double staff up doing certain duties. We do not have tasks built into the night shift, so it is a case of tasks not getting done. It might mean that a member of staff has to be responsible for observing more cells, or a bigger area, or they may have to get round more if they are doing the orderly officer duties. It is not desirable to go below that level, but it is not unsafe.

Mr Beattie: One of the recommendations is that you do a proper handover of the 17 prisoners on SPAR. Doing a proper handover of 17 prisoners on the SPAR process is manpower intensive.

Ms McAllister: It makes it very challenging, and we know that. If you are working on a wing, particularly at night, where you have got a number of SPARs because all those prisoners are locked up, but you do have to go round the cells and check on them —

Mr Beattie: Phil, how many nurses are on in the evening?

Mr Wragg: I am not sure exactly how many are on, it may be two.

Mr Beattie: Two nurses for the prison? Do they accompany a prisoner who is taken to hospital?

Mr Wragg: No.

Mr Beattie: They stay on site in the prison. Are they a changeable feast and not dedicated nurses who would always come to you?

Ms McAllister: We do have nurses who work in the prison all the time. Sometimes the trust uses agency staff but it would be a static staffing group.

Mr Beattie: Is training constantly ongoing? This goes to the heart of what Declan said about one person on one night doing one thing and takes immediate action whereas, on the next night, a different guy does not, and takes a completely different course of action. Are you fully resourced with a continuous training budget which allows you to do role-play and an update of procedures and practice, or are resources so tight that you have pared back on the training budget?

Ms McAllister: No. We do have a training department, a head of operational training and the prison service college, which is now based in Hydebank Wood. We are constrained by resources, so we can only deliver a finite amount of training. Some training is deemed to be mandatory, such as health and

safety, and control and restraint, and there are some legal requirements we fulfil. We do have a rolling programme of training, and we do deliver safer custody training, both as part of our initial recruit training and when staff are promoted, and we have an ongoing programme so they get refresher training.

Mr Beattie: What if someone does not do that mandatory training?

Ms McAllister: The mandatory training —

Mr Beattie: If they do not do the training that you believe they need to do to be able to fulfil the task or role they are involved in —

Ms McAllister: They are deemed to be out of ticket so they could not do it. For example, if you train staff in control and restraint, they will get their log book stamped and will have a valid ticket. For the other training, for example suicide prevention training which is what we are talking about, there would be no legal requirement. It would be up to us to make sure that people had regular professional training.

Mr Beattie: Briefly, to develop this; you would be able to check the training requirements of the individual who waited and made the decision not to go into the cell that night. You could make sure he was up to date. For the decision he made, which may well have been the wrong decision but was made under difficult circumstances, you would be happy to say he was a fully ticketed day person?

Ms McAllister: Yes, we would certainly know when that person last did that training.

Mr Beattie: Do you know if he was?

Ms McAllister: We could certainly check that.

Mr Beattie: Thank you.

Mr Wragg: Can I get one point of clarification? I am checking the night levels for staffing on that particular night. When you asked how many there were in the ECR, it is three in the daytime and, at night time, it reads as being one manager in the main gate ECR. I will need to come back to you to clarify the absolute numbers that were on duty in the ECR at that time.

Mr Beattie: You can see the point. It is what people have been asking about how you can do everything when you are just one person. It would be interesting if you could clarify that.

The Chairperson (Mr Frew): Excuse me, members, I am going to have to step in because a couple of points that Doug raised could do with following up because they are critical.

He talked about the nurses not travelling with the prisoner/patient as soon as they are in the ambulance. How many prison officers go with that prisoner?

Mr Wragg: It depends on the category of the prisoner. Ordinarily, two and, on occasion, three.

The Chairperson (Mr Frew): Right, two or three, so that is a good percentage out of your —

Mr Wragg: Straight off, yes.

The Chairperson (Mr Frew): Straight, off. So, if two ambulances are called, you are really in —

Ms McAllister: Yes.

Mr Wragg: Yes.

The Chairperson (Mr Frew): How does the critical information pass from that nurse, who has already attended to that prisoner, to the paramedic and the doctor?

Ms McAllister: In the same way as it would if that person were in the community. So, it is from nurse to paramedic to doctor.

The Chairperson (Mr Frew): And there would be engagement the whole way through?

Ms McAllister: Yes.

The Chairperson (Mr Frew): Right, OK.

Mr Wragg: In the 999 call directly to the Ambulance Service, they will be asked for information about what is happening with the patient. That information will be passed to the crew before they arrive.

Mr Beggs: Again, thank you for your presentation and for answering questions. I want to go back to some of the numbers you mentioned. At night, normally 31 prison officers would be the appropriate staff complement, but earlier you talked about 28 prisoners being subject to medical unlocks and 17 at risk with SPAR assessments and three in terms of location and observation cells. It that purely in Quoile House?

Ms McAllister: No, that was across the whole of Maghaberry.

Mr Beggs: Turning to the details in the report, we have learnt that on 2 June Mr Lynch had been self-harming. We also learned that there had been some faking and an attack on a prison officer. How do you think all of that affected, or may have contributed to, the delay in officers entering the cell?

Ms McAllister: It is reasonable to suppose that that would have been in the minds of people making the decision as to whether it was safe. That probably was not the only reason why there was a difference in staff intervening on one occasion and not on the other. There were all sorts of other things at play. People would have had that information and known that that is what would have happened.

Mr Beggs: Your colleague just said that there may have been only one officer in the ECR. In saying that, are you saying that what may have been recorded on video may not have been as apparent as it is in hindsight? Had it had been better staffed, perhaps information that may have been available could have been relayed earlier to staff on the ground.

Ms McAllister: What we are saying is that we have seen the CCTV. The staff in the ECR watching that CCTV would have been relaying appropriate information back to the staff on the wing. We need to check the numbers, but whether it was one officer in there or two or three, there was still no guarantee that they would have been watching it constantly.

Mr Beggs: There was an attack on prisoner officers involved in this, but there will be ongoing attacks on prison officers. Officers will also have experience of incidents of psychotic behaviour and self-harm. How many instances of self-harm would be in the prison on a typical week or month? I am just trying to get an assessment of what the experiences of officers are.

Ms McAllister: We have actually got that information.

Mr Wragg: Just to give you some figures, as of this month, 450 prisoners in Maghaberry have some form of self-harm or self-harm background history. Self-harm can manifest itself in a number of ways, whether it is somebody trying to put a ligature around their neck, cut themselves or take tablets. Unfortunately, as we have heard from my colleagues today, due to the nature of the people who we receive in from the community, acts of self-harm are pretty constant.

Ms McAllister: I have some figures here of self-harming in Maghaberry. Across 2015, there would have been 613 incidents of self-harm and, so far this year, 404. That is in Maghaberry, so it is in the hundreds.

Mr Beggs: Those are huge numbers. I had not realised they would be quite as high. How do you stop officers from becoming brutalised by that experience and maybe thinking that that is the norm, and how do you stop that experience from adversely affecting their own mental health?

Ms McAllister: Well, it is a really pertinent point. We have been talking a lot, and we know that there is an issue for us around how we support our staff to do what is a very challenging job. In my experience, it is actually the same challenge, or a parallel challenge, with nurses, healthcare staff and others, because — we see this often — you become not used to it but perhaps less shocked by it. We want people to be shocked and to find it shocking because it is shocking. What we do is provide support for our staff in a variety of ways, both in the prison and outside it. Phil might want to say a bit about that, because he obviously governed Maghaberry for a while and put in place some very good ways in which we support staff to promote their mental health and well-being and, exactly as you just said, to stop them becoming brutalised. That is the stuff you brought in initially for the staff working with separated prisoners.

Mr Wragg: Yes, it is about staff rotation. We ensure that we have a good, proper training programme in place and that staff regularly and effectively can undergo refresher training. We also have a rotation in place, so staff do not work in one area for too long and get a chance to be able to work in different areas where the stresses may well be less. Equally, however, if they have come from an area where the stresses are less, they may go to an area where the stresses are more. If we can move staff around the establishment on a regular rotation, at least they do not become used to what you are talking about now.

Ms McAllister: I think that that is all absolutely right. The other thing to say — I have said this on a number of occasions — is that being a prison officer is not for everybody. It is not a job for everybody, and it does require an element of emotional resilience that some people struggle with. What we also need to do is to support and help people who realise that the job is not for them, and we have done that as well. It is about supporting people in the job and recognising that the job is challenging. You sometimes deal with people who have fallen through all the other nets of society — they have fallen through the education nets, the social services nets and the community disposal nets. We get people who, quite often, have been damaged by their experiences, and we need to work with them. It is a big ask for prison officers, and we fully accept that.

Mr Beggs: I just want to highlight that it is important to support your staff and ensure that the standards that we all expect in the community are applied in prison.

Ms McAllister: Just going back to what you said, Declan, decency is a non-negotiable for us, as is dignity. We want all prisoners to be dealt with as we would want members of our own families to be dealt with if they were in prison, and that is the benchmark we use. If it was my brother, my dad or my sister, I want people to be treated in the same way as we would treat them, and that does not tolerate people being brutalized.

Mr Wragg: I am proud to say that we have moved on light years beyond what was occurring 20 years ago, when it was a case of, "Just get on with it". We now do cold debriefs and hot debriefs with our staff, and we will automatically direct our staff to Carecall and any other level of service that they require, because we recognise that they deal with some harrowing situations. It is not easy, and we do not want them to take that away from duty to their families, so that is why we run debriefs as well. We are absolutely aware of the stresses and pressures they are under.

Mr Sheehan: Thanks for coming along, folks. I want to take you back to the ECR again. Irrespective of whether there is one person or three people there, the issue to me is the responsibilities they have while they are there. Let us say that someone has a responsibility to ensure that there are no security breaches but, at the same time, has a responsibility to observe someone who might be going to either take their own life or inflict harm on themselves. To me, you cannot do two things like that. It is like putting a terminally ill patient who needs a pathway out of life on a ward in a hospital where the nurses and doctors on the ward are trying to keep other people alive; there is a bit of a contradiction. It is not even the case that they have too much to do; it is that they need to be focused on what they are doing. Were the officers who were observing Sean Lynch or any other vulnerable prisoners briefed beforehand? Are they given a briefing on the individual who is in the cell, including the prisoner's history, context and so on?

Ms McAllister: First, I agree completely with what you have just said, and I think that you are steering us towards the model that we think we need to have, where we have dedicated staff looking after vulnerable people and not asking people in our ECRs to multitask in that way. I absolutely agree with that. I expect that they would be given a briefing. You have worked in Maghaberry recently, Phil. ECR staff will know who is in an observation cell and why.

Mr Wragg: Yes, most definitely. They will know why someone is in a cell. Their responsibilities are to watch that camera.

Ms McAllister: I do not think that anybody is even suggesting that the staff in the ECR were not aware of what was happening and were not feeding information back at periods, so it ultimately was down to the judgement of the staff on the landing as to what needed to happen in response to that.

Mr Sheehan: It occurs to me that, although it maybe did not happen in this case, it could happen that somebody is too busy watching a light going on somewhere that is caused by a rabbit or something when they should be watching something else.

Ms McAllister: Yes, we accept that.

Mr Sheehan: Are you saying that this issue will be looked at?

Ms McAllister: Yes, and we have a member of staff seconded permanently to headquarters looking at this whole issue now. They are working on it full time.

Mr Sheehan: The second issue that I wanted to talk about was that of there being a prison hospital. I think that the hospital in Maghaberry closed in 2012.

Ms McAllister: I think it was just before. It has not been open in my time.

Mr Sheehan: Has any research been carried out on self-harm and suicide before and after the closure? Has there been any fluctuation in the data before and after the prison hospital closed?

Ms McAllister: I do not know. I do not think that there has been to my knowledge. We will find out, and it may well be part of the conversation about whether they should be reinstated.

Mr Sheehan: That brings me on to the nature of the relationship between the Prison Service and the health trust. Is there tension in that relationship?

Ms McAllister: We have been very open that it has been a challenging relationship. As I said before, we have no contract with the trust and no levers. It delivers healthcare, and I have to say that both organisations, the trust and the Prison Service, have invested a lot of time and effort into building a really good relationship. We have events where we sit down together and talk about partnership and our shared targets, and there are some really good examples of joint work going on. In all three prisons, there are some really good examples of mental health interventions, health promotion and therapeutic interventions. Those are the result of joint work between us and the trust, and there has been some fantastic work. Our relationship with our senior colleagues in Health is also very positive in that we believe that we want the same things. Clearly, when things like this happen, it is more important that we pull together, and sometimes there have been tensions about priorities, probably more at departmental level than at trust level, to be honest.

Mr Sheehan: In this particular case, Sean Lynch's case, on two occasions he was at two different outside hospitals. On both occasions he was treated less favourably because he was a prisoner. Does this happen regularly with other prisoners? Is it a general thing that prisoners are treated less favourably when they go to an outside hospital?

Ms McAllister: I do not believe so. I do not believe that it is systemic, but one case is one too many, so I think that it is completely unacceptable. Our view is that, when prisoners go to outside hospitals, they go as patients, not as prisoners. It is absolutely vital that they are given exactly the same level not just of clinical care but of respect and courtesy and a dignified experience, but this seems —

Mr Sheehan: It just seems strange that, in this case, on two occasions this individual was treated less favourably. It suggests to me that it is happening fairly regularly.

Ms McAllister: I think that it is something that we could usefully look at. We have done bed watches, and we have visited bed watches as managers. We have looked at audits of bed watches, and we probably need to go away and think about what more we could do to not just audit the process but

look at the qualitative stuff, whether we do that through talking to patients when they come back or through talking to the relevant trusts.

Mr Sheehan: The trust has a duty of care and responsibility when prisoners are in their custody, but if they are not holding up their side of the bargain and performing that duty of care, does it not pass back to the Prison Service to ensure that prisoners get that care? In a sense, you must advocate on their behalf because there is no one else there to do it. Did you do that?

Ms McAllister: Do we take it up with our trust partners when we believe that standards are not right? Yes, we do, and we have some very robust discussions about equivalence of healthcare, so we are absolutely clear that that is the standard. The issues that we are referring to, where individuals out at hospitals are not getting treated properly, are down to our colleagues, the prison officers, who are there with them. I think that we need to think about how we make sure our staff understand it is incumbent on them.

Mr Sheehan: There is a difference between a patient who is not being treated properly and a prisoner who is being treated less favourably because they are a prisoner.

Ms McAllister: Yes, absolutely. I agree. We ought to be challenging it every time it happens.

Mr Sheehan: Have you been challenging it?

Ms McAllister: Well, this is flagged up. We need to look at it, because I do not believe that it is a systemic issue for us. Sometimes, the opposite is true, people actually get favourable treatment. They might get more privacy or more visits because the staff at the relevant hospital go out of their way to make sure that they are treated very well. As I say, though, if it happens once, it is one time too many, and it is completely unacceptable.

Mr Sheehan: Has this specific case been raised with the trust with regard to Sean Lynch being treated less favourably on two occasions at two separate hospitals?

Ms McAllister: We have just taken receipt of this, so I do not know. It is primarily a matter for the trust. You are absolutely right: if it does not deal with it, we may need to pick it up, but it is a matter for the trust.

The Chairperson (Mr Frew): That is all of the members who wish to ask questions on the Sean Lynch report.

Sue, I know that you have been here for a long time, but it would be remiss of us not to raise the issues raised by the media. If we strip away the headlines and the sensationalism, there are a number of matters, including the drugs — we all live in the real world, so we know the challenges that you face with the drugs issue. I am certainly not hard on the amnesty side of things; there is some positivity in being proactive. I can understand why you would have an amnesty in those circumstances if it is going to remove the drugs. But, at the same time, is it an admission of failure to deal with the drugs issue? I know that it is very challenging and hard to get to grips with, but drugs are getting in somehow.

Ms McAllister: OK. First of all, we have said on many occasions that it is a societal issue. We have drugs in prisons, just as there are drugs in society. We have a number of mechanisms for searching and imposing sanctions on people, both members of the public and prisoners — anybody who brings drugs into our prisons.

I would not want to reveal what we know and compromise security and intelligence in this format. I would be quite happy to have a private conversation. We are aware of a number of ways in which prisoners bring drugs in from outside. Again, it is about balance because we use temporary release extensively here, and that is a good thing. We use it to promote people maintaining family ties, going to job interviews, preparing for release, all of which is really positive, but it does mean that there is an increased opportunity for people to use some of those occasions, or even fabricate them, as a way of bringing drugs back into prison.

We do not use amnesties on many occasions. We used it recently, primarily because we knew we had a bad batch of drugs that could have been lethal and the people who would be most likely to

suffer were not the dealers, the people making the money, it would have been the victims, the people who are at the bottom of the chain. So we have used amnesties for bad batches. They are not something that we use routinely for drugs. We do take the issue seriously — we use dogs for searching; we use staff; we use closed visits; we use technology and we have body orifice scanner (BOSS) chairs, so we are using everything at our disposal, but it is an issue that reflects what is going on in society. Often, people are a step ahead of us, so we have got to keep up with what we can test for.

The Chairperson (Mr Frew): I am not going to be hard on anyone here who goes down the route of an amnesty in that environment, because, at the end of the day, you are still getting somebody to relinquish something that they have probably paid for and which they were intending to use, and you are probably removing risk from them. At the end of the day, they have volunteered it. Getting it removed from the system is a good thing. So I am not going to be hard on anyone as regards amnesty. I just worry about how drugs impact on mental health and everything that we have talked about for the past two hours.

The other issue is about the fires. I understand that fires happen all the time, they are something that you just have to deal with, but with regard to the security breach resulting from the electronics failure, has that ever happened before?

Ms McAllister: First of all, I think you know this, Mr Chairman, it was grossly exaggerated in the press. The electronics did fail and doors opened, but I have some figures here. The problem started at 6.20 and was resolved by 7.05, so it was less than an hour. The maximum number of cells that were unlocked at any point was 13; not the massive numbers that were reported in the press, and no prisoners came out and were threatening or challenging or — as I think was reported in the papers — rioting in any way. The maximum number of prisoners seen at their cell door at any time was six, and none of them came out; they were looking out to see what was happening, and they were all completely compliant.

It is really regrettable that it was reported to the press in such a sensational way by an inside source. That is hugely regrettable and unfortunate, and it is frustrating for us. To my knowledge, it has not happened before. We are very conscious, as we start building our 360 block, that we do not want to design in any characteristics that require more staff than we need to operate them or have too much in them to go wrong. I am a big, big fan of keys and locks, because you know where you are with keys and locks, and they do not fail in the same way. This Prison Service does not have a lock-and-key culture; it uses biometrics; it uses electronic systems, such as the one we have at Magilligan. What we need to do — and we have started doing this as part of our modernisation package — is look at what our lock-in procedures are and what is best for us. This was a technical fault. It was an IT fault that resulted in the doors being unlocked, but it was safe and completely manageable.

The Chairperson (Mr Frew): The fact that doors swing open — not to get too technical, I am a spark by trade — diagnostics were bound to have been done on the system. Through the engineers and those who operate the system, have we got answers that say, "Here is a fail-safe mechanism that can be attached, so that, whenever the doors are released, there is a secondary system that comes in and —

Ms McAllister: I do not know if we have them. We have been talking about this. I recognise the term that you have just used, which is like a foreign language to me.

Mr Wragg: You will be aware, Mr Chair, with your background, that we should fail to safe, basically. We have the company looking at what occurred technically. We have asked a number of technical questions and we want answers to them, because this system should not do what it did.

The Chairperson (Mr Frew): Far too technical for a Justice Committee, I am sure. This is my first opportunity to put it on the record officially, but there is one thing that really alarms me. We understand that fires happen, we understand that inmates are badly behaved — a lot of the time, it is in their nature; that is why they are there in the first place. Whilst I agree with Declan with regard to respect and that you have to respect everyone, I am aware that up to 1,800 prisoner adjudications have been scrapped, wiped. I could be wrong, correct me if I am. Why is that so?

Ms McAllister: It is because we have made the system unmanageable. We have — as you will understand far more than I do — a very litigious society, and the adjudication system, frankly, has become unmanageable. Adjudications were designed to be an internal disciplinary process, which

was meant to be quick, transparent and fair. It has actually become laden down with legal representation, recording, numerous pleas, delays and adjournments, and the whole thing has become unmanageable. We ended up having prisoners, who were charged with things, deliberately rendering the system unmanageable, because people became very aware of how to do it. We got to the point where some had been sitting around for so long, waiting for lawyers to be available or for legal aid decisions to be made, that we actually had to draw a line.

That is a headline figure; it looks shocking, and it is shocking. The most important thing is that we need to encourage our staff and give them the confidence to not resort to the formal adjudication system if it is more appropriate to use the progressive regime and earned privileges scheme (PREPS), the prisoner reward system, and also to use informal methods through staff/prisoner relationships to resolve issues so that the numbers we get are smaller. We ought to be in single figures daily, and then we could get them done. We also need to recalibrate expectations about what it is for and get better and more confident in saying, "This is not a complex case and you do not need a lawyer", or "This member of staff has charged somebody, so we require this member of staff to attend on that day.". It has not been well managed in the past.

The Chairperson (Mr Frew): I can understand how a prisoner will abuse that system to make it unworkable. What sanction is there if someone is badly behaved in a prison setting, which could affect prison officers or prisoner-on-prisoner interaction?

Ms McAllister: Absolutely. I would have absolutely no difficulty in agreeing that, where there are issues around violence, threats and serious bad behaviour, we should use the disciplinary system, the adjudication procedure. If you look at why we have used it, you will see that we are using it for some minor things that we should not be using it for, and we have actually rendered the system unmanageable.

The Chairperson (Mr Frew): But 1,800.

Ms McAllister: Yes.

Mr Wragg: Many of them, Mr Chair, were over a year old.

The Chairperson (Mr Frew): But were they serious cases, nonetheless?

Ms McAllister: No. Not all of them.

The Chairperson (Mr Frew): Not all of them?

Ms McAllister: No. We had to make a decision to draw a line and write them off. The most serious would be referred to the police and dealt with through the criminal process.

The Chairperson (Mr Frew): How many are ongoing at the present time? Or have they just all ceased?

Mr Wragg: No. Adjudications are ongoing. I have not got the number.

Ms McAllister: No, no. They are still going on. We can find you a figure of how many we have in the system.

The Chairperson (Mr Frew): At the present time?

Ms McAllister: Yes.

The Chairperson (Mr Frew): That would be useful. We are seeking reassurance that there is a sanction there, so that, if somebody steps out of line or misbehaves or hurts or abuses a prison officer or another prisoner, they will be dealt with.

Mr Wragg: Serious cases are referred to the police.

The Chairperson (Mr Frew): Right. It is very important that we get that information.

Ms McAllister: Yes.

The Chairperson (Mr Frew): Ok. No other comments or questions? OK, thank you very much for your time. You have been here for a very long time on a very serious issue. Thank you very much.