



REPORT OF AN INDEPENDENT
REVIEW OF PROGRESS AT
**MAGILLIGAN
PRISON**

31 OCTOBER – 2 NOVEMBER 2023

FEBRUARY 2024



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LIST OF ABBREVIATIONS

AD:EPT	Alcohol and Drugs: Empowering People through Therapy
Belfast Met	Belfast Metropolitan College
CJI	Criminal Justice Inspection Northern Ireland
ETI	Education and Training Inspectorate
IRP	Independent Review of Progress
HMI Prisons	His Majesty's Inspectorate of Prisons
MDT	Mandatory Drug Test
NIPS	Northern Ireland Prison Service
NWRC	North West Regional College
PBNI	Probation Board for Northern Ireland
PDM	Prisoner Development Model
PDP	Personal Development Plan
PDU	Prisoner Development Unit
PRISM	Prison Record Information System Management (computer system used by the NIPS)
RQIA	Regulation and Quality Improvement Authority
SEHSCT	South Eastern Health and Social Care Trust

CHIEF INSPECTORS' FOREWORD

At our last full inspection in June 2021, Magilligan Prison was beginning to emerge from the restrictions imposed because of the COVID-19 pandemic. While we found a mostly safe and respectful prison, we identified several areas of concern and made recommendations for these to be addressed. Access to illicit substances, including in-possession medication, led to high rates of positive drug tests. Although the prison was mostly respectful, standards of cleanliness in some residential accommodation were poor and prisoners' perceptions of their treatment by staff and victimisation had not improved since the inspection in 2017. Similarly, despite good access to time out of cell, the prison was not sufficiently ambitious in opening the regime and encouraging service providers to return to re-engage with prisoners.

During this independent review of progress all four inspection bodies Criminal Justice Inspection Northern Ireland, His Majesty's Inspectorate of Prisons, the Regulation and Quality Improvement Authority and the Education and Training Inspectorate worked together to measure the progress against 14 of the 30 recommendations made in the 2021 report. The remaining recommendations will be followed up at a future inspection. Our findings were mixed: we identified good progress in three areas and reasonable progress in four. However, despite a period of more than two years since our last full inspection in 2021, there had been insufficient or no meaningful progress in seven of our identified recommendations which was disappointing.

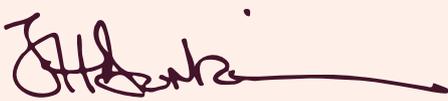
Progress in addressing access to illicit substances had been too slow and positive drug test rates remained the same as in 2021. A co-ordinated approach by the Northern Ireland Prison Service to promote a unified drug strategy across all three prison sites was not implemented until shortly before this inspection. Relationships between on-site prison leaders and the health care provider were positive, but there remained concerning gaps in communication between the Northern Ireland Prison Service and the South Eastern Health and Social Care Trust which were a barrier to progress. It was, however, more positive that we identified improvements in the management of controlled drugs.

Leaders had implemented effective systems to improve cleanliness and most communal areas were bright and welcoming. There had also been improvements in the complaints process, but formal consultation with prisoners remained poor. Similarly, actions to address poor perceptions of staff victimisation had not been addressed. It was disappointing that there had been no concerted action by leaders to address this recommendation, one that was made and accepted at the last two inspections.

There were now more effective systems across the education and activities provision and attendance rates were over 95%. Leaders had expanded the range of education and work activities and had credible plans to extend the education provision further, but not enough was being done to increase the number of prisoners participating at level 2 or above. Although there was evidence of progression to higher levels, the number of prisoners involved was relatively low.

In the area of resettlement, on-site visits by Probation Board for Northern Ireland staff had restarted shortly after the last inspection and we found good collaborative working between probation and prison staff.

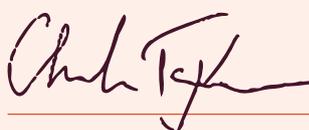
This review of progress was mixed: the atmosphere in the prison was relaxed, prisoners were unlocked for most of the day, and we observed examples of positive interactions between staff and prisoners. However, progress against many of our recommendations, including our previous concerns about illicit drug use and perceptions of victimisation, had yet to be addressed. Despite some operational challenges, such as staff shortfalls and population pressures, improvement was slow in too many areas given that two years has passed since our inspection. Magilligan Prison has the potential to be a model establishment, but to achieve this the Prison Governor and Northern Ireland Prison Service senior leaders need to address recommendations with greater vigour and carry out rigorous assessment of whether improved outcomes have been achieved.



Jacqui Durkin

Chief Inspector of Criminal Justice
in Northern Ireland

February 2024



Charlie Taylor

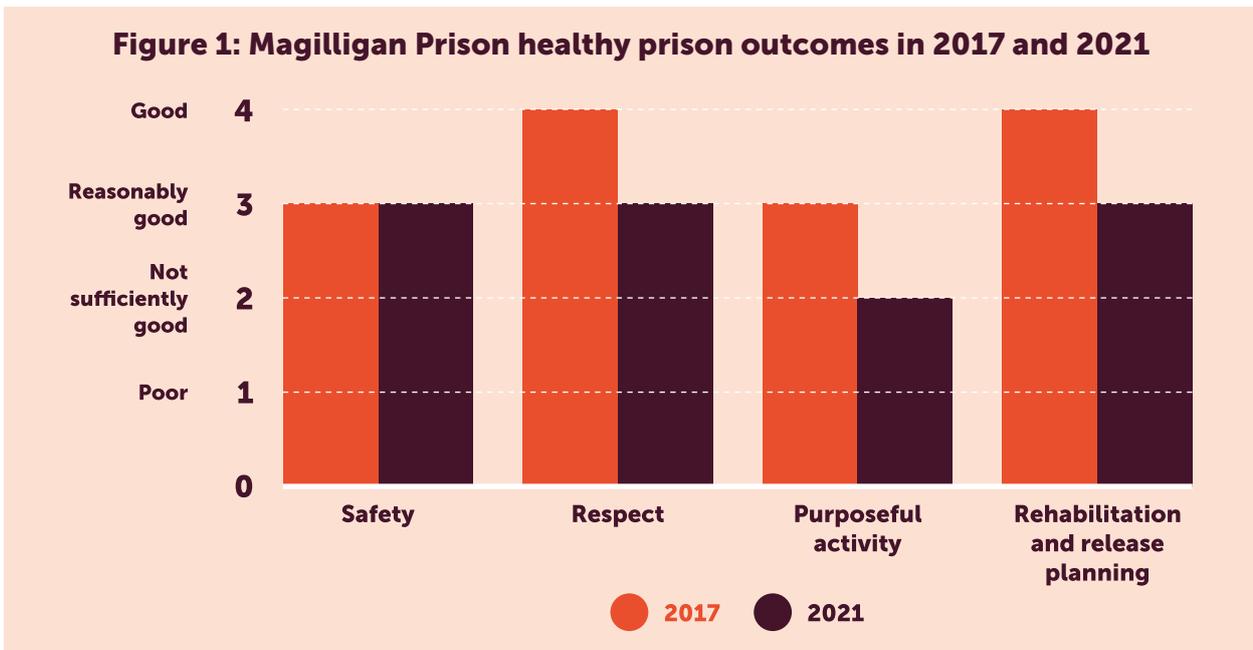
HM Chief Inspector of Prisons
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February 2024

CHAPTER 1: INTRODUCTION

BACKGROUND

In February 2022, Criminal Justice Inspection Northern Ireland (CJI) published its report¹ of an unannounced inspection of Magilligan Prison conducted from 21 May-10 June 2021. Inspectors found that there had been a decline in the performance of the prison against three of the healthy prison tests² (Respect, Purposeful Activity and Rehabilitation and Release Planning) and the assessment of safety remained reasonably good.



The Inspection Team identified two key concerns and made a further 30 recommendations for improvement to the Northern Ireland Prison Service (NIPS), the South Eastern Health and Social Care Trust (SEHSCT) which provides prison health care services and Belfast Metropolitan College (Belfast Met) which, in partnership with the North West Regional College (NWRC) is the lead service provider of learning and skills delivery across the Northern Ireland prison estate. The NIPS accepted the report's recommendations and provided an action plan to CJI detailing how the recommendations would be addressed.

1 CJI, *Report of an Unannounced Inspection of Magilligan Prison, 21 May-10 June 2021*, published 28 February 2022 available at <http://cjini.org/getattachment/4ae6bd06-979d-4b1e-a724-c2ab6ee5ac09/report.aspx>

2 *Prison inspection reports carry a summary of the conditions and treatment of prisoners based on the four tests of a healthy prison that were first introduced in His Majesty's Inspectorate of Prison's thematic review Suicide is Everyone's Concern, published in 1999. The tests are: safety, respect, purposeful activity and rehabilitation and release planning. Expectations set out the criteria for assessing the treatment and conditions in prisons and are available at <https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations>*

Independent Reviews of Progress (IRPs) were designed by His Majesty's Inspectorate of Prisons (HMI Prisons) to improve accountability to Ministers in England and Wales about the progress prisons make in addressing concerns in between inspections.

IRPs were adopted by CJI during 2023 to offer swifter assurance of progress made by Northern Ireland prisons against inspection concerns and to provide a more adaptable approach to prison assessment. IRPs focus on assessing activities that lead to improved outcomes for prisoners, identifying areas of progress, emerging challenges, and evaluating leadership and management responses.

As with full prison inspections, CJI worked in partnership with HMI Prisons, the Regulation and Quality Improvement Authority (RQIA) and the Education and Training Inspectorate (ETI) to conduct IRPs in Northern Ireland. HMI Prisons IRP methodology was adopted and customised for use in Northern Ireland (see Appendix 1).

IRPs contribute to monitoring places of detention as part of the UK National Preventive Mechanism, established in response to the United Kingdom's commitment to the Protocol to the United Nations Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment.

The progress made against 14 of the recommendations made at the 2021 inspection, including the two areas of key concern, was examined during this IRP.

Changes since the 2021 inspection

At the time of the 2021 inspection, Magilligan Prison was beginning to emerge from the COVID-19 pandemic restrictions which had contributed to the assessed outcomes against the healthy prison tests. The prison continued to be impacted by restrictions and was completely closed down when 189 men tested positive for COVID-19 at the start of March 2022.

Just under 100 more prisoners were held at Magilligan Prison than at the time of the previous inspection; 56 above the normal capacity. Halward House was now fully doubled. There had been a number of changes to the leadership team and, at the time of the IRP, the prison was experiencing staffing shortages and a higher rate of sickness absence.

The Prison's Governor and Deputy Governor, who had only recently been appointed at the time of the last inspection, remained in post and there was no significant change to the use of the residential accommodation or facilities since 2021.

In October 2023, the NIPS initiated a review of the Prisoner Development Model (PDM). Among the drivers for the review were the lack of delivery of rehabilitative services as a result of the pandemic, the redeployment of PDU staff to other roles as the prisoner population continued to increase and the current financial climate and deliverability of the existing model. A review team was to be appointed in early 2024.

The independent review of progress

The IRP was announced in August 2023 and a progress update was provided by the NIPS, the SEHSCT and Belfast Met/NWRC to the joint Inspection Team during October 2023.

During a two-day visit, a range of evidence about the progress in implementing each selected concern/recommendation was collected. Sources of evidence included observation, discussions with prisoners, staff and relevant third parties, documentation and data.

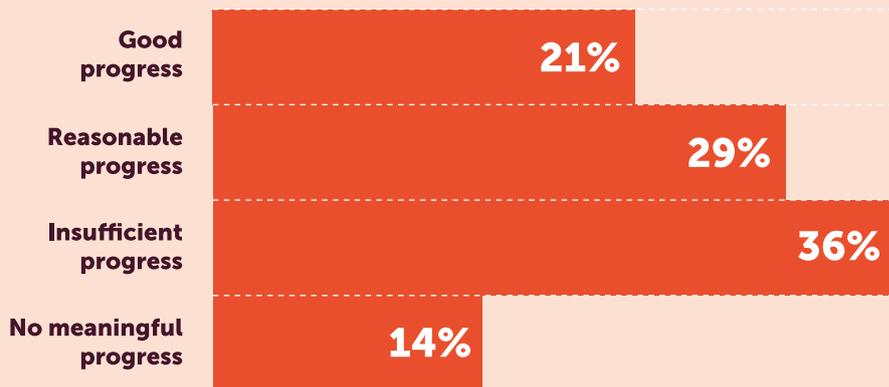
The information provided in the self-assessment and during on-site visits was reviewed and analysed and judgements were reached of the progress made against each recommendation.

CHAPTER 2: KEY FINDINGS

At this IRP visit, we followed up 14 recommendations from our most recent inspection in June 2021.

We judged that there was good progress in three recommendations, reasonable progress in four recommendations, insufficient progress in five recommendations and no meaningful progress in two recommendations.

Figure 2: Progress on recommendations from June 2021 inspection (n=14)



Notable positive practice

We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

Inspectors found no examples of notable positive practice during this IRP.

CHAPTER 3: PROGRESS AGAINST THE KEY CONCERNS AND RECOMMENDATIONS

The following provides a brief description of our findings in relation to each recommendation followed up from the full inspection in 2021. The reference numbers at the end of each recommendation refer to the paragraph location in the full inspection report.

SAFETY

KEY CONCERN AND RECOMMENDATION

Concern: Illicit drugs and diverted prescribed medications were easily available. Random mandatory drug testing positive rates were high and searching resulted in many finds relating to drug use. In our survey, one third of prisoners said that they had developed a problem with drugs or medication not prescribed to them while at the prison. Although a drug and alcohol strategy with an associated action plan were now in place, they were yet to be effective in addressing the supply of illicit drugs within the prison.

Recommendation: The drug strategy action plan should be up to date, widely communicated and closely tracked to reduce the supply and demand for drugs and alcohol. (To the Governor)

Status: Insufficient progress.

Progress against this recommendation had been slow. The redeployment of the head of function responsible for the drug strategy, followed by staff absence had delayed action from being taken after our inspection. This was further exacerbated by decisions by the NIPS to promote a unified approach to drug strategy across all prison sites in Northern Ireland.

A revised drug and alcohol strategy had only recently been introduced and was yet to be embedded. It was positive that it focused on both supply and demand, including recognition of the importance of purposeful activity and maintaining family contact. The associated action plan was comprehensive but had not yet been assigned to anybody to oversee.

The random mandatory drug test (MDT) rate remained the same as at the full inspection (17%). Staff were aware that drug use was broadly similar to our last inspection, but the digital Prison Record Information System Management (PRISM) was not set up to produce a percentage figure which made it difficult to monitor changes. Drug testing was often carried out on weekday mornings which was too predictable for prisoners.

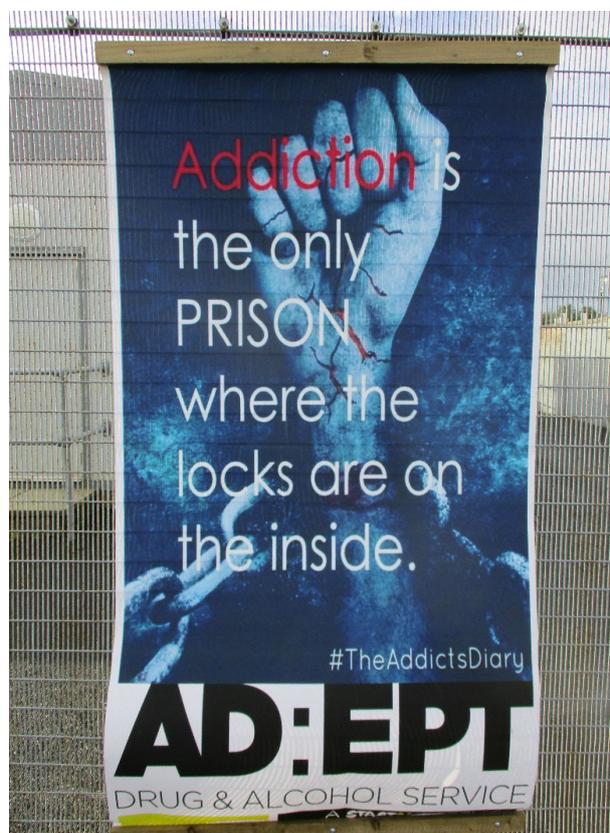
Nine per cent of prisoners selected for a MDT refused to participate, which was broadly similar to our last inspection. Suspicion drug testing was managed appropriately, but PRISM reports were not able to produce suspicion testing figures.

The diversion of medications remained a key threat. Positive relationships between on-site prison leaders and the SEHSCT, including Alcohol and Drugs: Empowering People through Therapy (AD:EPT), the drug and alcohol treatment service, helped to address concerns over illicit drug use. The joint NIPS and SEHSCT Medicines Management Group had been reconvened and a new Medicines Incident Review Group had been established. However, gaps remained in communication and collaboration between the NIPS and the SEHSCT which was a barrier to further progress.

Positive initiatives to support the supply reduction strategy were well managed by the security department, such as close working relationships with the Police Service of Northern Ireland and intelligence-led monitoring. Some of these initiatives had only recently been introduced and it was too early to assess their impact.

There were significant delays in accessing the opiate substitution therapy programme. About 100 prisoners across all three prison sites were on the waiting list and many had waited for between one and two years, driven by a significant increase in demand for clinical addiction services. This inevitably had a negative impact on prisoners' sentence planning and reducing drug use.

The use of rehabilitative adjudications to offer appropriate support to prisoners at risk of substance misuse was now fully embedded. Prisoners who failed a drug test were given the opportunity to complete a drugs awareness intervention with AD:EPT rather than a generic punitive award.



Photograph 1: AD:EPT poster

Additional interventions for substance misuse had been introduced, such as the 'getting smart' programme delivered by AD:EPT and 'the circle' by sentence managers, but these had yet to show a positive impact on reducing illicit drug use.

The deployment of an X-ray body scanner six months before our visit had been a positive initiative, resulting in a high number of finds related to drug use. Prisoners transferring in from Maghaberry Prison who were identified with suspected illicit items on arrival were managed appropriately. During our visit, four of the 10 transfers in had received a positive scan on arrival.

We considered that Magilligan Prison had made insufficient progress against this recommendation.

RESPECT

KEY CONCERN AND RECOMMENDATION

Concern: The standards of cleanliness on some units were poor and presented considerable risks to health. Audits of residential units had been introduced recently but were not focused on cleanliness. There was no robust mechanism in place to monitor this.

Recommendation: Effective arrangements should be put in place to set, monitor, and maintain high standards of cleanliness and hygienic practice in residential units. (To the Governor)

Status: Good progress.

At around the time of our last inspection, leaders had introduced measures to improve the oversight of cleaning. Staff were required to inspect all communal areas and equipment and complete a form which was countersigned by a manager to confirm their cleanliness.

Residential Governors monitored staff compliance with these revised procedures and fed back their findings to Unit Managers. Where compliance with the procedure had initially been poor, targets for improvement had been set and it was evident that the procedure was well embedded.

Residential Governors also undertook monthly spot checks of each accommodation unit and passed their findings to the Unit Managers. Remedial action was quickly taken.

Since our inspection, new equipment had been purchased, including a steam cleaner which had proved effective in removing ingrained dirt that we had observed during our inspection. The servery areas had been deep-cleaned and the hygiene concerns that we had identified had been addressed. Communal areas in living accommodation were generally very clean and most areas in Magilligan Prison were bright and welcoming.

We considered that Magilligan Prison had made good progress against this recommendation.

RECOMMENDATION

The scope of consultation with prisoners should be expanded, with greater clarity about how such consultation will be used to effect positive change. (To the Governor) (2.27)

Status: Insufficient progress.

Formal consultation with prisoners remained poor.

Monthly prisoner forums were held on the residential units but these were not well organised or structured. There were no prisoner representatives and attendance was poor and ad hoc. The forums focused mainly on day-to-day issues and there was limited consultation on broader topics. Actions identified following consultation were not consistently followed up and feedback to prisoners needed improvement. This was mitigated to a small extent by the visibility of Governors to answer prisoners' questions.

There were better examples of consultation on Foyleview Unit (a low security resettlement unit), which were led by a committed Senior Officer.

Consultation on equality and diversity was improving. Peer representatives had been identified, enabling some consistency in attendance at meetings, and support for some equality groups was now considered. Issues discussed during meetings were recorded on a live action planner.

We considered that Magilligan Prison had made insufficient progress against this recommendation.

RECOMMENDATION

The prison should investigate and address prisoner perceptions of staff victimisation reported in our survey. (To the Governor) (2.4, repeated recommendation 2.14)

Status: No meaningful progress.

This recommendation had initially been made after our 2017 inspection and we found at our 2021 inspection that progress towards addressing it had been negligible. Following the second inspection, leaders decided to seek external support and had planned to commission an academic institution to undertake a study and provide guidance. At the time of this review, this study had not yet taken place and prison leaders had not revisited the issue.

A prisoner survey had recently been undertaken and leaders felt that this indicated that perceptions of staff victimisation had reduced. However, prisoners told us that they had been reluctant to respond to the survey because of concerns about confidentiality. Some survey responses identified issues that needed to be addressed, for example 48% of prisoners who responded said that they would not report bullying or victimisation by staff.

Managers responsible for the Foyleview Unit had been more responsive to the fair treatment of prisoners which had improved staff-prisoner relationships on the Unit.

The Quaker Service had very recently been commissioned to consult prisoners about perceived poor staff behaviour. Two staff members who were identified as particularly confrontational by several prisoners during the consultations were subject to management challenge and directed to undergo training on managing conflict effectively.

We considered that Magilligan Prison had made no meaningful progress against this recommendation.

RECOMMENDATION

The recommendations identified in the internal review of complaints should be implemented and complaints about staff should be more rigorously dealt with. (To the Governor) (2.29)

Status: Reasonable progress.

Soon after the 2021 inspection, prison leaders had incorporated the recommendations from the internal complaints review into an action plan. Most of the recommendations had been implemented, for example the Deputy Governor was now systematically recording the findings of the 'dip sampling' of complaints and giving written feedback to staff who had carried out the investigations and responded to the complaints.

Complaints data were now being considered at monthly equality and diversity meetings. A weekly update providing a snapshot of the status of complaints had recently been introduced and was being shared with relevant prison staff. Analysis of patterns and trends remained limited.

Prison leaders had introduced a procedure for potentially serious complaints to be passed immediately to managers to screen and decide if they were serious. However, there were no criteria for what constituted a serious complaint and no oversight to ensure consistency of approach. In addition, prison leaders had recently identified that the screening process was not fully embedded and that potentially serious complaints were still being passed directly to lower-level staff. An investigation by the Deputy Governor had found that no serious complaints had been missed and the screening process was reinforced with relevant staff.

We considered that Magilligan Prison had made reasonable progress against this recommendation.

RECOMMENDATION

The South Eastern Health and Social Care Trust, along with their partners at the Health and Social Care Board³, should work together to review the current capacity and capability of the addiction service to meet the needs of prisoners who require treatment and support for addiction. (To the South Eastern Health and Social Care Trust and Health and Social Care Board) (2.87)

Status: Reasonable progress.

The complement of SEHSCT commissioned staff to deliver addictions services across the three prison sites had increased by one whole-time equivalent, however there was limited evidence of a reduction in waiting times.

Capacity requirements had been determined and funding secured to increase the addictions service provision in prisons in Northern Ireland.

Existing capacity was not adequate to address the level of need or the range of addictions presenting in the prison. High-risk presentations such as opiate dependence had absorbed available resources and specialist treatment to address alcohol addiction was limited. The proposed model of service delivery would increase the overall resource to meet the treatment and support needs of patients with addiction, including those presenting with alcohol dependence.

The SEHSCT had commissioned and partnered with a community wellbeing organisation to provide support for those patients with persistent pain, including those addicted to pain medication. The seven-week programme had ended just before this IRP visit. It had been attended by 13 patients who had been offered support with understanding and managing persistent pain. Early feedback from patients indicated that the programme had been well received.

We considered that Magilligan Prison had made reasonable progress against this recommendation.

RECOMMENDATION

Standard Operating Procedures for controlled drugs should be up-to-date. (To the South Eastern Health and Social Care Trust) (2.94)

Status: Good progress.

³ The Health and Social Care Board is now the Strategic Planning and Performance Group.

Following a review by the SEHSCT pharmacist, standard operating procedures for controlled drugs had been updated and implemented in March 2022.

The SEHSCT had improved understanding of prescribing and adherence checks had increased with evidence of compliance rates clearly recorded.

A concerted effort had been made to reduce prescribing of tradable medicines with a marked reduction of 41% in Pregabalin prescribing across all three prison sites.

We considered that Magilligan Prison had made good progress against this recommendation.

PURPOSEFUL ACTIVITY

RECOMMENDATION

Leaders should make sure that there is a further education college leadership presence on-site as soon as possible, to ensure good levels of communication, effective monitoring and co-ordination between prison and college staff as provision resumes. (To the Belfast Met) (3.27)

Status: Reasonable progress.

A Head of Learning and Skills, with responsibility for oversight and quality improvement of the contracted delivery of further education and skills provision, had been recruited by the NWRC shortly after the last inspection and was based in the prison.

The Belfast Met, in partnership with NWRC, had also appointed a Deputy Regional Head of Prison Programmes with responsibility for strategic planning and effectiveness of delivery of the education and skills provision in prisons, as set down in the service level agreement with the NIPS.

Since the last inspection, a well-structured, appropriate governance framework had been established to co-ordinate and monitor the education and skills provision, at strategic and operational levels. This had made collaboration and communication between the prison and college leaders more effective, resulting in better monitoring, review and evaluation of the provision, including action planning to address the recommendations from the inspection.

Comprehensive recording and tracking systems had been put in place to support systematic monitoring and review of the progress and impact of the planned improvement actions. Prison and college staff were therefore able to optimise the learning opportunities and other purposeful activities for prisoners. This had resulted in an improved participation rate of 71% in education, skills and work activities since the inspection and an attendance rate of 96% in lessons.

The NIPS and the NWRC had completed individual self-evaluation reports for their respective areas of responsibility to evaluate the quality of the provision, measure progress against targets and inform future planning. This was an important development in self-evaluation and quality improvement planning, but the processes were not integrated sufficiently, resulting in a limited shared understanding of the effectiveness of the provision and of actions that would bring about sustained improvement. There was not enough in-depth analysis of the available data to inform the self-evaluation and action planning processes.

We considered that Magilligan Prison had made reasonable progress against this recommendation.

RECOMMENDATION

Leaders should develop and implement effective arrangements for the strategic overview and evaluation of the quality of education, skills and work at all levels, demonstrating a clear impact on better outcomes for the prisoners. (To the Belfast Met and the Governor) (3.28)

Status: Insufficient progress.

An interim review of the education and skills curriculum had been completed and the provision had been extended at levels 2 and 3 in barbering, carpentry and joinery and horticulture and new programmes introduced in brickwork and hospitality (barista). A small number of prisoners were taking the new level 3 courses in barbering and horticulture and a pilot level 2 joinery course. Actions to support the planned expansion of the curriculum, such as the recruitment of additional tutors and refurbishment of extra training areas, were in progress.

A prisoner survey had been completed to identify prisoners' preferences for future education and skills provision. The analysis of this survey and the substantive review of the curriculum led by Belfast Met and due for completion by December 2023 should inform the further development of provision to meet the needs of all prisoners, in line with labour market opportunities.

Following the lifting of COVID-19 pandemic restrictions, the delivery of education and skills had resumed at a good pace across all vocational areas. The number of qualifications achieved in 2022 to 2023 had exceeded the targets set and the level of qualifications achieved before the pandemic.

However, two-thirds of the enrolments in 2022 to 2023 were at or below level 1. The prison had a target of 42% of the enrolments to be at level 2 or above and not enough progress had been made in increasing the proportion of prisoners achieving qualifications at this level.

We considered that Magilligan Prison had made insufficient progress against this recommendation.

RECOMMENDATION

Leaders should increase the number and quality of work activities for the prisoners and ensure suitable access for them to relevant qualifications and accreditation, to improve their future opportunities for employment and/or further training. (To the Governor) (3.29)

Status: Insufficient progress.

Prison leaders had expanded the range of work activities in areas such as catering, with on-the-job accreditation, recycling processes and re-upholstery. This had provided greater access to purposeful activities across the prison population. Leaders had also monitored more closely the overall uptake of work activities, which informed targeted recruitment strategies. Since the full inspection, 71% of prisoners had been engaged in purposeful activity.

The development of processes had started for accreditation of qualifications for those prisoners who acquired occupational competences through their work activities. Progress had stalled, however, following unforeseen changes in funding arrangements for the community agencies facilitating these processes. Alternative development work had not progressed.

Development opportunities to prepare prisoners reaching the end of their sentence for work were meaningful and matched to prisoners' individual needs and interests. Almost one third of the prisoners in this category had off-site employment placements. Engagement with a new employer had led to a small number of additional prisoners being placed in off-site employment.

We considered that Magilligan Prison had made insufficient progress against this recommendation.

RECOMMENDATION

Leaders should develop a digital strategy to support the delivery of the learning and skills provision (3.26). (To the Belfast Met and the Governor) (3.30)

Status: No meaningful progress.

Prison and college staff had developed a shared understanding of the necessity for a coherent digital strategy to support and enhance the delivery of education and skills provision. While further education leaders had adapted the NWRC existing digital strategy in response to this recommendation, this strategy was not well enough aligned to the particular context of delivering education and skills in a prison.

Interactive whiteboards were used in a small number of classrooms, often to support learning as well as teaching. In discussions with Inspectors, tutors highlighted the importance of a more fit-for-purpose digital provision to support and enhance the prisoners' learning experiences, facilitate progression and increase access to a wider education and skills curriculum, particularly at level 3.

A list of requirements for enabling access to digital resources had been agreed between the NIPS and Belfast Met, and in partnership with NWRC. Not enough progress had been made in realising a coherent digital strategy and a fit-for-purpose education and skills provision, to support delivery and improve outcomes. At the time of our review, in-house manufacturing work had just started on providing the necessary infrastructure to enable testing of a wireless network.

We considered that Magilligan Prison had made no meaningful progress against this recommendation.

RECOMMENDATION

Leaders should implement more effective strategies to improve the essential skills provision, including to increase engagement and enrolments, and make sure that more prisoners progress and attain at the higher levels. (To the Belfast Met) (3.31)

Status: Insufficient progress.

Essential skills enrolments had increased significantly since the inspection in 2021.

The delivery model had been revised to allow prisoners to enrol on a vocational programme alongside their essential skills classes. This had improved learner engagement and provided opportunities for contextualising the learning, although these opportunities had not been fully exploited.

Most of the essential skills qualifications achieved were predominantly at level 1 or below. There was evidence of progression to higher levels, but the number of prisoners involved was relatively low. Progress was, therefore, limited in increasing the number and proportion of prisoners attaining level 2 in their information and communications technology, literacy and numeracy skills development.

At the point of transition from other prison sites, full account had not been taken of the objectives in prisoners' personal development plans (PDPs) and any individual learning plans to better inform education and skills allocations, enable continuity in their learning and create more progression opportunities.

We considered that Magilligan Prison had made insufficient progress against this recommendation.

REHABILITATION AND RELEASE PLANNING

RECOMMENDATION

Probation Board for Northern Ireland staff in the Prisoner Development Unit should have face-to-face contact with prisoners in order to build trust and meet the rehabilitative needs of prisoners on their caseload. (To the governor) (4.17)

Status: Good progress.

At the time of the 2021 inspection, the NIPS had restricted the number of Probation Board for Northern Ireland (PBNI) staff accessing the prison and their face-to-face contact with prisoners due to the continuing restrictions of the COVID-19 pandemic.

From September 2021, restrictions had been eased for PBNI staff and other providers and face-to-face work had resumed. PBNI staff did not return to full co-located working with prison PDP plan co-ordinators until September 2022 because the two organisations had different COVID-19 risk assessment policies.

The PBNI operated a hybrid working model, with staff working three days a week on site and two days at home. Attendance at case conferences and planned contacts with prisoners were conducted on site, which promoted engagement and relationship building. The opportunity remained to meet prisoners remotely and by telephoning residential units if required. Leaders and staff in the Prisoner Development Unit (PDU) told us that this model was working effectively and better met the need of prisoner caseloads. We observed positive relationships between PDU staff and other departments across the prison and there were good examples of collaborative working to prioritise risk assessment and intervention work.

On any given working day at least five Probation Officers were on site supported by the PBNI Area Manager and their administrative team member. A duty officer rota was in place to respond to immediate requests from prisoners whose allocated Probation Officer was not available.

Face-to-face planned contacts with prisoners had resumed and there was good collaborative working between PBNI staff and managers and their prison and psychology counterparts. The model was working effectively.

We considered that Magilligan Prison had made good progress against this recommendation.

RECOMMENDATION

Prisoner Development Unit managers should make sure that the objectives in Personal Development Plans are current, specific and designed to support prisoners' progress through their sentence. (To the governor) (4.18)

Status: Reasonable progress.

From June 2022, the full PDM had been reintroduced, but Prison Officers continued to be redeployed, particularly over the summer months. This adversely affected the personal development planning process and was a source of frustration among managers and staff.

Redeployment, staff absence and higher than average caseloads for PBNI co-ordinators prevented PDP work from being completed to established standards over a sustained period. The functional head had recently secured an agreement to increase staffing levels to help mitigate the impact of redeployment on PDP planning and programme delivery.

Adherence to PDM standards was closely monitored and unit managers and staff were working hard to recover work affected by redeployment. There was no significant backlog of work and priority was given to key time-bound pieces of work when staff were being redeployed.

Most prisoners had a PDP and contacts were conducted each month. Release plans and reports for public protection meetings were being quality assured but audits of the quality of PDPs completed by Prison Officers were not being conducted, which was an omission. PDU leaders planned to address this by enhancing the supervision of staff which had not changed since the last inspection. PDP co-ordinators working in Alpha and Foyleview Units were better integrated with the PDU and an action plan was being progressed.

Several of the plans that we sampled were not sufficiently personalised and did not contain specific objectives related to individual risks and needs. The completion and review of PDPs was not consistent enough.

Pre-release testing schemes, which had been suspended during the COVID-19 pandemic had resumed, which was good. A fortnightly forecasting meeting carried out effective reviews of how testing was working and identified any barriers to progression.

Referrals for psychology risk assessments and one-to-one interventions were managed more effectively by PDU leaders, but no offending behaviour programmes were offered, which affected the progress that prisoners made during their sentence. PDU leaders were working collaboratively to prioritise the delivery of interventions and make sure that work was targeted.

Several projects were being developed to meet the needs of prisoners with short sentences, but these had not yet been implemented. It was not clear how these programmes would be integrated.

We considered that Magilligan Prison had made reasonable progress against this recommendation.

CHAPTER 4: SUMMARY OF JUDGEMENTS

A list of the concerns followed up at this visit and the judgements made.

RECOMMENDATIONS

The drug strategy action plan should be up to date, widely communicated and closely tracked to reduce the supply and demand for drugs and alcohol.

Insufficient progress.

Effective arrangements should be put in place to set, monitor, and maintain high standards of cleanliness and hygienic practice in residential units.

Good progress.

The scope of consultation with prisoners should be expanded, with greater clarity about how such consultation will be used to effect positive change.

Insufficient progress.

The prison should investigate and address prisoner perceptions of staff victimisation reported in our survey.

No meaningful progress.

The recommendations identified in the internal review of complaints should be implemented and complaints about staff should be more rigorously dealt with.

Reasonable progress.

The South Eastern Health and Social Care Trust, along with their partners at the Health and Social Care Board, should work together to review the current capacity and capability of the addiction service to meet the needs of prisoners who require treatment and support for addiction.

Reasonable progress.

Standard Operating Procedures for controlled drugs should be up-to-date.

Good progress.

Leaders should make sure that there is a further education college leadership presence on-site as soon as possible, to ensure good levels of communication, effective monitoring and co-ordination between prison and college staff as provision resumes.

Reasonable progress.

Leaders should develop and implement effective arrangements for the strategic overview and evaluation of the quality of education, skills and work at all levels, demonstrating a clear impact on better outcomes for the prisoners.

Insufficient progress.

Leaders should increase the number and quality of work activities for the prisoners and ensure suitable access for them to relevant qualifications and accreditation, to improve their future opportunities for employment and/or further training.

Insufficient progress.

Leaders should develop a digital strategy to support the delivery of the learning and skills provision.

No meaningful progress.

Leaders should implement more effective strategies to improve the essential skills provision, including to increase engagement and enrolments, and make sure that more prisoners progress and attain at the higher levels.

Insufficient progress.

Probation Board for Northern Ireland staff in the Prisoner Development Unit should have face-to-face contact with prisoners in order to build trust and meet the rehabilitative needs of prisoners on their caseload.

Good progress.

Prisoner Development Unit managers should make sure that the objectives in Personal Development Plans are current, specific and designed to support prisoners' progress through their sentence.

Reasonable progress.

APPENDIX 1: IRP METHODOLOGY

IRPs take place at the discretion of the Chief Inspectors when a full inspection suggests the prison would benefit from additional scrutiny and focus on a limited number of the concerns raised at the inspection.

IRPs do not result in assessments against the healthy prison tests. The healthy prison tests are safety, respect, purposeful activity and rehabilitation and release planning. For more information see HMI Prisons website: <https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations>.

The aims of IRPs are to:

- provide an independent evidence-based assessment of how the prison is progressing against the priority and key concerns or recommendations (prior to May 2022) identified at the previous inspection;
- assess progress in terms of outcomes for prisoners in the areas of main concern;
- support improvement;
- identify any emerging difficulties or slippage in progress at an early stage; and
- assess the sufficiency of the leadership and management response to our main concerns at the previous inspection.

This report contains a summary from the Chief Inspectors and a brief record of the findings in relation to each concern/recommendation which was followed up. The reader may find it helpful to refer to the report of the full inspection, carried out from 21 May – 20 June 2021 available on the CJI website at: <http://cjini.org/getattachment/4ae6bd06-979d-4b1e-a724-c2ab6ee5ac09/report.aspx>

IRPs are announced at least three months in advance and usually take place eight to 12 months after a full inspection. When IRPs are announced, a number of concerns Inspectors intend to follow up (usually no more than 15) are identified. Depending on the concerns to be followed up, IRP visits may be conducted jointly with the RQIA and ETI. This joint work ensures expert knowledge is deployed and avoids multiple inspection visits.

Each concern and recommendation for Magilligan's IRP is given one of four progress judgements:

No meaningful progress

Managers had not yet formulated, resourced or begun to implement a realistic improvement plan to address this concern.

Insufficient progress

Managers had begun to implement a realistic improvement strategy to address this concern but the actions taken since our inspection had not yet resulted in sufficient evidence of progress (for example, better and embedded systems and processes).

Reasonable progress

Managers were implementing a realistic improvement strategy to address this concern and there was evidence of progress (for example, better and embedded systems and processes) and/or early evidence of some improving outcomes for prisoners.

Good progress

Managers had implemented a realistic improvement strategy to address this concern and had delivered a clear improvement in outcomes for prisoners.

The assessments made by the RQIA and ETI under their respective frameworks contribute to the Inspection Team's judgements of progress made during IRPs.

APPENDIX 2: INSPECTION TEAM

Charlie Taylor	Chief Inspector, HMI Prisons
James Corrigan	Deputy Chief Inspector, CJI
Ian Dickens	Team leader, HMI Prisons
Maureen Erne	Inspector, CJI
Chris Rush	Inspector, HMI Prisons
Nadia Syed	Inspector, HMI Prisons
Lynn Long	Director, RQIA
Nicola McCann	Inspector, RQIA
Helen Daly	Inspector, RQIA
Paul Nixon	Inspector, RQIA
Rachel Lloyd	Inspector, RQIA

A team of ETI Inspectors inspected and reported on progress against education, skills and work recommendations.

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