

Police and Crime Committee – 13 November 2014**Transcript of Item 6: Healthcare Arrangements for Detainees in Custody**

Joanne McCartney AM (Chair): We now move to our question-and-answer session. Today this is in two parts with the first hour being devoted to following up on our work into the healthcare arrangements for detainees in custody. Perhaps I can just ask our guests to briefly introduce themselves. Superintendent Wightman, could I start with you?

Annette Wightman (Superintendent, Metropolitan Police Service): Good morning, everybody. I am Superintendent Annette Wightman. I am one of two superintendents in the newly-formed Met Detention Command.

Helen King (Assistant Commissioner for Territorial Policing, Metropolitan Police Service): Hello. I am Helen King. I am Assistant Commissioner for Territorial Policing. We are also hoping that Dr Meng Aw-Yong, who is the Medical Director, will be joining us shortly. I think he is just coming through security.

Stephen Greenhalgh (Deputy Mayor for Policing and Crime): You know who I am: Deputy Mayor for Policing and Crime, Stephen Greenhalgh.

Paul Tarbuck (Acting Head of Health Inspections, HMI Prisons): Paul Tarbuck, Head of Healthcare from Her Majesty's Inspectorate of Prisons (HMIP)

Joanne McCartney AM (Chair): Paul, can I just thank you very much for attending? It is appreciated.

Helen, although it is belated, can I just offer the Committee's congratulations on your appointment as Assistant Commissioner to the Metropolitan Police Service (MPS). I know we are going to be seeing quite a bit more of you given that the bulk of the MPS's work is actually in your area. You are very welcome today.

If I can just start the questioning today, when we looked at this issue last year, one of the main issues and recommendations that we made was around recruitment of custody nurses. At that stage, you were not meeting your targets for the amount of nurses you wanted to be employed and I believe that since then the numbers have declined further. Perhaps you could let us know briefly what the current state is, what the targets are and what your complement is?

Helen King (Assistant Commissioner for Territorial Policing, Metropolitan Police Service): Absolutely. Currently, we have 139 places budgeted for in terms of nurses. We have 49 actually working for us. We have a current recruiting campaign and we have 12 individuals moving through that at the moment. We also have eight former employees on a bank system for us and we are continuing to look at the options to support our nurses. Clearly, the entire medical picture also includes our Forensic Medical Examiners (FMEs).

Joanne McCartney AM (Chair): How concerned are you at the inability to recruit and retain nurses? For example, is this now an issue of risk for you as a force?

Helen King (Assistant Commissioner for Territorial Policing, Metropolitan Police Service): The issue of risk and the vulnerability of people in custody is clearly something we take extremely seriously. The people

who are in detention often are extremely vulnerable for all sorts of reasons including mental health, drug and alcohol dependency and so on.

I mentioned our Forensic Medical Examiners (FMEs) previously because obviously, in terms of healthcare, the nurses are a very important part of that but we are also supported by the doctors or FMEs. We have reviewed the cover that they provide. They do it in a shift system so that they are physically present. We were staffing up 12 FME geographic areas. We have increased that to 14 FMEs on duty and the nursing care we have available.

We also have guidance for our custody staff. If they are in a position where there are unacceptable delays in getting healthcare to detainees, they have very clear guidance on what they should be doing to safeguard the wellbeing of everybody in custody.

Joanne McCartney AM (Chair): Do you have an issue with recruiting FMEs as well or is it just with nurses?

Helen King (Assistant Commissioner for Territorial Policing, Metropolitan Police Service): The FME position is healthier. We currently have 84. We have nine currently being trained and another nine who have expressed an interest in joining. Therefore, it does appear that there are doctors who want to take this work on. With recruiting nurses, we are looking at all sorts of ways of doing it, but clearly it is quite a difficult market generally in London and I do not think we are the only people who would want to have more qualified nurses working for us than we are able to attract at the current time.

Joanne McCartney AM (Chair): OK. Annette, you wanted to come in?

Annette Wightman (Superintendent, Metropolitan Police Service): Just in terms of the risk around the nurse recruitment and retention, we actually have a Gold Group running at the moment, which is chaired by my boss, Chief Superintendent Matt Gardner. We have also raised the risk around the retention and recruitment of nurses and the recruitment of doctors on the Territorial Policing risk register and it is at a very high level now. There are a number of things that we are doing in terms of looking at other options, not just in terms of recruiting our own staff nurses but also in terms of engaging with NHS London about secondments or other opportunities for them to maybe provide additional staff for us, and also through Reed, which is our contractor partner, in terms of looking at short-term recruitment for nurses as we head towards getting prepared for National Health Service (NHS) commissioning.

Joanne McCartney AM (Chair): Perhaps you could expand a little bit about what actions you are taking to recruit more nurses. Certainly some of the concerns we heard were that they were often by themselves in stations and they felt isolated, and there were issues about their personal and professional development as well. Are those issues being addressed?

Helen King (Assistant Commissioner for Territorial Policing, Metropolitan Police Service): We have done a survey of the nurses because, clearly, we need to understand the reasons why other people are not attracted to work for us or why people are leaving when they do.

You have referred to something around professional development and Dr Meng Aw-Yong can give you some more detail about some of the things we are doing with FMEs and nurses jointly to make sure that everybody's skills are maintained, up-to-date and relevant to the roles they are performing. Annette [Wightman] has just spoken there about some of the different options that we are exploring and actually working on the bank system that we have set up. It is something I have not seen in other forces and is another way of supporting that position.

The purpose of the Gold Group is to make sure that we are monitoring very closely and making sure that the welfare and health of people in custody is not compromised and that we are fulfilling our legal and moral responsibilities in relation to them.

Joanne McCartney AM (Chair): The other thing that we heard was that a disincentive to joining the MPS was the pay and grading. I understand that some of the competencies are not synonymous with those outside in the NHS, for example. Is that something that has been looked at? I understand you were undertaking a review of this.

Helen King (Assistant Commissioner for Territorial Policing, Metropolitan Police Service): That is right. The nurses' job descriptions and roles are going to be re-evaluated through Hays, which is our internal process for setting salary scales. We will have to see what comes out of that because it is a process that you have to allow to happen, but it may well be that that puts them into a higher pay band, which clearly would be supportive of retaining staff.

Caroline Pidgeon MBE AM (Deputy Chair): Have you considered whether you could link in with the health service that is provided in prisons? Obviously, the NHS now runs that and there is an obvious link that you could almost see. That might help in terms of professional development as well.

Helen King (Assistant Commissioner for Territorial Policing, Metropolitan Police Service): That absolutely is the future. There is a legislative change going through which actually means the responsibility for healthcare for detainees in police custody, like for those in prisons, will be the responsibility of the NHS.

We have been working very closely with NHS England for months now. There is a whole programme around developing a proper understanding of what the healthcare needs are of people in detention. We have a chief superintendent seconded into this role. The project is on track and we should have a statement of readiness ready for April next year. It is a very complex and very full project and obviously we need to play our part in making sure that the services that the NHS will be commissioning are absolutely right to provide the right healthcare. Again, if you want more detail, probably Dr Meng [Aw-Yong] can take you through some of that.

Caroline Pidgeon MBE AM (Deputy Chair): Obviously, the sort of nurses who want to work in prison health, which is a very specialist area, may also be interested in working with detainees and that sort of thing. It is whether there is a way you could link up, even in the short term, to help fill these vacancies you have?

Joanne McCartney AM (Chair): Perhaps at this stage I could first of all welcome Dr Meng Aw-Yong. Perhaps you could answer that but link it in. There has been a delay in the transfer of the commissioning arrangements. It was expected it would take place next year and it is now going to be 2016. Perhaps you could just explain how that is going and the differences we will see once NHS commissioning comes online.

Dr Meng Aw-Yong (Medical Director, Forensic Healthcare Services): Good morning, ladies and gentlemen, Madam Chair. My apologies for the delay. I have just come from the hospital myself. I was teaching.

The MPS is now fully involved in NHS commissioning and undertaking the work that is required prior to that.

I will just come back a little bit to the point about resources. I work in emergency medicine presently and in the NHS there is a significant shortage of both doctors and nurses. Even in emergency medicine or accident

and emergency (A&E), as we call it - there is a 60% shortage of doctors and nursing staff as well. It is not just the MPS's problem. It is a national problem that we are facing and that is reflected onto us.

The NHS commissioning pilot has been a very good move forward for us because we have met some of the recommendations made in the previous report. We are now trialling N3 connectivity, which is being put into custody suites. N3 allows healthcare professionals access to summary care records. In due course, we should have access to the general practitioner (GP) records of all detainees. We are looking at registering patients who are not registered with GPs because a significant proportion of our detainees do not have GPs. If we can activate that, it will be a real step forward towards longer care pathways for our detainees. We have done a clinical audit and from that, with the funding that will be available with NHS commissioning, we will be looking at upgrading our custody suites to a higher standard to meet the Care Quality Commission (CQC) requirements for NHS commissioning.

We have just had some success. We have done a partnership with NHS England. We have released an alcohol withdrawal leaflet including brief alcohol advice for detainees who are alcohol-dependent, what to recognise with withdrawal signs, where to go for help and what dangerous drinking levels are. Coupled with that, we are going to implement brief alcohol interventions as well. The partnership with NHS England is already showing some great rewards in there.

In terms of recruitment, you are correct. We are looking at partnerships or looking with NHS England at whether we can get doctors, and nurses as well, especially linked with NHS mental health trusts. As you know, I am with the Ministry of Justice with Lord Toby Harris looking at reviews and deaths in custody. NHS commissioning in prisons mental health services already provides great rewards and forward thinking. That will reflect back on custody care in due course as well.

There are a number of projects that Annette [Wightman] will expand on where we are linking with NHS England to try to improve nursing recruitment and retention as well. One of the things that we are looking at with nursing retention is looking at the e-learning that is available through the NHS and giving it to our custody nurses.

When we look at the report, there are some historic changes that the MPS has actually moved forward with. We have increased our quality assurance standards for both doctors and nurses. We have introduced mandatory standards for diversity safeguarding for our healthcare professionals. We have also increased the level of first aid from basic life support to a nationally and European-recognised Resuscitation Council immediate life support course. All our healthcare professionals should, by next year, be achieving that standard. Coupled with that, we are providing all our custody suites with emergency medical equipment, grab bags and intubation equipment and we are about to introduce oxygen into all custody suites as well.

On the training for our doctors and nurses, one of our problems for recruiting doctors and nurses has been the training. We have kept our standards very high and if you look back to criticisms from the [Andrzej] Rymarzak¹ case about using locum doctors, when I started I reviewed all the locum doctors. We have stopped using locum doctors. We have raised our standards above most other forces. We now have our own training course, which lasts six days. Other providers may do one day, no days or even two days. Even the six days we find we need to extend. That introductory forensic training course is now provided by FMEs, taught by FMEs and taught by professors in toxicology, professors in pathology, scientists and very high professors in odontology. It is a very intensive course and gives them a good knowledge as well. For the first time this year, our nurses are coming on it as well. That is integrated teaching involving FMEs and nurses together, which is a good way forward.

¹ Detainee who died in police custody.

Joanne McCartney AM (Chair): Thank you. That is helpful. We might have another question on that in a second, but perhaps I could just go to Paul. I do not know if you are able to give us a picture, but obviously there is an issue in the MPS about being able to recruit and retain nurses. Is that the same across the country, from your experience, or is particular to London?

Paul Tarbuck (Acting Head of Health Inspections, HMI Prisons): From a HMIP perspective, it is a problem in patches. It is not universal. It does seem to be far more chronic and serious because of the size of London and the complexity of what you deal with.

I am on secondment to HMIP from the NHS. Really, in the NHS, it is as colleagues say. There are shortages, particularly in specialisms, and it would appear from what has just been said that the NHS may have a little more flexibility. For example, my own Trust would recruit from abroad. It would make an arrangement with the Government. It would be done properly. You cannot do that readily here unless --

Joanne McCartney AM (Chair): There is a three-year residency requirement.

Paul Tarbuck (Acting Head of Health Inspections, HMI Prisons): Yes. As Caroline [Pidgeon MBE AM] said, it would be possible to get staff to be flexible in their places of work. You mentioned perhaps prison nurses going to work in police custody. That ought to be possible once the commissioning arrangements change, but it is not at the moment. They are between a rock and a hard place, actually.

Joanne McCartney AM (Chair): Can I just ask about the requirement for nurses working in custody to actually have been resident for three years? We understand that if they go back to their home country and then return, they have to requalify for another three years. Is that something --

Stephen Greenhalgh (Deputy Mayor for Policing and Crime): I have to say that it is very helpful that you say that. I have to say I did not expect the residency requirement for police officers to apply to custody nurses. That is an anomaly and, frankly, it does not make sense to me. Perhaps you can --

Helen King (Assistant Commissioner for Territorial Policing, Metropolitan Police Service): Can I explain? We can have a look at it and I would want to. The reasons for it link to vetting. Clearly, the people in custody are extremely vulnerable. The nurses have, clearly, one-to-one contact with them. They also have access to police buildings and to all our police information technology (IT) systems with all the information that is on them, which is a really important part of doing their jobs.

However, it does mean that to safeguard the people in custody and to safeguard policing, we need to be really confident of their ethical standards, their integrity and their track records. When people have lived overseas, it is much more challenging for us to have confidence that the checks that we have done are comprehensive and that we have not missed issues which would give us safeguarding concerns, in effect. The criteria are linked to our vetting. There are very different reasons why we have introduced the London residency requirement for police officers. This is about residency in the United Kingdom (UK) rather than in London itself. I am quite prepared to go back and have a look at whether that really is necessary. When we look at our figures, we have had 11 applicants over the last year or two who have been debarred because they had not lived in the UK for the last three years. That is the rationale for it. It is so that we can be very confident in the personal history of the individuals we are employing.

Joanne McCartney AM (Chair): Doctor, you wanted to comment?

Dr Meng Aw-Yong (Medical Director, Forensic Healthcare Services): Yes. I will just mention about using nurses for mental health in prisons. Yes, they have more familiarity with the type of profile of patients we are dealing with. However, even from hospital or prison to custody is not the same and we do need to train them. There are significant differences in the pace and the way we manage people. Sometimes the standards HMIP looks at are not the same because our patients are there for a very short while and we treat them with different medications. It is not easily translatable. We still have to provide training.

Joanne McCartney AM (Chair): Thank you. Stephen, in your role as Deputy Mayor and being in charge of the Mayor's Office for Policing and Crime (MOPAC), is the NHS commissioning something that you have oversight over because it has a financial implication or is it for the MPS?

Stephen Greenhalgh (Deputy Mayor for Policing and Crime): The approach to custody is an operational matter but we want to make sure - as the Committee is concerned - of the welfare and safety of detainees. I will start off by saying that we have to note that deaths in custody have gone down. There has been a recent one, but the last one before that was back in 2010 and we have about 1.3 million detainees.

Yes, we have oversight in the sense that we want a functioning custody service as part of the MPS, but the operational decisions are a matter for the Commissioner. We certainly see - as this Committee does - a very strong case for the commissioning responsibilities to be undertaken by the NHS. It is the default position of virtually every other police service in the country. There is a timetable and as I gather - and I have been briefed on this in some detail - a lot of work that has to be done in order for that to happen that has been laid out. Above all, if they are short of nurses, we have been asking the questions to ensure that there is the medical oversight and supervision in place. With the FMEs, we ensure that there is 24/7 medical cover and that is absolutely essential.

Joanne McCartney AM (Chair): Thank you.

Helen King (Assistant Commissioner for Territorial Policing, Metropolitan Police Service): At the moment, there is a health needs assessment being prepared. In due course, when we reach the point of procurement around the NHS commissioning of healthcare services, my understanding is that there will be co-commissioners in that process. The MPS, NHS England and MOPAC will be part of the procurement subgroup. At that point, when the procurement contracts are coming into place, the individual responsibilities will come together.

Stephen Greenhalgh (Deputy Mayor for Policing and Crime): There are some advantages. Having spoken to people who are frontline practitioners and nurses, there are some opportunities to be more flexible. It is not as though nurses will necessarily want to spend all their time in a custody environment, though some may do. If you work within a wider framework, there are opportunities for nurses to have a career that means that some of their time is within the custody environment if they are appropriately vetted and some of their time might be within A&E. We have to recognise, though, that there is a shortage of people for posts and they need to be paid properly. However, within that wider framework and with greater flexibility, you would potentially recruit more staff, certainly.

Joanne McCartney AM (Chair): That is helpful.

Jenny Jones AM (Deputy Chair): I wanted to go back to an issue that was briefly raised before and that is the issue of Forensic Medical Examiners being involved in the design and implementation of nurses' training because they have expressed to us some concern that they are not involved at the moment. I wonder if you, Assistant Commissioner King, could say whether you think it would be valuable if they were involved.

Helen King (Assistant Commissioner for Territorial Policing, Metropolitan Police Service):

Absolutely. The FMEs are involved in all sorts of the structures that we have in place: the project board for the implementation of Met Detention and an internal group we have, Met Detention 100, who are people who have come together to find better ways of doing what we need to.

Again, Dr Meng Aw-Yong has spoken about the training, which has been designed. Dr Meng Aw-Yong is actually a FME himself and he is one of the doctors, but a number of them have informed the training. You are right. The need for the nurses and the doctors to have that same understanding and to contribute to developing it is absolutely key and is what Dr Meng Aw-Yong, I would say, is very ably leading.

Jenny Jones AM (Deputy Chair): It seems strange that the FMEs themselves do not know that there is involvement.

Helen King (Assistant Commissioner for Territorial Policing, Metropolitan Police Service): If they do not, I am very disappointed about that. They all have access to our intranet system. That includes weekly messages from Chief Superintendent Gardner, the Commander. Dr Meng Aw-Yong himself puts out a blog on a regular basis, updating on medical issues. There are all sorts of fora that they can come to. Indeed, I write a blog and the Commissioner does. There is an intranet forum where anyone in the organisation, including the FMEs, can post a question to the Commissioner. There are a lot of channels. We can always find better ways to communicate, but --

Jenny Jones AM (Deputy Chair): It sounds as if all the effort has to come from them to actually engage, whereas --

Helen King (Assistant Commissioner for Territorial Policing, Metropolitan Police Service): No, a lot of those messages are going to them --

Jenny Jones AM (Deputy Chair): How are you actually consulting? Dr Meng Aw-Yong, you mentioned earlier that they have had increasing involvement. Is that correct?

Dr Meng Aw-Yong (Medical Director, Forensic Healthcare Services): Yes, can I just outline? Since I have taken over, I email them regularly. We have updates and I also have an open invite to staff to come and give ideas. We also have what we call Custody Clinical Updates twice a year where all FMEs are invited and custody staff and nurses are invited to come for update training and then be involved in it as well. We have a FME also sitting on our patient group directives, who are nurses who administer medications. We have a FME sitting on the Forensic Healthcare Panel, which helps inform decisions and the Commander, and also a FME on the training course as well. Therefore, they are regularly open to come and join us and be involved in it.

Jenny Jones AM (Deputy Chair): Let me ask you a question you may not have heard. How do you consult them? Do you actually consult all of them?

Dr Meng Aw-Yong (Medical Director, Forensic Healthcare Services): I have sent out two surveys through SurveyMonkey asking about opinions on medications, rotas, shifts, etc. That was open to all FMEs who want to be involved as well.

Jenny Jones AM (Deputy Chair): There seems to be some miscommunication there. That might be worth looking into.

Dr Meng Aw-Yong (Medical Director, Forensic Healthcare Services): As I said, my door is always open for police officers, doctors and nurses who want to discuss issues.

Jenny Jones AM (Deputy Chair): Yes, but that needs people to come to you, whereas what you need to do is to go to them. That is the point.

Dr Meng Aw-Yong (Medical Director, Forensic Healthcare Services): We have also gone to them, if I can just say, very recently. In fact, twice now we have done this. We have actually gone to all areas for area rota meetings. We have gone to evening meetings to meet the FMEs in the areas they work. We did that a couple of years ago. We did that last year - I cannot remember now.

Annette Wightman (Superintendent, Metropolitan Police Service): No, it was this year.

Dr Meng Aw-Yong (Medical Director, Forensic Healthcare Services): This year. We went to where the FMEs work, the custody areas, and said, "Come and talk to us and discuss with us", but that was in relation to changes in rotas, et cetera. We have actually made quite a substantial effort to go out to them personally.

Annette Wightman (Superintendent, Metropolitan Police Service): Can I also mention, Chair; that we are currently consulting with them around the NHS commissioning process and we have had two recent meetings with the FMEs about the plans and other views that they may have in terms of what we might do in the future and what the picture might look like once we go through the commissioning process. There is quite a lot of engagement.

Also, we are doing the same with our custody nurse practitioners. One of the NHS commissioners actually came and met with them last week. He is meeting with them again at the next Professional Development Day at the end of November. There is quite a lot of opportunity for people to get engaged and have that discussion and debate about what is happening in the future and also what is happening currently.

Roger Evans AM: This is a question for Mr Tarbuck. You responded to the Committee's recommendation that we felt you should have doctors on inspection teams and you actually said that as a result of our recommendation you have "taken steps to ensure we can access the relevant specialist expertise", to quote what you have said. What does that practically mean?

Paul Tarbuck (Acting Head of Health Inspections, HMI Prisons): Thank you for the opportunity to speak to you. I am sorry. Apologies that we did not come to the meeting at which these comments were made. HMIP does actually employ doctors. They have been on staff in the past. We have had two recruitment campaigns this year for clinical staff. Doctors, unfortunately, have not responded. At this moment, we are working with consultant forensic psychiatrists on a project.

In relation to the specific comments, we have engaged with the President of the Faculty of Forensic and Legal Medicine to create a constructive working relationship so that these perceptions are addressed appropriately. That has resulted in the President coming with us on a police inspection, which was in October. We have asked her to indicate to us where she feels that FMEs could add value to the process that we undertake.

Our process is around a statutory requirement to report on the conditions for prisoners, but also we have an international treaty obligation under a United Nations (UN) treaty to ensure that people in state detention are not treated inhumanely or in a degrading way. Our focus is perhaps slightly different to the purely medical one that the FMEs could bring.

However, we are now waiting for a response from the President of the Faculty. If it indicates there is a gap within our remit that needs to be filled, we will consider how we fill that.

Roger Evans AM: I am interested to hear that you have been seconded from the health service to HMIP. Are there any lessons you feel you can bring from the health service to help an organisation which does not have the same level of medical expertise and experience?

Paul Tarbuck (Acting Head of Health Inspections, HMI Prisons): Yes. Really, related to the discussion that has just been had about training, the key issue is competency. If you move away from the notion of whether it is a doctor or whether it is a nurse or whether it is someone else, it is who has the competency to do the job that you need to be done. Certainly, that includes doctors. They deal with very complex conditions and they also have a greater knowledge of forensic sampling, et cetera. However, there is a range of other people who could function, then, below that level such as triage, possibly under supervision for complex ways to do things. It sounds like colleagues are starting to explore those options in relation to cascade training, which is the appropriate way to go.

In terms of our inspections of police forces in England and Wales, it is true to say that the model we see that seems to be most effective in guaranteeing the best outcomes for detainees - because what we are basically doing is looking at outcomes for detainees - is a mix of doctors who are either trained specialists or qualified forensic medical examiners with a range of nurses working alongside them and where necessary being supervised on occasion by them. It is the model that seems to work most productively in most police forces that we visit.

Roger Evans AM: You say you employ doctors. How many?

Paul Tarbuck (Acting Head of Health Inspections, HMI Prisons): At this moment, we have none on staff. We have tried to recruit twice this year, but have had no applications from doctors.

Roger Evans AM: You potentially employ doctors rather than actually employ them?

Paul Tarbuck (Acting Head of Health Inspections, HMI Prisons): We are employing two at the moment on a sessional basis to assist us with a prison project.

Roger Evans AM: Yes, but not this project. Is that two for the whole of the country?

Paul Tarbuck (Acting Head of Health Inspections, HMI Prisons): Yes.

Roger Evans AM: That is not a lot.

Paul Tarbuck (Acting Head of Health Inspections, HMI Prisons): It depends what they are contracted to do, actually.

Roger Evans AM: OK.

Joanne McCartney AM (Chair): In your response to us, you stated that your inspection teams when visiting custody have access to appropriate advice from doctors if needed. Do they regularly call on that advice?

Paul Tarbuck (Acting Head of Health Inspections, HMI Prisons): Occasionally we do. We are inspecting against a set of standards which we call 'expectations'. They are on our website. They are constructed after

consultation with a range of groups including the faculty. In fact, they are under revision once more and the faculty is involved.

The situation might be that on inspection we see a practice which we think is unsafe or we think does not appear to match up to national guidance from, perhaps, the National Institute for Health and Clinical Excellence. We then have a discussion with the senior doctor within that service. We engage a specialist at that point to check on the practice of other doctors. If necessary, were the situation serious or we were we to see a single-handed doctor contracted to a service, we would actually go outside of the service. We would speak to the service provider first, but we might have to have a discussion with the General Medical Council (GMC) about practice and then there are mechanisms to take that forward.

Caroline Pidgeon MBE AM (Deputy Chair): I wanted to pick up the issue around changes to custody provision. There were lots of concerns we had raised with us about the previous staffing restructuring that took place in 2013 such as the consultation and the resilience of your staffing model. How are those issues being addressed in your new Met Detention restructure?

Helen King (Assistant Commissioner for Territorial Policing, Metropolitan Police Service): Met Detention is finally implemented and goes live in January next year. We have a project board that is running. We have the Police Federation and the Public and Commercial Services Union, the main unions, as members of that board, which is actually really important. One of the issues of concern, clearly, is around shift patterns and we have done a lot of work around that and a lot of consultation including surveying all the people involved. We had 68% support for the shifts that are being proposed. We are also very much embedding health and safety risk-management processes within that structure and a quality impact as well so that we are considering from all aspects the impact upon our staff.

It is a demanding working environment and not always the most pleasant, but the individuals down there carry very serious responsibilities and it is important that we get all of those things right so that we have people who have the competency and skills and feel supported in their role. The new Commander, alongside the rest of the team, is doing a lot of work to make sure that the best ideas from all parts of Met Detention are fed into the new model and indeed the ways we are working now. Many of the changes are being brought in incrementally before that final go-live push.

Caroline Pidgeon MBE AM (Deputy Chair): We have had raised with us particularly the number of custody support inspectors. Have you made in the new model going forward any changes there?

Helen King (Assistant Commissioner for Territorial Policing, Metropolitan Police Service): Yes. There is an increase in the numbers in that model. It is an increase of 14 posts up to 110 or something like that. There are more individuals built into that structure at this time. Then, as it rolls out, obviously we will monitor very closely how that is working.

Caroline Pidgeon MBE AM (Deputy Chair): In terms of the Health and Safety Executive, I understand they were invited to attend one of your project board meetings. What feedback have you had from them on the development of Met Detention?

Helen King (Assistant Commissioner for Territorial Policing, Metropolitan Police Service): The feedback we have had from the Health and Safety Executive was that we could have done more about consultation, but having seen where we are now they are happy that that issue has been resolved and is being appropriately addressed, which I was very pleased to hear. They also felt that the project should have the

health and safety risk management approach that I have described, which we do now have in place, and the monitoring of the project should be overseen.

The issue that the Police Federation had raised in relation to working time was not upheld by the Health and Safety Executive. There was another issue around the training of doctors which, again, the Health and Safety Executive did not uphold.

They have completed their investigation. They have recognised the work that has been put in place and we have found their feedback very useful. Finally, they have confirmed that the shortfalls they discovered did not meet the criteria that they have for charging the MPS the fee for intervention and they have not put that charge in place. However, like I said, their feedback was very useful and we have made a number of changes as a result of it.

Caroline Pidgeon MBE AM (Deputy Chair): Lovely. Thank you.

Victoria Borwick AM: I would like to move us on to the independent custody visitors, which is important for us all because we are a bit confused. Some of us were involved very much before under the previous regime and inevitably there have been changes. Therefore, we would just like a bit of an update, please. Our understanding is that numbers have been falling. We are not sure about recruitment and we are not sure how that is being monitored. Perhaps you will just give us a bit of an update.

Stephen Greenhalgh (Deputy Mayor for Policing and Crime): Obviously, that is an area probably where I should kick off by saying that MOPAC supports the Independent Custody Visitor (ICV) programme. It is the largest in the country. It is achieving about 82% of the required visits across the 40 custody suites. Obviously, that means there is room for improvement. We have to recognise it is functioning. I have taken a personal interest in this. I chaired the last ICV panel with the Superintendent [Annette Wightman] and Chief Superintendent Matt Gardner that was held here in City Hall.

There are areas across London where there are very, very strong schemes. Some of the boroughs are performing very well and I am sure James [Cleverly AM] will be pleased that Barnet and Bromley top the list with Ealing, Kingston, Sutton and Merton. There are some poorer-performing boroughs and Westminster is one of those where we have to reduce the number of visits, reflecting the number of people we have to perform them. We are conscious of that.

The panel gives us an opportunity to air some of the things that you have been raising today. It is functioning. There is obviously room for improvement, but something that MOPAC has as a priority is to support that scheme going forward.

Victoria Borwick AM: Just to go back, then, I can remember that previously we used to have a list of how many there were in each borough and also how many actually --

Stephen Greenhalgh (Deputy Mayor for Policing and Crime): I have the list here, if that would help and if you would like to have it.

Victoria Borwick AM: Sorry. Perhaps I could have my turn. It was of how many there were in each borough and how many visits they made. Whilst I accept under the new regime that is down to you to monitor, how are you monitoring it and what are you putting in place in order to make sure that you feel confident that these current procedures are robust? You have been very honest this morning in saying that you felt that possibly areas like Westminster could do with improvement. How will you judge success?

Stephen Greenhalgh (Deputy Mayor for Policing and Crime): Clearly, we want to ensure that we are closer to 100% of required visits and that we act on the feedback that the custody visitors give us and that there is an active feedback loop. The quarterly panel format continues. That must have happened in the past and we continue with that. We ensure that there is a quarterly report that is a distillation of all of those visits and that it is then fed back to the relevant Safer Neighbourhood Boards (SNBs), which of course have ICV representation. There is pretty much a framework in place to make sure that the information is acted upon.

Victoria Borwick AM: Would you share the visits and boroughs with us, perhaps once every six months or something, just so we can see how this is progressing and just to have a feel for it?

Stephen Greenhalgh (Deputy Mayor for Policing and Crime): I see no issue at all with sharing the quarterly report that we produce with regard to visits and the issues that they raise.

Victoria Borwick AM: Thank you. Do you have a recruitment process? What happens now?

Stephen Greenhalgh (Deputy Mayor for Policing and Crime): We do have a recruitment process. There is a recruitment drive in place to avoid the temporary reduction in scheduled visits that I mentioned is happening in Westminster and one or two other boroughs. We want to make sure that we re-engage people who have perhaps gone away for a while or have been on sabbatical and find other ways of using our networks. MOPAC has a stakeholder newsletter to call for people to step forward and volunteer. Volunteering needs active management and we are constantly looking at ways of getting people to join panels.

Victoria Borwick AM: Absolutely. The other point is that we have made great progress and we would commend the work you are doing to date on trying to make the force look more like London. Is that something that you also carry through into your recruitment of ICV visitors?

Stephen Greenhalgh (Deputy Mayor for Policing and Crime): We certainly get people who live in those boroughs. The important thing is to get very willing volunteers who really engage and are passionate about the welfare of the detainees and that this works well. I have been to a custody suite - one of the newer ones because you quickly recognise that they are not all brand new - in Brixton with a very passionate custody visitor. She was able to show me the practical problems that they have. It is important to get out there with them and to get their feedback.

The way of ensuring that we recruit more is showing that they are valued. The survey shows that where we are falling down is on perhaps the systems, the forms not being big enough for those who write things down and computers not being there for the use of electronic forms. That is the kind of thing where we are trying to show that we are listening and responding to make the system work for them so they can do their jobs.

Victoria Borwick AM: That also helps with recruitment. If people know that this is what they are doing and they could almost watch you - though obviously it would be inappropriate to show their faces - to show what the work involves and why it makes a difference, it also might help with recruitment.

John Biggs AM: Just for the record, I would like to report that I was a custody visitor for many years, actually, and I found it very rewarding in terms of understanding the challenges. I would reinforce what you have said and I would recommend people who have a public spirit and who are interested in these issues to come forward, particularly from under-represented communities.

Victoria Borwick AM: Good. Let us use today's meeting to call upon a few more volunteers. Does anybody else want to come in?

Helen King (Assistant Commissioner for Territorial Policing, Metropolitan Police Service): I would just say from the Metropolitan Police Service that we welcome and value the work of the visitors. We find it really useful to get their feedback about things that, because we are in the environment all the time, we maybe miss. However, it is also really important for local communities to hear from 'normal' members of the public about how people are cared for in custody to reassure them about perceptions they may have.

Victoria Borwick AM: Just a final question. Currently, what happens to the paperwork? Does that go to the new SNBs and what do they do with it? Could you explain the paper trail to us briefly at the moment and how it is responded to and who reviews that?

Stephen Greenhalgh (Deputy Mayor for Policing and Crime): I have mentioned this already. Currently, there is a quarterly feedback process to all the individual SNBs and all boroughs bar two have a SNB. That is part of the wider accountability framework.

Clearly, when a custody visitor makes a visit, he or she feeds back. I have seen it myself. You will have seen it, Victoria. There is that immediate feedback on specific issues about specific detainees. However, on a wider issue, something that becomes a consistent theme, it becomes part of that quarterly report and then it is then fed back also to Met Detention as well as to the SNBs.

Victoria Borwick AM: Yes, but inevitably not all SNBs are covering every topic at every meeting in every borough.

Stephen Greenhalgh (Deputy Mayor for Policing and Crime): Yes, which is why wider dissemination makes sense and, on your call for sharing that, I see no reason why interested stakeholders and the Committee should not have access to that information.

Victoria Borwick AM: If we can prompt them, therefore, to do more, then we will be only too happy to work in partnership with you.

Stephen Greenhalgh (Deputy Mayor for Policing and Crime): We are all on the same side on this one, Victoria.

Victoria Borwick AM: Thank you.

Joanne McCartney AM (Chair): Thank you. We have come to the end of our questioning on this section. Can I just thank everyone for attending? If there is anything you think we have not asked and we should have done, speak now. If not, can I wish you well with the launch of Met Detention? We hope it does work and we will no doubt be looking at it in a few months' time and reporting on the NHS commissioning as well. You can no doubt let us know how that is progressing over the next few months because that would be very interesting. Can I thank you all for your attendance this morning?

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