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24 October 2014

Mrs Louise Hunt
Senior Coroner
Coroner's Court
50 Newton Street
Birmingham
B4 6NE



Dear Mrs Hunt

I am writing further to your letter of 3 September 2014 addressed jointly to the Trust and HMP Birmingham pursuant to Regulation 28 of the Coroners (Investigations) Regulations 2013.

Thank you for informing me of your concerns following the inquest into the death of Yohannes Kidane. I appreciate receiving your independent views on this matter.

In your letter of 3 September 2014, you raised the following concerns:

1. There are insufficient staff present on the wards at night to provide for all the healthcare and other needs of the prisoners. At night the healthcare wards are staffed by 1 nurse per ward and 1 prison officer who is shared between both wards. Each ward holds a maximum of 15 patients. Evidence confirmed there were a number of prisoners on Ward 2 who required ACCT observation plus other prisoners requiring attention. At the time only 1 nurse was present on Ward 2 as the Prison officer was on Ward 1.
2. The ability to undertake effective ACCT observations is compromised by the lack of sufficient staff.
3. The fact that staff do not take breaks during the night and the impact that this would have on them and on the care and wellbeing of prisoners. Staff must need to take comfort breaks throughout the night which would add an additional burden on the already stretched staffing levels.

In order to respond to the concerns that you have raised, the Trust has liaised with Birmingham Community Healthcare Trust (who provide physical healthcare on Ward 1 of the healthcare centre) and G4S who provide healthcare prison officers in the

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healthcare centre. The Trust has also forwarded a copy of your letter to the Commissioner responsible for funding healthcare services within the prison.

Overview of the Healthcare Centre and night staffing

As you will be aware, the healthcare centre at HMP Birmingham has two, fifteen bedded wards. Ward 1 provides physical health needs for prisoners and deals with a range of clinical activity from self-harm to wounds that prisons receive through assaults, to more serious physical health problems that require inpatient care. When prisoners are transferred out to general hospitals, on return to the prison there is a process in place where prisoners will be placed on Ward 1 for a period of observation prior to returning to their normal location. Ward 1 also has a high dependency cell where prisoners with more serious health problems, for example terminal illness, can be cared for until the point where they may need to be transferred out of the prison for hospice care.

Ward 2 provides a service for prisoners with mental health problems and again ranges from prisoners who can have a period of admission to the ward for assessment and treatment and be returned back to normal location, through to prisoners who have severe and enduring mental health problems who will also require assessment but may need to be transferred out to a medium secure hospital for treatment pursuant to the Mental Health Act. Both wards have the same establishment of staff providing clinical care. During the day there are two qualified nursing staff on each ward and two healthcare prison officers. During the night shift the establishment of staff reduces down to one nurse on each ward and one healthcare prison officer who is shared between both wards. Although two prison officers are allocated to ward 2 often based on the acuity on the ward, there will often be three healthcare prison officers allocated during the day; however, this is not a permanent feature as part of the establishment.

In addition to the Healthcare Centre, there is also an emergency response registered general nurse based in main prison building as well as a night IDTS (Integrated Drug Treatment Service) nurse. Both of these nurses need to be escorted to and from an incident by a prison officer.

Duties that night staff undertake for both wards

The duties that night staff undertake on Ward 1 and Ward 2 are split between clinical and non-clinical roles.

Nursing staff duties – Ward 1

Nursing staff provide clinical input, for example, on Ward 1 nursing staff will administer medication for the night shift. Nursing staff will be required to complete PER forms for prisoners who are going out for hospital appointments the following morning. Nursing staff also order medication, are involved in ACCT observations, provide clinical updates for all fifteen patients on the ward and respond should an emergency admission be required.

Nursing staff duties – Ward 2

On Ward 2 the nursing staff will be required to administer evening medication, complete PER forms for prisoners who are going out on a hospital escort, provide

summaries for patients on the ward, order medication, respond if an admission is required during the evening due to an emergency. When prisoners are due to be transferred out nursing staff will be required to print off System One notes. At night the Ward 2 nurse can sometimes be called to the CSU to provide an algorithm if a prisoner has been placed in the CSU during the night. Ward 2 nursing staff also carry out observations under the ACCT process.

Healthcare prison officer duties

For both wards, healthcare prison officers can respond to cell bells where a patient may require assistance; be it hot water for a drink, general enquiries or to report any medical complaints they may have. Healthcare prison officers can complete the ACCT observations and support nursing staff with their clinical duties.

Review of staffing levels

As I have mentioned above, the Trust has liaised with Birmingham Community Healthcare Trust and G4S regarding night staffing levels. In principle, there is agreement that extra help during the night would assist both nursing staff and the healthcare prison officer in their duties.

For Ward 1 and 2, should a medical emergency occur during the night there is an emergency response nurse within the prison who can respond and assist as required.

Birmingham Community Healthcare Trust have reviewed their skill mix for ward 1 which has resulted in a change to the skill mix whereby the current funding for unqualified staff will now be converted into qualified nurses. This will allow for an additional primary care nurse to be present during the night shift.

I understand that recruitment for these extra posts will commence shortly, however recruitment for prison nurses is historically challenging. It is envisaged that that nurse would assist the emergency response night nurse as well as providing cover on Ward 1 so that the Ward 1 can have their break. An additional nurse would also mean that the healthcare prison officer on duty could move upstairs to assist the Ward 2 nurse if they are busy.

Regarding Ward 2, as mentioned above, an IDTS nurse is also present within the main prison building during the night. The Trust anticipates that that nurse could undertake part of their administrative duties on Ward 2 in order that the Ward 2 is able to take their break and vice versa.

Where the IDTS nurse is occupied, it is also anticipated that a member of primary care staff could assist on Ward 2 whilst the Ward 2 nurse takes their break. While this would mean that an RGN would be covering the break of an RMN, in reality the RMN would be able to return to an immediate mental health emergency as they would still be taking their break within the healthcare centre. In this way, we consider that we are able to allay your concern regarding staff not being able to take their breaks.

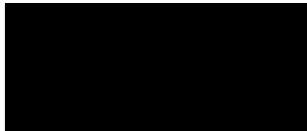
I am disappointed to report that we asked our Commissioner to attend two meetings regarding funding of an extra staff member for Ward 2. They declined to attend

these meetings on the basis that the "PFD" report was not directly addressed to them and therefore did not require them to respond to it. We have been unable to make progress on this point within the time allowed by the Regulations to provide a response. We will continue to pursue this matter with them.

We have met with G4S and representatives from the National Offenders Management Service as the evidence at the inquest identified that a significant part of the duties during the night are non-clinical, for example responding to cell bells, general enquiries and undertaking ACCT observations. I understand that they will be providing a separate response to you.

I would like to thank you for raising your concerns about the need for an extra staff member in the healthcare centre at night. I hope that this response demonstrates to you that I have taken those concerns seriously and have attempted to solve them as much as I can within the means available to this organisation. I would invite you to consider specifically addressing a letter to our Commissioners for healthcare provision within the prison to facilitate the process of future discussions.

Yours sincerely



John Short
Chief Executive