

MPS Response to the London Assembly Police and Crime Committee Report “Falling Short: The Met’s Healthcare of Detainees in Custody”

The MPS was invited to appear before the London Assembly’s Police and Crime Committee on 10th October 2013 to discuss the forensic healthcare provision within custody and specific issues relating to the Health and Safety Executive’s (HSE) investigation into the new Custody Support Inspector role.

Commander Adrian Hanstock, Superintendent Annette Wightman and Director of Nursing, Ms Karen Swinson attended on behalf of the MPS. Also present were Dr Peter Green and Dr Jason Payne-James, Forensic Medical Examiners (FMEs) contracted to the MPS and Ms Allyson Geil, a former MPS Custody Nurse Practitioner (CNP).

The MPS representatives provided detail of the difficulties we are currently facing in terms of healthcare provision, particularly nurse recruitment and retention and the reducing number of FMEs available to be called upon to provide cover within our FME rota.

Detail was also provided in terms of the permanent custody teams delivered by the Local Policing Model (LPM), including shift patterns and responsibilities and the new role of Custody Support Inspector, which had recently been referred to the HSE by the Inspector’s Branch Board of the Police Federation.

Subsequent submissions have been provided by Supt Annette Wightman following requests for additional information.

The PCC report is critical of our current healthcare provision. It makes significant reference to the Herald Project that was initiated in early 2009, which introduced custody nurses and Designated Detention Officers (DDOs). Much has changed since that time, but comparisons and statements are made in the report which were reliant on historical and redundant information and data (subsequently supplied by Drs Green and Payne-James), which is no longer accurate or relevant.

This supplementary submission by Dr Green and Dr Payne-James is challenged by the MPS as being inaccurate and based on out of date or flawed interpretation of data. Our full response can be found at appendix A.

The PCC report does acknowledge some of the challenges we currently face (and had already identified) in assessing and responding to those we have arrested who may be in a state of distress, violent or vulnerable, as discussed at the original committee hearing.

We do not accept however that our current healthcare arrangements have increased the risk of a death or serious harm in police custody, as quoted on page 5.

A revised Forensic Healthcare model, which makes more effective use of our current resources (Custody nurses and FMEs), endorsed by Commander Hanstock was introduced in May 2014. This includes redeployment of nurses to consolidate the nurse teams at high demand custody suites and a restructuring of and increase in

number of the geographical areas to improve FME healthcare cover and resilience. The model also includes the introduction of a bank system of former MPS custody nurses who will be available to fill additional shifts in the nurse rota. These changes will be financed within the existing Forensic Healthcare Services (FHS) budget.

The Metropolitan Police Service is committed to continually improving our custody performance, especially with regards to our treatment and care of detainees. The health and wellbeing of people in our custody is an overarching commitment.

The report highlights that there has not been a death in custody since 2010 in any of the MPS custody suites and since then more than one million detainees have passed through our care.

The MPS is able to provide medical support 24 hours a day through a combination of on-duty nurses, based in the custody suite or the on duty Forensic Medical Examiner (FME) service. All of our healthcare professionals are accredited and specially trained to support those in custody.

In any circumstance, a custody officer can also decide to send any detainee to hospital at any time.

We acknowledge the challenges we have faced in recruiting nurses to work in the custody environment. This is a result of a shortage of qualified medical staff and not unique to the MPS.

We have been working with the Metropolitan Police Federation to address concerns raised and with the HSE. The MPS has also invited the HSE to review future custody arrangements.

Strategic Governance of MPS custody healthcare matters is managed through a Forensic Healthcare Panel, chaired by an ACPO officer, which sets direction, evaluates performance and risk and provides a forum for consultation with FMEs and CNPs. Membership of this panel includes representation by two (2) FMEs who provide independent opinion of behalf of the FMEs contracted to the MPS. The MPS also employs a Medical Director and a Director of Nursing who are responsible for the clinical governance of our forensic healthcare provision (representing the views of both FMEs and custody nurses) and advise on the day to day delivery of our healthcare services as well as our strategic direction.

In preparation for the Government's plans to hand responsibility for healthcare of all detainees to the NHS, the MPS is working closely with NHS England to define our forensic healthcare requirements in order to facilitate the handover following legislative change anticipated in 2015. To further support this process, a Chief Superintendent has been seconded to the NHS to aid with this transition.

MPS Management Board has approved the creation of a single custody management structure that will have sole responsibility for all of the MPS' 36 24/7 custody suites and additional overflow suites. This will ensure greater consistency when managing risk whilst investigating the reasons why a person has been arrested.

We take our duty of care extremely seriously and recognise that we are often dealing with some of the most vulnerable individuals within our community. The MPS is committed to providing the best possible detention service and the changes we are making to our custody provision reflect that.

NB Reference is made in the report at paragraph 6.3 that MPS Custody Support Inspectors rely on the use of video conferencing to conduct PACE reviews. The MPS does not and never has authorised its officers to use video conferencing to conduct PACE reviews as this is currently contrary to PACE Code C as it is yet to be authorised by the Secretary of State for the Home Office.

Responses to Recommendations which relate to the MPS (Recommendations 1, 2, 3 and 5)

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.*

We acknowledge that our original aspirations for provision of Forensic Healthcare Services in our custody suites, as set out to the Metropolitan Police Authority in 2009 had not been achieved, but that due to changes in our custody estate and throughput of detainees since that time, the total number of custody nurses required had been revised down.

However, we similarly acknowledge that we have not been able to achieve the number of custody nurses that we still require and have been exploring new initiatives to support our healthcare requirements including improved recruitment of nurses and a restructuring of our current model to make more effective use of our current resources.

Our custody nurse recruitment process has been completely reviewed with each stage of the process examined in collaboration with Human Resources and recruitment colleagues. Consequently a number of elements have been improved, including:

- Content of Event Presentation Open Days
- Day one and day two assessments have been merged into one day
- The selection process has been updated with interview questions re-written to more effectively target skills and knowledge required for the role.
- Increased communication with successful applicants between interview and start date - letter from nursing director, contact from line manager for example
- Market research – regular reviews of the media we use in our recruitment campaigns

These changes have speeded up the application process and increased the percentage rate of successful applicants. We will be testing new media opportunities in this year's recruitment campaign which is being planned for July.

A revised Forensic Healthcare model, which makes more effective use of our current resources (CNPs and FMEs), endorsed by Commander Hanstock was introduced in May 2014. This includes redeployment of CNPs to consolidate the nursing teams at high demand custody suites and a restructuring of and increase in the number of geographical areas covered by FMEs to improve healthcare cover and resilience. The model also includes the introduction of a bank system of former MPS custody nurses who will be available to supplement the nurse rota. These changes will be financed within the existing FHS budget.

New CNPs complete a five week training course with a two week clinical input which is at BTEC level 5 standard. The Royal College of Nursing (RCN) has endorsed modules within this training package.

An agreement is in place with the external training provider, which allows the CNPs to continue their learning and complete the Level 5 BTEC qualification at a significantly reduced rate.

We remain confident that the clinical content of the CNP initial training course is at a sufficiently high level to meet our organisational needs. However, we will consider the most appropriate professional involvement in any further training development.

The MPS provides bi-annual professional development days for CNPs and we now provide an external Immediate Life Support Course recognised by the Resuscitation Council UK. We also provide access to this course to FMEs as well.

As part of the preparation for market testing of the MPS custody healthcare provision, (through the NHS Commissioning Early Adopter process) a review of Continual Professional Development (CPD) is being undertaken. Discussions with Skills for Health are underway to give MPS healthcare professionals access to the standard NHS on-line training portal and the level of future CPD will be considered as part of the service specification.

With a view to further improving recruitment and retention of CNPs, within the next three months we are assessing the viability of a buddying/mentoring scheme for new CNPs and reviewing the financial package offered to custody nurse colleagues. We will also be working with colleagues within NHS England to explore opportunities for secondments.

Recommendation 2

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

We already have a formal consultative group in place through the Commissioner's Forensic Healthcare Panel (FHP). Chaired by an ACPO officer, currently

Commander Hanstock, it sets direction, evaluates performance and risk and provides a forum for consultation with FMEs and nurses. Both clinical directors sit on that panel as well as two serving FMEs who act as independent advisors on behalf of FME colleagues. A CNP Area Manager is also a member. FHS runs two clinical custody updates each year open to all HCPs and custody staff where issues can be raised and addressed.

The MPS Medical Director engages regularly with all our Forensic Medical Examiners (FMEs) and he has worked closely with our Director of Nursing to effectively manage our healthcare provision and to make best use of the specific and differing qualities, skills and expertise that FMEs and CNPs have to offer.

The Medical Director sends out regular communication to all FMEs (6-8 weekly) comprising of current clinical and policy updates, best practice guidelines issues both internally and externally, upcoming CPD/training events. He has also surveyed opinions of FMEs on various issues such as rota periods, shift lengths, medications etc. All FMEs are invited to email/telephone on an open basis to either FHS or to our medical Director personally. It is therefore disappointing to hear that some of the FMEs contracted to us feel that despite these multiple opportunities to engage, their views are not heard.

There is also a Medicine Management Committee where FMEs are invited to be on the panel.

Our Medical Director has developed an equivalent College of Policing Introductory Forensic Medicine training course for new FMEs accredited by the Faculty of Forensic and Legal Medicine (FFLM). This is considerably more in depth than that provided by many other forces (6 days compared to 2 days).

Seven new FMEs successfully completed this course in February 2014 and we are working towards running another course later in the year.

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.

In preparation for the Government's plans to transfer commissioning responsibility for custodial healthcare to the NHS, the MPS is working in partnership with NHS England (London) (NHSE) and MOPAC to develop a 'Statement of Readiness' by April 2015 which will inform the decision whether to procure health care from an external provider.

A formal programme to support this work has been commissioned and is supported by a project management team and government funding. Governance is through a programme board chaired by Simon Weldon from NHSE and an operations group chaired by Hong Tan from the Health in the Justice System Team at NHSE.

A number of project strands inform the work including:

- Clinical audit of existing MPS healthcare provision. The work will produce an improvement plan to ensure the MPS will meet CQC standards. The work is due to commence imminently. It will include a visit to every custody suite in the MPS and is expected to be completed by the first week in September 2014.
- Health Needs Analysis. This is an academic review of healthcare requirements in MPS custody suites which will then inform an appropriate service specification and should be completed by the end of October 2014. The service specification following these audits will be completed by the end of February 2015.
- Clinical Governance. The MPS Medical Director and Director of nursing are meeting with subject matter experts from the NHS to ensure clinical standards meet current and future requirements.
- Information governance. Work has begun to develop strong guidance on the sharing of health information.
- IT solution. The NHS N3 IT network will be installed in all MPS custody suites which will provide healthcare professionals secure access to healthcare information.

The partnership work with the NHS is supported by an MPS Chief Superintendent seconded to NHS England. Additional benefits of this collaboration include immediate access to the Skills for Health on line training portal for MPS healthcare professionals, invitation to the London Regional Directors of Nursing meetings, invitations to the Strategic Clinical Network meetings and a range of other CPD opportunities for MPS staff.

The MPS also attends the national coordination meetings and has support from the Department of Health officers supporting the national work. NHS England has already commissioned health care in London with BTP and City of London police and the learning from that work is being fed into the MPS project.

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.

In October 2013 MPS Management Board approved the creation of a single custody management structure that will have sole responsibility for all of our thirty six 24/7 custody suites and eleven additional overflow suites. This will ensure greater consistency, with clearer management structure, improved management of risk, consistent investigation development, effective use of our estate and oversight of forensic healthcare provision.

Met Detention (MD) was not introduced in April as suggested in the report (this was never a proposed implementation date). In order to ensure that all sergeant and inspector posts are filled, MD implementation will not take place until corporate promotion processes have been completed, which will be in January 2015.

There are formal reporting structures and governance processes in place for all projects under the Met Change programme, co-ordinated by Management Board's Change Portfolio Board, chaired by the Deputy Commissioner. This ultimately reports into the MOPAC Oversight Board. MD implementation is being driven by a dedicated project team.

We are working to a detailed implementation plan that includes both external and internal communications. Within this are regular formal meetings with the Federation and Staff Associations. In addition there is regular informal dialogue outside of this meeting structure.

The impact of all of the proposed changes to our custody provision is captured within Change Impact Assessments and action to mitigate for any new risks highlighted through a Readiness Assessment process which will ensure the new command does not commence in full until all boroughs are prepared for the handover of command.

The project team has regular meetings with MPS Safety and Health colleagues who have supported work regarding working time assessments and other relevant issues. The Strategic Manager, Safety and Health Risk Management (SHRM) is a member of the MD Project Board and is leading on a range of safety and health workstreams in order to support the MD project team assess and manage project risks including:

- Safety Impact Statement
- Custody Audits
- Shift pattern monitoring including a future fatigue questionnaire, and a future study monitoring accidents to and from work
- Risk Assessment – quarterly review of the MPS Territorial Policing corporate custody risk assessment
- Accident analysis and
- Improved dissemination of the Near Miss and Custody Successful intervention reports up to and including Management Board Assurance commencing in June 2014.

The Health and Safety Executive has also been invited to and has attended the most recent MD Project Board meeting.

In addition the project team is working closely with the Diversity Directorate to refine the Equality Impact Assessment. This will drive work in individual suites to support those with protected characteristics who attend custody. This work will be shared with the Independent Custody Visitors (ICVs) and other relevant stakeholders. The EIA will also be used to identify any internal diversity issues.

The project team reports to a Project Board chaired by Commander Adrian Hanstock. The Federation has been invited to send representatives of both the Sergeant and Inspector Branch Boards, both of whom attend and there is consistent Staff Association representation.

The new MD OCU Commander has recently been appointed and the seven Met Detention Area Chief Inspectors are now in post. They ensure effective local consultation and implementation and have been instrumental in a recent period of consultation with custody staff concerning shift changes to a corporate 12 hour

pattern. Their activity is co-ordinated to achieve the milestones within the implementation plan via a scheduled Senior Leadership Team meeting structure.

It is our short term intention to commence a phased approach to full implementation by utilising the Met Detention Area Chief Inspectors more effectively in the current management of local custody suites. They will support the local custody portfolio leads within borough leadership teams and drive custody standards and performance towards the Met Detention goals. This phased approach will also ensure a smoother transition to the full model.

Consultation is a continuing process for our custody improvements. Examples are a weekly phone conference with borough Met Change single points of contact, wide consultation on the draft Service Level Agreement document and a free text survey to all staff asking for further ideas to drive improvements.

Consultation will continue with all internal and external customers and stakeholders following implementation in the form of regular meetings and updates by all levels of Met Detention staff.

Appendix A

MPS response to supplementary paper submitted to PCC by Dr Peter Green and Dr Jason Payne-James

Summary and Overview

The thrust of the report submitted by Dr Jason Payne-James and Dr Peter Green to the PCC following the committee meeting attended by Supt Wightman and Cmdr Hanstock on Oct 10th 2013 is that current MPS FHS service provision has failed to deliver against the stated aims of Project Herald. In particular, the authors argue that the introduction of CNPs has not cut response times, cut costs or improved service delivery and that FMEs have not been supported by the MPS.

The subtext to this report is that there is a feeling of disempowerment on the part of the authors in influencing the management of MPS Forensic Healthcare.

The FHS position is that the role of influencing custodial healthcare on behalf of the healthcare professionals lies with the Medical Director and the Director of Nursing rather than individual FMEs who are contracted only to provide forensic healthcare to the MPS in accordance with the terms of the contract they enter into with the MPS. Nonetheless, there are opportunities for FMEs to engage with the Medical Director, either on an individual basis or through the Forensic Healthcare Panel which has FME representation in the form of two independent FMEs.

The content of the report

The report describes research undertaken since the PCC meeting. This piece of research is however based on a number of flawed assumptions in the areas of:

- Response times for HCPs
- Cost analysis
- Quality of service

Response times for HCPs

A review of response times (call out, arrival and departure times for a HCP) was part of the MPS forensic healthcare review undertaken by Inspector Joe McDonald. The data used to support the authors' arguments is based on a very small sample of data extracted from NSPIS (electronic custody record system) over a very short time period.

The MPS review revealed that the compliance rate for populating the fields on NSPIS which could be used to measure response times is poor (approximately 20%). A directive from the FHS has been sent out to custody managers to improve compliance and a system improvement is being explored within the NSPIS replacement project.

The data set used to support the authors' report was based on 192 custody records extracted from NSPIS over a 10 day period and from 21 different custody sites

(Some with CNP and some with FME cover). Based on 2012/2013 figures, the MPS can expect in excess of 2,000 detainees to see a healthcare professional in a 10 day period, so this sample represents less than a 10% dip sample. Furthermore in 2012/2013, 83,472 detainees saw a healthcare professional so this dip-sample represents approximately 0.2% of detainees who will see a healthcare professional this year in the MPS. The data relating to CNPs in particular is not reflective, as when a CNP is on duty, they are always on site and rarely have to be called out.

Cost Analysis

The cost analysis shown in the report is based upon projected figures from 2007 at the inception of Project Herald, compared against the budget allowance for Forensic Healthcare in the MPS for last year. The cost figures shown in the report were projections made five years ago. They pre-date the massive change programme that is ongoing in the MPS. The financial landscape has changed as has the custody architecture of the MPS. FHS requirements have evolved in tandem with that.

The financial analysis in the report is based on the total budget allocation figure of £13.4M as opposed to the actual spend on FHS. The CNP budget line was in fact significantly underspent. The 'cost per examination' estimates are therefore inaccurate.

Work undertaken by the National Police Healthcare Transition Forum collates data every six months on cost per examination by an HCP nationally. Figures for September 2013 show a cost per examination for the MPS of £126. The national average for that period was £143.

Quality of service

The MPS has acknowledged that the recruitment of CNPs has not reached the number originally expected. However, our recent MPS review of forensic healthcare provision identified that we no longer require one hundred and seventy nine nurses as originally anticipated.

As part of the review, the FHS conducted internal research into why CNP recruitment and retention have proved problematic. There appear to be significant external factors (fall in numbers of qualified nurses, particularly in London which is twice the national average) out of the control of the MPS that are contributing to the challenges, as well as internal reasons already touched on in recommendation 1 - lateral development opportunities, remuneration and training.

FHS are driving up standards of delivery of service in custodial healthcare by putting in robust assurance processes to ensure that HCPs are trained and accredited to the highest standards, by introducing requirements for Immediate Life Support (Resuscitation Council UK), Safeguarding, diversity, demonstration of forensic healthcare continuous professional development (CPD) etc in line with some aspects of NHS revalidation standards.

Prior to the original submissions to the PCC Supt Wightman and Chief Inspector Morrell met separately with both the authors of this report to discuss some of the issues they wished to raise. They openly acknowledged to Dr Payne-James and Dr Green that the need to review the deployment plan for CNPs had been identified in light of recruitment and retention issues and that there was a significant piece of work that had been ongoing for some months to address this. This existing re-modelling of forensic healthcare services will run in tandem with work ongoing at a national level to prepare for the transfer of budgetary responsibility for police custodial healthcare.

Background

Prior to 2009, the FMEs worked in small practice groups led by a senior FME and were paid per item of service. There was no control mechanism to prevent the demand for FME services created by this previous system being self generated by the doctors. FMEs are now paid per shift which affords improved central control over the budget.

Group meetings for HCPs are now held at a Pan London level in the form of two Custody Clinical Update (CCU) events each year. These have approved CPD status through the Faculty of Forensic and Legal Medicine (FFLM). All FMEs receive regular communication from the Medical Director every two months on clinical, service and professional updates.

The MPS are uplifting and assuring clinical standards for FMEs to ensure that they are skilled to the required standards and compliant with the revalidation requirements of their NHS governing bodies, this includes the introduction of a system of work based assessments and the development of a 360 model, which will be the first of its kind nationally.

As previously mentioned we have had an independent FME on the Commissioner's Forensic Healthcare Panel and recently invited applications for an additional FME member. There is now representation at this meeting of two FMEs and one CNP Area Manager. In addition there are always opportunities for ad hoc meetings with the Medical Director and Director of Nursing.

The MPS is piloting Liaison and Diversion schemes in partnership with the NHS and this will have many benefits including potentially assisting in the arrangement and execution of Mental Health Assessments.

Conclusion

The MPS always remain open to constructive feedback however we believe that the supplementary report submitted by Dr Green and Dr Payne-James was too narrow in focus and was reliant on historical and redundant information which is no longer accurate or relevant. It does not reflect the current picture of our forensic healthcare provision.