

*Nursing at the*  
**EDGE**



*Slammer of the  
status quo*

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The custody suite inside Edinburgh's St. Leonard's police station is a place that most people would hope never to see. With no natural light at its core, it feels deeply, darkly subterranean. CCTV cameras record every move, and ranks of reinforced metal doors allow access to the cells that can accommodate up to 50 prisoners at any one time. There is a fingerprint room, a holding area where three young Eastern European women are currently being interviewed in the presence of translators, and a charge bar where a heavysset middle-aged man stands, surrounded by uniformed officers.

It is the middle of the day, and relatively quiet here now. But come nightfall things can soon kick off. "There's suddenly a change in atmosphere. You hear the sound of running feet, like centurions," says nurse Jess Davidson. "The acoustics amplify the sense of emergency, and you feel tension in the air. That's when your instinct and your training takes over, and you respond."

Jess is in charge of the forensic medical examiner service and custody health care here, and describes her workplace

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as being like a MASH, a mobile army surgical hospital. She never knows what her team is going to have to deal with day-to-day, but the chances are it will be serious.

"We don't get many debonair international jewel thieves in here," says Jess. "Most of the people who end up in these cells have mental health issues, they are rough sleepers, drug users and heavy drinkers at risk of harm. Our job is to keep them safe."

It clearly works. Since Jess joined the service in 2009 there has not been an accidental death in custody in Lothian. Before that, there had been a few. The last of those involved a 28-year-old mother of two who died of a heart attack in one of these cells in January 2008.



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Livingston and Dalkeith. “We see around 40% of the people who come in through custody and that meant we dealt with 8,000 patients last year,” says Jess. “Essentially we are a mini A&E.”

Most of the patients have mental health problems and addiction issues, and are in danger of collapse. After an initial consultation with people who are identified by admitting officers as being at risk, treatment is initiated. The custody health care nurses are all independent prescribers and can supervise existing medication regimes, or initiate new ones from the on-site pharmacy.

For addicts of illegal drugs such as heroin, that might mean substitute prescribing of dihydrocodeine. “People who are dependent on drugs withdraw quickly, and then they become emotional timebombs,” says Jess. “They don’t conform to protocols, so we have to do whatever is required to keep them ticking over.”

Jess reckons that about 60% of people in custody are drug users, and her team soon sees emerging trends in substance abuse. Particularly distressing, she says, are the young people who are brought in under the influence of the latest legal high. “It can be difficult to establish what they have taken, which makes them hard to treat,” says Jess. “They come in divorced from their real personalities, often aggressive, often unable to maintain even the most basic dignity, with nothing registering behind their eyes. And then 12 hours later they’re asking ‘why am I here?’”

At a guess, around 90% of people admitted to custody are under the influence of something, most commonly alcohol. They are brought in by British Transport Police, Ministry of Defence Police, Her Majesty’s Revenue and Customs, Home Office Immigration Enforcement as well as CID officers and what Jess describes as the ‘regular’ police. “You do see it all – people alleged to have engaged in survival theft or sex work, breaches of the peace, internet crime, and people who are detained for serious indictable offences,” she says. “Men and women who have failed the asylum process are particularly sad cases: people with no rights who are desperate to stay. There’s a lot of suicidal behaviour.”

Jess has been fascinated by mental health since she trained to be a nurse during the 1990s. “I just couldn’t believe the number of people who came in to A&E with mental health problems,” she says. “They were very unpopular with the staff, who regarded them as not properly ill. I became more and more interested in what happened to them.”

The fatal accident inquiry into that case catalogued a series of care failures. In his hard-hitting report, sheriff Frank Crowe concluded that officers conducted only cursory and fleeting checks on the prisoner during the 34 hours she was in custody for suspicion of dealing drugs. The contributory causes of her death that were identified included vomiting and lack of fluids and food.

No one was blamed, but the report made a series of recommendations that sparked wholesale reform. Now, prisoners in custody across Lothian and the Borders receive dedicated health care support from a highly trained nurse-led team.

Jess, who works for NHS Lothian, is the first senior charge nurse in this area of practice in Scotland, and she is presently seconded away from the custody suite frontline to steer the roll-out of the system. The model that she shaped is about to go live across the whole of South East Scotland, and the rest of the country is watching closely.

At St. Leonard’s, the country’s pioneering custody health care team operates around the clock from a small office and treatment room within sight of the cells. During the day there is one nurse on duty, and overnight two qualified staff tend to prisoners.

The team also provides cover for police stations in Hawick,

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The daughter of dental surgeons, brought up in well-to-do Surrey, Jess thought she was ‘a bit thick’ at school. Dashing her parents’ ambition for her to be a lawyer, she flunked her A-levels to join a theatre group, and ended up selling advertising space for magazines in London. The birth of her daughter, Cecily, was followed by the break-up of a short-lived marriage, and Jess remembers feeling lost. Until the day she caught an advert on daytime television for mental health nursing, and thought “that’s exactly what I want to do”.

“When I graduated with a distinction – the only one in my year – it was a proud moment,” she says. “I knew that I had found something that I really loved.”

In the year 2000, when Cecily was eight, they moved up to Scotland where Jess started working as a staff nurse in the intensive care unit at Aberdeen Royal Infirmary. Community nursing in Arbroath followed, before Jess took up a position as a nurse advisor with NHS24.

Once again, it was the mental health need that struck Jess most. “It is truly terrifying, being on the end of the telephone when you might be the last voice that person hears,” she says. “You learn to engage quickly. I can now spot it at 30 yards if someone’s not feeling well.”

A degree in mental health nursing came next, which involved a placement in psychological medicine at the Royal Infirmary of Edinburgh, the capital’s largest hospital. For Jess, the most distressing cases involved people who had overdosed on paracetamol. “You could see the realisation on their faces – they didn’t mean to do it, but now they saw Armageddon coming,” she says. “They didn’t know what danger they were putting themselves in when they took too many pills.”

Post-qualification, Jess was offered a parasuicide specialist nurse post working in Edinburgh Royal Infirmary’s combined assessment unit. “That’s where I learned to practice with real compassion,” she says. “As a single parent I have been treated differently, and experienced social stigma. I have felt despair, and I can empathise with the distress of people’s lives.”

Working as a community psychiatric nurse (CPN) was rewarding because Jess saw recovery in action. “In



acute settings you don’t follow the outcomes,” she says. “Community-based practice allows you to see the whole story, and people really do get better.”

While she was a CPN, Jess got involved with a scheme for women offenders and became a health promotion specialist. That project brought her into close contact with the criminal justice system, and she started doing shifts as a police custody nurse at St Leonard’s. “There was something about it which ticked every single box for me,” she says.

At that time, people in need had to wait for help until an on-call doctor appeared. “It was very frustrating,” says Jess. “We nurses knew we could do what was required, but our hands were tied.”

Under Jess’s direction the way custody health care operates has been redesigned and Scotland’s first nurse-led service became fully operational on 1 April 2013, the same day Police Scotland was formed.

Senior charge nurse Robbie Souter worked in the custody suite before and after. “It’s phenomenal, the difference that’s been made,” he says. “It is rare that we have to consult a doctor now. The job is far more rewarding.”

Looking to the future, Jess wants to see greater inter-agency working to streamline the experience of vulnerable detainees. “Everyone is doing a tough job, but they are doing it in isolation,” she says. “Harm reduction, social work, health, prisons – none of it is joined up enough.”

Supported now by a national IT system that gives custody nurses access to health and social work records, and allows input of information for accurate data collection, the team ensures that prisoners have no injuries that are left untreated, and do not suffer brutal withdrawals. For



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Jess, it’s about Article 3 of the Human Rights Act, which prohibits inhuman or degrading treatment or punishment.

“The biggest cause of death in custody is a mixture of addiction and mental health problems,” she says. “Before we came along, the police here were making decisions based on zero medical knowledge. Now they know we’ve got their backs, and they are grateful for that.”

In addition to treating people in custody, the team undertakes the collection of evidence in rape and assault cases, and advises Police Scotland on prisoners’ suitability for detention, interview, discharge, onward transfer or appearance in court.

This is uncharted territory for nursing and the criminal justice system, and Jess has received very high-level support to develop the systems that she has put in place to modernise custody health care. Sometimes, that means taking risks: “It can be a judgement call, if you’re saying you don’t think someone’s going to attempt suicide,” she says. “As nurses we need to know that if things do go wrong, we will be backed up.”

It takes special skills to work in custody health care, and Jess’s original roster of eight nurses has recently been boosted by a further 17 appointments to staff the expanding service. Community psychiatric nurse Memory Gondora is one of them. “There’s lots of scope for

development, professionally and personally,” she says. “It is a really challenging environment to work in.”

Jess has led the recruitment process. “It’s not about qualifications,” she says. “Nurses that work here need to be compassionate, resilient and pretty bright. We’re developing a new area of nursing, and they have to be up for that.

“There’s no accepting the status quo. If you are going to give a damn, you’ve got to go as far as you can for your patients.”

Jess is a one-woman powerhouse. She is redefining the ‘place of safety’ concept, and refuses to accept that police cells are suitable as a last resort for holding people in distress: as a result a special unit to accommodate people who present as mental health emergencies is being built at the Royal Edinburgh Hospital. She has written two chapters for Scotland’s first forensic medical textbook, which is due to be published soon. And on top of it all, she is doing an MSc in advanced nursing practice.

Cecily has just graduated from the University of Stirling with a law degree, and Jess herself has recently remarried. “It’s funny how things work out. When I was young I had ambitions to be on camera – little did I know it would be a CCTV camera,” she laughs. “CSI Morningside, that’s me.” ■

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