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HM Chief Inspector of Prisons
NICK HARDWICK CBE

Date : 25 April, 2014

Joanne McCartney
Chairperson
Police and Crime Committee
Greater London Authority
City Hall
The Queen's Walk
More London
London SE1 2AA

Dear Ms McCartney

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

Thank you for your letter of 27 February 2014 addressed to my former colleague, Elizabeth Tysoe, who was the team leader of our healthcare inspection team. Elizabeth has now left the Inspectorate to take up a new role in the General Medical Council dealing with doctors' professional conduct.

I welcome the committee's report and your concern for the Met's healthcare of detainees in custody.

One recommendation was specifically addressed to HMI Prisons and HMI Constabulary who jointly inspect police custody:

> *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.*

We have carefully read the report and considered the recommendation and I am replying on behalf of both inspectorates.

As you know, the joint custody inspections were introduced to comply with the UK's obligations arising from its status as a party to the UN Optional Protocol Against Torture and Other Cruel and Unusual Treatment or Punishment (OPCAT). OPCAT requires state parties to establish a National Preventative Mechanism (NPM) that undertakes preventative inspections of all places of detention, is functionally independent and adequately resourced and staffed. In the UK, the government designated existing inspectorates as its NPM and, as was the case with police custody, extended their remit to ensure all places of detention were inspected.

You will appreciate therefore that it is important that the inspectorates are, and are seen to be, independent of the bodies they inspect and their governance mechanisms and that there is no perception that individual inspectors are acting out of self-interest in any inspection they undertake. Furthermore, NPMs are required to maintain a clear distinction between their preventative role and any body that investigates alleged abuses – although, of course, one should inform the other.

Police custody inspections take place against published Expectations (currently under review) that are referenced against international human rights standards and norms. Our health care expectations are also informed by national clinical guidelines, the British National Formulary, relevant professional guidance materials and instructions from authoritative sources such as the Faculty of Forensic and Legal Medicine (FFLM). The standard of health care in police custody should be broadly equivalent to those that the detainee would expect to receive if s/he were in the community.

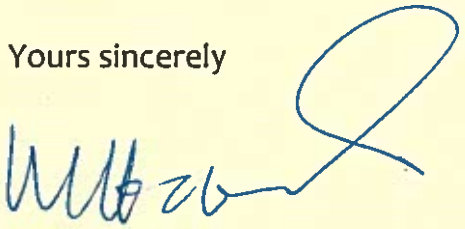
Our health care inspectors are all appointed through open competition against criteria that assess whether their expertise and experience is sufficient to assess services against our health care expectations. All our health care inspectors must be registered clinicians but these posts are open to doctors and nurses. All our healthcare inspectors currently have a professional nursing background and have held senior management roles where they have been responsible for the work of both doctors and nurses. We currently supplement the existing team by using doctors where they have a particular specialist expertise we require and to advise on development and thematic work. We have employed doctors in the past and there is no bar to doing so again in future provided they meet the criteria for the post and there was no risk of them compromising our independence because, for instance, they undertook or sought paid work with inspected bodies.

Police custody inspections are also joined by an inspector from the Care Quality Commission (CQC). The CQC inspector may not be a clinician but has access to clinical expertise if this is required.

HMI Prisons and HMI Constabulary have a Memorandum of Understanding with the FFLM within the Royal College of Physicians and it is most likely that we would turn to them in the first instance if we needed specialist assistance. In the light of your committee's recommendations we have recently begun some useful further discussions with the FFLM to see how we can develop our relationship. We will involve them in the review of our Expectations and ensure that we have robust arrangements in place to identify when their expertise is required and that it is available.

In conclusion, we do not agree that there is a necessity to always have a doctor available as part of our core custody inspection team. There is no bar to a doctor becoming part of the inspection team but like any other clinician, they too would need to demonstrate they had the necessary expertise and experience and assure us that there was no risk of a perception of a lack of independence. What is essential is that we have robust standards to prevent ill-treatment and neglect and that our inspectors have the skills and expertise necessary to assess this. Where there may be gaps in the specialist knowledge of the existing team we have, as a result of your recommendation, taken steps to ensure we can access the relevant specialist expertise.

Yours sincerely



NICK HARDWICK

cc: Matt Bailey, Assistant Scrutiny Manager, MOPAC
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