



Ministry of JUSTICE

National Offender
Management Service

[REDACTED]
Equality, Rights and Decency Group
National Offender Management Service
4th Floor, 70 Petty France,
London SW1H 9EX
t: 0300 049 7051
[REDACTED]

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

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Dear Mrs Hunt

Thank you for your Regulation 28 report dated 25 November 2015 addressed to Michael Spurr, Chief Executive of the National Offender Management Service (NOMS), concerning the recent inquest into the death of Dean Boland at HMP Birmingham on 17 April 2015. Your report has been passed to the Equality, Rights and Decency (ERD) Group at NOMS headquarters, as we have responsibility for the policy on suicide prevention and self-harm management and for sharing learning from deaths in custody. I have consulted with the Director of HMP Birmingham and with Birmingham Community Healthcare NHS Trust in formulating this response, which has been reviewed and approved by each organisation (also including Birmingham and Solihull Mental Health Foundation Trust in view of the shared healthcare arrangements at HMP Birmingham) prior to submission to you.

The report raises twelve concerns and I will address each one in turn.

Prison Officers need a comprehensive education program to understand what drugs are being used and sold and how prisoners come by those drugs

Following the inquest, training on supervising the administration of opiate substitution medication has been completed with detox unit staff and drug awareness training is scheduled for completion by 31 January 2016.

Drug strategy meetings are being held monthly and the purpose of these meetings is to discuss current issues and trends around drug misuse within the prison and to agree actions and strategies going forward. These meetings are attended by a cross-functional group of interested parties including clinical staff, residential managers and DART workers. From 9 December 2015 there has been mandatory attendance at these meetings from prison officers who work on B Wing. All staff on the detox and recovery unit will be required to sign a document indicating that they have read the minutes of the meeting each month. Also included in this meeting is discussion of those prisoners receiving opiate substitution medications who have failed both mandatory and compliance based drugs tests. This provides officers with a heightened awareness of drug misuse on the residential units and allows them to factor that information into their observations and risk assessments.

Prison officers, health workers and DART workers do not adequately discuss trends and general drugs issues to ensure all staff are up to date and aware of the problems

B Wing is now managed outside of the normal residential function, by the drug strategy manager as part of his role. Each prisoner undergoing opiate substitution treatment has a named IDTS nurse and DART worker who work collaboratively with the individual on their recovery journey. Some members of the DART team are trained prison officers and others are drug and alcohol support workers from the prison's partner organisation, Inclusion.

Issues around the misuse of illicit drugs and prescribed medication are discussed during monthly drug strategy and security meetings. During the meeting trends and issues around drug misuse of all kinds are discussed and actions to reduce the risk and likelihood of these occurrences are identified and put in place. Due consideration is given to confidentiality, but this does not prevent discussion around these issues.

As a result of these meetings significant amounts of work have been carried out with regard to emerging issues such as that of new psychoactive substances (NPS), which are widely misused both in custody and in the community. This work has been carried out collaboratively by clinicians, drug workers and prison officers.

Following intelligence around the illicit use of Buscopan, an emergency medicines management meeting was convened on 20 April 2015, which included operational prison managers and well as clinical managers. A joint decision was taken to suspend use of Buscopan as a medication whilst awaiting further clarification. This was also escalated through the NHS to ensure that other establishments were made aware of the potential for illicit use.

General medicine administration does not involve a check of the mouth so prisoners can easily conceal tablets to sell later

The administration of medication within the prison is carried out in line with the HMP Birmingham Medicines Code (an overarching medicines management policy) which reflects NHS Clinical Governance procedures.

Administration of IDTS medication is supplemented by a check of the mouth in line with the compact signed by IDTS recipients to comply with their treatment pathway. This is similar to supervised consumption being requested by the prescriber in the community.

Controlled drug administration is carried out by two nursing staff in line with medicine code policy. There is no clinical requirement to check the mouth of prisoners. However, in accordance with the published standard operating procedure, the designated practitioner observes the prisoner taking his medication and annotates the medication chart to indicate that it has been taken and swallowed.

General medication is administered by one nurse in line with the standard operating procedure. This is observed and recorded in the same way.

An officer is present during the administration of both controlled and general medication to deal with any concerns of concealment or diversion raised by the nursing staff. The officer challenges unacceptable actions and uses the adjudication system and IEP scheme to deter and manage such behaviour. A review of a prisoner's prescribed medication may follow an incident of this nature.

The number of cell searches on B wing seems insufficient given the extent of the drug problems

In line with contractual requirements agreed with NOMS, HMP Birmingham's search cycle takes place over a 6 month period. During that 6 month period each of the 996 cells within the prison is searched and each search is recorded on the appropriate form.

All intelligence received is graded by intelligence analysts using the same systems as NOMS. This will rate the validity and reliability of the source and contribute to the decision about what action to take. The security team carries out target searches or intelligence-led searches on the basis of information received, but in addition to this ad hoc searching of cells, prisoners and specific areas can take place at any time that it is deemed necessary. Cells are checked daily by officers as part of AFCs (accommodation fabric checks), and anything of concern can lead to the decision being taken to complete a cell search.

There is an important balance to be struck between security and decency, ensuring that we maintain order and prevent illicit activities, but also that staff build positive, appropriate relationships with prisoners as part of dynamic security and to encourage responsible and respectful behaviour.

Drug dogs are also deployed strategically for use in targeted areas, including B Wing. This also assists in maintaining appropriate levels of security.

Prisoners on B Wing are not viewed or monitored overnight unless they are on an ACCT giving them a considerable period of time to smoke and use drugs

Across the prison service there is no routine night time monitoring for prisoners other than those subject to the Assessment, Care in Custody and Teamwork (ACCT) case management process and those who are segregated or located on an inpatient ward. It is important that during night state the reduced numbers of staff are deployed to supervise those most vulnerable or at risk.

Staff who are deployed as night patrols can report suspicious activity to the person in charge during night state. This may lead to a drug test or a cell search being carried out. At Birmingham in 2015, 266 suspicion drug tests were carried out on individuals as a result of staff submitting intelligence reports (IRs) stating that they believed illicit drugs were being used. IRs can be submitted by any member of staff at any time of day or night.

The prison deploys a security officer to B Wing at night who is only there to answer call bells. This seems inadequate given that this group of prisoners are at high risk of drug use particularly at night when there are no cell checks

The individuals deployed to B Wing are trained members of G4S staff. In common with the practice in all public and private prisons, they are not fully qualified prison officers, but they have all been specifically selected and trained for the role. Training includes modules on ACCT procedures, security awareness, health and safety and violence reduction. These are delivered during a two week training course that also makes provision for shadowing of existing security officers, including shadowing a night duty before becoming operational.

On B Wing there is direct access for the security officer to senior staff located adjacent to the wing and to the medical team located on the 3rd landing of the wing. The clinical support during night state includes both a general nurse and a detox nurse. Any concerns can be discussed with the Night Orderly Officer, a manager grade who is present throughout the

night. HMP Birmingham has no plans to introduce additional night staff, and they already deploy a greater number than required by the contract with NOMS.

DART workers are unable to access compact based drug results as they are unable to log onto the computer

This issue has been resolved since the inquest. At the time, only the dedicated DART staff carrying out the compact based drug tests (CBDT) had access to the database of results. Results were analysed and communicated to the DART team and information produced for the drug strategy meeting each month. Read only access has now been given to all members of the DART team to enable them to have contemporaneous information regarding the clients on their caseload.

Prison officers are unaware of positive drug test results and therefore unable to take any action in response

The details of individual prisoners testing positive on mandatory drug tests (MDTs) are communicated to wing managers so that, in line with our zero tolerance 'no drugs no violence' policy, reduction to basic level on the incentive and earned privileges (IEP) scheme can take place. Wing managers brief staff about the information that they receive. A case note entry is added on PNOMIS whenever a prisoner tests positive. Personal officers review this information when making their weekly entries. A database is available on a shared drive of the local computer system, accessible to all staff, with details of each prisoner who has failed a drug test, including information about what substance was taken.

Only two exercise yards have netting. Further consideration needs to be given to netting other areas given the number of packages being thrown over the wall and then secreted by prisoners on their person. Only a small proportion of packages are seized as they come over the wall.

Preventing illicit articles from entering the prison is a key part of the prison's supply reduction strategy, and a vast amount of work has been undertaken, in conjunction with West Midlands Police, on closing down the most significant ingress point. Where the establishment considers it necessary it can submit bids for capital expenditure, and it would do so if it believed that additional security measures would make an impact on supply.

The prison should investigate whether 3 prison officers on duty in the exercise area is sufficient for 172 prisoners given the number of packages that are thrown over the walls every week.

Staffing levels for exercise are risk assessed appropriately. B wing exercise yard has no external ingress point: the detox wing was moved to B wing on account of this, so that no throw overs can reach the exercise yard. Increasing the number of staff supervising exercise is not felt to be necessary, and it would not be the best use of resources.

There is no availability to search or screen prisoners or visitors for drugs concealed on their person when they come into the prison. Further consideration need to be given, on a national level, as to how concealed drugs can be identified

Prisons currently employ a comprehensive range of searching techniques and security measures to detect and uncover drugs at the point of entry or concealed in the establishment, and anyone caught with them will be punished and could face prosecution. Such measures include basic and enhanced rub down searching and full searching of prisoners, staff and visitors, as appropriate, and the use of X-Ray machines, drug detection dogs and CCTV surveillance cameras and the imposition of closed (non-contact) visits. The forthcoming Psychoactive Substances Bill will control the sale and supply of all psychoactive

substances. It includes a new offence of possession of a psychoactive substance in a custodial institution, which will tackle the dangerous and pervasive use of new psychoactive substances in prisons. The Government recently commenced a clause in the Serious Crime Act, which introduces a new offence of throwing any item over a prison wall, including psychoactive substances. Plans are in place to introduce widespread testing for psychoactive substances as part of the MDT process by April 2016, and NOMS has trained more than 300 specialist dogs to search and detect new psychoactive substances in prisons. NOMS is also evaluating the effectiveness of body scanners to tackle further the threat posed by drugs being smuggled into prisons.

Consideration needs to be given to having more dogs so that prisoners and visitors coming into the prison will always be screened

HMP Birmingham has four operational drug dogs at its disposal. There are two dog handlers each of whom has two drug dogs: a passive drug dog (trained to search people) and an active drug dog (trained to search areas).

The monthly security committee meeting discusses the deployment of and results from the drug dogs, with the aim of ensuring that the resource is used tactically in line with current intelligence and known risk factors. Ingress of illicit substances into any establishment is not achieved through only one route. For example, prisoners subject to licence recall have been identified as a high risk group with regard to potential trafficking, and dogs are therefore deployed when they are entering the establishment on return from court.

Active dogs are also used as part of cell searches, and passive dogs can be used to support prisoner searches to deter possession of items or locate them where they are suspected to be present. Two operations took place in 2015 where additional canine support was drawn from central resources to carry out 'blitz' operations on two residential wings.

I hope this provides you with assurance that the matters of concern that you have identified are being fully addressed.

Yours sincerely

