LONDONASSEMBLY

Police and Crime Committee

# Falling short: the Met's healthcare of detainees in custody

January 2014

# Police and Crime Committee Members

| | |
|---|---|
| Joanne McCartney (Chair) | Labour |
| Jenny Jones (Deputy Chair) | Green |
| Caroline Pidgeon (Deputy Chair) | Liberal Democrat |
| Tony Arbour | Conservative |
| Jennette Arnold | Labour |
| John Biggs | Labour |
| Victoria Borwick | Conservative |
| Len Duvall | Labour |
| Roger Evans | Conservative |

**Contact:**
Matt Bailey
email: matt.bailey@london.gov.uk
Tel: 020 7983 4014

## Role of the Police and Crime Committee

The Police and Crime Committee examines the work of the Mayor's Office for Policing and Crime (MOPAC) and reviews the Police and Crime Plan for London. The Committee can also investigate anything that it considers to be of importance to policing and crime reduction in Greater London and make recommendations for improvements.

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# Foreword

Custody is one of the most challenging areas of police work, with nearly a quarter of a million people passing through the Met's custody suites each year.

Providing a detention service for such a large number of people, some of whom may be in a state of distress, violent or vulnerable, presents a significant challenge for the Met. They cannot do this alone, particularly when it comes to providing appropriate healthcare assessment. That is why we are pleased to hear that the Met will be transferring its commissioning responsibilities for healthcare to the NHS by next year. This is an important step which will hopefully drive up standards and improve healthcare outcomes for detainees.

Before then, the Met has work to do. There are not enough nurses (they are leaving the force quicker than they are being recruited), many doctors are concerned with how the service is being run, and staffing levels in custody suites may not be sufficient to manage demand. The Met must take action now.

The Mayor's Office for Policing and Crime (MOPAC) also has a role to play in improving standards, in particular through the Independent Custody Visitor scheme. These volunteers do commendable work in providing regular independent assessment of standards, but not enough is made of this, both in terms of valuing their contribution and making their findings public.

This report calls on the Met and MOPAC to put clear plans in place to address these concerns.

We would like to thank everyone who has contributed to this report.

**Joanne McCartney AM**
**Chair of the Police and Crime Committee**

# Executive summary

The Met's system for healthcare provision in custody suites is not working as it was intended. It introduced new arrangements in January 2009 to reduce assessment times and to bring down costs, but the results have been patchy. The main change saw the Met employing nurses to take on much of the work that teams of doctors had previously been contracted to do. Yet, despite repeated efforts, the Met has been unable to recruit and retain the number of nurses it needs for the system to work adequately. Medical professionals working in custody suites say this has increased the risk of a death or serious harm in police custody.[1]

The Committee welcomes the news that the Met will be transferring commissioning of custody healthcare arrangements to the NHS in 2015. Putting responsibility for an efficient healthcare system in custody suites into the hands of medical professionals should drive improvements. However, the Met must do more before then to increase the number of nurses it has working for it. Currently, it has only a third of the number it said it needed when the plans for the new arrangements were first drawn up.[2] This is a major concern.

The Met should involve doctors (forensic medical examiners) formally in the decisions it takes in the future. Since it introduced new arrangements, forensic medical examiners (FMEs) have been increasingly side-lined. They have not been consulted on the training given to nurses, and currently do not have access to the Met's patient record system (although we understand efforts are being made to address this). Yet, with the shortfall in nurses, they have increasingly been asked to take on more and more work, despite a gradual decline in their own numbers. The Met must draw on their expertise in improving the delivery of healthcare in custody suites.

The Met needs to support its custody staff (inspectors, sergeants and designated detention officers) better. Custody suites were subject to a major staffing restructure as part of the new Local Policing Model in July 2013. The Met has acknowledged that it did not consult widely enough on the proposals, which led to the Health and Safety Executive (HSE) being called in to investigate (at the time of writing the HSE had not completed its investigation). The Met is implementing another major staffing restructure in April 2014 with the introduction of a single Detention Command, which will see custody provision centralised. It is vital that the

Met learns from the mistakes of the past and ensures that staff are widely consulted on the changes.

The Mayor's Office for Policing and Crime (MOPAC) oversees the Met's decision-making. It also has a role in ensuring that healthcare delivery in custody is improved through its Independent Custody Visitor (ICV) scheme. There is very little information in the public domain about the work of the scheme in London, but the Committee has heard that the number of ICVs, who are volunteers, has fallen. MOPAC needs to demonstrate that the scheme is working effectively by showing how it is using the work of ICVs to bring about better outcomes.

This report sets out the issues the Met must address to improve its delivery of healthcare in custody suites, and makes recommendations accordingly. We hope that this will in turn help bring about better outcomes for detainees, who are often some of the most vulnerable people in our society. The Committee will also keep a watching brief on the progress the Met makes in implementing its new staffing structure for custody suites in April 2014, and the transfer of commissioning to the NHS by 2015.

Our report does not focus on the issue of people with mental health conditions in police custody, which the Met has acknowledged is underdeveloped.[3] The Committee has looked at this as part of a wider discussion around mental health and policing, and will continue to monitor the progress made by the Met and MOPAC in responding to the recommendations made in the report by the Independent Commission on Mental Health and Policing.[4]

# Introduction

There have been 49 deaths in or following police custody[5] in the Metropolitan district since April 2002.[6] While there has not been a death in a Met police custody suite since 2010, the management of the Met's 38 custody suites and the healthcare of detainees remains a matter of public concern; not least because of the inquest findings following two high profile deaths of detainees in Met custody.[7]

Inquests into the deaths of Andrzej Rymarzak and Sean Rigg found failings in the Met's custody provision. Mr Rymarzak died in police custody in 2009 due to the effect of opiates and alcohol, but the inquest jury ruled that neglect caused by "gross failures" of Met officers, ambulance staff and a locum doctor working as a forensic medical examiner (FME), had contributed to his death.[8] Sean Rigg collapsed and later died in police custody in 2008 after being held down by Met officers for eight minutes.[9] The inquest jury ruled that Met officers had used unsuitable and unnecessary force against Mr Rigg, failing to uphold his basic rights.

Since the deaths of Mr Rymarzak and Mr Rigg there has been a reduction in the number of deaths in police custody nationally.[10] This is welcome. Nevertheless, the changes the Met has made both to the management of its custody suites and healthcare arrangements for detainees have raised concerns about the level of risk of a death or serious harm in police custody.

# 1. Changes to healthcare arrangements

1.1. Healthcare for detainees in Met custody suites is provided by experienced doctors (forensic medical examiners) and nurses, supported by custody officers and police staff. The Met introduced new arrangements for healthcare provision in custody suites in January 2009. The decision was taken because of two perceived flaws in the old system. The first was the time it took for forensic medical examiners (FMEs) to arrive at a police station to assess whether a detainee required medical assessment according to the Codes of Practice of the Police and Criminal Evidence Act 1984. A report presented to the Metropolitan Police Authority (MPA) on 7 February 2008, found that 38 per cent of cases were delayed by between one and one and half hours awaiting the arrival of an FME.[11] The second perceived flaw was the cost. FMEs were paid by examination, and there could be multiple examinations during a single visit attracting significant fees.

1.2. The Met designed the new arrangements to address these concerns by employing nurses to carry out the majority of detainee assessments. At least one nurse would be based permanently in police custody suites 24/7 to reduce the time for a detainee to be assessed. FMEs, instead of working in fixed teams, would work to a central rota.[12] They would be called out when and where they were needed (i.e. in complex situations or where their presence was statutorily required), and paid by shift rather than by individual case.

1.3. The evidence we have taken indicates that the new arrangements have not worked as intended. The Met has stated that it is currently failing to meet the target set under ACPO guidelines for a detainee seeing a health care professional in less than two hours.[13] It has not been able to provide the information to show exact response times due to "significant gaps" in its data.[14] Drs Peter Green and Jason Payne-James, who are both contracted to the Met as FMEs, carried out research looking at a random sample of health assessments in October 2013.[15] They compared these against the Met's recorded data for response times in 2008. From the sample measured in 2013, 78 per cent of FME referrals and 64 per cent of nurse referrals were conducted within two hours. This compares with 88 per cent for FME referrals in 2008.

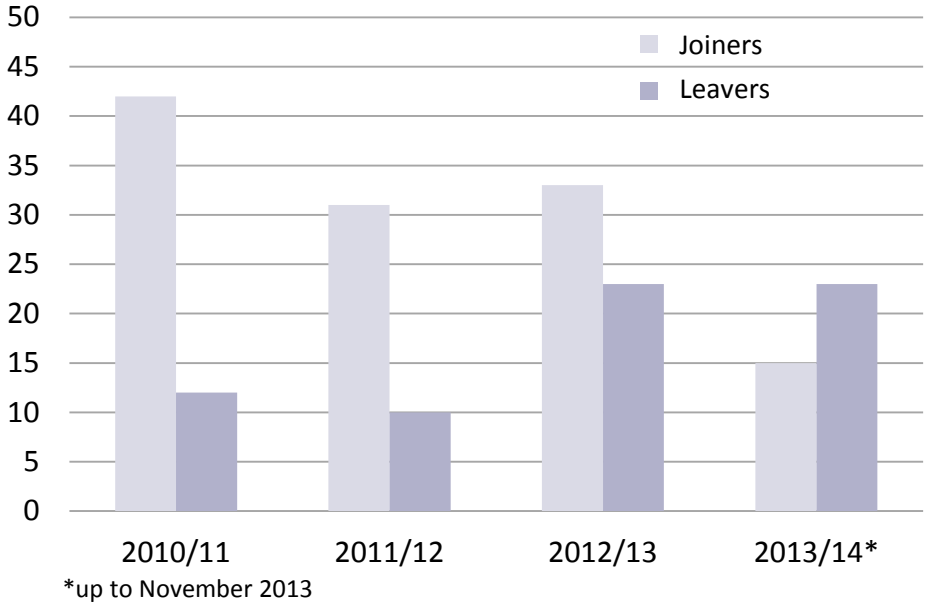
1.4. The new arrangements have also not brought about significant savings. The budget plan presented to the MPA in 2009 projected savings of £1.5m over three years.[16] Yet, despite a shortfall of nurses, the Met told us recently that the new arrangements have saved approximately a third of this.[17] Studies carried out by medical practitioners, using Freedom of Information powers, also show that the average cost of individual detainee assessments in 2007/8 compared with 2011/12 has risen.[18]

# 2. Nurse recruitment and retention

2.1. There is a major problem with the recruitment and retention of nurses working in the Met's custody suites. According to the Met, there are currently 78 nurses working in custody suites.[19] However, this number does not necessarily represent the number of nurses on rota, which, according to Drs Green and Payne-James, is currently 58. Regardless of the exact number of nurses available to work, the Met is more than 100 nurses short of the 198 it anticipated having in place by 2012, which would suggest there is not 24/7 nurse cover in every custody suite.

2.2. The "churn rate" of nurses (the number leaving against the total number) has grown to over 20 per cent in the last two years. Moreover, in the current financial year more nurses have left than have been recruited. This is a worrying trend that the Met must urgently address.

**More nurses have left than have joined the Met so far in 2013/14**




Source: Metropolitan Police Service

2.3. The reason why the Met has been unable to recruit and retain enough nurses is unclear. Karen Swinson, the Met's Director of Nursing, suggested that one of the main reasons is the lack of career progression compared with the NHS. Other factors identified include the requirement for nurses to often work alone, and the pay scale (which is not aligned to NHS grading) not reflecting the complexity of the work. The Committee also heard concerns from FMEs and Allyson Giel, a former nurse working

for the Met, about the quality of training offered to new recruits. Nurses are required to carry out five weeks of training but this only includes two weeks of clinical training. Ms Giel, who now works as a nurse trainer, says that her training included no learning or teaching in practice and that the resources and support available were out of date.[20] Dr Green underlined his concerns with nurse training when he attended the Committee's meeting in October. He said:

> *There is a real concern about taking nurses who have significant levels of competence and subjecting them so simply in clinical terms to a two-week course to up-skill them to the sort of things that they are required to do: injury interpretation, the complex cases that we have to deal with. I would be doing you a disservice if I did not express concern.*[21]

2.4. How nurses are supported in custody suites also raises issues around consent and confidentiality, according to FMEs. The Council of Europe Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment determines that all medical practitioners working in custodial environments and places of detention are independent, and that assessments are confidential and private. However, we have heard of occasions where nurses are assessing detainees in the presence of custody officers, which could be seen to contravene these standards.[22]

2.5. In response the Met's Director of Nursing has said that all consultations are done in medical rooms but that custody sergeants will complete a risk assessment before the consultation takes place. It is for the custody sergeant, in consultation with the nurse, to decide if it is appropriate for the nurse to be left on their own with a detainee during an assessment.[23]

**Recommendation 1**

- The Met needs a new strategy for increasing the number of nurses. For example, encouraging secondments, re-grading posts or introducing a professional mentoring scheme.
- The Met should consider an independent review of the nature, content and appropriateness of nurse training.

The response from the Met to our report should outline its approach to increasing nurse recruitment and improving the quality of nurse training.

# 3. Supporting Forensic Medical Examiners

3.1. London FMEs the Committee has spoken to have been highly critical of the Met's management of healthcare in its custody suites. They say that the Met's failure to recruit and retain the required number of nurses has left them covering wider geographical areas, at a time when their own numbers are reducing. They also say that because they were not involved in the design and implementation of the training provided to nurses they are less able to support them. According to FMEs, two of the most relevant competencies in custody healthcare relate to the ability to conduct mental health status assessments and to prescribe relevant medication. While some nurses may have mental health training, it is not a specific requirement. Similarly, there are limitations on what nurses are able to prescribe. FMEs claim that the shortage of nurses and the uncertainty around their skills and experience is contributing to variations in the quality of healthcare provided to detainees in different locations.

3.2. There are also concerns about the Met's oversight of the FME service in light of the inquest following the death of Andrej Rymarzak in police custody in 2009. Dr Hisham El-Baroudy, a locum doctor with no experience working as an FME, was charged under the Corporate Manslaughter and Corporate Homicide Act 2007 with the manslaughter of Mr Rymarzak. He was found not guilty but was criticised for being negligent. In an independent audit commissioned by the Met following the trial, Dr El-Baroudy was found to be one of approximately 40 medical practitioners, hired through a locum agency by the Met, who did not have the relevant training and experience in custody healthcare.[24]

**Recommendation 2**
The Met should establish a formal consultative group to respond to the immediate concerns raised by FMEs, and consult with them about current nurse training practices and any future changes to custody arrangements.

# 4. Move towards NHS commissioning

4.1. The Met has said it will be transferring its commissioning responsibilities for custodial healthcare to the NHS, which we welcome. The move is also supported by London FMEs and the British Medical Association. Until recently, the Met was the only police force in the country not to have signed up to this transfer. While there are still questions about how the service will be commissioned, we hope that this will drive improvements in healthcare in custody suites.

4.2. The support the Met provides to existing staff during this transition will be crucial. The Committee has heard that nurses are leaving the Met because of the lack of career progression and the difficulties associated with working independently. The transfer to the NHS will hopefully address these concerns. Alison Frater, Head of Public Health Commissioning at the NHS, made this point when she spoke to the Committee:

> *The Human Resources issues, communicating with those people, making sure that they come into employment through one of our trusts as a transition piece, making sure that the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) arrangements are all in place for securing their futures and that, actually, we do begin to bring them into the NHS family so there is much more skills training available to them and they are not free-floating privately-employed nurses who perhaps do not generally have a proper annual appraisal. We are trying to raise the standards and make sure that we do look after those people and bring them with us and that they link in more firmly.*[25]

**Recommendation 3**

The Met should set out a clear timetable for how the transition of commissioning responsibilities for custody healthcare to the NHS will be achieved by 2015. The Committee would also welcome regular updates on progress.

# 5. Custody inspections teams

5.1. The Committee heard that the joint custody inspection teams from Her Majesty's Inspectorate of Constabulary for England and Wales (HMIC) and Her Majesty's Inspectorate of Prisons for England and Wales (HMIP) are not adequately qualified to assess clinical outcomes for detainees. HMIP has a statutory duty to inspect the delivery of healthcare. The inspection teams for custody suites include a HMIP health services inspector (currently all health services inspectors are registered nurses) and a Care Quality Commission inspector. While in theory the post of HMIP health services inspector could be filled by a doctor, there is no requirement that teams include one, and none do as it stands.

5.2. According to Elizabeth Tysoe, Head of Health at the HMIP, inspection teams review clinical records as part of the inspection process in order to assess clinical outcomes. They also sit in on clinical consultations with the permission of patients. She noted that doctors do not need to be part of inspection teams as HMIP health services inspectors and Care Quality Commission inspectors are adequately qualified to assess clinical outcomes. FMEs that have spoken to the Committee have challenged this view. They have questioned the practical or recent clinical experience inspectors have in police custody. They identify a lack of transparency in the inspection reporting, where the number of clinical records or observation of consultations with nurses and FMEs is not reported. They also argue that in a multi-professional environment inspectors should be representative of the professions and speciality areas they are inspecting.

5.3. The Committee recognises the potential costs attached to incorporating doctors within inspection teams. But we have also heard that this could lead to substantial benefits in terms of ensuring clinical outcomes are measured and assessed as part of inspections of custody suites.

**Recommendation 4**
The HMIC/HMIP should examine the practicalities and costs of incorporating a doctor within inspection teams, potentially by co-opting a doctor to be available to support the work of the inspection teams.

# 6. A new Detention Command for custody

6.1. Nearly a quarter of a million detainees are held in Met custody every year. This represents a significant challenge for the force. The Committee heard that the Met will be introducing a new single Detention Command in April 2014, which will see the management of its custody provision centralised. This follows changes introduced in July 2013 as part of a drive to make savings through the Local Policing Model. The new arrangements saw a reduction in the number of supervisory positions at inspector rank and above. Inspectors (Custody Managers), instead of being based permanently in custody suites, would have overall responsibility for custody suites in clusters of boroughs, supported by a dedicated team of custody officers. However, the new arrangements are currently the subject of an investigation by the Health and Safety Executive after the Metropolitan Police Federation raised safety concerns.

6.2. The Met must not repeat the mistakes it made when it introduced new custody arrangements in 2013. It recognises that it did not consult widely enough when it implemented the changes.[26] The Met Federation has said it was only made aware of the changes once they had been agreed by the Met Management Board in February 2013. The Met also told us that it did not consult its own health and safety teams on the arrangements.

6.3. The sustainability of the arrangements is also a concern. The changes introduced in July 2013 saw 30 Custody Managers taking overall management responsibility for custody, while being supported by 58 Custody Support Inspectors (CSIs); a newly created role as part of the Local Policing Model. CSIs would be expected to conduct reviews of detainees under the Police and Criminal Evidence Act 1984 (PACE) to assess their health and wellbeing. [27] However, the Committee heard that there are not enough CSIs to manage demand. Workload pressures also mean more officers rely on telephone and video conferencing to conduct PACE reviews of detainees instead of in person. The Met has responded by increasing the number of CSIs by 14. It will also introduce seven new Chief Inspector roles, under the new Single Detention Command, to oversee the 14 clusters, but we have heard that this may still not be enough to manage demand.[28]

6.4. In addition, the Committee heard arguments that the shift patterns are not flexible enough to enable those employees with caring duties to work

in custody roles. Currently, custody staff work 11 hour shifts. The longer shifts make it difficult for part-time staff, especially for women who make up a large number of the Met's part-time workforce. The data shows that of its 507 custody officers, only 86 are women (17 per cent) and just 30 work part-time (6 per cent).[29] We have also heard criticisms of the design of the clusters of boroughs Custody Managers are expected to oversee (see Appendix 2); how demand levels are balanced across the clusters; and the time it takes for Custody Managers to travel between locations.[30]

6.5. MOPAC should take a lead role in ensuring that the new Detention Command is consulted on, implemented and overseen effectively. The Committee heard that when the Met introduced its new staffing arrangements in July 2013, MOPAC was peripheral to the discussions. This was partly due to the post of Director of Integrated Offender Management and Neighbourhoods being unfilled. However, with a new Director in post, MOPAC must take a greater lead in overseeing and quality assuring the Met's custody arrangements so that the problems outlined above are properly addressed.

**Recommendation 5**

The Met and MOPAC should demonstrate that it has learned the lessons of the past by setting out how the new Detention Command for custody, which is set to be introduced in April 2014, will be developed, consulted on, implemented and overseen effectively.

# 7. The Independent Custody Visitor scheme

7.1. The Independent Custody Visitor scheme is one way MOPAC can hold the Met to account for its custody arrangements, and ensure it provides appropriate levels of healthcare. Under the Police Reform Act 2002 and the Police Reform and Social Responsibility Act 2011, each Police and Crime Commissioner is required to establish and run an independent custody visitor scheme in their area. ICVs are volunteers appointed by MOPAC from local communities. They are required to make weekly unannounced visits to every custody suite in London, although it is not clear if this happens in practice. ICVs report to MOPAC on the welfare of detainees and any concerns regarding custody in the borough.

7.2. MOPAC has not been able to demonstrate how it is using the ICV scheme effectively. Despite recognising the important work ICVs do, there is currently no published analysis of ICV reports. There is also no formal process for how MOPAC shares ICV data with the Met; the Committee heard that officers meet to discuss it in "informal settings."[31] MOPAC said that ICVs will report to the new Safer Neighbourhood Boards (SNBs), which are due to be launched in April 2014. However, there is still a lack of clarity about how this will work in practice. The Chief Executive of the Independent Custody Visitor Association suggested that ICVs could take forward and report against the recommendations made in joint HMIC/HMIP inspections of custody suites.[32]

**Recommendation 6**

MOPAC should set out how it intends to make better use of the information provided by ICVs to identify issues around custody provision, as well as other ways ICVs can add greater value to MOPAC's oversight of custody. As a minimum, MOPAC should publish a quarterly report with analysis of visits carried out by ICVs. This should include details of any problems identified during visits and the actions being taken to address them. MOPAC should also clarify how the relationship between ICVs and SNBs will work.

# Appendix 1 Recommendations

### Recommendation 1

- The Met needs a new strategy for increasing the number of nurses. For example, encouraging secondments, re-grading posts or introducing a professional mentoring scheme.
- The Met should consider an independent review of the nature, content and appropriateness of nurse training.

The response from the Met to our report should outline its approach to increasing nurse recruitment and improving the quality of nurse training.

### Recommendation 2

The Met should establish a formal consultative group to respond to the immediate concerns raised by FMEs, and consult with them about current nurse training practices and any future changes to custody arrangements.

### Recommendation 3

The Met should set out a clear timetable for how the transition of commissioning responsibilities for custody healthcare to the NHS will be achieved by 2015. The Committee would also welcome regular updates on progress.

### Recommendation 4

The HMIC/HMIP should examine the practicalities and costs of incorporating a doctor within inspection teams, potentially by co-opting a doctor to be available to support the work of the inspection teams.

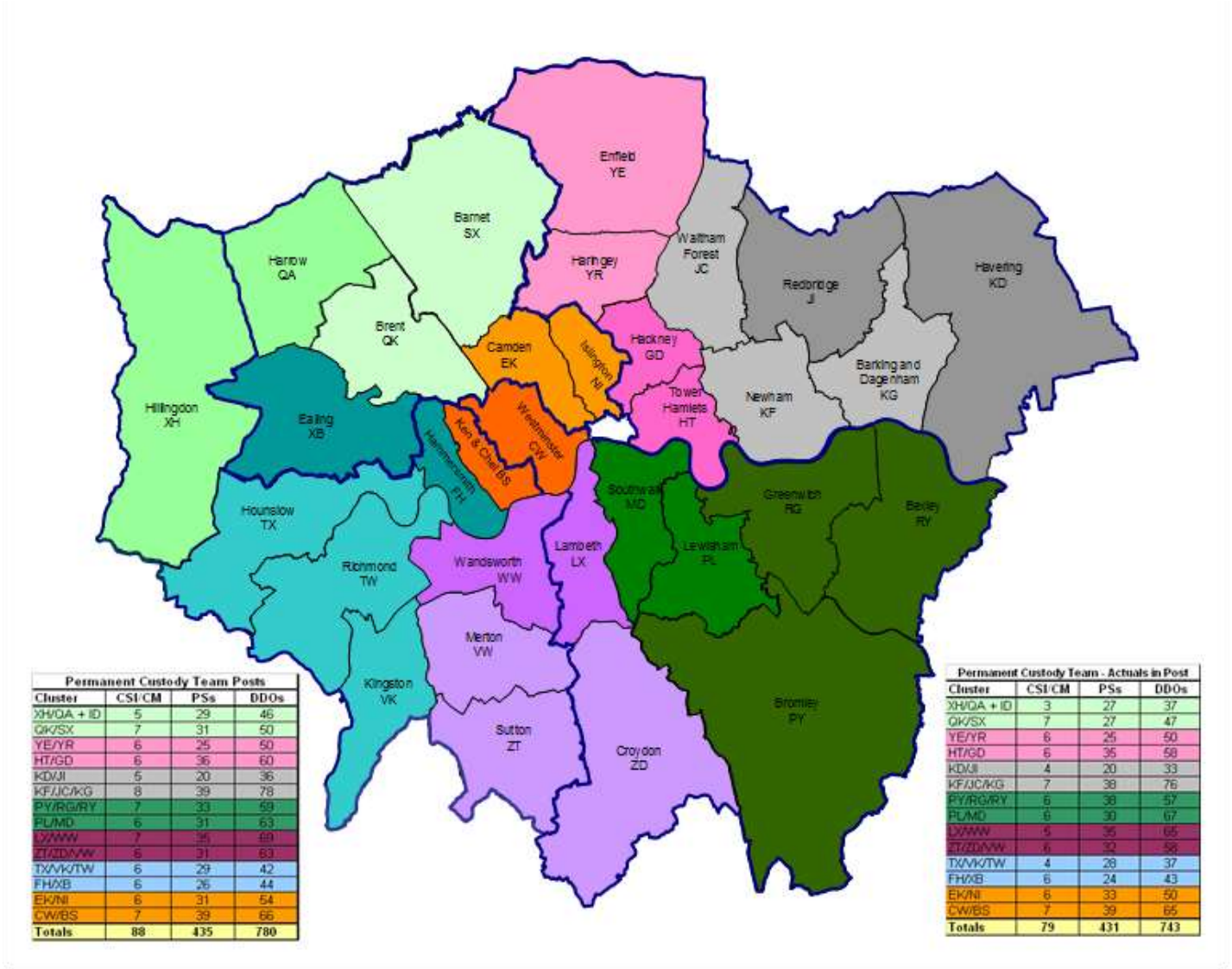
### Recommendation 5

The Met and MOPAC should demonstrate that it has learned the lessons of the past by setting out how the new Detention Command for custody, which is set to be introduced in April 2014, will be developed, consulted on, implemented and overseen effectively.

### Recommendation 6

MOPAC should set out how it intends to make better use of the information provided by ICVs to identify issues around custody provision, as well as other ways ICVs can add greater value to MOPAC's oversight of custody. As a minimum, MOPAC should publish a quarterly report with analysis of visits carried out by ICVs. This should include details of any problems identified during visits and the actions being taken to address them. MOPAC should also clarify how the relationship between ICVs and SNBs will work.

# Appendix 2 Map of the clusters of the Met's custody suites




**Permanent Custody Team Posts**

| Cluster | CSI/CM | PSs | DDOs |
|---|---|---|---|
| XH/QA + ID | 5 | 29 | 46 |
| QK/SX | 7 | 31 | 50 |
| YE/YR | 6 | 25 | 50 |
| HT/GD | 6 | 36 | 60 |
| KD/JI | 5 | 20 | 36 |
| KF/JC/KG | 8 | 39 | 78 |
| PY/RG/RY | 7 | 33 | 59 |
| PL/MD | 6 | 31 | 63 |
| LX/WW | 7 | 35 | 69 |
| ZT/ZD/VW | 6 | 31 | 63 |
| TX/VK/TW | 6 | 29 | 42 |
| FH/XB | 6 | 26 | 44 |
| EK/NI | 6 | 31 | 54 |
| CW/BS | 7 | 39 | 66 |
| **Totals** | **88** | **435** | **780** |

**Permanent Custody Team - Actuals in Post**

| Cluster | CSI/CM | PSs | DDOs |
|---|---|---|---|
| XH/QA + ID | 3 | 27 | 37 |
| QK/SX | 7 | 27 | 47 |
| YE/YR | 6 | 25 | 50 |
| HT/GD | 6 | 35 | 58 |
| KD/JI | 4 | 20 | 33 |
| KF/JC/KG | 7 | 38 | 76 |
| PY/RG/RY | 6 | 38 | 57 |
| PL/MD | 6 | 30 | 67 |
| LX/WW | 5 | 35 | 65 |
| ZT/ZD/VW | 6 | 32 | 56 |
| TX/VK/TW | 4 | 28 | 37 |
| FH/XB | 6 | 24 | 43 |
| EK/NI | 6 | 33 | 50 |
| CW/BS | 7 | 39 | 65 |
| **Totals** | **79** | **431** | **743** |

**CSI/CM**: Custody Support Inspectors/Custody Managers
**PSs**: Police Staff
**DDOs**: Designated Detention Officers

# Endnotes

[1] It was under the new arrangements that Dr Hisham El-Baroudy, a locum doctor working as an FME, was charged under the Corporate Manslaughter and Corporate Homicide Act 2007 with the manslaughter of Andrzej Rymarzak who died in custody. He was cleared by the judge but was criticised for being "grossly negligent": London Evening Standard (27 January 2012)

[2] Project Herald – changes to MPS forensic medical provision - report to MPA Co-ordination and Policing Committee, 7 February 2008

[3] Transcript of Police and Crime Committee meeting (24 October), p5

[4] The Committee discussed the recommendations of the report by the Independent Commission on Mental Health and Policing at its meeting on 21 November. A full transcript of the meeting can be found at http://www.london.gov.uk/mayor-assembly/london-assembly/police-and-crime-committee

[5] The definition of deaths in or following police custody includes the deaths of people who have been arrested or otherwise detained by the police. It includes deaths where a person is being arrested or taken into detention. The death may have taken place on police, private or medical premises, in a public place or in a police or other vehicle.

[6] Deaths during or following police contact: Statistics for England and Wales 2012/13

[7] The Met has 752 permanent cells across 38 custody suites, with 132 overflow cells available at a further 11 sites.

[8] Police 'gross failures' contributed to death in cells, inquest jury finds, Evening Standard, 29 July 2013

[9] Inquisition at Southwark Coroner's Court, Jury's narrative verdict, 1 August 2012

[10] Deaths during or following police contact: Statistics for England and Wales 2012/13

[11] Project Herald – changes to MPS forensic medical provision - report to MPA Co-ordination and Policing Committee, 7 February 2008

[12] Under the old system FMEs had worked in 19 permanent groups across fixed locations in London (typically covering two or three police stations), with a lead FME for each group.

[13] Transcript of Police and Crime Committee meeting (11 October), p32

[14] Supt Annette Wightman, Head of TPCJ Custody Directorate, in a letter to the Chair of the Committee (9 December 2013), said that the Met has identified this as a significant gap in its performance management information and is working to resolve the issue.

[15] Evidence submitted by Drs Payne-James and Green to the Police and Crime Committee (25 October 2013)

[16] Project Herald – changes to MPS forensic medical provision - report to MPA Co-ordination and Policing Committee, February 2008

[17] Transcript of Police and Crime Committee meeting (24 October), p30

[18] According to the study carried out by Drs Green and Payne-James, in 2007/8, 223,999 detainee assessments were carried out in Met custody suites with a budget of £12.6m – approximately £57 per assessment. In the year between April 2011 and March 2012, 122,225 detainee examinations were carried out with a budget of £13.4m – approximately £109 per assessment.

[19] Letter from Supt Annette Wightman, Head of TPCJ Custody Directorate, to the Chair of the Committee (9 December 2013)

[20] Allyson Giel worked for the Met as a custody nurse between 2009 and 2010

[21] Transcript of Police and Crime Committee meeting (24 October), p46

[22] Ibid. p23

[23] Ibid, p35
[24] The audit was carried out by Dr Margaret Stark and Dr Peter Green in 2009.
[25] Transcript of Police and Crime Committee meeting (21 November), p25
[26] Transcript of Police and Crime Committee meeting (24 October), p20
[27] Under the Police and Criminal Evidence Act (PACE) 1984 and its Code of Practice, custody officers are required to carry out a risk assessment of detainees to assess their health and wellbeing, followed by periodic reviews. The first review should not be carried out "later than six hours after the detention was first authorised".
[28] Letter from Supt Annette Wightman, Head of TPCJ Custody Directorate, to the Chair of the Committee (15 November 2013)
[29] Letter from Supt Annette Wightman, Head of TPCJ Custody Directorate, to the Chair of the Committee (9 December 2013)
[30] Representatives from the Federation met with officers of the Committee prior to the Committee's meeting on 24 October 2013
[31] Transcript of the Police and Crime Committee meeting (24 October 2013), p15
[32] Ian Smith, Chairman of the ICVA, met with officers of the Committee prior to the Committee's meeting on 24 October 2013

# Orders and translations

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Chinese

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Hindi

यदि आपको इस दस्तावेज का सारांश अपनी भाषा में
चाहिए तो उपर दिये हुए नंबर पर फोन करें या उपर दिये
गये डाक पते या ई मेल पते पर हम से संपर्क करें।

Vietnamese

Nếu ông (bà) muốn nội dung văn bản này được dịch sang tiếng Việt, xin vui lòng liên hệ với chúng tôi bằng điện thoại, thư hoặc thư điện tử theo địa chỉ ở trên.

Bengali

আপনি যদি এই দলিলের একটা সারাংশ নিজের ভাষায় পেতে চান,
তাহলে গয়া করে ফো করবেন অথবা উল্লেখিত ডাক ঠিকানায় বা
ই-মেইল ঠিকানায় আমাদের সাথে যোগাযোগ করবেন।

Greek

*Εάν επιθυμείτε περίληψη αυτού του κειμένου στην γλώσσα σας, παρακαλώ καλέστε τον αριθμό ή επικοινωνήστε μαζί μας στην ανωτέρω ταχυδρομική ή την ηλεκτρονική διεύθυνση.*

Urdu

اگر آپ کو اس دستاویز کا خلاصہ اپنی زبان میں
درکار ہو تو، براہ کرم نمبر پر فون کریں
یا مذکورہ بالا ڈاک کے پتے یا ای میل
پتے پر ہم سے رابطہ کریں۔

Turkish

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Arabic

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العنوان البريدي العادي أو عنوان البريد
الإلكتروني أعلاه.

Punjabi

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਸੰਖੇਪ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਲੈਣਾ ਚਾਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ ਜਾਂ ਉਪਰ ਦਿੱਤੇ ਡਾਕ ਜਾਂ ਈਮੇਲ ਪਤੇ 'ਤੇ ਸਾਨੂੰ ਸੰਪਰਕ ਕਰੋ।

Gujarati

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**Greater London Authority**

City Hall
The Queen's Walk
More London
London SE1 2AA

Enquiries 020 7983 4100
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