

# Feedback form for consultation Authorised Professional Practice (APP)– Detention and Custody (24 June – 12 August 2014)

Please complete electronically using MS Word and return by **12 August 2014**

**Notes on Use:** Add any comment or suggested change in the appropriate box – note the box will increase in size to hold several lines of text if necessary. Please note this is a draft document and during electronic transmission, formatting anomalies may occur. This will be addressed prior to final publication. In view of this, comment or suggested change should be restricted to areas that will have policy, procedural or other specific content impact.

Whilst reviewing this draft Practitioners should consider:

- Is the length and content appropriate?
- Is it easy to understand?
- Is there any information missing or should anything be removed?
- Is there any unnecessary repetition?

Practitioners should also consider the specific points highlighted in the introduction to this consultation.

Please provide your answer in the comment box under the relevant section/sub-section. You may provide as much, or as little feedback as you wish. You may also provide any feedback on any aspect of the draft.

When finished please, email completed document to: [Detention and Custody Feedback](#)

If you have any questions regarding the completion of this form, please e-mail [APP.contact@college.pnn.police.uk](mailto:APP.contact@college.pnn.police.uk)

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Position Held:	<i>Team Leader</i>
Organisation:	<i>HM Inspector of Prisons</i>
Completion date:	

## 1. Custody management and planning

### Comment or suggested change:

#### 1 Legal framework

- We agree with the proposed changes and welcome the proposal for police forces to refer to the HMIP/ HMIC police custody expectations to set standards.
- The legal framework training should include rights of the detainee, human rights standards and the Mental Capacity Act to ensure a wider contextual learning about policing by consent.
- Training should include statutory obligations under the Equality Act 2010.
- There should be regular auditing of training records to ensure current legal knowledge.
- We agree with the emphasis on police forces learning from mistakes and missed opportunities as a way to influence good practice in the future, and consider that collecting relevant and appropriate information and data, which should be used to analyse and monitor trends to inform custody management and planning is crucial to achieving this.

#### 2 Principles of safer detention

- We recommend the inclusion of two further principles of safer detention:
  - All use of force within the custody suite is recorded, monitored and analysed to identify trends, actions and learning; and

- There are good governance and accountability arrangements for contracted/ commissioned services at a senior level.

### 3 Information sharing in custody

- We recommend the inclusion of appropriate health information, where this can prevent harm to the detainee, based on a formal information sharing agreement with health providers as part of the information sharing guidance.
- We also recommend including that the detainee should have a thoroughly completed Personal Escort Record (PER) form which adequately highlights the relevant risks completed for any travel outside the custody.
- We welcome the reference to the Independent Advisory Panel (IAP) on Deaths in Custody Information Sharing Statement to assist in any conflicts between confidentiality and preventing harm.

### 4 Senior management considerations

- We recommend the inclusion of a further three points, which our inspection evidence has shown to warrant further senior management attention:
  - Police forces should work with Local Authorities to ensure safe alternative, secure and non secure, accommodation for children refused bail or those who cannot go home;
  - Strategic links with HM Courts and Tribunal Services need to ensure access to courts avoiding unnecessary delays in custody; and
  - Standards should include the monitoring of case progression to ensure the detainee spends minimum time in custody.

## 5 Health and safety

- Custody staff should have a nationally recognised training course in first aid which enables them to manage predictable emergencies for adults and children including seizures, overdose, deliberate self harm, heart attacks and choking. Custody staff should have easy access to in-date emergency response equipment which is checked regularly and ready to use including oxygen, external defibrillator and suction.

## 6 Designation of a police station

- It should be specified that the designation of a custody suite that is fit for purpose requires it to provide spaces that allow private booking-in areas for charging detainees for sensitive offences, or booking-in vulnerable people.

## 7 Human resources and training

### 7.1 Police resources

- This section should specify that there should be sufficient staffing levels, at all times, to ensure the welfare and safe detention of detainees. There should be an appropriate gender balance amongst staff to ensure female detainees have appropriate access to a female custody officer and to ensure female juveniles can have a named female custody officer.

### 7.2 Custody resources

- We recommend that senior managers review the provision of custody resources as listed in this section to ensure these are made available when required.

### 7.3 Custody officer

- We think it would be important to specify that responsibilities for the safe detention and welfare of detainees should be the custody sergeant/s and should not be delegated to lower ranks.
- In order to fulfil their role as custody officer, sergeants should be able to direct and call upon resources to protect and provide safe detention for detainees in their care.

### 7.4 Staff responsibilities

- It should be specified that custody/ duty inspectors should provide management support to custody staff to ensure safe detention.

### 8 Healthcare models

- We are concerned that the first sentence of this section: *“Forces should develop a healthcare model that best suits their requirements and enables them to deliver effective healthcare”* relies heavily on the fact that police forces fully understand health and governance requirements. We would recommend the following sentence instead: *“Forces should develop a healthcare model in consultation with health commissioners and other key stakeholders that best meet the needs of detainees based on a regular needs assessment which ensures detainees receive prompt effective health and substance misuse services”*.
- We recommend the inclusion of two further points:
  - Police forces should understand and engage fully in clinical governance arrangements in partnership with health providers, key stakeholders and health commissioners; and

- Police forces should understand and engage fully in contract monitoring in partnership with health providers, key stakeholders and health commissioners to ensure detainees consistently receive effective health and substance misuse services.

## 9 Healthcare resources

- It is important to emphasise that health care staff should fulfill their duty to respond to requests for medical assessments within a reasonable timeframe/ or as agreed in the contract. Agreed Response times should be appropriately recorded, monitored and reviewed during contract monitoring meetings.
- Healthcare resources should also include access to an effective electronic clinical recording system used by all visiting health professionals and appropriate private consultation facilities that meet national infection control standards which are suitable for forensic testing. Additionally the allocation of duties to custody staff e.g. supervised medication self administration and arousal/ monitoring checks, should be to staff that are appropriately trained for the role and receive regular, applicable refresher training. Resources should also include reasonable access to same gender health care professional if requested by a detainee and/or chaperone.

### 9.1 Healthcare professional

- This section should specify that healthcare professionals should be clinically qualified and recognised by their relevant professional body.
- Forensic Physicians should have documented regular clinical supervision and an annual appraisal that specifically includes and explores their Forensic Medical Examiners role.

- Nursing staff should have: the requisite competencies to complete the role; a clear and appropriate job description; a competency based induction and appropriate baseline training; ongoing recorded effective clinical and managerial supervision; an annual appraisal; and access to ongoing training and development including adult and child safeguarding, mental capacity act, infection control, mental health and substance misuse awareness, medicine management.

## 10 Contractual arrangements for contract staff

- It should be specified that contractual staff should work to the legal framework and principles of safer detention set out above, to include fulfilling obligations under the Equality Act 2010.

### 10.1 Police Reform Act 2002

- Designated detention officers must ensure the safe detention of detainees and have appropriate training to support this.

### 10.2 Service standards

- We agree custody officers should be able, and positively empowered, to raise issues or concerns about the development needs of contracted employees.

### 11.1 Process for an independent custody visitor visit

- If appropriate, and subject to a risk assessment, independent custody visitors should be able to speak to detainees without a police escort, as a means to allow privacy to disclose concerns or poor treatment without perception, or actual, risk of recriminations.

- Any delays in access to the custody suite should be exception and justified.

## 12 Training and learning

No further comment (see relevant training issues raised in other sections)

### 12.1 National Custody Officer Learning Programme

- Custody officer training should also include perspectives from non-police organisations and charities working on behalf of, and in the interests of, vulnerable people.

### 12.2 Custody training checklist

- The checklist should include the requirement that staff understand obligations under the Equality Act 2010 to ensure individual detainees are not disadvantaged by virtue of a protected characteristic.

## 13.1 Evacuation

- It is also advisable that a senior officer ensures that regular evacuation plans are tested.

### 13.2.2 Inadequate ventilation systems

- Custody staff should be trained to understand the individual fire and ventilation hazards in their custody suite so they can immediately attend to the welfare of detainees in locked cells as well as their own safety.



## 2. Response, arrest and detention

### Comment or suggested change

#### 1 Response

- As part of their response officers should make all efforts to find ways of diverting vulnerable people and children away from custody to other places of safety i.e. a hospital.
- Although it may not always be possible to record a vulnerability assessment immediately, a full explanation as to why a person detained under section 136 has not been accepted into a health-based place of safety must be recorded in the custody record. This should be recorded as a significant event to ensure the event is reviewed and any possible learning gained and shared.

#### 1.1 Vulnerability

- We welcome the Vulnerability Assessment Framework and the subsequent memory cues - Appearance, Behaviour, Communication, Danger and Environment (ABCDE) which enable officers to identify vulnerable people.
- We recommend that all police forces be required to use an approved framework for recognising vulnerability.

#### 1.2.5 Street bail

- We are concerned that the current wording may encourage the placement of vulnerable people in police custody. We do not consider custody suites to be a safe place for vulnerable people. While acknowledging the welcome focus on providing safeguards to vulnerable persons, and the limited alternatives that may be available, the guidance should emphasise the exceptional basis on which police custody should be used as a place of safety and the requirement that every effort be made to seek a more appropriate place of safety. (see 1.2 in the APP)

## 2 Arrival at the station

- We welcome the guidance to police forces that detainees should not be made to wait outside in the car park or in vans.
- We also emphasise the need for vulnerable detainees to be prioritised/ triaged in the booking-in process and where appropriate the custody suite should be informed of their impending arrival.

### 2.1 Violent detainees

- The sentence explaining that violent behaviour may be the cause of an underlying medical condition should be given more weight and also associated with vulnerability rather than violence alone.

## 3 Booking in to custody

### 3.2 Necessity to detain

- We welcome the clarity that will be provided to officers on the distinction between arrest and detention. Custody officers should view the necessity to detain as a separate and independent decision to arrest.

## 4 Fitness for detention

- With regard to the paragraph which states: *“After examining a detainee, the healthcare professional should record any clinical findings and directions in the custody record. If there is information that must remain confidential and is not relevant to the effective ongoing care and wellbeing of the detainee, an entry must be made in the custody record indicating where the clinical findings are recorded”*. We recommend that it may be more appropriate to specify that the health professional should clearly record any relevant clinical findings and a clear plan of care to be followed

including fitness for detention, fitness for interview, frequency and type of checks, medication given or planned, action to be taken if deterioration occurs and any planned clinical review.

#### 4.2.1 Health and any injuries

- Any referrals to hospital should be recorded and be monitored within clinical governance arrangements to assess if the needs of detainees are being met and if there are any staff training needs to provide effective in suite care.

#### 6 The custody record

- Any request by the detainee for an appropriate adult and rationale for refusal should be included in the list of information that must be recorded in the custody record.

### 3. Moving and transporting detainees

#### Comment or suggested change

##### 1 Supervision and escort

- We recommend that escort officers should be trained in all relevant risk assessment to ensure the safe transportation of detainees and obligations under the Equality Act 2010.

##### 1.2 Prisoner escort and custody services

- We believe that the following points should be included:
  - PECS should actively manage contracts awarded to the private sector for escorting prisoners;
  - Contractors should only handcuff on an individual risk assessment basis;
  - Men, women and children should be separated as should any vulnerable detainee;
  - Water and other necessary facilities should be made available as an essential; and
  - Regular comfort breaks should be available for long journeys, especially for reasons of health or pregnancy.

##### 3 Transfer of the PER form

- We recommend that the PER form must reflect dynamic and current risks at all points *during the* transfer as well as the designated *places of* transfer.

#### 4.1 Containment

- It is our view that vulnerable detainees should *never* be placed in a cage.
- We do not agree that any cage should hold more than one detainee.

#### 5.2 Inspection of vehicles

- We recommend that all vehicles should be clean and free of any stains.

### 4. Risk assessment

#### Comment or suggested change

##### 1 Assessment and monitoring

- We recommend that all custody records must be legible.

##### 1.1.1 Content of risk assessments

- We suggest that officers should make a presumption to provide the content of any risk assessment to the detainee or any person acting on behalf of the detainee, unless there is a good reason not to provide this information.

##### 1.2 Responsibility for risk management

- Custody managers and detention officers should ensure their responses to risk is dynamic, reviewed and communicated to all people involved in the care of the detainee, including relevant healthcare staff.

### 3 Condition of the detainee

- Officers should always err on the side of caution if they think, or there is a possibility, that a detainee requires medical attention.

#### 3.2 Detainees requiring urgent medical attention

- Detainees suspected of swallowing unknown quantities of drugs should be taken to hospital immediately, not a police station.
- There should be an agreed policy in place with the hospital for how these situations are managed to ensure consistency of care and management for detainees.
- With regard to the injecting of insulin it would be more beneficial and less risk averse for this to take place in the presence of a health professional to ensure the correct dose is administered. With regard to infectious and communicable diseases the focus should be on the consistent and appropriate use of universal precautions with all detainees.
- There should be an agreed protocol in place with the ambulance service, consistent with developments under the Mental Health Crisis Care Concordat, specifying those circumstances in which people in urgent need of mental health care are treated as a medical emergency.

### 3.4 Potentially violent individuals

- When dealing with violent detainees we recommend that a multi-agency approach is taken to develop an individual care/ response plan, ensuring that any underlying cause to violent behaviour is noted. For those detainees who come into custody regularly, this plan should be subject to review at regular intervals and if an incident occurs.

#### 3.9.2 Cleaning cells

- Every cell should be adequately cleaned between detainees following NHS cleaning standards to prevent the spread of infection and/or communicable disease. In the event of any significant infection risk such as bleeding, body fluids or concern identified by the health professional the cell may need to be taken out of use and deep cleaning arranged following consultation between the custody sergeant, health professional and other relevant professionals such as public health England.

### 3.10 Claustrophobia

- We consider that the sentence, '*Detainees may say they are claustrophobic when they are not*' should be removed as it reinforces a presumption that detainees are not to be believed. Instead, a general reassurance with the opportunity to call on healthcare should be recommended.

#### 3.10.1 Dealing with claustrophobia

- If a detainee is suffering from claustrophobia, we suggest that if appropriate, officers should take the detainee to the exercise yard.

#### 4 Release from custody

- Our inspections have found instances of pre-release assessments completed, without dialogue or conversation with the detainee and in some cases after the detainee has left custody. Pre-release risk assessment should always be completed in dialogue/ conversation with the detainee and under no circumstances should this assessment be completed post release.

#### 4.4 Multiple detainees

When transporting multiple detainees we suggest that officers double check the age of each detainee.

### 5. Control, restraint and searches

#### Comment or suggested change

##### 1.3.1 Use of force

- We would recommend amending the wording in the guidance to discourage against the use of force. We would suggest, *“Any use of force must be lawful, proportionate and necessary in the circumstances and officers must be able to demonstrate this”*.
- All use of force in custody should be recorded and monitored. Trends and patterns should be identified for action and learning.



#### 1.4 Identify options and contingencies

- The focus of this section is on restraint. However, we suggest that it should also include reference to the fact that officers should be trained and confident to use de-escalation techniques also.

#### 1.5.1 Observation and monitoring during restraint

- The use of the prone position as a form of restraint should be avoided- unless absolutely necessary and then only for a minimum period of time.

#### 1.5.4 Restraint after arrival in the custody suite

- We recommend that all use of force should be recorded on a use of force form. This information should be monitored and analysed for trends and patterns to inform actions and learning.

#### 1.6.2 Monitoring in custody

- We recommend a specific instruction that officers involved in level 3 or 4 observations should give their full attention to the task and under no circumstances be distracted.
- It should be noted that where a head injury has been sustained, upon return from the hospital the healthcare professional should be consulted and a minimum of 30 minute checks instigated for an agreed period due to the risk of delayed symptoms

#### 3 Use of Taser

- We consider that Taser should not be used unless in exceptional circumstances, however this position is currently under review as part of our own updating of Expectations for police custody.

### 3.1.2 Information provided to detainees

- We suggest that all detainees should be given the opportunity to make a complaint and systems are in place to facilitate this.

### 4 Searches

- We believe that officers conducting a search should always explain to the detainee the reasons for the search. All searches should be conducted in accordance with protocols relating to diversity, such as searching transgender detainees.

## 6. Detainee care

### Comment or suggested change

#### 1.2 Maintaining custody records

- We recommend the inclusion of the below points:
  - Records are kept within a confidential environment; and
  - Where possible notes are contemporaneous, or recorded as soon as possible.

### 1.3 Handover procedures

- We suggest including reference to the fact that following a change in shift the incoming custody sergeant should introduce themselves to detainees as having responsibility for their care.

### 2 Monitoring, observation and engagement

- We believe that officers should engage verbally with detainees on rousing checks ensuring that the detainee is properly roused and communicating.

### 2.3 Medication

- We welcome the recognition in the guidance that there needs to be adequate quantities of medication to cover the likely detention period in police custody and any known transfer time, however, we would suggest that this should also specifically include time in court custody. Evidence from our inspections has shown that detainees are often sent to court without medication that was prescribed in police custody. Sufficient medication should be transferred with clear administration instructions for time spent in court custody to ensure the detainee does not come to harm as a consequence.
- We would also suggest that where a detainee's medication has been left at home, officers should collect the medication for the detainee.
- There should be robust systems in place to record discarded medication and ensure it is safely disposed of.

### 2.5.1 Appropriate care

- To provide appropriate care we would suggest that where detainees are known to other services, all services involved should consider adapting an individual care/ response plan to ensure a coordinated and consistent response to the detainee.

### 2.5.3 Supervision and security in hospitals

- Handcuffs should only be applied to detainees in hospital following a risk assessment.

### 3.1 Misuse of the cell call system

- To ensure that decisions are made at the appropriate level and the responsible person has overall control of custody, we suggest that the custody sergeant should be the only person to make the decision to switch off the call bell system.

### 4.2.1 Detainee complaints

- Detainees in custody should be able to make a complaint, not only about issues related to custody, but also about their arrest.

### 5 Welfare and safety

- A person centred approach should be taken with regard to the items an individual is provided with in custody. We therefore suggest including:
  - Items provided in custody should continue to be provided and only removed on an individual risk assessment; and

- Clothes, shoes, spectacles and toilet paper should only be removed based on individual risk assessments.

#### 5.4 Food and drink

- We would recommend that if a detainee arrives outside of meal times, food should be given if they request it.
- Our inspection evidence suggests that the majority of police forces offer extra meals, if one meal is not sufficient. We recommend that this should be incorporated into the guidance.

## 7. Equality and individual needs

### Comment or suggested change

#### 4 Disabled detainees

- We would recommend the inclusion of the below recommendations, which have also been made during our police custody inspections:
  - Police custody suites should enable disabled detainees to reach call bells to call for attention;
  - Mattresses should be provided to ensure beds are an appropriate height for disabled detainees to move from the bed independently; and
  - Hearing loops should be made available and custody staff should be able to use them.

#### 6.3 Human trafficking, extortion and smuggling

- Officers should be provided with training and awareness of human trafficking, extortion and smuggling and be aware of and trained to follow appropriate referral protocol, as identified through the National Referral Mechanism.

## 7 Transvestite and transsexual detainees

- During our inspections we found that some staff in custody suites were unclear on how to conduct searches of transgender detainees, particularly male to female detainees. We would therefore suggest including:
  - Officers should be sensitive and respectful to transvestite, transsexual and transgender detainees, treating them with the same dignity and respect as other detainees.

### 7.1 Strip searches

- We suggest that strip searches should be authorised, monitored and recorded. This information should be analysed for positive or negative findings.

## 8. Children and young people

### Comment or suggested change

#### 1 Assessing vulnerability and risk

- We suggest that the following points should be included in this section:
  - Children should only be detained in a police custody suite as a last resort;
  - Officers must make efforts and record contact with the local authority to organise a PACE transfer; and
  - Officers should be trained in the principles and obligations for safeguarding children.

#### 6 Appropriate adults

- Delays in the provision or arrival of appropriate adults (AAs) has considerable impacts and so we therefore suggest including the following:
  - The time when the AA is notified of the arrival of a child in custody, as well as their arrival at the station should be recorded and monitored to ensure children in custody are dealt with quickly.

#### 7 PACE transfers

- We would recommend including reference to the fact that officers must make efforts and record contact with the local authority to organise a PACE transfer.

## 9. Mental ill health and learning disabilities

### Comment or suggested change

#### 1 Vulnerability assessment

- We suggest the inclusion that staff should have an awareness of vulnerability assessment framework for the police force, including learning disability and mental ill health.

#### 3 Restraining a person with mental ill health

- We believe that staff should be trained in de-escalation techniques and consider this approach before resorting to physical restraint.
- This section should be cross referenced with commitments in the Mental Health Crisis Care Concordat to treat people in need of mental health care who require restraint as a medical emergency

#### 5.1 Risk assessment of people with mental ill health or learning disabilities

- Our inspection evidence has found delays in the assessment and transfer of detainees with severe mental health problems to appropriate NHS facilities. There should be a clear multiagency policy which covers this and agreed pathways to follow if problems emerge.



## 10. Alcohol and drugs

### Comment or suggested change

#### 3 Under the Influence of alcohol

- This section advises that a healthcare professional should be consulted if “*the person has a fit and ...delirium tremens*”. We would recommend that if a healthcare professional is immediately available to make an assessment, they do so. However, if there is no healthcare professional immediately available an emergency 999 response is requested.

#### 6.1 Swallowed or packed drugs packages

- The guidance should make clear that detainees who are suspected of swallowing drugs should be taken to hospital immediately.

## 11. Deaths in custody and successful interventions

### Comment or suggested change

#### 3 Investigation of a death or serious injury in custody

- We suggest that this section includes reference to the fact that a clinical review should take place of the health care provided. This should be conducted by an appropriate external health professional.

## 12. Buildings and facilities

### Comment or suggested change

No comments

## 13. CCTV

### Comment or suggested change

#### 2.3.1 Pixellation

- All staff should be trained to pixellate on monitoring screens.

#### 2.5 Extracting images

- We would recommend that there is a nominated person who is able to retrieve CCTV images for immediate access for the purpose of securing evidence.

**Diversity Impact Assessment – Is there any content in the draft document which you consider would have a negative impact on any diverse group?**

<b>Section No.</b>	<b>Comment</b>