

Agenda Item 06

JOINT AUDIT COMMITTEE

29 March 2018

HMICFRS UPDATE

1. PURPOSE OF REPORT

To provide members of the Committee with oversight of HMICFRS recommendations.

2. BACKGROUND

HMICFRS have produced the final version and guidance for the Force Management Statement, a document that has been consulted and all force are required to produce for the first time this year. C/Supt Clews is leading on the FMS process for the force.

HMICFRS have consulted forces on their proposals for on-going quarterly monitoring of forces and the fruits of that consultation are awaited. The force has learnt that it will next have PEEL field work inspection activity in the period between September and December 2018, which is in the first tranche of PEEL field work.

There is still no indication of when the force should receive access to HMICFRS's recommendations register, however it is believed to be nearing completion and access is anticipated soon.

Inspections completed since the last meeting

HMICFRS were in the West Midlands between 6 and 8 February conducting an inspection of Counter Terrorism Policing.

The terms of reference of this inspection were:

“To examine the effectiveness of the CT network in forming the bridge between national security and local policing”

The inspection seeks to answer the following questions:

- Is there an effective national CT strategy that provides direction to local forces?
- Are national, regional and local policing structures effective at keeping the public safe from terrorism?
- Does the CT Network have effective oversight of the management of risk in relation to CT threats?
- How does the CT network support local policing in managing the risk from terrorism?

This will be achieved by examining how effectively terrorist-related intelligence is managed at force and regional levels and in particular, intelligence relating to terrorism threats, safeguarding and ports policing.

The inspection team will submit a single thematic report, combining evidence from England, Wales and Scotland, to the Home Secretary by July 2018; as this is an inspection of the CT Network, there will not be individual reports for forces.

Inspection reports received since the last meeting

PEEL Effectiveness 2017

HMICFRS inspectors carried out field work in force between 26 and 28 September last year in relation to the Effectiveness pillar of the PEEL inspection process.

The report was due to be published on 22 March , just after the deadline for submission of this report, so the below summary is taken from the pre-publication copy of the report, which was received by the force on 5 February.

The force received an overall grading of **Requires Improvement**

The force was inspected against the following criteria:

- Protecting vulnerable people and supporting victims – for which the judgement was Inadequate.
- Tackling serious and organised crime – for which the judgement was Good.
- Specialist capabilities – for which the judgement was ungraded.

.The force was not inspected against the aspects of

- Preventing crime and tackling anti-social behaviour
- Investigating crime and reducing re-offending

These aspects were inspected in 2016 and the force was found to be good in respect of both.

Outstanding recommendations currently graded Red

There is one recommendation that is currently graded as Red:

PEEL Effectiveness 2016

Cause of concern

The force's response to domestic abuse is a cause of concern to HMIC. The force policy which allows an officer discretion to complete a DASH risk assessment in some crimes and incidents does not provide confidence that risk is always assessed appropriately. This is an enduring cause of concern from HMIC's report on vulnerability in 2015 and is one of the recommendations from HMIC's report on its domestic abuse inspection in 2014 that still needs to be implemented. In cases where a DASH risk assessment is not completed the officer should record an assessment on the crime management system. HMIC found that officers are not consistently completing a DASH in circumstances where force policy requires that they should do so. This means that some victims of domestic abuse who may be at risk of harm are not being appropriately risk-assessed.

Recommendation

To address this cause of concern, HMIC recommends the force should immediately take steps to ensure that:

- **there is effective supervision of the initial risk assessment process, specifically in relation to the completion of DASH risk assessment in appropriate cases.**

This recommendation is addressed by the force as part of the wider Vulnerability Improvement Delivery Plan, led by Chief Superintendent Claire Bell. The latest progress update from the plan is as follows:

'The (mandatory) DASH policy was commenced on 9th October and the DASH mobility App launched on 20th November. The DASH project continues in order to prepare for the new DASH RA. Sally Holmes leads and the DASH T&F group continues.

PPU QPR is reviewing the impact of DASH on PPU and other force resources."

Overview of reports for review

HMIP/HMICFRS/CQC Joint Inspection of Custody 2017

This was an unannounced inspection of Custody that took place between 30 January and 10 February 2017. The report was published by HMIP as lead agency on 21 June 2017.

The report contained the following recommendations and areas for improvement. These supersede all recommendations from the previous inspection of Custody, which took place in 2010. The updates in italics are those provided by Criminal Justice Services.

Recommendations:

Area of concern: The health care practitioners we met were competent and skilled but fundamental difficulties in recruiting and retaining suitably qualified nurses had led to continuing shortages of frontline staff. These issues, when coupled with the nature of the contract, the absence of any effective clinical leadership and weak governance arrangements, had resulted in an overstretched physical health service which was struggling to meet demand and had generated poor standards in a number of clinical areas.

Recommendation: The provider of the health care service should ensure that its staffing profile, leadership arrangements and approach to governance are adequate to deliver an effective and safe service, and the existing physical health care contract should be re-evaluated to ensure that it provides for the needs of detainees.

Initial Comment

The contract manager for Primecare was putting together a recruitment drive to recruit to existing custody nurse vacancies as well as exploring ways to recruit more FME's. There was also a review of other clinical roles that can be utilised within custody to help with the clinical care and triaging of detainees to make the process more efficient. The clinical structure was also reviewed to examine how clinical leadership and support to the custody nurses could be enhanced.

August 2017

The healthcare provider contract for medical care within the West Midlands Police (WMP) custody estate expired on 31st August 2017. Following an extensive procurement exercise the contract was awarded to an alternative healthcare provider (Mountain Healthcare) with effect from the 1st September 2017. The tendering requirements specified an increase in the level of service provision, fully embedding nursing staff at Perry Barr, Oldbury and Coventry while enhancing cover at busier times at the remaining three sites.

November 2017

Mountain Healthcare have recruited and provided training to new staff members whilst incorporating a new operating procedure to ensure that cover is provided at all times. On 31/10/17 a quarterly review of Mountain was conducted, performance data showed that they have a compliance rate of:

September 2017: 99.4%

October 2017: 99.1%

Mountain Healthcare was confident that their performance would only increase when their staffing plans are fully implemented.

December 2017

Mountain Health Care continues to perform well. Staff have confidence in the operating model and have welcomed MHC uplift in staff to manage the risk. This recommendation is on the CJS risk register but has since been closed.

Area of concern: Performance information in relation to custody was not comprehensive and there was limited monitoring across the different custody functions, making it difficult for the force and others to assess how well custody services performed.

Recommendation: The force should develop a comprehensive performance management framework for custody, ensuring that data are collected accurately, use this to assess performance, identify trends and learning opportunities, and improve services.

Initial Comment

WMP were unable to provide data sets re use of force and number of strip searches conducted within custody to the inspection team. The 2020 project was looking at ICIS replacement which will see this issue addressed.

August 2017

The force collates and monitors a range of performance data specific to the Criminal Justice Services (CJS) department and, in particular, within the custody estate. The current WMP custody computer system - Integrated Custody Information System (ICIS) - was acknowledged to be an ageing computer database which has limited analytical capability. The current Operational Policing Solution project has been devised to address wider WMP technology challenges across a wide variety of existing police systems, and a replacement custody computer database forms part of this project. It was anticipated that the new custody IT system will become operational during the early part of 2019. The Operational Policing Solution project will capture and provide a raft of performance management data that will assist in the improvement of service. Prior to the arrival of the new system CJS will continue to capture data from the ICIS system and will use this information to improve performance through a series of local meetings – most pertinently the CJS Tactical Delivery Board held on a monthly basis.

November 2017

Long Term OP POL SOL (Connect), ICIS replacement will allow better analysis of data. The planned implementation date was January 2019; however this has been pushed back to April 2019.

January 2018

On 4th January 2018 WMP went live with an electronic use of force system, CJS having been involved in the design phase. This will ensure that use of force and strip searches are recorded and data can be collated

Area of concern: The governance and oversight of the use of force in custody were inadequate, with insufficient information to demonstrate that any force was used was both justified and proportionate.

Recommendation: The force should introduce mechanisms to assure itself and others that all force used in the detention and custody of detainees is scrutinised robustly, and that all such uses are justified and proportionate.

Initial Comment

As a result of the review into beating bureaucracy in November 2010, the then Deputy Chief Constable decided that Form WG433, Use of Force Form was to be withdrawn with immediate effect. Officers were no longer required to complete this form but were reminded that any use of force should continue to be recorded in their pocket notebooks. Dip samples were to be made of custody records regarding levels of force used.

August 2017

The use of force during detention is recorded on individual custody records but as previously detailed the current custody IT 'ICIS' does not allow this data to be stored in a searchable format. As described above, the Operational Policing Solution IT change to custody records will afford WMP the opportunity to address the recording of the use of force in a searchable format. In order to provide an interim solution, a task and finish group was established to reintroduce the use of force form. Criminal Justice Services (CJS) was represented on this group, ensuring that the use of force in custody is captured in the final outcome. When

management data detailing the use of force during detention becomes available – it will be reviewed as part of existing custody oversight meetings.

November 2017

In early 2018 WMP started recording use of force via an electronic system. CJS have been involved in the design phase. This has ensured that use of force and strip searches are recorded and data can be collated. In the long term, OP POL SOL (Connect), ICIS replacement, will allow better analysis of data. The planned implementation date was January 2019; this has since been pushed back to April 2019.

January 2018

On 4th January 2018 WMP went live with an electronic use of force system.

Area of concern: Most children charged and refused bail remained in custody overnight because appropriate alternative accommodation was not provided by the local authority. The jointly agreed procedures had not resulted in better outcomes for children detained in these circumstances.

Recommendation: **The force should continue to engage actively with its local authority partners to find ways of providing alternative accommodation for children charged and refused bail, to avoid them remaining in custody overnight.**

August 2017

WMP operates an escalation procedure for all children and young person's remanded in custody post charge. This procedure ensures that on occasions where a Custody Sgt is informed by the local authority that there is no accommodation available the matter is passed to the Duty Inspector, who is required to discuss the requirement further with the local authority. The current monitoring regime sees each individual custody record for such individuals being scrutinised and details extrapolated which are in turn highlighted and discussed at Local Children Safeguarding Board meetings. The force lead for Children and Young Persons continues to champion this issue as has the PCC's office and we will continue to lobby the local authority for an increase in service provision.

December 2017

Most children charged and refused bail remained in custody overnight because appropriate alternative accommodation was not provided by the local authority. The jointly agreed procedures have not resulted in better outcomes for children detained in these circumstances. CJS were currently working with Claire Dhami, the Implementation Director for Offending, Public Service Reform Team, West Midlands Combined Authority, in order to find a solution to the lack of available beds.

January 2018

This area of work is still in progress. Monthly meetings are being held with Claire Dhami to find more beds for remanded children.

Area of concern: There were a substantial number of ligature points across the force custody estate. These presented significant risk to detainees and the force. The force was aware of some of these appeared to have no clear plan to address or mitigate the risks that these posed.

Recommendation: **The force should take immediate action to remove or manage any ligature points, to ensure that it is delivering custody safely.**

August 2017

WMP immediately started to address the issues highlighted following the draft publication of the inspection report. CJS have worked with the Property Services department to rectify these points, including the replacement of a cell door at Solihull custody suite and other remedial works across the estate. The findings of the report have been shared with all custody staff to assist in managing the risks where immediate remedial work has not been possible. A programme of works has been put in place with progress meetings taking place. It was anticipated that work to remove identified ligature points will be completed by January 2018.

November 2017

Solihull and Wolverhampton had works completed to remove ligature points. Oldbury and Perry Barr were still on-going. Coventry and Bournville were under review, and due for completion in January 2018.

December 2017

A report was submitted to the Executive Team outlining the risks, cost and control measures available to manage the recommendations. CJS were still undergoing a review of its estates.

January 2018

ACC Murray has authorised the works to remove ligature points at Oldbury, Perry Barr, Coventry Central, Wolverhampton and Bournville. Solihull custody is still under review and a decision will be made once the review of estates has been finalised. The force surveyor is now in the process of contracting the works for completion. There is no estimate time for completion of the works at this time.

Areas for Improvement:

Leadership, accountability and partnerships

The force should evaluate its procedures to assure itself and criminal justice partners that all instances where a detainee has been charged with shoplifting without interview are appropriate and compliant with its own documented scheme and lawful practice.

The force had introduced a pilot whereby detainees accused of shoplifting goods could be charged without being interviewed in certain circumstances, and had documented rationale and legal advice in respect of this. However, there was no monitoring or evaluation of this practice and the force were unable to give details of numbers of persons whose cases had been dealt with under this pilot. The force did not have adequate mechanisms in place to assure itself and criminal justice partners that all instances where this had been used were appropriate and within the criteria documented. Inspectors found examples of cases within the small sample examined which should not have been part of the pilot. This meant that there was a risk that the potential vulnerability of the detainee had not been considered and/or that other more serious offending was not identified. In some cases, this could have been unlawful.

August 2017

Custody Inspectors included this as part of their existing custody record dip sampling. A specific dip sample of cases that have been dealt with under this policy was to be conducted by the service improvement team.

November 2017

Communication around this protocol was circulated to all custody staff and investigation officers on 15/10/17. Custody Inspectors continued dip sampling examples and highlighting when the practice was not adhered to.

March 2018

To date, case progression has reported no instances where this approach has jeopardised an investigation.

The force should ensure that all processes in relation to custody are compliant with Codes C and G of the PACE codes of practice.

Paragraph 4.3 of Code G of the codes of practice states that: On arrival at the police station the arrested person must be brought before the custody officer. The information given by the arresting officer on the circumstances and reason(s) for arrest shall be recorded as part of the custody record. We observed DEOs routinely relaying the circumstances of arrest to custody Sergeants; this was not compliant with the codes of practice. *(Wording from HMIC initial findings letter 15.02.17)*

December 2017

Advice from WMP Legal Services: 'The arresting officer will give the custody officer information about the circumstances of the arrest with the DEO only inputting that information about the arrest on to the custody system computer. I can't see there being a problem with this because it preserves the interaction between the arresting officer and custody officer with the DEO serving only a support function.'

January 2018

This was communicated to all Custody staff on 12/01/18.

In the custody suite: booking in, individual needs and legal rights

Booking-in desks should allow effective and private communication between detainees and staff.

Booking-in areas at the older suites, particularly Coventry and Bournville, were extremely cramped and offered little possibility for discreet communications, so would have been unlikely to encourage sensitive disclosures by detainees to custody staff. These problems were compounded by the lack of a separate booking-in desk at these suites. Although the new suites offered more physical space and separation, the poor acoustics of these buildings made it difficult for staff and detainees to hear each other during particularly busy periods. There was access to discrete booking-in areas for vulnerable detainees at the newer suites.

August 2017

On-going building maintenance and improvements under the modernisation programme would allow for these desks to be reviewed.

November 2017

At Coventry Central, the documentation room can be used as a discrete booking in room. An email was sent to Health & Safety requesting that noise meters be placed at Perry Barr and Oldbury.

December 2017

Health & Safety agreed to place noise monitors in the custody suites at Oldbury and Perry Barr. Coventry and Bournville custody estates are part of the CJS review.

January 2018

Health & Safety noise monitors at Oldbury and Perry Barr. The results show that the level of noise was well within the required limits. A discrete booking in room can be used at Coventry Central. Bournville estate is still being reviewed and a decision should be known in early 2018.

Female detainees should have access to female staff at all times, and the selection of feminine hygiene provisions should be improved.

There were not always enough female staff available to meet female detainees' needs. Stocks of hygiene products for female detainees were too limited.

August 2017

The diversity of CJS staff continued to be monitored during recruitment campaigns which saw an increase in the number of female staff employed. Stocks of hygiene products have been increased.

November 2017

CJS had just completed a COA and DEO recruitment process. Postings would reflect the demographics of the communities we serve and new staff should have been in post in January 2018.

January 2018

CJS have recruited staff into key custody roles. Work Force Strategy has ensured that postings take into account the needs of detainees and that each suite has a gender balance fix.

March 2018

WMP has increased its stock of female hygiene products. These now include fem fresh wipes, tampons and towels of mixed flow, disposable hygiene bags and suitable underwear.

Force policy and arrangements for the management of detainees requiring physical and mobility support should be improved.

Arrangements for detainees with restricted mobility were mixed and in some locations poor. Two of the force's designated DDA compliant suites were no longer fully operational. At Oldbury, the only remaining dedicated DDA suite, there were no wheelchairs, DDA support mattresses or raised benches for those with restricted movement.

August 2017

A replacement wheelchair was purchased for the suite (the original one having been used by a detainee who was remanded to court). A range of equipment was investigated by service improvement team.

November 2017

DDA Wheelchairs had been placed at Oldbury and Perry Barr, and further equipment was being investigated.

January 2018

Out of the 6 WMP operational custody suites, 2 are DDA now compliant: Oldbury and Perry Barr. Both custody suites are built to Home Office specification. Each wing has one cell where the cell buzzer is lower to the bench to allow easy access. Force Policy is to be replaced by the college of policing APP.

Levels of observations should be recorded clearly on the custody record system and the required frequency of observation should always be adhered to.

Custody staff identified detainees' initial risks effectively. Police National Computer warning markers and historical information on the custody record system were routinely cross-referenced to inform risk assessments further. However, the subsequent recording of care plans, particularly the required frequency of observations, was often poor. In 15 of 47 records we reviewed, we were unsure of the required levels of observation and in 30 records we found evidence of the required frequency not always being adhered to. However, when required, there was good use of higher levels of observation.

August 2017

The service improvement team investigated options to increase the accuracy of entries and the application of observation levels.

November 2017

Observation and risk levels had been communicated to all staff. WMP is likely to adopt the APP in its entirety. This would be communicated to staff.

January 2018

WMP is currently undergoing a review of all policies. Once a decision is made this will be communicated to all staff.

March 2018

Medical advice has been sought around the use of L1+30. Advice is that L1+30 is required for certain medical conditions such as diabetes where the detainee does not require rousing but requires more frequent visits. PACE Inspectors dip sample a minimum of 10 custody records each a month to ensure compliance. Where discrepancies are identified, feedback is provided.

Detainees' clothing and footwear should be removed only on the basis of an individual risk assessment, and more effective alternatives to using paper suits should be used, to minimise the risk of self-harm.

Some practices were unnecessary and disproportionate to the risks posed. Footwear and clothing with cords were removed routinely, including for detainees assessed as low risk. This was contrary to the force policy, which indicated that this decision should be made after conducting a risk assessment and that the removal of clothing should be justified and recorded. The use of paper suits to replace detainees' clothing was not routine but they were sometimes used to offset the risk of self-harm, which we considered to be demeaning and ineffective, and also contrary to force policy.

August 2017

The issue was discussed with Custody Inspectors to discuss and disseminate to their custody staff. Regular reminders were to be drafted to custody staff by the service improvement team.

Arrangements for shift handovers should be improved.

The quality of shift handovers varied across custody suites but generally did not include all staff. At the older suites, the content of handovers was properly focused on detainees' case progression and welfare. At the two new suites, most sergeants had little personal contact with detainees and often handed over only the information logged on the custody record system, the quality of which we also had concerns about. In one custody record, a sergeant noted that he had received no handover and had 'self-briefed' about the detainee, which was inadequate.

August 2017

Service improvement team considered improvements to current methods.

November 2017

This was communicated to staff, especially around the handover process to ensure compliance. Inspectors were to monitor handover processes and offer feedback to staff.

Detainees should be booked in promptly on arrival at the custody suites.

Most detainees were booked in promptly on arrival at the custody suites but in some of the cases we audited, we found delays of up to 48 minutes between detainees arriving and their detention being authorised. In our CRA, the longest delay for a detainee waiting to be booked in involved a 13-year-old girl, who waited two hours 36 minutes, and the overall average waiting time was 25 minutes. During a night visit to Perry Barr, we observed the longest waiting time to be 28 minutes. Such delays were unacceptable, particularly when they involved vulnerable detainees, as these individuals mostly remained in handcuffs until brought to the booking-in desk

August 2017

Service improvement team considered improvements to current methods.

November 2017

The average waiting time in WMP was 7 minutes. There are occasions when the booking in process may take longer. Staff are fully aware of the need to not keep detainees waiting and the importance of identifying early risk.

West Midlands Police should monitor the length of time that detainees, including prisoners recalled on licence and immigration detainees, are kept in detention, to ensure that there are no unnecessary delays in progressing their cases or in transferring them to prison or immigration removal centres where applicable.

Home Office Immigration Enforcement staff were based full time at Oldbury and Perry Barr custody suites, which had resulted in a streamlining of processes when dealing with immigration detainees at these suites. These staff operated between 8am and 4pm, from Monday to Friday, with cover provided at weekends from a local immigration office. Custody and Immigration Enforcement staff alike reported good working relationships and considered the joint working to be a positive initiative. We were told that, in most cases, immigration

detainees who were to be transferred to immigration removal centres were moved on within 24 hours, although longer delays could be experienced. In the custody records we reviewed, we identified two immigration detainees who had been held for just over 26 hours and 43 hours, respectively, following service of an IS91 warrant of detention. Data supplied by the force showed that 909 immigration detainees had been held in the year to 31 December 2016, which was a 16% increase compared with the year to 31 December 2014. The data provided also showed that the average length of detention in police custody for immigration detainees following service of an IS91 warrant for the year to 31 December 2016 had been 19 hours 31 minutes. These overall detention times had improved since the previous inspection but were still too long.

November 2017

The CJS service improvement team were continuing to identify improvements with partners in order to reduce waiting times.

January 2018

Work had been on-going with Immigration regarding collection. Immigration introduced a system where they transport the detainees using their own staff. This reduced the average detention times after IS 91 has been served to around 15 hours. Work was still on-going.

Old DNA, blood and evidential samples in the refrigerators and freezers in custody suites should be removed and only current samples stored.

There was an effective daily system for collecting DNA samples taken in custody but we found many old DNA, blood and evidential samples in refrigerators and freezers in all of the custody suites, with the exception of Coventry. Some attempts had been made to clear these backlogs but without success. Custody staff were not clear about the circumstances under which DNA samples would be disposed of, which could have been misleading for detainees.

August 2017

Local custody managers ensured that backlogs were being addressed.

November 2017

All fridges and freezers had been emptied. This action has been incorporated into the nightly tasks.

Double-handset telephones should be available in all custody suites, to facilitate telephone interpreting.

Double-handset telephones were available at Wolverhampton and Solihull, which provided privacy, but not at Perry Barr, Oldbury and Coventry, where loudspeaker telephones were used, which lacked privacy and were sometimes difficult to use because of the noise levels in the suite.

August 2017

A number of headsets had been received, however a required attachment for the forces phone system were missing which were being sourced.

The force should ensure that detainees are able to make a complaint while they are still in custody.

Custody staff told us that if a detainee wished to make a complaint, they would notify the PACE inspector or duty inspector and it would be their decision whether to deal with the matter or leave it until the detainee was released. Some inspectors told us that if they were available they would note a complaint while the detainee was in custody, and we saw this taking place. However, we saw an inspector telling a detainee that their complaint could not be dealt with while they were in custody; this was contrary to force policy, which stated that complaints should be noted at the earliest practicable time.

August 2017

Staff were reminded of the fact that complaints should be taken from detainees at the earliest opportunity where practicable.

January 2018

PSD are unable to provide any data. Communication has been circulated to all staff to ensure that complaints are taken at the earliest opportunity.

In the custody cell, safeguarding and health care

The cell call bell system should be explained to all detainees before they are located in their cell.

The cell call bells we tested were functioning; however, we observed a 14-year-old detainee at Coventry and a 17-year-old at Oldbury being placed in cells without an explanation from staff about how to use the call bell. We saw some delays in responses to call bells when suites were busy. With the exception of Stechford, staff could speak to detainees in cells through an intercom at the booking-in desk.

August 2017

Staff have been reminded of these requirements.

Staff should be aware of the emergency evacuation procedures in each suite and be able to locate the emergency evacuation pack, which should contain sufficient sets of handcuffs to evacuate all detainees safely.

There was evidence of regular fire drills taking place at each suite. Despite this, too many custody staff had limited knowledge about the emergency evacuation procedures. At Perry Barr, Oldbury and Coventry, staff were vague about the location of emergency evacuation packs and uncertain about where or how to evacuate detainees. At Oldbury and Perry Barr, there were not enough handcuffs available in the emergency packs to evacuate all detainees safely from the suites at full capacity. The detail and quality of the written debriefs following a drill or evacuation were poor.

August 2017

Replacement loose link handcuffs were obtained. Fire evacuation requirements were developed as a training input for staff, who were made aware of specific local circumstances.

January 2018

All custody suites have completed a test evacuation between August and December 2017. Sufficient numbers of handcuffs are at each suite.

Strip-searching should only be conducted when there are sufficient grounds, and the rationale for this should be clearly recorded on the detainee's custody record.

The force was unable to provide any data concerning the number of strip-searches carried out in custody (see also paragraph 3.6 and area of concern 2.51). Strip-searching had taken place in 19% of the cases in our CRA, against a comparator of only 8% in the custody records for forces we inspected between March and December 2016. We saw a number of strip-searches authorised during the inspection and did not always consider that there was sufficient rationale to justify this. The records we examined also did not always indicate specific grounds for the strip-search. We were concerned that a 14-year-old girl had been strip-searched without the presence of an AA, and in another case a detainee had been asked to squat during their search, contrary to force policy

March 2018

Custody staff were reminded of the importance of recording detailed rationales when authorising strip searches on 15/01/18.

Cell mattresses and pillows should be routinely disinfected between uses.

Mattresses and pillows were readily available but at some suites (for example, Coventry) they were not disinfected between uses.

January 2018

Corporate Asset Management has confirmed that this process is now taking place and that there are cleaning products available at each suite.

Force policy on the confiscation of detainees' personal clothing should be reviewed, to ensure that it is consistent.

Other than at Coventry, where stocks were low, sweatshirts, T-shirts, jogging bottoms and plimsolls were readily available as replacement clothing for detainees whose clothing had been seized for evidential purposes or had been soiled. Staff told us that they would allow friends and family to bring in clothes for detainees, particularly those staying in custody over the weekend. However, force policy governing detainees' retention of personal clothing and the provision of replacement items was both contradictory and confusing; it stated in one place that custody staff should risk assess detainees before considering if there was a need to remove items such as belts and corded clothing for safety reasons, and elsewhere that such items should be confiscated automatically. There was also inconsistent practice regarding the removal of shoes, with some staff stating that they would let detainees keep shoes without laces, but others saying that they would not. Although plimsolls were available at all sites, we rarely saw these being used, with detainees moving around the suites in their socks.

November 2017

WMP Detention and Custody Policy is being replaced with APP. Once APP has been adopted, clear guidance will be circulated.

Appropriately diverse selections (age, gender, language, type) of reading materials should be available in all suites.

The stock of reading materials for detainees at Perry Barr was reasonable, and at Wolverhampton a little less so, but at the other suites was poor. Overall, there was little provision for children or in languages other than English, with stocks at Coventry particularly poor in variety and condition. Staff told us, and we observed, that they offered these items to detainees regularly, primarily during routine welfare checks, although we found little

evidence of such provision in the custody records reviewed during our case audits. Similarly, in our CRA, we found that only 16 (10%) detainees had been offered something to read, including five (25%) of those held for over 24 hours. None of the nine children included in our analysis had been offered anything to read.

August 2017

Attempts were made to increase stocks of reading material

January 2018

Reading material has been circulated across the force from a local library, which cater for a range of cultures and reading abilities.

All detainees, particularly those held for longer periods, should be offered exercise and showers routinely, and be able to shower with a reasonable level of privacy.

Staff at all suites told us that they would offer detainees a shower whenever possible, particularly those detained overnight who were attending court the following morning, but some also acknowledged that it was not always operationally convenient to do so, and they relied on detainees requesting this rather than offering it proactively. A few detainees took showers during the inspection. In our CRA, only 8% of the detainees in the records reviewed had been offered a shower, including only 25% of those held for over 24 hours. It was unclear whether this could be attributed to the staff's failure to provide the facility, accurately record when they had or both.

August 2017

Staff were reminded of the requirement to offer and facilitate showers where practicable and need for accurate data recording.

Detainees held for longer periods should be offered the opportunity for family visits.

Perry Barr and Oldbury had bespoke visits facilities, although these were of limited size and not suitable for use by those with mobility issues. The other custody suites had no such provision. Staff told us that they rarely facilitated visits, with only one member of staff being able to provide an example of when this had been allowed.

January 2018

Requests are dealt with on a case to case basis. Requests for visits are rare but if requested, staff would attempt to facilitate the request after considering all risk factors. If there were mobility issues then an alternative room would be considered.

The arrangements for securing appropriate adults (AAs) should be improved, to ensure that children and vulnerable adults consistently receive early and effective support while in custody.

The arrangements for securing AAs, both for children and vulnerable adults, were not fully effective. Parents, other family members or existing care home or social workers were relied on to attend as AAs. Although arresting officers assisted by trying to identify a suitable person to act as an AA at the time of arrest, which could speed up the process, it was often some time before an AA arrived at the suite. They were usually asked to attend for the time of interview, which could be several hours after the detainee's arrival at the suite – or the next day for detainees brought in late at night. This meant that detainees did not benefit from independent support early on in their detention.

August 2017

OPPC (who manage AA's) held a recruitment campaign and training weekend whereby staff from CJS gave an input concerning requirements and 'Learning the Lessons' issues. Support for individuals could still be improved.

November 2017

OPPC collated a list of AA's. This was circulated to staff and placed on the CJS web page.

Record keeping in relation to AAs should be improved, in order to assess waiting times accurately and identify other areas that require improvement.

Record keeping in relation to AAs was poor, with request and arrival times not always recorded. In addition, the records did not always make clear the relationship between the AA and the detainee, and at what time the rights and entitlements had been re-read in the presence of an AA – or even whether this had been done at all. This was unsatisfactory as the force had no means of assuring itself and others that children and vulnerable detainees were receiving timely and effective support, or to identify where improvements were needed. The evidence from our case audits, observations and discussions with staff showed that some detainees were being let down by not receiving a timely service.

August 2017

The message was reinforced to staff via Inspectors regarding the requirement for accurate data recording and compliance with PACE requirements. Dip sampling of custody records has taken place to confirm compliance.

The service should ensure that staffing is sufficient to meet the needs of detainees.

Nestor Primecare Services Limited, known as 'Primecare Secure', delivered all physical health care services through a shared contract between West Midlands and Staffordshire forces. The force expressed concerns about the effectiveness of this contract, and we shared these. The nursing workforce was significantly understaffed, with the team carrying 8.5 vacancies out of 31 whole-time-equivalent posts. We found that shifts were not always covered and detainees not always seen within agreed contractual timescales, which could have had an impact on health outcomes. The nursing team had no effective operational or clinical leadership. In addition, there was limited managerial and clinical supervision, with many staff left to 'self-manage', including, for example, covering duty rotas. Policies and procedures were held on the computer system, which was not always available to visiting agency staff.

January 2018

The new healthcare provider, Mountain Health Care, continues to perform well. Staff have confidence in the operating model and have welcomed MHC's uplift in staff to manage risk. This recommendation is on the CJS risk register but has since been closed.

Clinical governance processes should be fully integrated into the work of the provider, to include provision of a confidential complaint system.

We saw limited evidence of clinical governance arrangements to promote improvement or professional learning. Primecare Secure did not have an independent complaints system, although detainees dissatisfied with their care or treatment could raise a complaint through the police complaints system. During the inspection, we came across two significant health care complaints that had been raised by the police, which were only escalated when we raised these with Primecare Secure.

August 2017

This matter was raised with the new healthcare provider upon the commencement of the new contract 01/09/2017.

March 2018

Mountain Healthcare has clear clinical governance processes in place.

Custody staff and health care professionals should have access to emergency equipment which is of an agreed professional standard and is regularly maintained and checked.

All health care practitioners (HCPs) had undergone intermediate life support training and custody staff underwent resuscitation training, which included the use of automated external defibrillators (AEDs). Although all custody areas had AEDs, the emergency equipment was inadequate; there was no oxygen or standardisation of kit, and no routine checking of this equipment.

August 2017

This issue has been raised with the new healthcare provider (Mountain), who conducted audits of all medical rooms and submitted their findings. They requested 10 'grab bags' be purchased to deal with emergency medical interventions; this was agreed.

January 2018

Grab bags and oxygen are now located at all custody suites and measures are in place to ensure that stock is regularly replaced.

Clinical information relating to detainees should not be appended to police record systems, and the physical health care provider should ensure that only health contacts and any pertinent risk information are noted in the custody record.

Although consent was sought for any sharing of clinical information, clinical details were routinely shared with the police through the supply of an 'MK 62' form. In addition, we were told that the police often copied this information into the police log, so it potentially became available to third parties.

August 2017

Mountain Healthcare was briefed about this concern upon the commencement of the contract on the 01/09/2017.

January 2018

Mountain Healthcare no longer use MK62 forms. The new information sharing form only provides information relating to the detainees immediate care or fitness to detain, interview and charge.

There should be robust infection control procedures for all the clinical rooms, which should be clean and capable of being used for the taking of forensic samples.

Each suite had an identified treatment room. The rooms at Wolverhampton, Coventry and Solihull did not meet infection control standards. The rooms at Wolverhampton and Coventry were cluttered, showed signs of wear and tear, and appeared poorly maintained. The Coventry room was particularly grubby, with dust, congealed dirt and an overfilled sharps box. None of the suites offered discrete facilities for forensic sampling, even the newer suites at Perry Barr and Oldbury, where the treatment rooms were generally good. The treatment areas in the latter suites had a discrete section for nurses and another for doctors.

August 2017

The new healthcare provider (Mountain), completed a full audit of all medical rooms which included some comment upon the management of the rooms. The discrete taking of forensic samples was addressed with rooms being identified at Perry Barr and Oldbury for this to take place. Unfortunately due to the constraints of the existing building stock there was insufficient room at other suites to offer this facility.

January 2018

All medical room have undergone a deep clean. All unused material has been removed from the rooms and new sharps bins have been installed. The sharps bins are now replaced daily. Oldbury and Perry Barr now have forensic sample rooms but this is still on-going work with estates around the smaller custody suites.

Adequate local managerial support should be provided for health care frontline staff.

Requests to see detainees were graded according to clinical need and criminal justice requirements. In our CRA, the average waiting time to see an HCP was one hour 52 minutes, with the expectation that calls would be responded to within one hour 30 minutes. Police and frontline clinical staff described nurse input as stretched and we were told that there were some delays in meeting performance targets due to nurses having to cover areas outside of the West Midlands area.

August 2017

It was believed that the new healthcare contract would address all of these issues. The new model has embedded staff at three locations on a permanent basis with additional weekend cover being provided at Bournville and Wolverhampton. KPIs were raised to ensure that the rota is covered 98% - 100% of the time with FME attendance in a timely fashion in 90% of calls.

January 2018

Mountain Healthcare has a clear management structure. Mountain Healthcare only provides services to WMP and staff state that they feel more supported.

Record keeping and record storage should comply with information governance standards and ensure effective continuity of care.

The quality of the health records we scrutinised were of a reasonable standard. A combination of electronic and handwritten records was used, which did not facilitate continuity of care and could result in clinical risks not being identified. We were told, and witnessed, that handwritten records were removed from suites, which did not comply with information governance standards. We also found handwritten records which were not stored confidentially.

August 2017

Upon the commencement of the new contract the HMICFRS review was shared with the new team, including a briefing to share concerns about record keeping.

March 2018

Mountain Healthcare do not complete handwritten records and printed copies are stored with custody records. Healthcare records are stored securely to comply with regulations.

Medicines management arrangements should ensure that the stock is secure and fully accounted for, with any discrepancies being fully investigated.

Medicines management was a serious concern. At Wolverhampton and Coventry, routine stock checks were inconsistent, with some major stock discrepancies (missing medicines). At Solihull, medication records indicated that stock discrepancies were also an issue there. These issues had not been escalated to managers, and there had been no investigations. Medicines management at Perry Barr and Oldbury was appropriate.

January 2018

Mountain Healthcare has put a new robust system in place.

Release and transfer from custody

Pre-release risk assessments for detainees should take account of all identified risks, and manage and offset these to ensure a safe release.

In our case audits and in the records we reviewed, the recording of pre-release risk assessments was mostly poor and inconsistent; the records generally contained little indication that risks were routinely addressed and it was often unclear how detainees were getting home. In one custody record we reviewed, a detainee was bailed and released at 3.22am but had had no pre-release risk assessment completed, so it was unclear how they would get home at that time of the morning.

August 2017

Staff were reminded of the requirement to ensure suitable completion of detainee risk assessments. The standard of assessments completed is included in the custody record dip sampling carried out by custody Inspectors.

The processes for holding detainees pending appearance at court should be improved, to ensure that they do not remain in police custody for longer than necessary.

Staff appeared to be confused about the time that local remand courts would normally stop accepting detainees each day. Some told us that a detainee would not be accepted any later than 1pm but others said that there was some flexibility on a daily basis, and that they would always contact the court to see if a detainee could be accepted. Some sergeants told us that the lack of GEO Amey transport was a delaying factor in getting detainees to court as they had been instructed not to use police vehicles for this purpose.

August 2017

GEO Amey are contracted under a regional contract basis via NOMs for the movement of detainees to court if notified prior to 06:00hrs. Movements later in the day are 'where practicable'. Whilst we endeavour to facilitate late charges to court, this will always be balanced against competing demands.

January 2018

This is still on-going work. A trial is due to start March 2018 which will involve WMP fleet services collecting and transporting detainees for afternoon court.

The practice of adding extraneous paperwork to person escort records should cease. If there is a need for medical examination notes to accompany the detainee, these should be placed in a sealed envelope marked 'confidential'.

The quality of the PERs we examined varied. Most were completed to a good standard but a minority contained too little information. Some lacked basic information, such as failing to identify that two female detainees were pregnant (even though one was heavily so), that a detainee had a broken leg and was using crutches, or that another had two fingers missing. These failures could have had implications for the safe transportation of the detainees to court. In other PERs, there was a lack of specific dates and details of previous self-harm, violence or drug use. A large number of PERs were accompanied by extraneous paperwork stapled inside them, such as copies of risk assessments and confidential medical examination notes, which was inappropriate.

August 2017

Staff were reminded of the requirements regarding the sharing of personal data between organisations. The changeover of healthcare provider contracts on the 1st September 2017 brought about a change in recording practices within custody records which has reduced this occurrence.

3. RECOMMENDATIONS

The Committee to note the contents of the report.

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BACKGROUND DOCUMENTS