



**Follow-up report
of the United Kingdom Government
in response to the report of the European
Committee for the Prevention of Torture
and Inhuman or Degrading
Treatment or Punishment (CPT) on its visit
to the United Kingdom
from 29 July to 10 August 1990**

The United Kingdom Government has requested the publication of this document. (The CPT's report on its visit to the United Kingdom (CPT/Inf (91) 15) and the interim response of the United Kingdom Government (CPT/Inf (91) 16) have already been made public.)

Strasbourg, 15 April 1993

**FOLLOW-UP REPORT OF THE UNITED KINGDOM GOVERNMENT TO THE EUROPEAN
COMMITTEE FOR THE PREVENTION OF TORTURE AND INHUMAN AND DEGRADING
TREATMENT OR PUNISHMENT (CPT)**

March 1993

PREFACE

1. Between 29 July and 10 August 1990 a delegation from the European Committee for the Prevention of Torture and Inhuman and Degrading Treatment or Punishment (CPT) visited the United Kingdom. In November 1991 the United Kingdom Government requested the publication of the CPT's report, together with a detailed response (the "interim report"). The CPT's comments on the interim report were received in November 1992.*

2. The Government's interim report indicated the progress which had already been made in meeting the CPT's main concerns, particularly those relating to prison conditions. It also set out plans for further improvements in a number of areas. This document provides a "follow-up report" by the United Kingdom Government on progress in the prisons visited by the CPT, and also responds in detail to the Committee's latest comments and requests for further information.

3. The Government considers that substantial progress has been made in meeting the main concerns of the CPT about conditions in some of the prison establishments visited. The follow-up report makes clear the further progress that has been made in dealing with the problems of overcrowding, sanitation, and improving prison regimes, and that these areas continue to be priorities for improvement.

4. The Government believes that the reports reflect a constructive dialogue between the Committee and the United Kingdom. It welcomes the CPT's view, noted in paragraph 1 of their comments on the interim report, that there had been "excellent co-operation between the United Kingdom authorities and the Committee". It remains the Government's intention to continue to provide all reasonable co-operation in the future in respect of matters falling within the Committee's terms of reference.

* The CPT's comments on the Government's interim report are set out in an appendix to this report.

REPORTS ON GENERAL PROGRESS AT PRISONS VISITED BY THE CPT

(Paras.60, 68, 70, 75 to 76, 78, 82, 106 and 165 of the CPT's report; cf. pp.1 to 5, 20 and 28 of the UK's interim response)

Brixton

5. Overcrowding has been significantly reduced at Brixton since the CPT's visit. The current certified normal accommodation figure is 621 and the operational capacity is 803. During the early part of 1992 the daily population was close to the operating capacity but is currently about 630.

6. A phased redevelopment of Brixton Prison is being carried out to provide improvements in conditions for both prisoners and staff. It is proposed to retain the Chapel and five of the accommodation wings - A, B, C, D and also F Wing (now known as G Wing) but to remove additions made over the years which have made the site very cramped. This will open up the site as well as providing space for new facilities.

7. Phase 1 of the major redevelopment is planned to begin in October 1995, but in the meantime refurbishment work is being carried out in some of the accommodation wings. When the work is completed Brixton will have a certified accommodation figure of just under 600 prisoners.

8. Integral sanitation has already been installed in A Wing. A full refurbishment of the wing will be carried out in the later phases of the redevelopment programme.

9. B Wing is currently out of use whilst integral sanitation, new cell windows, upgrading of security provisions and improved facilities for prisoners and staff are installed. The work is due to be completed by in August 1993.

10. C and D Wings will be taken out of use when the B Wing programme of refurbishment is completed. Similar refurbishment, including integral sanitation, is planned to be provided for both wings by December 1994, with work on G wing (formerly F wing) commencing in the first half of 1995.

11. The refurbishment plan also provides for the construction of a new kitchen, physical recreation centre, part of the hospital, segregation block, education department, stores and laundry, horticultural centre and an all-weather sports area. The existing Chapel will be retained and refurbished.

12. Brixton is currently reviewing its regime provision in the light of its refurbishment and the loss of much of its remand and trial population in the reorganisation of London prisons. It is intended to produce a good balance of industrial provision with education and other regime activities. For example there are long-term plans for an industrial complex at Brixton where, as yet, there is no industrial activity.

13. On 9 February, 197 prisoners were employed on a variety of tasks for an average of 35 hours per week. As far as possible all convicted prisoners are employed if they are fit to work. A small number of prisoners are employed outside the Prison helping the community or learning skills on recognised courses.

14. There are education classes in art, craft, drama, music, discussion groups, English as a foreign language and social skills. Classes take place in the daytime and recently evening classes have been introduced. During the week commencing 6 February an average of 57 prisoners per day attended classes midweek and 82 attended evening classes.

15. The gymnasium has re-opened for some categories of prisoner. A multi-gym has been provided in A Wing, and there are plans to install them in B, C and G Wings. All prisoners now have the opportunity of at least one session of physical education each week.

16. On C Wing where trial/remand prisoners are held, there is daily exercise for one hour; a period of recreational association watching video films on a daily basis; opportunities for education classes in the evening; and opportunities for physical education classes twice weekly. When prisoners are not able to take recreational association out of their cells, they are able to take association in another prisoner's cell during the morning and afternoon period.

17. All prisoners requiring medical care are now located in wards in the Health Care Centre. G Wing (formerly F Wing) no longer functions as an annex to this Centre, and holds prisoners on normal location. It has been completely redecorated.

18. The wards of the Health Care Centre now accommodate up to 65 prisoners who require medical supervision. This figure is regarded as sufficient for Brixton's needs, particularly given the greater diversion of mentally disordered offenders from the criminal justice system in recent years, the rationalisation of mental health care in London and the opening of High Down Prison in September 1992. These changes mean that fewer mentally disordered offenders find their way into prison. Moreover Brixton now has much speedier arrangements for diverting appropriate cases to hospital. This reduction in numbers enables those that remain in prison to receive greater individual attention than was previously possible.

19. Patients in the Health Care Centre have free movement within the wards. There is close involvement with Probation Officers, Social Workers, Prison Visitors and an Occupational Therapist. Members of the Samaritans visit regularly and are available to assist staff if called in to deal with crises.

20. See also paras.81 to 84.

(Paras.60, 66, 68, 70, 74, 76, 78, 82, 106 and 100 of the CPT's report; cf. pp.1, 3 to 5, 15 and 20 of the UK's response)

Leeds

21. Leeds has a certified normal accommodation figure of 591, an operational capacity of 834 and a current population of 804. Overcrowding was significantly reduced with the movement of all young prisoners to Moorland Prison in August 1991 (see also paras.52 to 58). Trebling of prisoners in cells not designed for multiple occupancy has ceased.

22. The installation of integral sanitation is progressing on schedule. By the Autumn of 1994 it is anticipated that no prisoners will be "slopping out" - A and B Wings will be operating with integral sanitation, but will be subject to further improvements, and C and D Wings will have been taken out of use for refurbishment. By the Autumn of 1993 the new E and F Wings, complete with integral sanitation, will be in use together with a new gymnasium, health care centre and kitchen buildings.

23. The installation of additional showers in existing wings is being undertaken with the provision of integral sanitation. All prisoners have access to showers or baths at least twice per week - they often receive more.

24. The toilets in the A Wing exercise yard are now regularly inspected and all reported repairs are dealt with promptly by the Works Department.

25. Since the CPT's report was published the reception area has been redecorated and a new reception counter has been provided.

26. Remand prisoners are now able to wear their own clothing and to exchange clothing regularly.

27. The regime at Leeds Prison has been improved. There has been a significant increase in group work including a "Challenging Offending Behaviour Group" and the setting up of a "Job Search Club".

28. During the last twelve months all workshops have been in regular use, except workshops 1 and 2, which were closed by fire in September 1992. They have now reopened. A total of 187 work places are currently available and every effort is made to fully utilise them. Training is provided to National Vocational Training (NVQ) standard. From November 1992 the catering party began NVQ training. An NVQ course in horticulture is planned.

(Paras. 35, 68 to 70, 74, 76, 80, 82, 106 and 165 of the CPT's report; cf. pp.1, 3 to 5, 14 to 15 and 20 of the UK's interim response)

Wandsworth

29. Conditions for prisoners held at Wandsworth Prison have markedly improved in the last 12 months as a result of the drop in the prison population, the ongoing building programme and a number of smaller initiatives intended to enhance the quality of prison life.

30. The certified normal accommodation figure is 965 and operating capacity 1242. The occupancy level of the prison in recent months has been between 700 and 900 as compared to 1555 in July 1990. At present there is no overcrowding.

31. A major refurbishment programme is underway and is on schedule. This includes provision for integral sanitation, and where necessary new cell windows, new cell doors, new food serveries and small launderette facilities. K and D Wings are completed and occupied on a single cell basis. G and H Wings will be completed this year, while C and E Wings, and the hospital will be completed in 1994. At the end of 1994 A and B Wings will be shut for refurbishment, and at that time all prisoners in Wandsworth will be located in cells with access to night sanitation.

32. The new reception area was opened early last year. The old reception has been demolished and a new exercise yard provided in that area. Plans to build a new gatehouse and kitchen are now well advanced.

33. As a result of the drop in population and installation of shower facilities within wings, it has been possible to increase overall access to showers. Most prisoners can now have showers at least twice a week, some daily. It is normal practice for prisoners to be issued with new razors weekly.

34. Due to a reorganisation of the London Prisons in 1992, Wandsworth now receives more remand and unconvicted prisoners. Unconvicted prisoners are allowed to wear their own clothes.

35. Wandsworth is currently reviewing regime provision in the light of its refurbishment and changing role. It is intended to produce a good balance of industrial provision with education and other regime activities. Unfortunately workshops will continue to be subject to temporary closure while refurbishment continues, although as much opportunity as possible continues to be made for industrial employment. There are over 500 work and education places available on a daily basis and with the re-opening of the D Wing workshops in April 1993, it is expected that all convicted prisoners will be constructively engaged in work, education or group work during the working day.

36. Association periods have now been introduced in the evenings and at weekends. Pay phones have been installed in all residential areas and more private cash is allowed. In the Autumn it is planned to reschedule the lunch and tea breaks from 11.15 and 16.15, to 12.15 and 17.15. This change is desirable in itself, but will also enhance the structure of the day, easing the planning of activities and helping the establishment to move towards its target of allowing prisoners out of their cells for 12 hours a day.

37. The visiting facilities at Wandsworth remain poor. However visiting hours have been doubled by opening up for visits in the morning and a further extension of opening hours is planned for later this year, together with the introduction of evening and family day visits. Planning has begun on a new visits complex which will provide a more pleasant environment for both visitors and prisoners.

38. Wandsworth is also seeking to improve the relationship between staff and prisoners, which in the past could have been characterised as "militaristic control". This is being attempted by the restructuring of the work of the prison officer, together with supportive training. Increasingly officers are required to work as "Group Tutors", "Casework Officers" or "Sentence Planning Assessors" which requires much greater attention to prisoner needs. This change in approach has been facilitated by the influx of a large number of new and young staff who are receptive to a more relaxed style of managing prisoners.

(Paras.123, 125 to 126 and 152 of the CPT's report; cf. pp.26 and 32 of the UK's interim response)

Holloway

39. The Government's interim report accepted that cockroach infestation was a problem at Holloway, and indicated that the Mother and Baby Unit had been moved to another level in the prison unaffected by cockroaches.

40. A new and comprehensive pest control contract is now in operation, which includes a "riddance monitoring and control programme". The Area Manager considers that the situation is much improved since the CPT's visit.

(Paras.131, 135, 137 and 139 to 140 of the CPT's report; cf. pp.25 to 27 of the UK's interim response)

Bullwood Hall

41. The installation of electronic unlocking in the first six wings at Bullwood Hall was completed on schedule.

42. Work on the provision of sanitary annexes in the Segregation Unit and the Hospital was scheduled to commence in October 1992. However this refurbishment was linked, due to overlapping locations, with a project to provide a new kitchen. Unfortunately work on the kitchen has been delayed and commencement on the sanitary annexes is not now expected before 1994.

43. The new visiting complex was completed on time in January 1992 and was opened for full use on 19 July 1992.

44. See also para.77.

RESPONSE OF THE UNITED KINGDOM GOVERNMENT TO CPT COMMENTS ON THE INTERIM REPORT AND REQUESTS FOR FURTHER INFORMATION

45. This section sets out responses to the additional points raised by the Committee in its comments on the Government's "interim report", together with the further information requested.

Prisons

Para.35 of the CPT Report (cf. p.17 of the UK's response and para.3 of the CPT comments).

Incident at Wandsworth Prison 29 June 1990.

46. The police have now completed their investigation and have submitted their report to the Crown Prosecution Service. It is expected that a number of prisoners involved in this escape attempt will be charged with attempting to escape from Wandsworth Prison on 29 June 1990. The date of the Magistrates Court hearing is not yet known.

Paras.59 and 60 of the CPT Report (cf. pp.1 and 14 of the UK's response and paras.4 to 6 of the CPT comments on the response).

Update on the progress being made to eliminate overcrowding, including trebling, throughout the prison system.

47. There has been a very substantial reduction in overcrowding in the English and Welsh Prison system in the last couple of years. The following statistics indicate the situation regarding 'doubling' and 'trebling':

	2 in a cell ('doubling')	3 in a cell ('trebling')	Overall percentage of prisoners in prison custody held either 2 or 3 to a cell
September 1991	10,488	1,830	27%
April 1992	9,304	1,053	22%
September 1992	7,352	354	17%
December 1992	5,022	210	13%

(Note: The figures relate to cells with a CNA of 1 and include voluntary sharing of such cells. They do not include overcrowding in accommodation with a CNA of 2 or greater.)

Validity of the projection that the average prison population and available accommodation will come into balance in 1995.

48. The latest, March 1993, population projections are as follows:

93-94	94-95	95-96	96-97	97-98	98-99	99-00	00-01
42300	45000	45700	46300	47300	48400	49500	50700

Taking into account the projected level of accommodation, this gives a projected surplus of accommodation as follows:

3200	2100	2700	2700	1800	1300	800	-400
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But not all the places in the English and Welsh prison estate can be used at any one time (eg because of geographical imbalance, specialist functions, refurbishment and other reasons). Therefore there could still be localised overcrowding in this period, although efforts will of course be made to keep this to a minimum.

Information on current numbers in police and court facilities for want of prison accommodation.

49. There are currently no prisoners in police cells resulting from lack of capacity in the English and Welsh Prison Service.

Para.61 of the CPT report (cf. pp.7 to 8 of the UK's response and para.10 of the CPT's comments on the response)

Imposing a ceiling on the number of prisoners any particular establishment should hold.

50. The operational capacity of each establishment determines the number of prisoners it may hold. As a matter of policy the English and Welsh Prison Service intends to maintain high operational capacities in order to ensure that it can cope with population increases without recourse to police cells. The Government notes the CPT's opinion but maintains that rather than refusing admission and relying on the use of police cells or other contingencies, the better course remains to plan for an estate free of overcrowding.

Para.62 of the CPT report (cf. pp.7 to 8 of the UK's response and para.10 of the CPT's comments on the response)

A "model regime" for local prisons and remand centres

51. A Model Regime for Local Prisons and Remand Centres has been issued. Work is underway to implement the model. A copy is attached for the Committee's reference.

Para.66 of the CPT report (cf. p.1 of the response and para.11 of the CPT's comments on the response)

Information on the physical conditions of detention and regime in the establishment to which young offenders have been transferred from Leeds Prison ie. Moorland Prison.

52. Moorland is a modern purpose built prison, opened in 1991. Its 4 houseblocks have certified normal accommodation for 624 prisoners, an operational capacity of 641 and a current population of 617. There is no overcrowding at present.

53. All cells have integral sanitation. Showers and baths are provided on each landing and prisoners have access to these on a daily basis, in addition there are showers in the gymnasium. Facilities for washing, drying and ironing clothes are available in each houseblock - unconvicted prisoners are permitted to wear their own clothes where suitable, convicted prisoners are allowed their own footwear.

54. The Education Department provides the equivalent of 102 full-time places in the morning and 90 in the afternoon. 39 places are available on Vocational Training Courses in Catering, Computing and Multi-Skills. Prisoners are actively encouraged to use this resource, and full library facilities are available. Workshop places are provided both morning and afternoon. The type of work available is variable and takes into account the abilities and fitness of prisoners.

55. The Physical Education programme takes place between 0830 and 1630 and 1800 - 2000 Monday to Friday. At the weekend the times are 0900 - 1630. A full range of physical education, sports and leisure activities is provided. In addition arrangements exist for selected prisoners to attend Outward Bound style courses to develop leadership skills and the acceptance of responsibility.

56. Association is provided on a rotation basis in the evening between 1800 - 2000 (Juveniles enjoy association every evening) and at weekends between 1800 - 1945. Activities includes pool, table tennis, board and video games, videos, table football, television and cell hobbies.

57. Prisoners are encouraged to maintain communications with their families, friends and legal representatives. Two public expense letters are issued weekly with additional letters at the discretion of wing management. Prisoners can purchase phone cards and make supervised telephone calls during association periods. Prisoners have access to both Prison Visitors and the Samaritans organisation.

58. Prisoners are encouraged to bring their personal problems to the attention of staff, and various support groups including Alcoholics Anonymous to AIDS Counselling are available, together with personal officer and probation services. All staff are encouraged to make suggestions that will enhance the regime and this philosophy has been extended to prisoners where reasonable.

Para.67 of the CPT report (cf. p.14 of the UK response and para.12 of the CPT's comments on the response)

Why it is considered "on balance" preferable to hold young female prisoners in establishments catering for all age groups.

59. There are only 12 establishments for women in England and Wales; separating adults and young prisoners would restrict the locations available for women to the extent of damaging family ties and links with the home area. The Government believes that it is particularly important for young prisoners to have as wide a spread of locations as possible, in order to help maintain links with their family and friends. In addition, older women are generally supportive of younger women in custody.

Para.67 (cf. pp.3 to 4,8 to 9 and 20 to 21 of the UK's response and para.13 of the CPT's comments on the response)

Information on whether the target date for the ending of slopping out in England and Wales remains valid.

60. Provision of access to night sanitation remains a high priority for the Prison Service in England and Wales. By October 1992 three quarters of all prison places in England and Wales had access, and it is intended to increase this to over 82% by the end of March 1993. All the indications are that the Service remains on course for the ending of slopping out in England and Wales, by December 1994.

Information on the discrepancy in the provision of ready access to toilet facilities between England and Wales and that in Northern Ireland and Scotland.

61. Prisons in Northern Ireland do not suffer from overcrowding and most accommodation is in single cells. In addition, prisoners are generally out of cell for most of the day, except for a two-hour period at lunch-time.

62. Of the five establishments in Northern Ireland, one, Maghaberry Prison, has had integral sanitation since it was built in 1986. Another, the Young Offenders Centre, has a system of electronic locking\unlocking in one of the three houses in operation, enabling prisoners to be allowed out of cell to go to the toilet during lock-up. A third, Belfast Prison, is about to begin a major refurbishment programme which includes the provision of integral sanitation. However the scale of refurbishment and the recent problems within the prison now mean that the major part of the work is unlikely to be completed before the year 2000. The design of the final two prisons, Magilligan and the Maze, makes the installation of integral sanitation both difficult and costly.

63. Within the Scottish Prison Service work is continuing on access to night sanitation. By mid 1993 over half of the prisoners in the Scottish prison system will no longer have to "slop out". A date has not yet been set for ending slopping out everywhere, but the Scottish Prison Service's strategic plan (the Agency Framework Document) is likely to include amongst its key targets an increase in the percentage of prisoners with access to night sanitation.

Para.67 of the CPT's report (cf. pp.3 to 4,8 to 9 and 20 to 21 of the UK's response and para.14 of the CPT's comments on the response)

Information on whether the cell washbasins being installed will provide both hot and cold water

64. It is the policy of the Prison Service in England and Wales to fit washbasins with hot and cold running water when integral sanitation is installed.

Para.77 of the CPT's report (cf. pp.14 to 15 of the UK's response and para.15 of the CPT's comments on the response)

Provision of tea-towels

65. The Government notes that the CPT accept the principle that it is preferable for eating and drinking utensils to be allowed to dry naturally. Nevertheless the CPT expressed concern that the realities of life in an overcrowded prison cell without integral sanitation rendered this approach unfeasible and repeated the view that tea-towels should be issued. The Government does not consider the provision of tea-towels appropriate. The availability of integral sanitation is not regarded as a relevant factor: allowing utensils to dry naturally is considered both adequate and hygienic irrespective of where they are washed.

Provision of draining boards with cell washbasins

66. The Government notes the Committee's view that it would be appropriate for cell washbasins to be equipped with a draining board. However, this is not considered necessary, as governors are encouraged to provide facilities for cleaning and drying eating utensils on the wings. Indeed, fitting draining boards in cells might tend to encourage eating in-cell.

Issue of underclothes

67. The programme to provide each prisoner with four pairs of underpants per week was completed during 1992. Consideration is now being given to increasing the supply to allow a daily change.

Para.90 of the CPT report (cf. p.9 of the UK's response and para.16 of the CPT's comments on the response)

Medical examination of prisoners removed by force to a segregation unit should be conducted out of the hearing of non-medical staff

68. The Government accepts the CPT's view that in general medical examinations should be carried out under appropriate conditions of privacy including being out of the hearing, and preferably out of the sight, of non-medical prison staff. However the Government also considers it essential to guard against the possibility of a potentially violent prisoner assaulting members of the medical staff during the course of the examination. It is not therefore considered appropriate to preclude the presence of non-medical staff in all circumstances.

Para.93 of the CPT report (cf. pp.9 to 11 of the UK's response and paras 17 and 18 of the CPT's comments on the response)

Body Belt

69. The continued concern of the Committee about the use of the body belt is noted. However, the Government considers that it remains operationally necessary to have it available as an authorised mechanical restraint. There are exceptional circumstances where the use of other mechanical restraints, special accommodation or control and restraint techniques are inadequate to prevent the prisoner from harming himself or others or from causing serious damage to himself, to others or to property. Such circumstances might include the escort of a very violent or self harming prisoner, or when a violent or self-harming prisoner continues to try to harm himself or others despite being in special accommodation, or when a violent prisoner is being moved to special accommodation but is sufficiently motivated to resist the effects of control and restraint holds and sufficiently violent to inflict injury even when wearing handcuffs en route. The Committee may wish to note the Government's view that sedation should only be used on medical grounds.

70. The use of the body belt is intended to be for short periods and should be removed as soon as the prisoner has calmed down or the need for its use has ended. It is subject to stringent controls, as the Committee recognises. It is intended to issue new instructions on the storage of belts in due course.

71. If the body belt is correctly applied, it should not be dangerous.

72. The Government agrees that, whenever a prisoner is put under mechanical restraint, prison staff should make every effort to assist the prisoner in regaining his self-control or to dissuade him from harming himself.

Para.96 of the CPT report (cf. pp.11 to 12 of the UK's response and para.19 of the CPT's comments on the response)

Interpersonal skills package.

73. A copy of the Interpersonal Skills Package is enclosed as requested.

Para.110 of the CPT report (cf. pp.12 to 13 of the UK's response and para.20 of the CPT's comments on the response)

Visit entitlements

74. The Prison Service in England and Wales continues to keep under active review the statutory visits entitlement for convicted prisoners. As recognised by the CPT, approximately 70% of establishments already give prisoners the opportunity to have more than the minimum entitlement of visits. The importance of visits as a means of keeping in close and meaningful contact with the outside world is fully recognised. From April 1993, prisons will be strongly encouraged to provide one visit per week for convicted prisoners. In addition, consideration is being given to the introduction, later this year, of increased assistance for visitors on low incomes, to enable them to visit twice a month.

75. It is noteworthy that other English and Welsh prisons, for example Full Sutton, Pucklechurch, Styal and Whitemoor, are now operating various schemes for extended visits by children to their imprisoned parents. Work is currently being undertaken with the Save the Children Fund in order to produce guidelines which it is hoped will encourage others to join the growing number of prisons offering such visits.

Para.123 of the CPT report (cf. p.26 of the UK's response and para.21 of the CPT's comments on the response)

Mother and baby units.

76. The number of available mother and baby unit places is more than sufficient for the present population. A further 10 places have been added during 1992, and while future plans for mother and baby unit places are based on a growing population, there was a drop of around 10% in the population of women in prison between September and December 1992. No mother has been refused a place on a mother and baby unit because of lack of space. Descriptive literature on mother and baby units is enclosed.

Para.137 of the CPT report (cf. p.25 of the UK's response and para.22 of the CPT's comments on the response)

Bullwood Hall.

77. A completely new set of attendance systems has now been introduced at Bullwood Hall. This has increased the provision of out-of-cell activities to 7 nights association per week and approximately 11 hours 15 minutes out of cell per day. This was achieved by extending daily evening cover and entirely removing the mid-week lunch time lock-up period. It has also allowed the provision of the three daily meals to be more widely spaced throughout the day.

Para.146 and 154 of the CPT report (cf. pp.28 and 32 of the UK's response and para.23 of the CPT's comments on the response)

Information on the activities of the working group set up to develop prison health care standards

78. Work is well advanced on the development of prison health care standards. The standard for health assessment at first reception in local prisons and remand centres was issued to establishments in July 1992. The standard for psychiatric services in local prisons and remand centres is due to be finalised shortly, with the aim of issuing it later in 1993.

79. Further standards will be issued in 1993 covering: primary care services, out-patient care, clinical elements of HIV/AIDS, care of substance abuse and alcohol dependent patients and medical transfers and discharges.

80. The health care standards will subsequently be codified within the Code of Standards for the Prison Service in England and Wales. This Code, which was one of the Government's major commitments in the 1991 White Paper, "Custody Care and Justice", will cover all aspects of services to prisoners and is due for publication in December 1993.

Para.165 of the CPT report (cf. pp.28 and 29 of the UK's response and paras.24 and 25 of the CPT's comments on the response)

Facilities for handling psychiatric cases in London prisons

81. The rationalisation of psychiatric health care in local prisons in London was complementary to a number of initiatives to divert mentally disordered offenders from custody. In addition a new prison, High Down, was opened in September 1992. As a result the psychiatric workload has been reduced with fewer prisoners classified as mentally disordered under the Mental Health Act, reductions in numbers awaiting transfer to National Health Service (NHS) psychiatric or special hospitals, and fewer recorded episodes of deliberate self-harm. Further, with fewer mentally disordered offenders being remanded, staff are now less occupied by providing psychiatric reports to court, enabling greater attention to the quality of treatment.

82. Government policy on mentally disordered offenders remains that whenever possible they should receive care and treatment from Health and Social Services within the community. As a result, diversion schemes now exist in some courts, whereby duty psychiatrists ensure that those showing symptoms of mental illness are referred for assessment to psychiatric hospital rather than being remanded to prison. Other initiatives ensure that any mentally disordered offenders who are received into prison are promptly diagnosed and speedily transferred to NHS hospitals. Some transfer delays continue due to dependence on the response of NHS consultant psychiatrists to referrals from prison medical officers. But in general transfers are now effected within days rather than weeks, or even months, as had occasionally been the case previously.

83. All local prisons in London now provide remand places with in-patient health care facilities for assessment of those suspected of having a mental disorder. These facilities have full-time medical staff, 24 hour health care officer/nursing staff and sessionally employed external consultant psychiatrists to examine patients referred by prison medical staff.

Conclusions of "task force" set up to consider the quality of psychiatric care provided at Brixton Prison

84. The Task Force oversaw a number of important developments: the rationalisation of London local prison facilities; the setting of local standards of psychiatric health care; the conversion of ward 6 and the refurbishment of the Acute Psychiatric Unit; the transfer of physically ill patients to the new "Physical Care Unit"; the improvement of transfer arrangements of mentally disordered offenders to outside hospitals; the development of a full-time psychiatric liaison/intervention project; the development of a local staff training programme; and the improvement of prisoners' medical records. The Task Force remains in place but meets less frequently as the improvements at Brixton become manifest.

85. See also paras.18 to 20.

Para.168 of the CPT report (cf. pp.29 to 30 of the UK's response and para.26 of the CPT's comments on the response)

New operating guidelines concerning HIV+ prisoners

86. A copy of the new operating guidelines concerning HIV+ prisoners is enclosed.

Para.177 of the CPT report (cf. pp.32 to 33 of the UK's response and para.27 of the CPT's comments on the response)

**Aligning prison health care with mainstream provision
in the community**

87. The 1990 Efficiency Scrutiny of the former Prison Medical Service (since relaunched as the Health Care Service) recommended that the Prison Service in England and Wales should become primarily a purchaser of services through contracts with the National Health Service (and other providers). The Government's White Paper "Custody Care and Justice" has affirmed that "prisoners should expect the same standards of health care as those provided by the National Health Service."

88. The intention is to move towards a contracting culture by way of pilot projects. The main priorities are mental health services, primary care and genito-urinary services and the aim is to introduce the first contracts during 1993.

89. In addition to contracts for services, greater emphasis is also being placed upon health promotion and illness prevention programmes. It is intended to launch pilot schemes during 1993.

Para.184 of the CPT report (cf. p.35 of the UK's response and paras.28 and 29 of the CPT's comments on the response)

"Confidential access" procedure for complaints

90. The Government considers that under the present system in England and Wales it would be difficult to block a prisoner's complaints. The visits to cells of Governor grade officers and members of the Boards of Visitors provide a further safeguard. However the operation of the requests and complaints system will be reviewed this year, and this will include confidential access; further consideration will be given to the Committee's suggestions at that time.

91. The Government recently announced that a Prisons Ombudsman for England and Wales will be appointed later in 1993 (reference information attached). The Ombudsman will give prisoners an additional appeal point independent of prisons.

Para.185 of the CPT report (cf. p.37 of the UK's response and .30 to 32 of the CPT's comments on the response)

Information on correspondence

92. At present, the reference to correspondence between a prisoner and his legal adviser "which relates ... to legal proceedings to which the prisoner is a party" does not cover correspondence with a view to the institution of legal proceedings. The CPT will be aware that the European Court of Human Rights gave a ruling against the United Kingdom in the recent case of Campbell v UK. In this case a prisoner held by a Scottish Prison Service had complained that correspondence with his lawyer relating to the institution of proceedings was liable to be opened and read. Although the Scottish Prison Service has now altered its instructions to conform with the judgement, such a change would require an amendment to the Prison Rules for England and Wales. The Government is therefore considering the position in the light of the Campbell judgement. The Government will simultaneously consider whether correspondence between prisoners and the Committee should also be subject to special arrangements, as suggested in paragraph 32 of the CPT response.

93. The Government is less persuaded, at first consideration, of the merits of letters to the chief officer of the local police force carrying the same privileges. Given the existence of a number of other outlets for complaints about maltreatment in prison, there is a concern that this privilege may be abused to ventilate complaints about the police, rather than for the purpose for which it is intended.

Police Stations

Para.212 of the CPT report (cf. pp.44 to 46 of the UK's response and para.33 of the CPT's comments on the response)

Local authority accommodation for arrested juveniles

94. As the CPT notes, juveniles who are charged with offences and refused bail are normally remanded to local authority care. The provision of appropriate accommodation is the responsibility of the local authority.

95. Section 59 of the Criminal Justice Act 1991 (which came into effect on 1 October 1992) modified the position in section 38 (6) of the Police and Criminal Evidence Act 1984 regarding the detention of juveniles. The construction of the statutory provision makes it clear that the type of accommodation in which the local authority propose to place the juvenile is not a factor which the custody officer may take into account in considering whether the transfer is impracticable. In particular, the unavailability of local authority secure accommodation does not make the transfer impracticable. The circumstances in which transfer would be impracticable are those, and only those, in which it is physically impossible to place the juvenile in local authority accommodation. These might include extreme weather conditions (eg floods or blizzards), or the impossibility, despite repeated efforts, of contacting the local authority. The Codes of Practice issued under the Police and Criminal Evidence Act 1984 make clear that neither a juvenile's behaviour nor the nature of the offence are the grounds for the custody officer to retain him or her in police custody rather than seek to arrange for his or her transfer to local authority accommodation on the ground of impracticability (Code C, Note for Guidance 16B).

Para.217 to 220 of the CPT report (cf. pp.49 to 52 of the UK's response and .33 to 38 of the CPT's comments on the response)

Delay in the access to legal advice.

96. The Government accepts the CPT's opinion that a detainee's right of access to legal advice is a fundamental safeguard against ill-treatment. However, as the CPT explicitly recognises, it may be necessary in the interests of justice to delay the access to legal advice of a person in police custody.

97. Note for Guidance B4 to Annex B to PACE Code of Practice C applies to any situation in which the detainee's access to legal advice has been delayed. Whether the detention is under the Police and Criminal Evidence Act 1984 or under the Prevention of Terrorism (Temporary Provisions) Act 1989 and under whichever of the criteria in Annex B delay is authorised, access to a specific solicitor may only be delayed if the officer has reasonable grounds to believe that the specific solicitor will, inadvertently or otherwise, pass on a message from the detainee or act in some other way which will lead to any of the results in paragraphs 1, 2 and 8 of Annex B coming about. In such circumstances, the detainee should normally be offered access to a solicitor on the Duty Solicitor Scheme.

Examination by a doctor of his own choice

98. The right of a person detained in police custody to consult a medical practitioner of his or her own choice is not specifically qualified under the provisions of the Code C as they currently stand. The need for further guidance on this point can be considered in the context of the next revision of the Codes of Practice, which is likely to follow the report of the Royal Commission on Criminal Justice this summer.

99. The incidence of police denying detainees access to his or her own doctor for the operational reasons cited in Code C is likely to be extremely low. Nor is the Government aware of any evidence to suggest that detained persons object to consulting and receiving treatment from police surgeons when their own doctors are unable, for whatever reason, to attend them. The Government notes the CPT's recommendation, but is not persuaded that the development of a system analogous to the duty solicitor scheme is warranted at present. It is a proposal upon which views can be more widely sought in the course of the forthcoming revision exercise.

100. Medical examinations will always be conducted in private unless the perceived risk to the doctor is such that the presence of a third party is believed to be necessary for his or her protection. A doctor who has attended a person detained in police custody is required by Code C to record his or her clinical findings, preferably on the custody record. It is for the parties concerned to determine whether a doctor should maintain a separate record for the information of the detainee and his or her legal adviser.

Para.221 of the CPT report (cf. pp.53 to 54 of the UK's response and .39 to 41 of the CPT's comments on the response)

Exemption from the general requirement of tape recording of interviews in relation to certain categories of offences involving terrorism and official secrets

101. With effect from 1 December 1992, all interviews with terrorist suspects at police stations in England and Wales are, on a trial basis, being tape recorded in accordance with Code of Practice (E) on tape recording issued under section 60 (1) (a) of the Police and Criminal Evidence Act 1984. The trials will run for a period of up to two years and, in the light of experience, the Government will consider whether Code of Practice (E) should be amended to apply it formally to terrorist cases.

102. From March 1990 to March 1992, Merseyside Police and the Metropolitan Police participated in trials based on the experimental tape recording of the summaries of interviews with terrorist suspects. While the data available from the two years of the trials were not sufficient for final conclusions to be drawn, the Government considered that, in the circumstances of England and Wales, the additional safeguard of full tape recording should be explored.

103. A copy of the report by the independent reviewer into the operation in 1990, 1991 and 1992 of the Prevention of Terrorism (Temporary Provisions) Act 1989, is enclosed as requested.

Progress with pilot schemes of video recorded interviews

104. Following a pilot project carried out in 3 separate forces, an exercise was conducted to determine the cost of introducing video recording of police interviews with suspects more widely. This exercise indicated that there would be significant costs involved both for the police and for other parts of the criminal justice system. Advice for chief police officers is currently being drawn up by the Home Office on the use of video recording of interviews with suspects.

Para.226 of the CPT report (cf. pp.54 to 55 of the UK's response and 43 to 44 of the CPT's comments on the response)

The need in exceptional circumstances for escorting officers to hear conversations between lay visitors and detainees

105. Guidance in this area recognises that, on occasions, a detainee may pose a risk to lay visitors. The police are responsible for the safety of visitors and detainees. If they have reason to believe there is a particular risk the officer must remain nearby. Whilst the officer would therefore overhear the conversation that is not the purpose of his presence.

The need in exceptional circumstances to delay lay visitors' access to a detainee

106. As the CPT accept, there are reasons why access may need to be denied at the time the lay visitors have chosen to make their visit. It is always open to visitors to return later to see an individual to whom they were denied access at the time of their initial visit and there are no circumstances in which they lay visitors will be permanently denied access to a detainee by the police.

107. Examples of circumstances in which access may be delayed by the police are as follows:

- (i) If a detainee is under the influence of drink or drugs to the extent that he or she is unable to give consent to the visit, or is for some other reason unable to indicate willingness to be seen, and the escorting officer considers that the visitor's safety may be at risk.
- (ii) If a detainee is asleep and disturbing the detainee would breach the provision, of Code C of the codes of Practice under the Police and Criminal Evidence Act 1984, that a detainee under investigation must be allowed a continuous period of eight hours rest.
- (iii) If a detainee is being interviewed.
- (iv) If the police are unwilling to accept the risk that a lay visitor might unwittingly compromise an important investigation.

108. Lay visitors may also be denied access by the police on behalf of the detainee if the detainee advises the escorting officer, and this should be within the visitors' hearing, that he/she does not wish to see the visitor.

109. A decision to deny lay visitors access to a detainee at any time should be taken by an officer of Superintendent rank or above. An explanation should be given to the visitors on each occasion and recorded in the Custody Record. Cases must be considered individually. There should be no presumption that access should be denied to any particular category of detainee or a detainee whom it has been decided should be held incommunicado.

110. In practice, provided visitors are happy with the reasons given for denying access, it would be unusual for them to choose to return later to see an individual detainee.

A Code of Ethics for the police.

111. This initiative was launched in December 1992 by the Association of Chief Police Officers (ACPO) at the national Quality of Service seminar for senior officers. The draft statement of ethical principles (copy attached) reflects work by the ACPO Quality of Service Committee whose members include all the police staff associations, local authority associations and the Home Office.

112. The code is designed to complement the Statement of Common Purpose and Values (copy attached), which sets out the overriding purpose of the Police Service in simple terms. It sets the professional values and standards that are essential to the delivery to the community of a high quality police service.

113. ACPO believe that the trust of the public cannot be earned by corporate statements alone, and the way in which all police officers perform their daily duties will influence the credibility of the Police Service. Thus, the Police Service Statement of Ethical Principles is designed to establish a clear statement of principle to which each member of the Service should aspire in their service to the community.

114. These are not seen as new principles, but aim to reflect a confirmation of the existing values. They are intended to provide guidance to members of the Service when facing difficult moral choices, in complex and challenging circumstances.

115. Since the statement of ethical principles was launched in December 1992, there has been considerable debate within the Police Service and the national press. That debate continues; the Code has not yet been officially adopted.

APPENDIX

EUROPEAN COMMITTEE FOR THE PREVENTION OF TORTURE AND INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT

Strasbourg, 6 October 1992

The President

Dear Mr Ashworth,

Subject: Comments on the response (interim report) of the United Kingdom authorities to the report drawn up by the European Committee for the prevention of torture and inhuman or degrading treatment or punishment (CPT) following its visit to the United Kingdom in 1990.

1. At the outset the CPT wishes to express its sincere appreciation of the very detailed and comprehensive interim report provided by the United Kingdom authorities and of their decision to have the Committee's visit report published, together with their response. The CPT hopes that this excellent cooperation between the United Kingdom authorities and the Committee will continue in the future in respect of all matters falling within the Committee's terms of reference.
2. The CPT trusts that it will be possible for the comments and requests for information which follow to be taken into account in the preparation of the follow-up report to be provided by the United Kingdom authorities in November 1992. Naturally, the CPT also hopes that the follow-up report will on other matters supplement as appropriate the information provided in the interim report.

PRISONS

Response to paragraph 35 of the CPT's report (cf. page 17 of the response)

3. The CPT is grateful for the information provided concerning the incident which occurred at Wandsworth Prison on 29 June 1990. It would appreciate being informed in due course of the outcome of the police investigations and of any court proceedings.

./.

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Response to paragraphs 59 and 60 (cf. pages 1 and 14 of the response)

4. The CPT welcomes the steps taken to end the practice of holding three inmates to a cell at Leeds Prison. The CPT would like to receive an update on the progress being made to eliminate trebling throughout the prison system. In this connection, it understands that at the beginning of April 1992, 1272 prisoners were being held three to a cell.
5. More generally, the CPT would like to receive information on progress towards an uncrowded prison estate, and to be informed whether the projection that the average prison population and available accommodation will come into balance in 1995 remains valid.
6. Further, the CPT would like to receive information on the number of prisoners currently being held in police or court facilities for want of room within prison establishments, and on the supervisory bodies which are entitled to examine and report on the conditions of detention of such prisoners.

Response to paragraph 61 (cf. pages 6 to 7 of the response)

7. It is stated that the Government does not think that it would be right to impose a ceiling on the number of prisoners any particular establishment should hold¹, in view of the fact that the Prison Service has an absolute obligation to hold accused and sentenced prisoners committed by the courts; instead, "the better course is to plan for an estate free of overcrowding".
8. Naturally, the ideal situation is to have an uncrowded prison estate. However, the phenomenon of overcrowding is notoriously resilient to all efforts to eradicate it. For its part, the CPT remains of the opinion that enforceable ceilings are an essential element of any strategy to eliminate overcrowding in a durable manner.

As suggested by the CPT, at the appropriate time (ie. when the prison population is broadly in line with the number of prison places) a ceiling could be introduced for each prison, consisting of a certain percentage figure over the establishment's certified normal accommodation (CNA). The room for manoeuvre thereby offered should allow time, in the event of the CNA of an establishment being breached, for the implementation of contingency plans to cope within the prison service as a whole with the excess prison population and/or to reduce the prison population. In the absence of such ceilings, it is doubtful whether there would be sufficient incentive to take decisive action. On the contrary, the sort of situation that exists today might well repeat itself.

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¹ However, the terms of the response would suggest that ceilings of a kind already exist, namely each establishment's "operational capacity".

Response to paragraph 62 (cf. pages 7 to 8 of the response)

9. As stressed in the CPT's report and acknowledged in the government's response, the improvement of regimes in local prisons is very much dependent upon the reduction in overcrowding (cf. the request for information in paragraph 5 above).
10. The CPT has taken note of the intention to draw up a "model regime" for local prisons and remand centres as guidance for governors. The Committee would appreciate receiving in due course a copy of this model regime.

Response to paragraph 66 (cf. page 1 of the response)

11. The CPT greatly welcomes the moving of young prisoners away from Leeds Prison. The Committee would like to receive information on the physical conditions of detention and regime in the establishment to which they have been transferred ie. Moorland Prison.

Response to paragraph 67 (cf. page 14 of the response)

12. The CPT would be interested to know why it is considered "on balance" preferable to hold young female inmates in establishments catering for all age groups.

Response to paragraph 70 (cf. pages 3 to 4, 8 to 9 and 20 to 21 of the response)

13. The CPT would like to be informed whether the target date for the ending of slopping out in prisons in England and Wales of the end of 1994 remains valid.

Further, from the information given in page 21 of the response, it appears that at the end of 1994 some 4,000 prison places in Northern Ireland and Scotland (ie. approximately 50% of the total number of places) will still be without ready access to toilet facilities. The CPT would like to receive the comments of the United Kingdom authorities on this discrepancy between the situation in England and Wales and that in Northern Ireland and Scotland.

14. The CPT would also like to know whether the cell washbasins being installed will provide both hot and cold water.

Response to paragraph 77 (cf. pages 14 to 15 of the response)

15. The CPT accepts that in principle it is preferable for eating and drinking utensils to be allowed to dry naturally. However, the realities of life in an overcrowded prison cell which does not possess integral sanitation render such an approach unfeasible. The CPT still considers that it would be appropriate to issue tea cloths (as well as two sheets per week) to prisoners accommodated under such conditions.

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Further, in the light of the response, it would seem appropriate for the cell washbasins presently being installed to be equipped with a draining board.

Response to paragraph 90 (cf. page 9 of the response)

16. The CPT recognises that in certain cases at least it might not be suitable for the medical examination of a prisoner after his removal under force to a segregation unit to be conducted out of the sight of non-medical prison staff (it is for this reason that the term "preferably out of the sight" was employed). However, the CPT wishes to reiterate its recommendation that the examination be conducted in all cases out of the hearing of non-medical staff.

Response to paragraph 93 (cf. pages 9 to 11 of the response)

17. The CPT has taken careful note of the revised instructions issued in 1990 on the use of mechanical restraints for non-medical purposes as well as of the replies to the specific recommendations made by it concerning body belts. The Committee welcomes the clear statement in Standing Order 3E that "the use of mechanical restraints is particularly undesirable and every effort must be made to avoid recourse to them".

It also notes the provisions of section 6 of the Standing Order, according to which recourse to the use of a body belt "must be regarded as an exceptional measure" and that a body belt "should be applied only when the circumstances of the case necessitate the use of this particular item and the use of, for example, standard handcuffs or leather wrist straps would not achieve the necessary purpose".

As was stated in the CPT's report, in the Committee's opinion the body belt is a potentially dangerous form of restraint, the use of which will rarely - if ever - be justified. The CPT hopes that it will be found possible in the near future to remove the body belt from the list of authorised mechanical restraints.

18. As regards the issue of supervision of prisoners to whom a body belt (or any other means of mechanical restraint) has been applied, the CPT notes that such a prisoner must inter alia be observed by the officer in charge of the wing or unit where the prisoner is held, or by an officer specifically deputed to do so, at least once in every 15 minutes. In this connection, the CPT wishes to stress that the task of observation should be understood as including that of providing, as far as possible, support to the prisoner, the aim being to assist the prisoner to control his outburst of violence as quickly as possible, thereby enabling the mechanical restraint to be removed without undue delay.

Response to paragraph 96 (cf. pages 11 to 12 of the response)

19. The CPT would appreciate receiving a copy of the interpersonal skills package referred to in the response.

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Response to paragraph 110 (cf. pages 12 to 13 of the response)

20. The CPT welcomes the decision to increase the visit entitlement held by convicted adult inmates to a visit of at least 30 minutes every two weeks (as compared to a visit of at least 30 minutes every four weeks, which was the position at the time of the CPT's visit). It trusts that in due course it will be possible to increase further the visit entitlement of convicted prisoners, which in the CPT's opinion remains scarcely sufficient to allow a prisoner to maintain good relationships with his family and friends (though it notes that in practice inmates often receive more than the minimum visit entitlement). Further, it hopes that the examples of Drake Hall and Holloway Prisons as regards extended visits from children will be followed in other establishments.

Response to paragraph 123 (cf. page 26 of the response)

21. In the light of recent publicity concerning a pregnant prisoner in Holloway Prison, the CPT would like to know whether the number of places in mother and baby units is sufficient to meet demand, and, if it is not, what approach is followed vis-à-vis a prisoner who gives birth but who has no place in a mother and baby unit.

Response to paragraph 137 (cf. page 25 of the response)

22. In the response it is stated that early evening association is provided for all prisoners at Bullwood Hall on an average of 3.5 nights per week. However, the CPT has recently received reports that difficulties are once again being encountered as regards the provision of association periods and other out-of-cell activities in the early evening. The CPT would like to receive the comments of the United Kingdom authorities on this matter.

Response to paragraphs 146 and 154 (cf. pages 28 and 32 of the response)

23. The CPT would like to receive information on the activities of the working group set up to develop prison health care standards, in particular as regards the preparation of standards for reception procedures and for psychiatric observation and care in local and remand prisons.

Response to paragraphs 165 (cf. pages 28 to 29 of the response)

24. The CPT has noted the remarks made concerning the "rationalisation" of the facilities for remand prisoners in London, which, it is said, will reduce the psychiatric workload at Brixton Prison. The response could be read as indicating that the psychiatric workload will be spread over the six prisons in the area which will be able to offer remand places. If this is the case, the Committee would like to receive information on the facilities for handling psychiatric cases in each of those establishments. Further, the CPT presumes that government policy remains that mentally disordered offenders should whenever possible receive care and treatment from health and social services (cf. paragraph 153 of the CPT's report).

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25. As regards more specifically Brixton Prison, the CPT would like to receive the conclusions of the "task force" set up to consider the issue of the quality of psychiatric care provided at the establishment as well as an account of action subsequently taken.

Response to paragraph 168 (cf. pages 29 to 30 of the response)

26. The CPT would like to receive a copy of the new operating guidelines concerning HIV+ prisoners referred to in the response.

Response to paragraph 177 (cf. pages 32 to 33 of the response)

27. The CPT would like to receive information on progress made towards creating "a prison health service closely aligned with the mainstream of provision in the community", and more specifically on the "initial implementation proposals" referred to in the response.

Response to paragraph 184 (cf. page 35 of the response)

28. The CPT has noted the remarks made in reply to the Committee's suggestions concerning the "confidential access" procedure. It is stated inter alia that a system in which complaint forms could be issued anonymously (as suggested by the CPT) might be acceptable if there were a practical way of achieving a system of transmission which avoids prisoners having to hand the confidential access envelope to prison staff; however, it is advanced that the "transmission of documents within prison is always likely to involve staff at some point, and the opportunity for interference could not be eradicated by physical security measures".
29. The CPT wonders whether the latter objection could not be overcome by installing a secure letter box-type facility at certain points in an establishment (indeed, the Committee understands that such facilities already exist in some establishments). Of course, prison staff might have to be involved in collecting the contents of the boxes, but it would be unlikely that a given sealed confidential access envelope could be linked to any particular prisoner. Further, if it was felt that there was a risk of prison officers opening or otherwise tampering with confidential access envelopes, the task of collection might be entrusted to governor-grade staff.

Naturally, it should also remain possible for confidential access envelopes to be obtained and/or sent through other discreet channels eg. via a member of the Board of Visitors, a prison chaplain, social worker, etc.

Response to paragraph 185 (cf. page 37 of the response)

30. The CPT would like to know whether the reference to correspondence between an inmate and his legal adviser "which relates ... to legal proceedings to which the inmate is a party" covers correspondence with a view to the institution of legal proceedings.

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31. The CPT would also like to be informed whether there are any fundamental objections to letters sent to the chief officer of the local police force also carrying the special privileges which currently attach to correspondence between an inmate and his legal adviser.
32. Further, the CPT considers that it would be appropriate for correspondence between inmates and the Committee to carry such special privileges. It would like to receive the comments of the United Kingdom authorities on this question.

POLICE STATIONS

Response to paragraph 212 (cf. pages 44 to 46 of the response)

33. The CPT is grateful for the information provided concerning the Police and Criminal Evidence Act 1984 in general and the position of juveniles in particular. It is indicated inter alia that "where a custody officer authorises an arrested juvenile to be kept in police detention after charge, the officer shall, unless he or she certifies that it is impracticable to do so, make arrangements for the juvenile to be taken into the care of a local authority and detained by the authority".

This implies that local authorities should have appropriate accommodation available. The example of the 14 year old in custody at Chapeltown Police Station at the time of the CPT's visit would suggest that local authorities in the Leeds area need to make better provision for such accommodation.

Response to paragraphs 217 to 220 (cf. pages 49 to 52 of the response)

34. The CPT has taken careful note of the information provided concerning the right of access to legal advice and the right to be examined by a medical doctor of one's own choice.
35. The information given in the response indicates that access to legal advice is delayed in around 1% of detentions under the Police and Criminal Evidence Act and in some 25% of detentions under the Prevention of Terrorism Act.

In the CPT's opinion, the right of a person in police custody to have access to a lawyer is a fundamental safeguard against ill-treatment. The CPT recognises that in order to protect the interests of justice, it may be necessary in certain circumstances to delay the right of access to a particular lawyer chosen by the detainee. However, this need not necessarily result in the right of access to legal advice being totally denied during the period in question. In such cases, access to another independent lawyer who can be trusted not to jeopardise the legitimate interests of the police investigation should as far as possible be arranged.

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The CPT notes that such a solution would in fact appear to be envisaged when access to a specific solicitor is delayed in certain types of cases, but not in others - and in particular not in terrorist-related cases. Indeed, Note for Guidance B4 to Annex B of Code of Practice C provides for recourse to a solicitor on the Duty Solicitor Scheme when access to a specific solicitor is delayed on the grounds set out in paragraph 1 of Annex B, but makes no reference to the situation when such access is delayed on the grounds set out in paragraphs 2 or 8 (a) or (b).

The CPT would like to know what objections if any there would be to allowing a detained person, whose right of access to a specific lawyer has been delayed on the grounds set out in paragraphs 2 or 8 (a) or (b) of Annex B of Code C, to have access to another solicitor on the Duty Solicitor Scheme.

36. As regards a person's entitlement to be examined by a doctor of his own choice, it is stated in the response that there may be cases when the police consider that a delay in calling a person's own doctor is justified for the same reasons that may justify delaying exercise of the right to have access to legal advice. However, it is also emphasised in the response that if in such a case it was also considered necessary for the person to see his own doctor (eg. for specialist treatment), then the detained person's well-being would be of paramount importance to the police. The CPT considers that it would be appropriate for this position to be clearly spelt out in the Code of Practice.
37. Situations when the police are obliged to allow a detained person to see his own doctor in the overriding interest of the detainee's health shall no doubt be exceptional. However, detained persons should in all cases have the right to request a medical examination by a doctor other than one chosen by the police. Consequently, the CPT would invite the United Kingdom authorities to explore the possibility of devising a scheme whereby any detainee whose access to a particular doctor requested by him is delayed by the police can, if he so wishes, have access to another doctor (apart from a police surgeon) who can be trusted not to jeopardise the legitimate interests of the police investigation.
38. The CPT would also like to take this opportunity to emphasise that all medical examinations of persons in police custody should be conducted out of the hearing, and preferably out of the sight, of police officers. Further, the results of every medical examination as well as relevant statements by the detainee and the doctor's conclusions should be formally recorded by the doctor and made available to the detainee and his lawyer.

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Response to paragraph 221 (cf. pages 53 to 54 of the response)

39. The CPT has noted that interviews in relation to certain categories of offences involving terrorism and official secrets are exempted from the general requirement of tape recording. In this regard, the Committee considers that a balance has to be struck between the various advantages flowing from tape recording and the significant security considerations involved in terrorism and official secrets cases.
40. In the response it is stated in particular that "if interviews were recorded in full this could endanger intelligence sources, reduce the intelligence yield from suspects and provide terrorist organisations with greater insight into police methods".

Of these three objections to tape recording, it seems to the CPT that the first and third could be overcome if appropriate safeguards existed as regards the security of the tape recordings and the conditions under which they could subsequently be disclosed in legal proceedings. As to the second objection, the CPT recognises that a suspect could in certain cases be inhibited by tape recording of the interview, thereby reducing the intelligence yield. However, the CPT is not convinced that this objection need necessarily imply an across-the-board exemption from tape recording. Instead, tape recording of the interview might be made the norm, with the suspect being granted the right to request that the interview not be (or that it cease to be) recorded. Such a request could be recorded in writing, to which the detainee would add his signature.

The CPT would like to receive the comments of the United Kingdom authorities on the above remarks.

41. The CPT would also like to receive information on the follow up given to the experiment in which "summaries" of interviews with terrorist suspects were tape recorded in certain police force areas, and to the three video recording pilot schemes.

Response to paragraph 224 (cf. page 47 of the response)

42. The CPT would appreciate receiving copies of the annual independent reports into the operation of the Prevention of Terrorism (Temporary Provisions) Act 1989.

Response to paragraph 226 (cf. pages 54 to 55 of the response)

43. The CPT is very grateful for the general information provided on lay visiting schemes, and for the details given concerning the specific question of access of lay visitors to detainees.
44. In the CPT's opinion, lay visitors will not be able to carry out successfully their task (i.e. "to observe, comment and report on the conditions under which persons are detained at police stations and the operation in practice of the statutory and other rules governing their welfare") unless they are allowed to discuss in private with detained persons.

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In this connection, the CPT notes that "as a general rule" conversations between detainees and lay visitors should take place out of hearing of police officers, but that "exceptionally" the police may decide that the escorting officer should hear the conversation. The CPT would like to know what reasons there could be for the escorting officer having to hear the conversation.

It is also stated that "in exceptional circumstances" the police may decide that a detained person should not be seen by lay visitors "in order to avoid any possible risk of prejudicing an important investigation". The CPT well understands that it might on occasion be necessary to delay access to a detainee, in particular if he is in the process of being interviewed by the police, but it has difficulty in grasping the reasons which would justify a denial of access. The CPT would like to receive clarification on this point.

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45. Finally, the CPT has recently seen reports that a "Code of Ethics" for the police is being prepared. The Committee would appreciate receiving further information on this subject.

Yours sincerely,



Antonio CASSESE

- cc. Permanent Representative of the United Kingdom to the Council of Europe