Police Custody

The detention of persons in police custody in Northern Ireland

June 2009

Criminal Justice Inspection Northern Ireland
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Presented to the Houses of Parliament by the Secretary of State for Northern Ireland under Section 49 (2) of the Justice (Northern Ireland) Act 2002.

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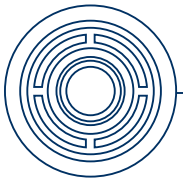
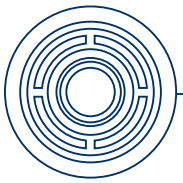


Contents

List of abbreviations

A&E	Accident and Emergency
ACC	Assistant Chief Constable (in police)
ACPO	Association of Chief Police Officers of England, Wales and Northern Ireland
AFMONI	Association of Forensic Medical Officers Northern Ireland
AGM	Annual General Meeting
APR	Annual Performance Review
CC	Chief Constable (in police)
CCTV	Closed Circuit Television
C. Difficile	Clostridium Difficile
CDO	Civilian Detention Officer
CID	Criminal Investigation Department
CJI	Criminal Justice Inspection Northern Ireland
COT	Combined Operational Training
DART	Drug Arrest Referral Team
DHSSPS	Department of Health, Social Services and Public Safety
ESBU	Estates Services Business Unit
FFLM	Faculty of Forensic and Legal Medicine (part of the College of Physicians in the UK)
FMO	Forensic Medical Officer
FSNI	Forensic Science Northern Ireland
HMIC	Her Majesty's Inspectorate of Constabulary
HMIP	Her Majesty's Inspectorate of Prisons
HMRC	Her Majesty's Revenue and Customs
HR	Human Resources

ICV	Independent Custody Visitor
ICVS	Independent Custody Visiting Scheme
IPCC	Independent Police Complaints Commission (in England and Wales)
IO	Investigating Officer
MoU	Memorandum of Understanding
MRSA	Methicillin-resistant Staphylococcus aureus
NCPE	National Centre for Policing Excellence
NI	Northern Ireland
NiCHE RMS	Records Management System provided by Niche Technology Inc (in police)
NIO	Northern Ireland Office
NIPB	Northern Ireland Policing Board
NIPS	Northern Ireland Prison Service
NPIA	National Policing Improvement Agency (formerly Centrex)
OCU	Operational Command Unit
OPCAT	Optional Protocol to the United Nations Convention against Torture and other Cruel, Inhuman and Degrading Treatment or Punishment
OPONI	The Office of the Police Ombudsman for Northern Ireland
PACE	Police and Criminal Evidence (NI) Order 1989
PSNI	Police Service of Northern Ireland
RQIA	Regulation and Quality Improvement Authority
SAN	Safety Alert Notice
SCS	Serious Crime Suite (Antrim)
SDHP	Guidance on the Safer Detention and Handling of Persons in Police Custody
SOCO	Scenes of Crime Officer
UK	United Kingdom
UKBA	United Kingdom Border Agency



Chief Inspector's Foreword

This inspection reviewed the provision of custody services by the Police Service of Northern Ireland (PSNI) against the Optional Protocol to the United Nations Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) principles. The inspection also reviewed current practice against the Police and Criminal Evidence (Northern Ireland) Order 1989 (PACE). The framework used during the inspection focused on four main areas: strategic and service-wide issues; treatment and conditions; healthcare; and individual rights. The approach used in the inspection was consistent with inspections of similar establishments elsewhere in the United Kingdom.

Dealing effectively with people who come into contact with the police is a key element in building community confidence, ensuring the successful outcome to the investigation of crime, engaging support in building more secure neighbourhoods, and promoting a safer working environment for staff. The treatment and care of detainees is critical in ensuring that those who are detained in police custody are dealt with in an effective, efficient and humane manner. At the time of the inspection, the PSNI had 21 operational designated PACE custody suites with a total cell capacity of 144. Our overall finding is that custody services performed to an acceptable standard when compared to the criteria for assessment. We saw particular strengths in undertaking risk assessment and dealing with individuals under the influence of alcohol and/or drugs.

We did find a number of weaknesses in current practice. Of particular concern were the costs of current arrangements in the delivery of Forensic Medical Services which appear high when compared with other jurisdictions. In addition, we identified issues in relation to the use of police custody as a place of safety for individuals with mental health problems. This indicated there is a need for the PSNI to work more effectively in partnership with local emergency and mental healthcare services. We also found that there needed to be greater consistency in the role and practice of the Custody Sergeant.

This inspection was undertaken with assistance from the Regulation and Quality Improvement Authority (RQIA) and we are grateful for their professional support and expertise. I would also like to thank Rita Tucker for her assistance with the inspection.

This inspection was led on behalf of CJI by Rachel Tupling and we are grateful for the assistance of staff from the PSNI and other stakeholders.

Dr. Michael Maguire
Chief Inspector of Criminal Justice
in Northern Ireland
June 2009

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Executive Summary

The provision of the safe custody of detained persons is a fundamental role for any police service. In the United Kingdom (UK) there are mechanisms in place to ensure that the responsibilities of police services are met in providing safe, humane and effective custody services which are free from degrading treatment. This inspection aimed to inspect the provision of custody services by the Police Service of Northern Ireland (PSNI) and assess this provision against the Optional Protocol to the United Nations Convention against Torture and other Cruel, Inhuman and Degrading Treatment or Punishment (OPCAT) principles. The framework used during the inspection focussed on four main areas: strategic and service-wide issues; treatment and conditions; healthcare; and individual rights.

Strategic and service-wide issues

Inspectors found there was a lack of over-arching policy or strategy for custody provision at the time of the inspection, and a lack of clarity around the status of the Guidance on the Safer Detention and Handling of Persons in Police Custody (SDHP). Action needs to be taken to enhance custody officers' awareness of custody policy. There was a member of the Northern Ireland Policing Board (NIPB) with lead responsibility for the Independent Custody Visiting Scheme (ICVS) and the business of custody was split between two Board committees. There was a shortage of permanent Custody Sergeants which meant that response Sergeants frequently undertook the custody role on an ad hoc basis in many areas. The training for Sergeants was based on the National Policing Improvement Agency (NPIA)/Home Office approved programme and provided an appropriate foundation for the role of the Custody Sergeant, but many officers who completed the course were unlikely to go on to undertake custody on a long-term basis. It is recommended that officers should be dedicated to custody to reduce potential risks. There was also an excellent website on the training section of the PSNI intranet site which provided a useful reference point for officers.

Good working relationships existed with the United Kingdom Border Agency (UKBA) but police custody suites were generally unsuitable for long-term detention. Alternative options were being explored to address this and it is recommended that such alternatives be utilised by the UKBA for those held longer than 36 hours. There were no overarching protocols or Memorandums of Understandings (MoUs) with the Department of Health, Social Services and Public Safety (DHSSPS) and partnerships with local providers were ad hoc. There was a fragmented approach to the management of custody provision and although some civilian detention officers had been employed to free up full-time officers, there was confusion over their responsibilities. Maintenance of the custody suites was undertaken appropriately on a risk assessed basis.

Treatment and conditions

Detainees were not placed in cells together and there was a high level of awareness amongst staff about risk assessment and vulnerable persons. The cells were generally of a good condition and standard of cleanliness, and Closed Circuit Television (CCTV) was present in several suites, with lifesigns monitoring, in-cell sanitation and an exercise area in

Antrim. Staff showed a positive approach to facilitating meal requests, although often meals provided by the canteen were considered to be of poor quality and unhealthy. Staff also showed a positive approach in providing reading material and facilitating visits, particularly for young people. There were no sanitary packs available for female detainees and evidence suits were still mainly provided in the Belfast area for detainees whose clothing had been removed for forensic purposes. There was a lack of policy and awareness regarding fire safety and evacuation procedures. Inspectors observed samples in the medical room fridges which were several months old and action is required to address this as a matter of urgency.

Healthcare

Whilst the access to and quality of healthcare provided to detainees did not give any immediate cause for concern, Inspectors found a lack of management and oversight by the PSNI in the work of the Forensic Medical Officers (FMOs) which needs to be addressed. There was no involvement of healthcare professionals other than FMOs and the service provided was costly. A drug arrest referral scheme operated in some areas which appeared to be effective, but this was not widespread. There were poor arrangements for the safe and effective handling and disposal of clinical waste and sharps. Cleaning and infection control procedures for the custody suites, particularly the medical rooms, also needs to be improved. Although defibrillators and oxygen equipment were available in some custody suites, the qualifications of several staff had expired due to their inability to access refresher training. This is a matter which needs to be rectified. There were difficulties in diverting detainees into appropriate healthcare services, particularly mental health and therefore an overarching protocol should be developed with the DHSSPS to overcome this. Medications were not sufficiently secured, recorded or disposed of appropriately, and it is recommended as a matter of urgency that policies and procedures for the safe storage and custody of medications be reviewed to ensure there is a clear audit trail of the management of medications.

Individual rights

Whilst PACE detainees were generally dealt with expeditiously, immigration detainees could be held for up to five days, in facilities which were unsuitable for the purpose, whilst awaiting transfer to an immigration centre. Limited special arrangements exist for the detention of young people and females, and whilst Inspectors were told that custody staff were kind to children, custody staff, who were mostly male, did not appear to be aware of the particular impact of detention on females. One example of this is the lack of hygiene packs, which should be introduced to all custody suites. There was a lack of specialist solicitors and legal aid for immigration detainees, although interpreting services were good and staff had adopted creative approaches to overcoming language barriers. There has been a reduction in complaints made against police by detainees while in police custody since the introduction of CCTV and the Police and Criminal Evidence (Northern Ireland) Order 1989 (PACE) Codes of Practice were available for detainees to consult. Some delays in obtaining a solicitor and in solicitors gaining access to clients were reported. There were no video links to court in most stations and some delays were reported in producing detainees at court, particularly on Saturdays.

Recommendations

- The PSNI should ensure that staff can access all relevant policy documents relating to police custody via a centralised location, including the SDHP, and that custody staff are aware of this facility and its importance *(paragraph 2.5)*.

- Officers should be dedicated to the role of Custody Sergeant, and have priority access to places on the custody course and refresher training, as well as handover briefing time built into their working patterns *(paragraph 2.10)*.

- The PSNI puts in place organisational arrangements for the support of Custody Sergeants to ensure greater consistency in role and practice across the service *(paragraph 2.17)*.

- The requirement to print and retain paper copies of custody records from the NiCHE RMS should cease by removing all threats to the integrity of custody data, including ensuring appropriate system security controls are in place *(paragraph 2.19)*.

- Reiteration of recommendations 20 and 23 from CJI/HMIC's report on Scientific Support Services in the PSNI, in terms of the PSNIs responsibilities regarding forensic evidence:
    - *Recommendation 20: Continued monitoring and action on quality control and continuity of evidence issues is necessary to ensure that trends and patterns within the Police Service are identified and actioned; and*
    - *Recommendation 23: Exhibits and samples should be correctly packaged and labelled as any errors will result in delays (paragraph 3.13).*

- The PSNI should undertake a cost-benefit analysis of the current and alternative custody healthcare models, and implement the most appropriate and cost effective model, which is managed and monitored by appropriate PSNI representative(s) *(paragraph 4.6)*.

- Resuscitation equipment should be regularly checked in accordance with guidelines and staff should be appropriately trained to use it *(paragraph 4.7)*.

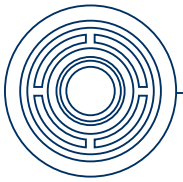
- An overarching protocol for healthcare provision should be developed, in the interests of public safety, with DHSSPS to enable PSNI officers to be able to work more effectively in partnership with local emergency and mental healthcare services *(paragraph 4.9)*.

- The cleaning and infection control procedures in medical rooms should be reviewed in light of the SDHP guidelines, with appropriate input from custody experts, and the practice of using a medical room for anything other than forensic medical purposes should desist immediately *(paragraph 4.11)*.

- The PSNI should urgently review its policies and procedures for the safe selection, procurement, prescription, supply, dispensing, storage, administration and disposal of medications. There should be a clear audit trail in place for the management of medications *(paragraph 4.16)*.

- The PSNI should, in conjunction with the UKBA, explore alternatives to the use of traditional police cells for holding immigration detainees who are detained for more than 36 hours *(paragraph 5.3)*.

- Hygiene packs for female detainees which include hygienic and discreet supplies of sanitary items should be obtained and available in the custody suites *(paragraph 5.7)*.



Section 1

Inspection Report

CHAPTER 1:

Introduction and methodology

1.1 Dealing effectively with people who come into contact with the police is a key element in:

- building community confidence;
- ensuring the successful outcome to the investigation of crime;
- engaging support in building safer, more secure neighbourhoods; and
- promoting a safer working environment for staff.[1]

The treatment and care of detainees is critical in ensuring that those who are detained in police custody are dealt with in an effective, efficient and humane manner which will assist in meeting the above aims.

1.2 On 18 December 2002 the UN General Assembly adopted OPCAT (the Optional Protocol to the United Nations Convention against Torture and other Cruel, Inhuman and Degrading Treatment or Punishment) which aims to create a system of regular inspections of places of detention throughout the world, and provide a preventative measure to address potential torture or inhuman treatment. Torture can be more simply defined as "*the act of causing great physical or mental pain in order to persuade someone to do something or to give information, or as an act of cruelty to a person or animal*" (Cambridge Advanced Learner's Dictionary).

1.3 The UK signed up to OPCAT in 2003. As the OPCAT Manual for Prevention suggests "*opening places of detention to external control mechanisms, as the Optional Protocol does, is therefore one of the most effective means to prevent abusive practices and to improve conditions of detention.*" Whilst at the time of this inspection the UK has not determined which inspection bodies would be designated to undertake inspections of places of detention in order to fulfil its obligations under OPCAT, UK Inspectorates have been proactive in beginning the process of inspection. Consultation has been undertaken regarding the methodology of inspection and initial inspections have commenced. This process will provide agencies with early indications as to how well UK custodial facilities meet the standards set under the Protocol. Subsequently on 31 March 2009, the Government announced the designated bodies who would form the UK National Preventative Model.

1 National Centre for Policing Excellence (2006). *Guidance on the Safer Detention & Handling of Persons in Police Custody,* London: Association of Chief Police Officers and the Home Office.

1.4 In addition to OPCAT other mechanisms exist which protect the rights of detainees in police custody. The primary legislation in this respect is the Police and Criminal Evidence (Northern Ireland) Order 1989; referred to in the abbreviated form PACE. The relevant parts with reference to procedures in custody are those regarding detention (Part V) and questioning and treatment of persons by police (Part VI), together with the associated Codes of Practice, which provide guidance on the practical application of the legislation. Code of Practice C provides the relevant guidance for custody and sets out the rights of detainees, for example in relation to access to legal advice and interpreting services, authorisation and review of detention, care and treatment of detainees and interview procedures. The Chief Constable (CC) designates police stations under PACE which are to be used for the purpose of detaining arrested persons. Detainees can be taken to non-designated stations but generally only for periods of less than six hours.

1.5 At the time of the inspection the PSNI had 21 operational designated PACE custody suites with a total cell capacity of 144. The custody estate was in the process of undergoing a rolling programme of refurbishment with some stations being classed as 'mothballed' (currently closed but meeting PACE requirements and therefore able to reopened at short notice) and some stations having been closed for refurbishment work to improve facilities. For example at the time of the inspection, Bangor custody suite was closed to rectify issues with paintwork in the cells which had recently been refurbished. The current custody provision is spread across Northern Ireland and the eight police districts as shown in Figure 1 and Table 1.

Figure 1: PSNI Districts

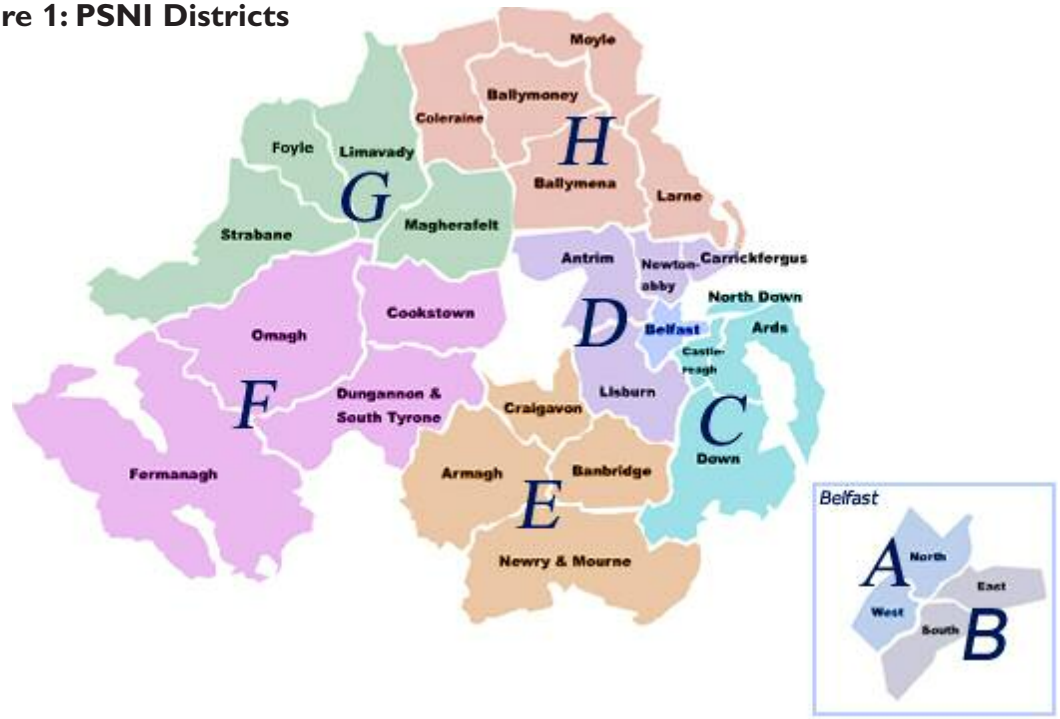


Table 1: Current PSNI provision of PACE custody suites

District	PACE Custody Suite	Current no. of cells
'A' & 'B'	Musgrave Street Antrim Road Grosvenor Road Strandtown	11 11 8 6
'C'	Bangor Downpatrick	7 4
'D'	Antrim (PACE & Serious Crime) Lisburn	20 8
'E'	Armagh Lurgan Newry	4 6 3
'F'	Omagh Enniskillen Cookstown Dungannon	5 8 2 4
'G'	Strand Road Waterside Strabane Limavady	9 3 6 5
'H'	Coleraine Ballymena	10 4
	Total	**144**

1.6 The Independent Custody Visiting Scheme (ICVS), which is administrated by the Northern Ireland Policing Board (NIPB), involves Independent Custody Visitors (ICVs), who are volunteer members of the community, visiting custody suites to inspect the conditions of the suite and check with detainees about their treatment. A copy of the report completed by the ICVs is provided to the Custody Sergeant and local Commander in order to enable any issues identified to be addressed, and a copy is provided to the NIPB to enable them to monitor the outputs of the scheme and raise ongoing issues at a strategic level. In addition, solicitors and members of the judiciary provide oversight of conditions of detention by virtue of their role in checking compliance

with PACE. Any complaints about treatment in police custody or deaths in custody are reported to and investigated by the Office of the Police Ombudsman of Northern Ireland (OPONI).

1.7 In addition to the minimum standards for detention as set out in PACE, the Guidance on the Safer Detention and Handling of Persons in Police Custody (SDHP) was produced in 2006 by the National Centre for Policing Excellence (NCPE), part of Centrex (now the National Policing Improvement Agency; NPIA), on behalf of the Association of Chief Police Officers (ACPO) and the Home Office. This provides a best practice guide for police custody from point of arrival at the custody suite to departure and remand. All forces in England and Wales and the PSNI have signed up to the SDHP and are progressing with its implementation. The NPIA produced an implementation report in September 2008 which reported to services the progress of national implementation of the SDHP. Although this review did not include the PSNI, it provides useful information about the status of the SDHP across England and Wales police custody provision.

1.8 In order to pre-empt the inspection of facilities under OPCAT, Her Majesty's Inspectorate of Prisons (HMIP) and Her Majesty's Inspectorate of Constabulary (HMIC) have commenced a series of inspections of police custody suites in England and Wales and the report of the first of these was published in August 2008[2]. The CJI inspection aimed to undertake a preliminary assessment of police custody suites in Northern Ireland in order to provide benchmark data from which to commence a routine series of inspections once the details regarding OPCAT were finalised.

1.9 The methodology for this inspection was based on that developed, piloted and used successfully by HMIP and HMIC. A framework was developed in line with the principles of OPCAT covering four main areas: strategic force/service-wide issues; treatment and conditions; healthcare; and individual rights. In developing this framework HMIP and HMIC consulted widely with police organisations (e.g. police services, ACPO, Association of Police Authorities) and stakeholders (e.g. Independent Police Complaints Commission (IPCC), human rights and children's rights organisations, custody healthcare providers, providers of private custody facilities etc.) The framework was tailored for use in Northern Ireland and the PSNI agreed to its use as the basis for the inspection. A full copy of the framework can be seen in Appendix 1.

1.10 Full details of the methodology and interviewees for the inspection can be found in Appendix 2. The inspection commenced with the PSNI undertaking a self-assessment, based against a revised version of the framework, completed by

2 HM Inspectorate of Prisons & HM Inspectorate of Constabulary (2008) *Report on an inspection visit to police custody suites in Southwark Basic Command Unit*, London: HMIP & HMIC.

representatives from the eight districts and Operational Policy Department (the headquarters department with responsibility for producing guidance on custody policy and strategy and overseeing the implementation of the SDHP). In addition a review was undertaken of relevant policies, procedures and documentation in relation to custody.

1.11 The fieldwork phase consisted of one-to-one and focus group interviews with PSNI staff from two of the eight police districts and the PACE and Serious Crime Suite (SCS) in Antrim, as the biggest custody facility in Northern Ireland (NI). Interviews were held with both individuals whose primary role was in the custody suite and with those who had a management or support function regarding custody. Interviews were also conducted with individuals in headquarters departments who had an input into custody services and facilities. In addition to the interviews, inspections were conducted within nine custody suites across the PSNI estate. These were largely unannounced and involved formal and informal conversations with the Custody Sergeant, gaolers and any other staff who happened to be present; detainees who were willing to speak to Inspectors; and physical inspections of all areas of the custody suite including cells, toilet and shower rooms, offices, food preparation areas and the medical room.

1.12 A prisoner survey was also conducted with detainees in the four establishments in NI which accept remand and newly sentenced prisoners[3]. A copy of the questionnaire used in the survey can be seen in Appendix 3. This survey asked questions about detainee's treatment during the last or only time they had been held in a police custody suite and questions aimed to provide evidence against the framework in the areas of treatment and conditions, healthcare and individual rights. The results were used to inform the inspection process, for example to look for evidence of any issues raised. The overall results of the survey can be seen in Appendix 4; however the questionnaire results should be treated with some caution due to the accuracy of memory recall of the prisoners. Finally, data and information was obtained regarding custody provision in England and Wales to enable comparisons to be made and best practice to be identified.

3 Prisoners were not surveyed in Magilligan prison as the length of time they had been held in prison custody would mean it would be unlikely that they would be able to accurately recollect their time in police custody.

CHAPTER 2:

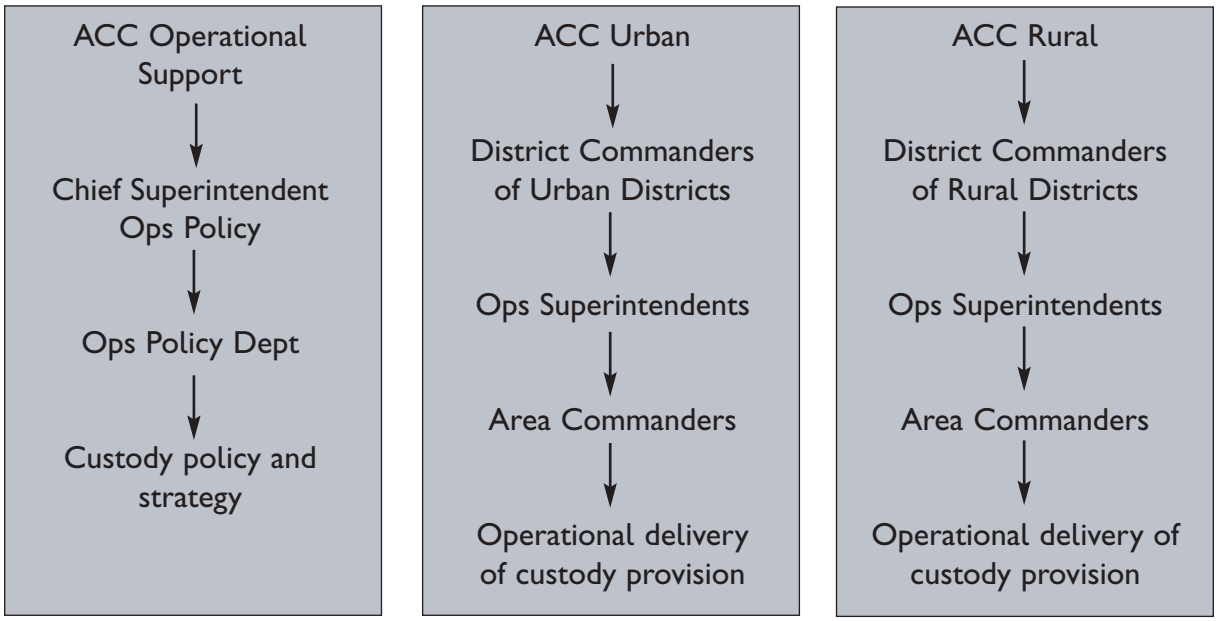
Strategic and service-wide issues

2.1 The area of the framework referring to strategic and service-wide issues includes expectations relating to:

- Policy focus at chief officer level concerned with:
  - developing and maintaining the custody estate;
  - staffing suites with trained staff;
  - managing risks;
  - meeting health and wellbeing needs of detainees;
  - working effectively with partners;
- Management structures to ensure policies are implemented and managed;
- Learning from adverse incidents, rubbing points (with which it may be possible for a detainee to attempt to hang a ligature and commit suicide or self-harm) and complaints; and
- Maintenance occurring when suites are closed.

2.2 The provision of custody services was split between three Assistant Chief Constables (ACCs). The ACC Operational Support held the portfolio for custody policy and strategy whilst the two ACCs in charge of the Rural and Urban regions had responsibility for the management and delivery of custody within their districts as shown in the Figure 2.

Figure 2: Current structure of custody management in PSNI



In addition the provision of custody training was provided by the Police College which came under the Director of Human Resources. The ACC Operational Support was the ACPO lead for the SDHP. The NIPB held the PSNI to account regarding custody, as part of its overall role. There was a Member of the NIPB with lead responsibility for the ICVS but custody business was split between two of the Board's committees; the Resource and Improvement Committee and the Human Rights and Professional Standards Committee. The custody lead had been involved in the selection of ICVs, had chaired their annual general meeting (AGM), had visited one custody suite (whilst observing the work of other frontline officers) but had not accompanied any of the ICVs on their visits.

2.3 At the time of the inspection there was no over-arching custody policy or strategy. Individual policies existed in relation to issues related to custody matters but these were primarily extracts from PACE and the Codes of Practice and were not combined in one easy to access and refer to policy document. Whilst steps were being taken to develop such a policy, this was in draft format at the time of the inspection and therefore custody staff were not able to access and use it. Steps had been taken to upload policies to central reference points on the Custody Training and Operational Policy sections of the PSNI intranet site but many Custody Sergeants were unaware of the location of these documents.

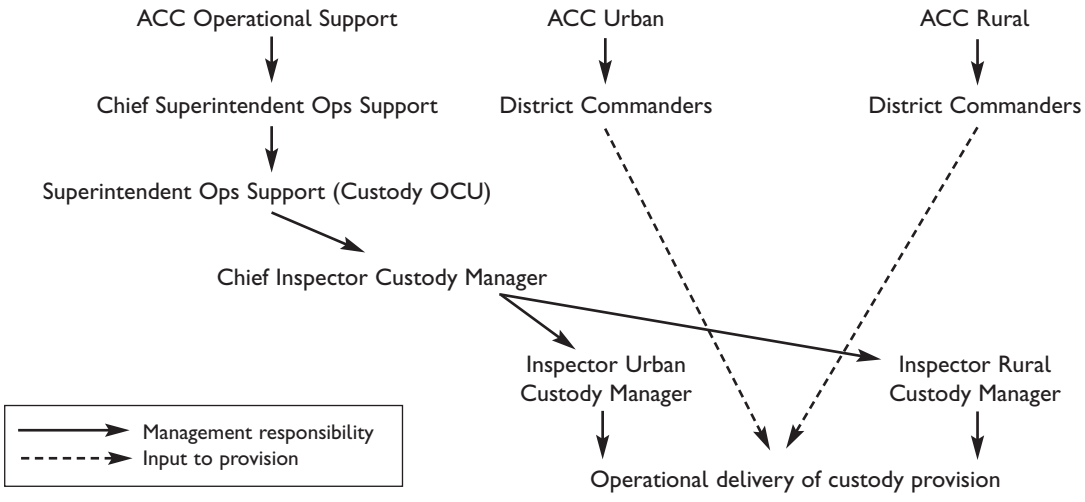
2.4 The PSNI had adopted the SDHP and an Action Plan had been drawn up in consultation with Centrex/NPIA regarding actions that were required to implement it. A Custody Working Group, which had been set up to address the Action Plan and issues relating to custody, met on a quarterly basis. Whilst this group was involved in discussing important custody issues, there were regular requests made for better updates in relation to the Action Plan, and issues such as the cleaning of 'spork' cutlery (a combination of a fork and a spoon) and disposal of sanitary items in custody/female hygiene packs had taken over a year to resolve. In addition, items on the SDHP project plan were allocated to departments, rather than specific named individuals, and it was unclear how these items were monitored and staff held to account for their progress. Some senior officers, who had responsibility for custody in their district and therefore should be holding their officers to account, were unaware of the SDHP and therefore the implementation plan.

2.5 The SDHP was described by the Northern Ireland Office (NIO) Policing Division as the 'cornerstone' of police custody and the ACC Operational Support, among other officers, advised Inspectors that it was the authoritative manual on custody matters. The PSNI had not been involved in any peer reviews, as forces in England and Wales had been, but was a member of the North West Regional Custody Forum and had sought advice from NPIA regarding the implementation of the SDHP. Despite this, no ACC's directive had

been sent out to officers to advise them of the importance of the SDHP or provide guidance regarding the need to adhere to it. Many officers Inspectors spoke to, including senior officers, had not heard of the SDHP and some of those who knew of its existence had not read it and were only aware that a copy was available in the custody suite. The ACC Ops Support stated that the SDHP is used to set corporate requirements and that officers did not necessarily need to know the contents of the SDHP but they needed to know the corporate guidance that flowed from it. In the absence of a coherent set of custody policies in an easily accessible location, it was difficult for officers to access the appropriate reference documentation and many admitted to keeping personal hard or electronic copies of policies for reference, as and when they were emailed round the Service. **The PSNI should ensure that staff can access all relevant policy documents relating to police custody via a centralised location, including the SDHP, and that custody staff are aware of this facility and its importance.**

2.6 A review of custody and the 'Centre of Excellence Strategy' (which the PSNI had developed to plan for its future custody provision) was being undertaken by external consultants at the time of the inspection. This review included consideration of the number and size of custody suites required to cope with future demand, provision of healthcare services and operational structure of custody management. The latter focused on whether custody provision would best be served by a centralised Operational Command Unit (OCU) or by continuing with the current district management structure. The NPIA implementation progress report identified a broad correlation between custody ownership structure and ease of implementation of SDHP across the force area, and that issues of audit, assessment and maintenance of standards were found to be better facilitated by centralised ownership. An illustration of how custody management would work under a centralised OCU is outlined in Figure 3.

Figure 3: Example of a centralised custody OCU



2.7 The PSNI had fully adopted the NPIA '*Safer Detention – Custody Officer Learning and Development Programme*', which is based on the SDHP, and Sergeants on the programme had undertaken a three-week course supported by associated pre-read material. Two weeks of the course were spent in the Police College covering custody issues and one week was spent with Combined Operational Training (COT) on first aid, defibrillation and personal safety. A refresher course also based on the SDHP had been designed for Custody Sergeants to be undertaken every two years. The trainers had also set up an excellent website containing custody documentation and links to relevant websites such as the SDHP, the PACE Codes of Practice, course pre-reads, custody policies, the Code of Ethics and IPCC Learning the Lessons. It may be useful to use this site to help deliver a centralised repository of custody standards as recommended previously. Most Custody Sergeants reported that the training was useful in providing them with the information required for commencing duty in the custody suite, although they felt that on-the-job learning was essential in developing competence.

2.8 Most Sergeants who performed the role of custody officer had received custody training; albeit for some this had been many years ago. However several of the Sergeants spoken to were response Sergeants who had been brought in to cover sickness or vacancies rather than designated Custody Sergeants. For some of these individuals, many months had passed between them undertaking the course and performing the role of Custody Sergeant and therefore the opportunity to transfer learning from the classroom to the workplace had been greatly reduced. In the stations where Sergeants were permanently allocated to custody, they usually felt more confident in their competence in the role. Where officers were brought in from response some felt much less confident about being able to avoid mistakes. Some areas had difficulty recruiting and retaining Sergeants to the role of custody officer and therefore had adopted the approach of training all Sergeants via the custody course in order to build resilience. Whilst the reasons for this can be appreciated, in reality this meant that on a custody course of 12 participants, the vast majority did not expect to undertake the custody role after the course. This therefore could be a potential waste of resources, duty hours and trainer time whilst preventing staff from other areas from accessing the course for aspiring permanent Custody Sergeants and the ability to quickly transfer learning to the workplace.

2.9 It is an organisational risk to have inexperienced officers in the custody suite on such a frequent basis. Whilst it is appreciated that designating Sergeants to custody may appear a more inflexible approach than using response officers as a stopgap, this staffing model provides many risks but virtually no benefits, such as having specialist, knowledgeable, highly skilled officers who are committed to improving standards in custody. Some Custody Sergeants also reported that changes to shift patterns had, in some areas, reduced

the time permitted for effective handovers from one Sergeant to the next, which compounds the difficulties raised above. Whilst handovers are clearly always important between police teams, in custody it is particularly essential that officers are allowed time for a proper handover in which to discuss detainees currently in custody and their risk assessments and management.

2.10 Although the SDHP implementation plan included an action to create a refresher course for Custody Sergeants by April 2008, which had been undertaken by training staff, there was no evidence of an agreed commitment by Districts to send officers for refresher training. Difficulties with implementing an appropriate staffing model and refresher training were also found by the NPIA implementation progress report, to be exacerbated in forces with devolved custody ownership structures. A lack of refresher training was identified as a significant national risk to implementation during the NPIA SDHP Peer Review process. **Inspectors recommend that officers should be dedicated to the role of Custody Sergeant, and have priority access to places on the custody course and refresher training, as well as handover briefing time built into their working patterns.**

2.11 As with Custody Sergeants, officers performing the role of gaoler varied by location as to whether they were in a permanent role or had been allocated a shift in custody from a response section. In Antrim the officers had been undertaking the permanent gaoler role for a long period of time and were highly knowledgeable and experienced about working in the custody suite. In other areas where officers were from response shifts and often young in service they admitted that they '*do what the Sergeant tells us*'. Most officers had attended the one day gaoler's course which they felt provided them with the basic knowledge for the role including NiCHE Records Management System (RMS), Livescan fingerprint equipment and personal safety. Some officers reported having out of date first aid type qualifications and being unable to access update training. It would be advantageous, from a perspective of reducing risk and enhancing skill levels, that police or civilian gaolers were permanently allocated to custody duties, particularly at times when custody suites are busy.

2.12 Superintendents and Inspectors were able to access the half-day PACE Review course to enable them to undertake reviews of detention at appropriate times. This was felt to be adequate for their needs however concerns were raised about officers being expected to cover the role of Inspector in the Serious Crime Suite (SCS) without appropriate knowledge or training regarding detention of individuals arrested on suspicion of serious crime or terrorist offences, which left them vulnerable and lacking in confidence. Defence solicitors also commented on this issue and this could be a potential cause of delay in decision making.

2.13 Immigration detainees could be held in PSNI custody suites for up to five days whilst awaiting transportation to an immigration detention centre, usually the centre at Dungavel House in Scotland. A Memorandum of Understanding (MoU) existed between the PSNI and the UKBA and the relationship was on a full cost recovery basis. Immigration detainees could be taken to the nearest custody suite but arrangements were in place during specific operations for them to be taken to Antrim and Banbridge (which had been 'moth-balled' but was brought back into use at certain times for UKBA). A PSNI team had been set up to undertake liaison with local UKBA staff and they had worked together on developing working relationships between the agencies, raising the awareness of officers about each agency's role in immigration matters, and addressing issues of immigration and criminal activity by illegal immigrants. A MoU was also in place between Her Majesty's Revenue and Customs (HMRC) and the PSNI which was similar to that with UKBA but, in reality, HMRC detainees were less frequent than immigration detainees. The MoUs had not been widely disseminated, for example there was no copy available and staff were unaware of the details of it in Antrim, despite there being a large number of immigration detainees being held there. Research undertaken for the PSNI[4] showed that between 2006 and 2008, 2% of detainees in PACE custody suites had been arrested under immigration legislation and this percentage had shown a steady increase from 1% in 2006 to 3% during the first half of 2008. Of these 1306 arrests, 50% were held in 'D' District, which includes Antrim custody suite and the International Airport.

2.14 There was no overarching protocol or MoU with the DHSSPS or an overarching custody policy on healthcare provision so local districts had ad hoc arrangements for accessing Accident and Emergency (A&E) or mental health services. This was also identified as a problem by the NPIA implementation progress report for forces in England and Wales and indicated a widespread risk. The procedure in respect of providing appropriate adults, which was written in 2005, had been re-issued shortly before the inspection commenced, however there was a lack of overarching arrangements regarding access to these individuals through social services.

2.15 Similarly managers from the Northern Ireland Prison Service (NIPS) and the Juvenile Justice Centre did not have in place formalised strategic links with the PSNI at which to raise issues arising from transfer of prisoners from custody suites. Any issues which arose and warranted a response from management were addressed with individual Inspectors or Custody Sergeants from the station at which the detainee originated. There was no Custody Users Forum in place at which 'users' of the custody facilities such as solicitors, healthcare staff, prisons, courts, UKBA, HMRC, custody

4 Deloitte (2008), *Police Service of Northern Ireland: Review of the Centre of Excellence Custody Strategy,* Draft Report

visitors or prisoner/offender groups could provide feedback to the PSNI as to the quality of the custody suites and the service provided in them. The introduction of such a forum may be useful in future in order to seek and respond to feedback about custody provision.

2.16 The PSNI had begun a pilot of civilianisation of custody staff with the awarding of a contract to a private company to provide Civilian Detention Officers (CDOs). At the time of the inspection 10 CDOs had been selected, trained at the PSNI Police College, commenced duty and were working in Antrim SCS. The decision to deploy them in the SCS, where all terrorist detainees are held, could be a potential difficulty as there appears to be anomalies between SDHP, PACE and the Terrorism Act 2000 (TACT). SDHP and TACT state that a police officer should process and undertake the initial procedures associated with detention of a person arrested on suspicion of terrorist offences although a civilian CDO can care for the detainee after booking in. It appeared that CDOs at the SCS were being expected to be involved in the whole process. Whilst the role of the CDOs had been discussed at the Custody Working Group there had been a lack of communication with operational staff as to the appropriate working procedures. There had been no input from Operational Policy as to the role requirements for the CDOs. Staff responsible for managing the Antrim custody suites were unclear as to the powers available to the CDOs or the arrangements for managing them. They were also concerned that it had been suggested CDOs may have to cover breaks for security staff on the front gate of the station, who were employed by the same company. Defence solicitors also reported being uninformed of the changes in resourcing and had reservations about the powers and suitability of the CDOs. There appeared to be a lack of strategic thinking around the use of CDOs with all those recruited at the time of the inspection being deployed in the same suite with no decision making being reported as to why that suite had been chosen, where the next groups of CDOs would be deployed, or how this pilot would be assessed to determine its success.

2.17 There appeared to be a fragmented approach to management of custody provision with Operational Policy, Districts, Estates Services Business Unit (ESBU), Health and Safety, Procurement (managing cleaning contracts), Human Resources (HR; managing CDO contract), FMOs and Training Branch all having a responsibility for different or sometimes overlapping areas with no one department or team co-ordinating the various parts. A Custody OCU would greatly assist in this regard and would have oversight and accountability to ensure each area was providing the appropriate level and quality of input. If such a structure is not achievable, then there needs to be more centralised coordination as an alternative. The NPIA SDHP implementation progress report suggests that where a devolved custody system is utilised and is successful, the forces involved benefit from sound Criminal Justice

processes at the centre (especially in relation to audit and inspection of custody processes) and a strong ACPO influence in ensuring local adherence with corporate requirements. **Inspectors recommend that the PSNI puts in place organisational arrangements for the support of Custody Sergeants to ensure greater consistency in role and practice across the service.**

2.18 Designated Custody Managers had no performance management criteria associated with custody for example in their Annual Performance Review (APR). No officers reported using custody data drawn from NiCHE RMS to inform decisions around custody or maintain a watching brief over the custody suite. In Strand Road consideration had been given to undertaking analysis of data regarding booking in time at the custody desk but this had not yet been actioned.

2.19 Most officers reported that, despite initial teething problems, NiCHE RMS was satisfactory for their needs. Some commented that paper-based systems were still faster to complete but most recognised the benefits of an IT-based system and time spent inputting data had decreased with experience. Custody Sergeants were still printing off paper-based copies of the electronic record when a detainee departed the suite. It was unclear why this was, but some officers raised concerns that the custody area of NICHE RMS did not have security controls to prevent non-custody staff from accessing and tampering with data. Paper records appeared confusing and not printed in chronological order with some text missing. This was raised as a concern by defence solicitors, ICVs and observed by Inspectors, and should be addressed as soon as possible to avoid future problems, and restore confidence in the system. **The requirement to print and retain paper copies of custody records from the NiCHE RMS should cease by removing all threats to the integrity of custody data, including ensuring appropriate system security controls are in place.**

2.20 It is to the credit of Custody Sergeants and gaolers that at the time of the inspection there had been no deaths in police custody since 2001. Safety Alert Notices (SANs) were used by PSNI Health and Safety to flag up issues which were potential risks. For example Inspectors observed a SAN which had been issued regarding desisting the offering of nicotine patches to detainees who were smokers as they could be used for self-harm. Whilst there were links on the Custody Training section of the PSNI intranet site to the IPCC '*Learning the Lessons*' publications, not all Custody Sergeants were aware of this, although some did say they had received them via email from district managers. The OPONI were not able to disaggregate complaint data to identify those which specifically originated from treatment or conditions in custody and Inspectors were advised that, of those arising during periods of detention, the vast majority related to treatment on arrest rather than in custody. According to statistics from the OPONI, there were 302 complaints

recorded between November 2000 and March 2008 as arising from issues experienced during detention (not during interview) (which represents only 1% of the total complaints recorded) and 83 (0.27%) arising during interview at a police station or holding centre. It may be helpful for Professional Standards Department and Operational Policy, or those tasked with oversight of custody provision, to liaise with the OPONI on a regular basis to identify trends in complaints regarding treatment in custody which may warrant more widespread action.

2.21 Maintenance of the custody suites was risk assessed by ESBU with most suites being closed for maintenance but minor works allowed according to proportionality, whilst ensuring that maintenance staff and detainees do not come into contact with each other. Duty solicitors and ICVs were not routinely communicated with regarding closure of custody suites and no impact assessments appeared to have been undertaken of suite closures. There had been some initial difficulties with the new/refurbished suites. For example ICVs commented that several issues had been raised with regard to Coleraine when it had first been opened and Bangor was closed during the period of the fieldwork due to peeling paint. ESBU did take steps however to test custody suites prior to them reopening in an effort to pre-empt difficulties.

CHAPTER 3:

Treatment and conditions

3.1 The area of the framework which considers treatment and conditions for detainees includes expectations relating to:

- risk assessment, monitoring and management;
- condition of cells;
- cells fitted with call bells;
- smoking policy;
- conditions of detention: catering, bedding, sanitation, clothing and exercise;
- fire safety/evacuation; and
- overall treatment of detainees and conditions of detention.

3.2 Overall custody staff displayed a high awareness of risk assessment and monitoring with appropriate management of detainees reported, particularly those who were vulnerable due to consumption of alcohol or drugs, mental health issues or young people. This is particularly important as NiCHE figures[5] showed that 46% of those arrested had consumed alcohol prior to arrest and 15% were under 18-years-old. Antrim custody suite had been fitted with lifesigns monitoring technology in some cells which enabled extra monitoring of vulnerable persons and was considered highly valuable by staff. Inspectors would welcome the rolling out of this technology to other areas. Staff who were covering absence in custody or had not been trained appropriately were more concerned about their ability to conduct thorough risk assessments and undertake monitoring of vulnerable persons. Antrim and Musgrave Street had also been fitted with CCTV in cells which enabled closer monitoring of detainees and provided an excellent addition to physical observations and rousing. Again it would be beneficial if CCTV was more widespread across the custody estate.

3.3 Custody staff reported that no detainees shared cells and that if all cells in a suite were full with single occupants, new detainees would be diverted to another suite. No respondents to the prisoner survey reported being required to share a cell. A paper has been prepared for the CC's Forum regarding options for custody provision to cope with increases in number of detainees, including cell sharing. It would be advisable to avoid cell sharing if possible. Cells were all found to contain call bells and Inspectors witnessed these being used and responded to. The PSNI Smoking

5 Deloitte (2008), *Police Service of Northern Ireland: Review of the Centre of Excellence Custody Strategy*, Draft Report

Policy was in force in the custody suites and nicotine gum or lozenges were provided to detainees who were smokers. Many prisoners surveyed and spoken to commented that they would have liked to smoke and found the lack of opportunity to do so frustrating.

3.4 Most holding areas, cells, interview and detention rooms observed were in a good state of repair, clean and free from graffiti. There was some evidence of graffiti in two suites and there appeared to be varying procedures in relation to prosecuting individuals who damaged cells in such a way and consequently who was responsible for cleaning and redecoration. All cells had benches which were suitable for the detention of individuals for short periods of time. The same benches were however provided for immigration detainees who could be held for up to five days and would benefit from separate ergonomic seating. Most respondents to the prisoner survey stated that the cell conditions were bad with respect of air quality (50%) and temperature (71%) and this was borne out by the experience of Inspectors in some suites where there appeared to be little ventilation or temperature control. This is a feature of older buildings and should be addressed in new build custody suites.

3.5 During daytime working hours the police canteens supplied food to detainees which tended to be of poor nutritional value and often fried and stodgy. Outside canteen hours meal provision varied according to the area; in most, the station canteen provided a stock of frozen meals which could be heated in the microwave by staff when necessary. In other areas, arrangements with local suppliers existed. Detainees with special dietary requirements such as halal, kosher or vegetarian were also catered for on request by the canteen or by provision of frozen meals. Some Custody Sergeants had access to a float for incidental expenses such as a loaf of bread, particularly for detainees who had consumed alcohol or drugs and could not eat a heavy meal. It would be beneficial if all Custody Sergeants could avail of such a facility. Some custody staff also reported on occasions using a detainee's money to purchase food for them from local takeaways, when requested, if time and risk assessment permitted. Drinking water, tea and coffee were provided by custody staff in the majority of suites as only Antrim, with Lambeth design cells, had water fountains built into the cells. Over half the prisoners surveyed (57.9%) stated that the food and drink provided was suitable for their dietary requirements but Inspectors heard several comments (including from staff) indicating that the food was of poor quality.

3.6 A total of 41.9% of prisoners stated that they were provided with a blanket and 37.2% with both a blanket and mattress in their cell, with 16.3% stating they were provided with nothing. Inspectors did observe however that mattresses and pillows were provided by default in all cells inspected and were of a good state of repair. Disposable sheets and pillow cases and clean blankets were

available and provided to detainees on arrival in the cell. Inspectors found varying arrangements for laundering of blankets with some suites having them laundered in the station, some sending to local cleaning firms and some to a centralised supplier. Blankets which were found to have blood or excrement on them were sent as clinical waste for incineration.

3.7 All detainees whose clothes were taken for forensic examination were provided with alternative clothing but the type of clothing varied with many suites having a stock of t-shirts, tracksuits and plimsolls whereas several Belfast suites provided paper evidence suits. Of those prisoners who reported that their clothes had been removed 22.7% stated that they were provided with a tracksuit, 63.6% with an evidence suit and 13.6% a blanket. The Custody Working Group had been debating for some time the appropriate colour for the tracksuits and it would be helpful if this could be agreed as quickly as possible and the use of paper evidence suits desists, as these are flimsy, can be uncomfortable and awkward for detainees to wear and can result in inferences being drawn, particularly if they are taken to court straight from police custody.

3.8 Antrim custody suite had in-cell sanitation, with occluded CCTV coverage of toilet facilities, which was to a high standard. There was one cell with in-cell sanitation in Musgrave Street which could be used when females were detained. All other suites had toilet facilities out of cell but toilet paper and washing facilities were provided. A total of 83.3% of prisoners who responded to the survey stated that they could use the toilet when they needed to. Disposable toothbrushes and soap were available for detainees but these were of poor quality and supplies of other toiletries such as deodorant or shampoo were minimal. Shower facilities were available in every custody suite and access was facilitated by custody staff where possible, although not all detainees wished to avail of it. In addition 33.3% of prisoners surveyed reported being offered a shower, although this proportion was slightly higher (37.5%) for those who reported being held for more than 24 hours. Visits and changes of clothing brought in by relatives were facilitated, when possible, depending on how busy the custody suite was, particularly for children and young people.

3.9 Access to outside exercise was limited with most suites not having an outdoor exercise area; no prisoners who reported being held for less than 24 hours stated that they were offered a period of outside exercise whereas 9.4% of those who reported being held for 24 hours or more stated that they were offered this facility. Again this is a feature of older buildings which can be addressed in new custody suites in future. Antrim SCS had an outside exercise area but defence solicitors raised concerns about limited access for detainees if the suite was busy. Immigration detainees who were detained for long periods also had limited access to exercise areas and for this reason, it may be prudent to consider the installation of a treadmill or

power/vibration plate (a piece of equipment which uses vibration of the body to develop muscle tone) for those detained longer than 36 hours.

3.10 Provision of reading material was limited and relied mainly on the goodwill of custody staff to supply old books and magazines. Only six (12.5%) prisoners reported being provided with reading material. In some suites officers reported being able to use the internet to access and print off reading material for detainees, particularly those for whom English was not a first language. Officers also reported facilitating requests for newspapers etc. using detainees money when possible. No copies of the Qu'ran or other religious texts were available and there were no directional arrows pointing to Mecca. Although UKBA reported that a lack of religious texts had not been raised as an issue by immigration detainees, greater provision should be made to cater for the diverse backgrounds and cultural differences of detainees.

3.11 No custody staff reported having experienced a fire or emergency evacuation drill in any of the custody suites inspected and several were unsure of what action would be taken in the event of a fire with in respect of the detainees. There was also a reported lack of fire safety training. This should be addressed in order to ensure all staff are aware of their responsibilities in the event of a fire or emergency situation.

3.12 Most suites had good access to information technology systems. All booking in desks had an electronic signature pad which enabled the detainee's signature to be included in the electronic custody record. Some suites had Smartwater technology for detecting theft and burglary offences and all had the Livescan digital capture system to enable inkless fingerprinting. Antrim had digital recording systems built in for use in recording interviews as well as audio tape recording facilities.

3.13 Most custody suites visited contained fridges and freezers for holding DNA, blood and urine samples, including those taken by the FMO in the medical room. The contents of the fridges and freezers were examined by Inspectors in which several samples dated several months earlier were found and it was unclear as to whether they were awaiting disposal, onward transit to Forensic Science Northern Ireland (FSNI) or whether they had been forgotten about by the Investigating Officer (IO). These issues were raised in a previous CJI report *'A Review of Scientific Support Services in the Police Service of Northern Ireland'* in December 2005 and were categorised as 'Amber' status (i.e. evidence of progress towards implementation apparent but further development required) in the follow-up of this inspection undertaken in August 2007. **Inspectors would reiterate recommendations 20 and 23 from CJI/HMIC's report on Scientific Support Services in the PSNI, in terms of the PSNIs responsibilities regarding forensic evidence:**

- ***Recommendation 20: Continued monitoring and action on quality control and continuity***

of evidence issues is necessary to ensure that trends and patterns within the Police Service are identified and actioned; and

- *Recommendation 23: Exhibits and samples should be correctly packaged and labelled as any errors will result in delays.*

CHAPTER 4:

Healthcare

4.1 This area of the framework dealt with the provision of healthcare to detainees and includes expectations relating to:

- respect for decency, privacy and dignity of detainees;
- treatment in a professional, sensitive and caring manner;
- clinical governance;
- ongoing training and supervision for healthcare staff;
- regular maintenance and checking of and training on equipment;
- availability of out-of-hours and prescription services;
- appropriate diversion into mental health and drug/alcohol services;
- infection control and forensically clean facilities;
- appropriate medical record keeping and assessment;
- information sharing protocols with partners; and
- safe and secure storage and disposal of medications.

4.2 There was evidence of respect for decency, privacy and dignity of detainees to the level that can be achieved in a custody environment. Three quarters of the respondents to the detainee survey reported seeing a doctor whilst in custody and two prisoners reported seeing a psychiatrist. Of those prisoners who had been seen by healthcare staff 40.0% reported that the quality of healthcare was good or very good, 32.5% neither good nor bad, and 27.5% bad or very bad. A nurse from the Drug Arrest Referral Team (DART) spoken to was very conscious of the specific needs of the detainees and was sensitive to the environment that they worked in. Custody staff also reported that the FMOs worked in a caring and sensitive manner.

4.3 There were poor clinical governance arrangements for healthcare by the PSNI itself and management of the FMOs was left to the lead FMO in each area. A review of FMO provision was being undertaken by the PSNI at the time of the inspection and part of the remit of the review was to undertake a task analysis to determine what actions the FMOs carry out when attending the custody suite. The PSNI had developed a contract of work for FMOs and these, and the budget for healthcare services, had been delegated to districts, albeit in some areas, districts were bound by pre-determined contracts which they felt were overly expensive. The day-to-day management of the FMOs had also been delegated to District Commanders, who had in turn delegated them to Business Managers, but no-one in the districts appeared to have been given the appropriate

knowledge or skills to manage the contracts properly.

4.4 The lead FMO for the Belfast area was responsible for selecting, training, and appraising FMOs and for managing the work of the FMOs who covered custody suites in Belfast. He had requested clarification in his role as Honorary Secretary of the Association of Forensic Medical Officers NI (AFMONI) on the issue of devolved budgets and the new district arrangements from the ACC with the custody portfolio, but told Inspectors that in the eight weeks since dispatching the letter and the time of the inspection he had not received a response. There was a lack of clarity from Custody Sergeants as to who was responsible for managing the FMOs, the medical room and the drugs cabinet within it, with most commenting that it was the FMOs collectively or the Lead FMO for the area, who should be responsible for all healthcare issues, although some staff recognised the risks with this approach. Some staff did not recognise the need for the PSNI to manage the FMOs, whilst those who did felt they were lacking the knowledge and skills to do so.

4.5 Training received by the FMOs was arranged by the Lead FMO for Greater Belfast who had been responsible for setting up the AFMONI and a FMO course at the University of Ulster. There was no evidence of strategic links for professional development with the Faculty of Forensic and Legal Medicine (FFLM), part of the Royal College of Physicians in the UK, which was set up to develop and maintain high standards of competence and professional integrity of forensic medicine. There was no input to FMO training from the PSNI in terms of forensic issues, for example by Crime Training or Scientific Support Services. PSNI district finance officers were responsible for checking continued registration with the General Medical Council (GMC) in order to approve continued employment, but no other checks or appraisals were undertaken by the police to ensure continuing competence.

4.6 Whilst no evidence was provided to suggest that FMOs were placing the health of detainees in jeopardy, the PSNI approach of allowing the FMOs to manage themselves provided no accountability and was an organisational risk. There was no deployment of custody nurses or paramedics in the custody suites and all healthcare services were provided by the FMOs. The SDHP provides guidance on possible healthcare models which may or may not incorporate nurses and paramedics and a list of factors to consider in determining the type of healthcare provision. The cost of the FMO service provided to Inspectors, at a figure of £3.5 million, is far higher than would be expected for this size of custody population; which was 31,887 in 2007-08. For example West Midlands Police, with over four times the number of arrests in 2007-08 at 135,081[6], spend approximately £2.2 million on custody healthcare. **The**

6 West Midlands Police (2008), *Statistics 2007-2008*, available on-line at http://www.west-midlands.police.uk/publications/annual-reviews/index.asp

PSNI should undertake a cost-benefit analysis of the current and alternative custody healthcare models, and implement the most appropriate and cost effective model, which is managed and monitored by appropriate PSNI representative(s).

4.7 In several custody suites, resuscitation equipment was available for use but many staff reported not having been trained in the use of oxygen, the defibrillator, or not having received refresher training, which rendered the equipment useless. In one suite, it was reported that the defibrillator had been removed because no-one had been trained. Some officers reported that their first aid qualification had expired and they had been unable to access refresher training. A policy was in place stating that custody officers should be provided with refresher training for defibrillator equipment every six months, but this had not yet been rolled out. There was also evidence that the checking of oxygen and defibrillation equipment was not always carried out. There is also a need for secure and upright storage of oxygen cylinders as these can pose a fire risk, particularly in light of the lack of fire safety drills and awareness. **Inspectors recommend resuscitation equipment should be regularly checked in accordance with guidelines and staff should be appropriately trained to use it.**

4.8 Custody staff were able to request the services of the on-call FMO in and out-of-hours. Figures from NiCHE[7] showed that between 2006 and 2008, 47% of detainees required assistance from the FMO. A total of 79% of those who had an injury or illness and 71% on medication saw the FMO. In some areas where the on-call FMO covered several suites there could be delays and less urgent cases may have to wait longer. Some FMOs, mainly in rural areas, were also practicing GPs and undertook duties in their surgery as well as FMO duties, which could impact on the speed of their attendance when called and has ethical implications. Drugs cabinets in medical rooms had a large stock of drugs available but, on occasions when it did not contain the relevant drugs, response officers were dispatched to local pharmacies to obtain prescribed medications. Service Policy stated that prescribed medications could only be administered after authorisation from the FMO which appeared inflexible and potentially risky, however some Custody Sergeants were using a sensible approach, for example, in allowing the detainee to self-administer medications for less serious conditions when they were known to them.

4.9 In most custody suites there was no formal liaison or diversion scheme to enable detainees with mental health issues to be diverted into appropriate mental health services. Local arrangements existed between custody suites and local healthcare

7 Deloitte (2008), *Police Service of Northern Ireland: Review of the Centre of Excellence Custody Strategy,* Draft Report

providers, but these were ad hoc and not always sufficient. For example, one Custody Sergeant whose suite was close to a mental health hospital, commented that it was much harder than expected to divert detainees, despite the close proximity of the hospital, due to the reluctance of healthcare staff to admit detainees, particularly those who had a personality disorder, had consumed alcohol or drugs, or were considered violent. There were mental health nurses based in Musgrave Street who covered the Belfast custody suites who undertook risk-based mental health assessments and, when appropriate, made onward referral to mental health specialists, although the future of this service is unclear in terms of resource provision and availability outside of Belfast. Although Custody Sergeants recognised that custody should not be used as a place of safety for mental health detainees, in reality most admitted that it was being used as such in the absence of alternatives. The lack of formalised strategic partnership arrangements with healthcare providers was again causing difficulties, and officers spoke of their frustrations at a lack of resolution by management.

An overarching protocol for healthcare provision should be developed, in the interests of public safety, with DHSSPS to enable PSNI officers to be able to work more effectively in partnership with local emergency and mental healthcare services.

4.10 Most medical rooms inspected were modern, well equipped and afforded an appropriate level of privacy and decency. However, the rooms were not clinically clean and tidy and did not comply with the SDHP or infection control guidance. There were similar issues in the custody suites generally. For example, no alcohol hand rubs were provided either in the medical room or custody suite for rapid decontamination of soiled hands, and clinical waste was at times stored incorrectly (i.e. in the wrong bags or bins). Often sharps containers were not wall mounted, labels for the tracking of these were either missing or incomplete and none observed had the required written instructions completed. There was confusion over who had responsibility for the medical room, with the FMOs stating the Custody Sergeants as representatives of the PSNI were responsible and vice versa. Similarly, headquarters staff suggested that the FMOs were responsible for ensuring appropriate cleanliness levels and removal of clinical waste, including sharps, but the Honorary Secretary of the AFMONI disputed this. As outlined previously some samples were also found in medical room fridges which should have been removed for analysis.

4.11 A comprehensive cleaning contract was in existence for cleaning services across the police estate. However there had been no scoping exercise conducted to determine the specific requirements for the contract in relation to custody suites and medical rooms, and no input from PSNI Health and Safety. The cleaning requirements were not linked to the SDHP and the requirements for

cleaning of medical rooms appeared no different to those for any other room. There was generally a poor level of understanding with those interviewed about the need for infection control and the risks associated with it, including for example, the risks associated with exposure to blood and body fluids. Little evidence was obtained that officers were aware of spillage packs or how to use them. ICVs also commented that although they could inspect the medical room during visits, they were unclear of their role in relation to ensuring standards of cleanliness within it and where their remit stopped. In some instances, medical rooms were used for inappropriate purposes. In the worst example of this, a medical room was used as the kitchen for the suite and also used by solicitors as a consultation room. **It is recommended that the cleaning and infection control procedures in medical rooms should be reviewed in light of the SDHP guidelines, with appropriate input from custody experts, and the practice of using a medical room for anything other than forensic medical purposes should desist immediately.**

4.12 There were no forensically clean rooms available across the custody suites inspected. The custody suites in Antrim have four rooms which were referred to as 'SOCO (Scenes of Crime Officer) Rooms' which were cleaned to a higher standard than medical rooms. However these rooms were unsealed and all four located in the same corridor, which meant that contamination was possible. Most officers showed a lack of understanding as to what was meant by 'forensically clean'. There were also some difficulties reported with delays or lack of access to forensic reports from FMOs.

4.13 There was no overall strategy for drug and alcohol referral however there were localised arrangements which appeared to be working effectively. In the Belfast custody suites, a member of the Drug Arrest Referral Team (DART) visited the custody suites to speak to detainees about addiction services and made onward referrals. Similar schemes were running in the Foyle area and in Ballymena and although there had not been a formal evaluation undertaken, it was felt that these services were achieving positive results.

4.14 Records were kept, via form PACE 15, of contact with healthcare professionals and attached to the custody record. Custody records also contained clinical directions for the treatment and care of detainees. Although officers often provided medication to detainees in accordance with the FMOs instructions, there was little awareness demonstrated by them that they required training in the administration of medications. Defence solicitors reported some difficulties in accessing medical records. There were no information sharing protocols in existence with relevant agencies to ensure efficient sharing of relevant health and social care information.

4.15 Each custody suite had a metal wall mounted drugs cabinet with a key

lock door in which non-controlled drugs were kept (e.g. ibuprofen, antihistamines, folic acid, diarrhoea treatments). Within the main cabinet was a smaller key lock internal cabinet which contained controlled drugs, including Schedule 3 medication (e.g. Temazepam). The PSNI General Order on '*Stocking of drugs cabinets in medical rooms of PSNI stations*' did not specify details on the safe storage of drugs cabinet keys in terms of how and where they should be kept. Most keys were kept in the custody office in a cupboard which, although was lockable, was kept unlocked in most instances. The lead FMO for Belfast had been consulted on the list of drugs which were included in the General Order on stocking drugs cabinets issued in 2003, but no evidence was provided by the PSNI that any medical professional had been consulted since, including during the 2005 review.

4.16 The process for obtaining drug supplies and stock control appeared to vary in practice in the suites visited. There was no regular stock control or record keeping of drugs ordered, prescribed and disposed of in most areas. In one custody suite the Custody Sergeants had realised the risks of this approach from reading the SDHP guidance and as a result, had set up a spreadsheet for tracking drugs in the cabinet which, although a simple system, was working effectively and was commendable. In most suites unused drugs were left for the FMO in the desk drawer and Custody Sergeants stated that they believed drugs would return to the medical cabinet. In some cases there were duplicate packets of drugs in the cabinet and a few were out of date. Most drugs cabinets examined appeared overstocked. The disposal of drugs was not covered in the general order/service procedure on the stocking of drugs cabinets. Again, most Custody Sergeants stated that it was the FMO's responsibility to stock and dispose of medications, but this was problematic where more than one FMO was using the contents of the cabinet and there were no tracking procedures. **It is recommended that the PSNI should urgently review its policies and procedures for the safe selection, procurement, prescription, supply, dispensing, storage, administration and disposal of medications. There should be a clear audit trail in place for the management of medications.**

CHAPTER 5:

Individual rights

5.1 The area of the framework dealing with individual rights includes expectations relating to:

- appropriate, authorised and expeditious detention;
- special arrangements for young people, females, and those with dependents;
- appropriate access to solicitor/appropriate adult/interpreting service for interview/advice;
- appropriate fitness for interview/treatment during interview procedures;
- detainees not handcuffed in secure areas unless risk assessed;
- prompt appearance in court/video link;
- facilities for complaints informing friend/relative of their whereabouts, reporting and dealing with racist/sectarian incidents;
- detainees ability to consult PACE Code C; and
- pre-release risk management.

5.2 The majority of PACE detainees were dealt with in accordance with the legislation with detention being appropriate, authorised and lasting no longer than necessary. One custody record that was examined however illustrated a case where detention may not be proportionate. Three Polish individuals were held in a Belfast custody suite for one day, two hours and 42 minutes on suspicion of the theft of wine and instant noodles. All the detainees were intoxicated so they were kept in custody until sober and fit for interview. One detainee had a passport, medical card and a bank card in his property therefore, release on bail would have been an option for the Custody Sergeant to consider. Instead the individuals were all detained and incurred three FMO examinations, food and interpreting services during the period of detention. Active custody management processes could have detected this.

5.3 Immigration detainees were not dealt with in such an expedient manner with, on occasions, detainees being held for four or five days in police custody due to the lack of immigration facilities in Northern Ireland. Figures from NiCHE[8] showed that between 2006 and 2008 the majority (53%) of individuals detained under immigration legislation were held for less than one day, with the average length of stay at 1.5 days. A

8 Deloitte (2008), *Police Service of Northern Ireland: Review of the Centre of Excellence Custody Strategy,* Draft Report

total of 3% of immigration detainees were held for three to four days, and 1% for four to five days. UKBA staff in NI reported that whilst local immigration officers attempted to have detainees transferred to an immigration centre as quickly as possible, the difficulties lay outside of their control. These were claimed to be partly due to delays on the part of the case workers who were based in Scotland, and partly due to the lack of land access between NI and Great Britain, which meant that travel arrangements via boat or plane were more difficult to organise, with set travel times and limits on the numbers of detainees that could be transported at any one time. In the absence of funding for a dedicated immigration centre in Northern Ireland, UKBA representatives were exploring the possibility of adapting a 'moth-balled' PSNI custody suite for immigration use, which would provide better facilities for detainees. The NIPB also reported being uncomfortable with the current arrangements for holding immigration detainees in police cells. Solicitors raised concerns about immigration detainees being removed from their jurisdiction where they would not be afforded continuing legal advice, but the UKBA state that this is done in order to reduce detention times in police custody, not to deny detainees their legal rights. **It is recommended that the PSNI should, in conjunction with the UKBA, explore alternatives to the use of traditional police cells for holding immigration detainees who are detained for more than 36 hours.**

5.4 PACE detainees were advised of their rights under PACE to have someone informed of their whereabouts. A total of 79% of those who responded to the prisoner survey stated that they afforded of that right, as did 100% of immigration detainees. A total of 79% of prisoners surveyed and the two immigration detainees who responded to this question also said they were given information about their arrest and entitlements when they arrived at the custody suite.

5.5 Interpreting services for both PACE and immigration detainees were available via the 'language line' telephone service, or by interpreters who attended the custody suite. The service provided was felt to be adequate and effective although some difficulties existed with less common languages such as Czech. Only 3% of all prisoners surveyed (33% of those who reported they were a foreign national) reported having an interpreter present when they were interviewed. In some custody suites staff had used creative approaches to overcome language barriers with detainees, such as having a board listing common words (e.g. referring to dietary requirements like 'pork', 'vegetarian', 'halal') in languages frequently spoken by detainees.

5.6 There were no special arrangements in place for young people in custody, but staff reported facilitating the needs of young people, for example in terms of visits, and trying to release them from custody as quickly as practical. Solicitors also commented that custody staff were

very kind to young people in custody. Some suites had juvenile detention rooms but these were, in the main, not significantly different from adult cells apart from having a small seat bench rather than a bed bench in them, which meant that if young people were detained overnight they were generally moved to an adult cell. Staff were aware of the need to keep juveniles and adults apart in custody. Where possible, a parent/guardian or appropriate adult was allowed to remain with a young person during waiting periods. Custody staff however did not appear to appreciate the need to determine whether appropriate adults were suitable for the task, particularly in relation to parents/guardians.

5.7 Custody staff, who were mainly male, did not generally display a higher level of awareness of the effects of custody on females. Female gaolers were often available and custody staff were aware of the need to seek a female officer from a response section if necessary. In some areas, a female FMO was available but this depended on who was on-call. Hygiene packs were not available for females and although they had been discussed at the Custody Working Group, a decision had not been made by the time of the inspection. In the absence of hygiene packs, Custody Sergeants kept supplies of sanitary towels obtained from local shops which were often not individually wrapped therefore not hygienically or discreetly supplied when requested by female detainees. There were no disposal facilities available and therefore such items could block toilets. **Hygiene packs for female detainees which include hygienic and discreet supplies of sanitary items should be obtained and available in the custody suites.**

5.8 Custody staff showed a caring approach to those who had dependency obligations. Children whose parent was arrested were kept out of the custody suite and looked after by other staff until a relative or representative from social services arrived. Staff also went out of their way to make arrangements for pets belonging to detainees and relatives for whom detainees had care responsibilities. The UKBA also reported making special considerations when planning and carrying out operations for the removal or detention of illegal immigrants or overstayers who had children, to avoid taking children into police custody suites.

5.9 Detainees were advised of their right to legal representation when interviewed by police officers. Inspectors found 73% of prisoners surveyed stated that a solicitor was present when they were interviewed. Staff were aware of the need for the presence of an appropriate adult for young people, vulnerable adults and those with learning difficulties and 41% of respondents to the prisoner survey (including 75% of those 16 years or under) stated that an appropriate adult was present. Custody staff did report difficulties in accessing the appropriate adult service, particularly out-of-hours. Prisoners were also asked how long they had to wait for their solicitor to

arrive. Of those who requested a solicitor, 42.1% reported having to wait two hours or less, 13.2% between two and four hours, and 44.7% more than four hours. Defence solicitors complained of delays in accessing their clients, particularly in Antrim SCS, and suggested there was a culture of delay in processes and procedures, for example, officers taking short form notes despite interviews being video and audio taped. Some Criminal Investigation Department (CID) officers reported delays in solicitors attending due to several detainees requesting the same solicitor or solicitors being in court.

5.10 Most custody suites had a suitable consultation room in which solicitors could consult their clients in private. Concerns about the recording and lack of privacy of solicitor's consultations with their clients had been heightened since the media reporting of a solicitor who was facing criminal action over comments made during consultation with his client which were recorded by the PSNI. In one custody suite concerns about lack of privacy in the consultation room had led to solicitors using the medical room to undertake consultations with their clients. Both custody staff and solicitors felt that there was a lack of suitably qualified and knowledgeable specialist immigration solicitors in Northern Ireland with the majority of their work falling to two individuals. Defence solicitors reported that the lack of legal aid for immigration cases resulted in a large proportion of immigration work being done 'pro bono' and therefore solicitors could not afford to routinely undertake such work. In one custody suite, staff reported having compiled their own list of immigration solicitors which meant they had fewer problems accessing suitable representation.

5.11 Detainees were not interviewed by police officers whilst under the influence of alcohol or drugs, or if medically unfit. Detainees who were under the influence of alcohol or drugs were generally detained overnight and examined by the FMO before interview was authorised. Whilst appreciating they are not trained medical professionals, defence solicitors did voice concerns that they felt FMOs were, on occasion, certifying detainees with mental health problems fit for interview when solicitors felt that they were not.

5.12 PACE requirements for treatment of interviewees and breaks during interview periods were complied with and staff members were fully aware of their responsibilities in this regard. Detainees were not handcuffed in the custody suite unless there was a risk of violence. Although 39.6% of prisoners surveyed reported that they had been handcuffed in the custody suite, Inspectors found no evidence to support this. Detainees were able to complain about their treatment by police to the OPONI, who informed Inspectors that numbers of complaints relating to treatment in custody had decreased since the introduction of CCTV. Signage was visible in the custody suites about hate crime and it was contrary to Code of Ethics and legislation for

both police officers and civilian staff in custody to engage in such activity.

5.13 In general, detainees were transferred to court in a timely, appropriate fashion. Some concerns were raised about delays in appearance at Saturday morning court however, cut off times for court could be more flexible to avoid police arriving with detainees too late to go on the court list for that day. There were no video links or virtual courts in custody suites, with the exception of Antrim SCS, which had valuable video link facilities. There was not felt to be a need for regular use of such facilities due to the close proximity of the courts to custody suites. In Belfast there were some concerns raised with the PSNI omitting to put detainees on the court books, although many of these were regarding breach of bail. Whilst there was some flexibility in the court process for adding these to the end of the court list, this was something the local District Judge was monitoring.

5.14 PACE Code of Practice C was available on the PSNI intranet site via the custody training page and hard copies were available in the custody suites. Signs were in place in some suites advising detainees that they were entitled to a copy of the code and in one suite, a detainee in custody was able to show Inspectors the copy that he had been provided with. Although staff reported that detainees were able to access their custody records, defence solicitors raised some concerns about the length of time taken to do so. There was no pre-release risk management undertaken although the custody representative from the Police Federation advised that they were attempting to make this common practice.

Section 2

Appendices

Appendix 1: Inspection framework

POLICE CUSTODY INSPECTION FRAMEWORK

STRATEGIC: FORCE WIDE		
Expectation	**Evidence**	**Healthy custody test**
1. There is a policy focus on custody issues at a chief officer level that is concerned with developing and maintaining the custody estate, staffing custody suites with trained staff, managing the risks of custody, meeting the health and wellbeing needs of detainees and working effectively with colleagues in the health service, immigration service, youth justice agency, criminal justice teams, PPS, courts and other law enforcement agencies.	There is an ACPO lead for Safer Detention and Handling of Persons in Police Custody. There is a Policing Board member with responsibility for custody and an effective Custody Visitors scheme. There is effective liaison between the police and the Youth Justice Agency.	Safety
2. There is an effective management structure for custody that ensures that policies and protocols are implemented and managed and that there are mechanisms for learning from adverse incidents, rubbing points or complaints.	Check there are arrangements for ensuring a sufficient pool of trained staff in custody suites (training, succession planning, gender balance of staff). Check staff access to training materials and OPONI or IPCC *Learning the Lessons* circulars. Check that security and safety is assured and that custody suites can be evacuated safely in emergencies, (physical security, CCTV, keys, ligature points and knives, detainees with disabilities, contingency plans). Check that there are formal arrangements for: • delivering health care and working with partners in local community mental health teams; • drug testing and treatment; • providing a duty solicitor scheme; • providing an appropriate adult scheme; • detainee escort; • providing an electronic custody system and security of documents and DVDs/tapes; • formal arrangements for bail management; • check that practices are monitored and that there is a mechanism for learning from adverse incidents, complaints or investigations, and improving practice; and • check that the observations of independent custody visitors are responded to.	Safety Respect
3. Maintenance of facilities only occurs when the suite is closed down.	Check maintenance regime and staff interviews.	Safety

TREATMENT AND CONDITIONS		
Expectation	**Evidence**	**Healthy custody test**
4. Custody staff are aware of the risk of harm from: • attempted suicide; • drugs ingestion; • medical conditions; and • alcohol and these risks are assessed, monitored and managed appropriately.	Check the procedure with the Custody Sergeant and check custody records. What training is provided? Are all custody staff trained? Is there a system to report near misses? How are staff coming on shift informed of any risks? How are the risks of high numbers coming into custody at peak times managed? What happens if the detainee is not willing or able to co-operate with risk assessment? Are cells checked thoroughly for any unauthorised items between use? Do staff understand the importance of regular monitoring and rousing, and that rousing means eliciting a verbal or physical response? Check the level of CCTV and any life signs monitoring. Check with detainees what level of attention they have received from custody staff. Check that keys to cells and ligature knives are available promptly in an emergency.	Safety
5. Custody staff are aware of any risk of harm to others and this is managed appropriately. Detainees are not placed in cells together unless a risk assessment indicates that it is safe to do so. Risk assessments include whether the detainee has previous convictions for racially aggravated and/or sectarian offences.	Check the risk assessments of any detainees currently sharing a cell.	Safety

Expectation	Evidence	Healthy custody test
6. Holding cells are equipped with call bell systems and their purpose is explained to detainees. They are responded to within a reasonable time.	Check that call bells are provided and are working. Check that detainees understand what they are for. Check custody records.	Safety
7. Holding areas, cells, interview and detention rooms are: • clean; • free from graffiti; • in good decorative order; • of a suitable temperature; • well ventilated; • well lit; • equipped with somewhere to sit; and • free of ligature points.	Check these features and whether cells are certified as clear of graffiti before they are occupied. Check cleaning schedules and policy on clearing up spills. Check facilities for detainees with disabilities. Check what the policy is if detainees graffiti or damage the cells.	Safety Respect
8. A smoking policy for staff and detainees is enforced that respects the right of individuals to breathe clean air in the custody suite.	Check the smoking policy and whether a smoking area is provided. Check with detainees. Check also that nicotine replacement is available after six hours and that detainees are informed of this.	Safety Respect
9. Detainees are provided with suitable meals that cater for special dietary requirements, and drinks are available at appropriate intervals.	Check that meals are provided and that they take account of special dietary requirements. Check with detainees whether they are provided with suitable food and drinks. Check that food is prepared in a hygienic environment and that staff preparing food have received food hygiene training.	Respect
10. Detainees are provided with a mattress, pillow and clean blankets if held overnight.	Check that bedding is provided. Check that bedding is laundered between uses. Check the clean bedding store and custody records. Check with detainees.	Respect

Expectation	Evidence	Healthy custody test
11. Detainees are able to use a toilet in privacy, and toilet paper and washing facilities are provided.	Check the facilities and access to them, and ask custody staff and detainees whether these are sufficient, including for detainees with disabilities. Check whether there is privacy screening or whether the view of the toilet is occluded on CCTV monitors. Check that toilet paper and soap are provided. Check with detainees.	Respect
12. Detainees whose clothing is taken for forensic examination are provided with suitable alternative clothing before being released or transferred to court.	Check that a supply of alternative clothing is available. Ask when it was last used. Check with defence solicitors whether their clients are released with replacement clothing.	Respect
13. Detainees who are held for more than 24 hours are able to take a shower and a period of outdoor exercise.	Check the custody records and speak with detainees. Check whether there is an outdoor exercise area. Does it have the appearance of being used regularly? If not, check what the barriers are to its use.	Respect
14. Those held in custody for several days are provided with suitable reading material. Visits are also allowed, and changes of clothing, especially underwear, are facilitated.	Check whether these things can be provided. Check custody records and check with detainees. What are the visiting facilities? Are they suitable? How are changes of clothing facilitated?	Respect
15. Custody suite staff have received fire safety training and evacuation procedures are practised frequently.	Check training records and fire evacuation drills.	Safety
16. Any other findings		

HEALTHCARE		
Expectation	**Evidence**	**Healthy custody test**
17. The decency, privacy and dignity of detainees is respected.	Check arrangements with the Custody Sergeant. Check custody records. Speak to any detainees in custody.	Safety Respect
18. Detainees are treated by health care professionals and drug treatment workers in a professional and caring manner that is sensitive to their situation and their diverse needs, including language needs.	Ask detainees about their treatment and check any clinical notes or notes made by arrest referral workers. Check for any use of interpreters or telephone translation. Check that women can see a female doctor on request. Are there arrangements for a chaperone to be present if required?	Respect
19. Clinical governance arrangements include the management, training and supervision and accountability of staff.	Interviews with Custody Manager. Check contract for FMO services. Check whether doctors are contracted solely to FMO duties when on duty and whether hours of work are appropriate. Interview a variety of health care professionals. Where is the line manager based? What are the arrangements for contact?	Safety Respect
20. Patients are treated by health care staff who receive on-going training, supervision and support to maintain their professional registration and development. Staff have the appropriate knowledge and skills to meet the particular health care needs of detainees in police custody.	Check training records. Check job descriptions and arrangements for appraisal. Where are professional registration details held? What is the system for verifying registration? Arrangements for clinical supervision? Skills & training needs analysis?	Safety Respect

Expectation	Evidence	Healthy custody test
21. All equipment (including resuscitation kit) is regularly checked and maintained and all staff (healthcare and custody staff) understand how to access and use it effectively.	Check that equipment is maintained and that staff know how to use it. Check equipment logs and training registers. Ask staff if they know the location of equipment.	Safety
22. Detainees are able to request the services of a health care professional in and out-of-hours, and to continue to receive any prescribed medication for current health conditions or for drug maintenance.	Check with custody staff what the procedure is for calling a doctor. Is there a log of calls and responses? Check arrangements for out-of-hours cover. Check with detainees whether their health needs have been met. Check who is able to administer the medications? Examine custody records and clinical notes. Check with defence solicitors, and cross-reference with any complaints concerning health care provision.	Safety Respect
23. A liaison and/or diversion scheme enables mentally disordered detainees to be identified and diverted into appropriate mental health services, or referred on to prison health care services.	Check the arrangements with the Custody Sergeant. Speak with mental health professionals. What works well, what are the barriers to effectiveness?	Safety Respect
24. Clinical examinations are conducted out of the sight and preferably, out of the hearing of police officers. Treatment rooms provide conditions that maintain decency, privacy and dignity. Infection control facilities are implemented. There is at least one room that is forensically clean.	Check the arrangements for clinical examination. Check with detainees. Check the condition of treatment rooms and infection control facilities and procedures. Speak to any custody nurses about procedures.	Respect
25. Detainees are offered the services of a drug or alcohol arrest referral worker where appropriate and referred on to community drug/alcohol teams or prisons' drugs workers as appropriate. Check with detainees.	Check the arrangements with the Custody Sergeant. Speak to drug or alcohol arrest referral workers.	Safety Respect

Expectation	Evidence	Healthy custody test
26. Police custody is not used as a place of safety for section Mental Health Act assessments, except where the detainee needs to be controlled for his/her own safety or, the safety of others.	Check the local arrangements with custody managers. Is a log kept of Sectioned detainees?	Safety
27. Each detainee seen by health care staff has a clinical record containing an up-to-date assessment, and that any care plan conforms to professional guidance from the regulatory bodies. Ethnicity of the detainee is also recorded.	Check that a sample of clinical records from the last six months includes a record of problems, diagnosis, treatment and referral letters, and that ethnicity is recorded. Check that records are kept confidentially, in line with Caldicott guidelines.	Safety Respect
28. Any contact with a doctor or other health care professional is also recorded in the custody record, and a record made of any medication provided. The results of any clinical examination are made available to the detainee and, with a detainee's consent, his/her lawyer.	Check the arrangements for recording health interventions and transferring information about medication with the detainee. Check also with detainees' legal representatives how the results of clinical examinations are disclosed. Check with defence solicitors.	Safety Respect
29. Information sharing protocols exist with all appropriate agencies to ensure efficient sharing of relevant health and social care information.	Check understanding of any protocols with health care and custody staff. Do protocols exist with health providers in the area, e.g. local A&E, Mental Health Trust etc. Is information received from A&E if the detainee is sent out for treatment and returns to custody?	Safety
30. All medications on-site are stored safely and securely, and disposed of safely if not consumed. There is safe pharmaceutical stock management and use.	Check arrangements for the storage, dispensing and disposal of pharmaceuticals. Are they appropriately labelled? Do health professionals carry medications? If so, are they in a secure container at all times? How is administration of medications recorded? Are medications brought in by the detainee returned to them when they are released?	Safety

INDIVIDUAL RIGHTS

To inspect these expectations check with detainees directly or proxies for them such as solicitors, appropriate adults, Independent Custody Visitors (ICVs) and/or Forensic Medical Officers (FMOs).

Expectation	Evidence	Healthy custody test
31. Detention is appropriate, authorised and lasts no longer than is necessary. In the case of immigration detainees, alternative disposals are expedited.	Check reasons for initial detention and subsequent review by Inspector, Superintendent, Magistrate or Judge. Check that DNA samples are taken and identity verified for all immigration detainees. Check that there is regular contact with UKBA for immigration detainees, ensuring due diligence in the progression of their cases. Establish how many times detention or an extension of detention has been disallowed. Check that children or young people are not held overnight unless there is an outstanding warrant and a need to present at court the following morning. Are parents or carers able to visit children if they are held overnight?	Safety Respect
32. Detainees, including immigration detainees, are told that they are entitled to have someone concerned for their welfare informed of their whereabouts. Any delay in being able to exercise this entitlement, such as phoning a person concerned for the welfare, is authorised at the level of Inspector or above. They are asked if they wish to see a doctor.	Check with detainees that they have been informed of their rights and entitlements, and that this is recorded in custody records. Check that this information is displayed in the custody suite.	Respect
33. Detainees who have difficulty communicating are adequately provided for with staff who can communicate with them or interpreters.	Check what translation services are available, when they would be used and by whom. Check that leaflets are available in different languages. Look at the usage of telephone interpretation services.	Respect

Expectation	Evidence	Healthy custody test
34.There are special arrangements for detained young people that cover: • the limited use of restraints; • the conduct of any strip search; • location in unlocked detention rooms close to the custody desk where possible, for observation purposes; • separation from adults at all times including in showers and exercise yard; • specially trained officers allocated until the appropriate adult arrives; • whether appropriate adults are indeed appropriate for the task; and • the capacity for the relative, guardian or appropriate adult to remain with the young detainee during waiting periods, in the detention room if necessary.	Check custody log for any persons aged 17/18 years or younger. Check there is a separate policy for the detention of young persons that refers to the use of restraints, location in the custody suite, how and by who strip searches are conducted, that the detainee is looked after until the appropriate adult arrives, and that it is possible for the appropriate adult to remain with the detainee during waiting periods. Are any of the custody staff trained in child welfare and subject to regular vetting procedures in line with existing legislation? Are all custody staff 'screened' for child protection purposes?	Safety Respect
35. Female detainees are able to be dealt with by female staff, or where this is not possible, hygiene packs for women are routinely provided. Staff are aware that the impact of detention on women is different to the impact on men, and adopt their level of observation and support appropriately.	Check custody records for evidence that the vulnerability of women in custody is appreciated and regular observation and support provided. Check with female detainees if their hygiene needs are being met.	Safety Respect
36. Persons detained who have dependency obligations are catered for.	Check for any arrangements with outside agencies or Social Services to provide child care for detainees who are sole carers. Check any arrangements made for elderly dependants with outside agencies such as Age Concern.	Safety
37. Detainees are able to have a solicitor present when interviewed by police officers. Those under the age of 17, vulnerable adults or those with learning disabilities, are not interviewed without a relative, guardian or appropriate adult present. Solicitors and advocates arrive promptly so as not to unnecessarily prolong the period in custody. Detainees are able to consult with legal representatives in privacy.	Check custody records for evidence that PACE procedures have been followed and for the length of time that elapses before solicitors or advocates arrive. Is the 'appropriate adult' appropriate? Check video and audio tapes, especially if detainees claim to have experienced oppressive conduct. Is there evidence of repeated and understood caution, advice on the right to a solicitor and the presence of an appropriate adult?	Safety Respect

Expectation	Evidence	Healthy custody test
38. Detainees are not interviewed by police officers whilst under the influence of alcohol or drugs, or if medically unfit unless in circumstances provided for under PACE.	Check custody records. Check with detainees and defence solicitors.	Safety Respect
39. Suitable legal advice is available for both police detainees and immigration detainees.	Check on the availability of a duty solicitor scheme, and on the availability of solicitors who specialise in immigration advice.	Respect
40. Detainees are not subject to inhuman or degrading treatment in the context of being interviewed, or in the denial of any services they need. They are allowed a period of eight hours continuous break from interviewing in a 24-hour period.	Check custody records. Check with detainees and defence solicitors.	Respect
41. Detainees are not handcuffed in secure areas unless there is a risk of violence to other detainees or staff.	Check the security routines with the Custody Sergeant. Check custody records and the property store. Check with detainees.	Safety Respect
42. Those charged appear at court promptly either in person or via video link.	Ask Custody Sergeants what the arrangements are with the local court. Check custody records. Check with defence solicitors. Check video link facilities.	Respect
43. Detainees know how to complain about their care and treatment. They are not discouraged from doing so but are supported in doing so where necessary.	Ask Custody Sergeants how prisoners are informed about complaints procedures. Check records of complaints and their outcomes. Check with detainees.	Respect
44. There is an effective system in place for reporting and dealing with racist or sectarian incidents.	Check the racist sectarian incident log. Are incidents reported to Professional Standards departments? Would any trends be picked up locally? Check how detainees are treated with defence solicitors.	Respect

Expectation	Evidence	Healthy custody test
45. All custody suites hold a copy of the PACE Code of Practice C, and detainees, including immigration detainees, know they are able to consult it. Detainees or their legal representatives are able to obtain a copy of their custody record on release, or at any time within 12 months following their detention.	Check whether this is the case, and check with detainees whether they are aware of its existence.	Respect
46. Pre-release risk management is conducted and vulnerable detainees are released safely.	Check custody for evidence of pre-release risk management in accordance with SHDP.	Safety

Appendix 2: Inspection methodology

Inspection framework

The inspection framework was developed by HMIP and HMIC in consultation with police and stakeholder organisations. The framework expectations were based on the OPCAT principles. The framework was tailored for use in Northern Ireland and interview questions were developed based on the framework expectations.

Self-assessment

Each of the eight police Districts and PSNI Operational Policy headquarters department were asked to complete a self-assessment template. This was a revised version of the inspection framework. The results of these were reviewed in order to provide evidence for the inspection and areas to follow-up in the fieldwork.

Document review

Copies of all policies, procedures and other documentation relating to custody issues were requested and received from the PSNI. A review was undertaken of this documentation to cross-reference information available with the framework. This was used to inform interview questions during the fieldwork phase.

Fieldwork

One-to-one and focus groups interviews were conducted in two police Districts and in the PACE and SCS in Antrim. Interviews were also conducted with stakeholders who had an interest in custody issues. Questions were designed to seek evidence of the standards expected in the framework. Representatives from the following areas were interviewed during the fieldwork.

PSNI:

District staff:

- Area Commanders (Chief Inspector);
- CID;
- Cleaners (Aramark);
- Custody Sergeants;
- District Commanders (Chief Superintendent);
- Gaolers;
- Human Resources;
- PACE/SCS Inspectors/Custody Managers; and
- Superintendents (Community Safety and Operations).

Headquarters staff:

- ACC Operational Support;
- Estates Services Business Unit;
- Health and Safety;
- Forensic Medical Officer;
- Occupational Health and Welfare;
- Operational Policy;
- Police Federation for Northern Ireland;
- Procurement;
- Scientific Support; and
- Training.

Stakeholders:

- Committee on the Administration of Justice;
- Defence solicitors;
- DHSSPS nurses from addiction and mental health services;
- District Judge;
- District Policing Partnership;
- Equality Commission;
- Maghaberry Prison;
- Hydebank Wood YOC and Ash House Women's Prison, Hydebank Wood;
- Independent Custody Visitors;
- Juvenile Justice Centre;
- Northern Ireland Commissioner for Children and Young People;
- Northern Ireland Human Rights Commission;
- NICtS (courts staff and Resource security staff);
- NIO Policing Division;
- NIPB;
- OPONI;
- UK Borders Agency; and
- Voices of Children in Care.

The following suites were inspected:

- Antrim;
- Armagh;
- Ballymena;
- Limavady;
- Lurgan;
- Musgrave Street;
- Newry;
- Strand Road; and
- Waterside.

Prisoner Survey

A questionnaire survey was conducted with 48 individuals who had been remanded or sentenced into custody at one of four establishments. The survey was completed either alone or in a group, depending on the circumstances. Detainees completed the survey themselves with Inspectors assisting in cases of comprehension or literacy difficulties. The questionnaires were anonymous although some detainees chose to write their name on them. The responses to the survey were incorporated into a datasheet in Statistical Package for the Social Sciences (SPSS) and analysed to look for patterns and common issues. The breakdown of the respondents by establishment is as follows:

- Hydebank Wood (Ash House) (x6);
- Maghaberry (x21);
- Hydebank Wood YOC (x6); and
- Woodlands Juvenile Justice Centre (x15).

Results must be approached with caution due the small numbers concerned, particularly for some groups or responses, the potential for inaccurate memory recall or mischievous completion.

Appendix 3: Prisoner questionnaire survey

Police Custody Survey

SECTION 1: ABOUT YOU

Q1 What police station were you last held at?

_____

_____

_____

Q2 What type of detainee were you?

- *Police detainee* ☐
- *Prison lock-out (i.e. you were in custody in a prison before coming into custody in the police station)* ☐
- *Immigration detainee* ☐
- *I don't know* ☐

Q3 How old are you?

- *16 years or younger* ☐
- *17-21 years* ☐
- *22-29 years* ☐
- *30-39 years*
- *40-49 years* ☐
- *50-59 years* ☐
- *60 years or older* ☐

Q4 Are you:

- *Male* ☐
- *Female* ☐
- *Transgender/Transexual* ☐

Q5 What is your ethnic origin?

- *White - British* ☐
- *White - Irish* ☐
- *White - Other* ☐
- *Black or Black British - Caribbean* ☐
- *Black or Black British - African* ☐
- *Black or Black British - Other* ☐
- *Asian or Asian British - Indian* ☐
- *Asian or Asian British - Pakistani* ☐
- *Asian or Asian British - Bangladeshi* ☐
- *Asian or Asian British - Other* ☐
- *Mixed Race - White and Black Caribbean* ☐
- *Mixed Race - White and Black African* ☐
- *Mixed Race - White and Asian* ☐
- *Mixed Race - Other* ☐
- *Chinese* ☐
- *Other ethnic group* ☐
- *Please specify:* _____

Q6 **Are you a foreign national** (i.e. you do not hold a British passport, or you are not eligible for one)**?**

- *Yes* ☐
- *No* ☐

Q7 **What, if any, would you classify as your religious group?**

- ***None*** ☐
- *Church of Ireland* ☐
- *Catholic* ☐
- *Protestant* ☐
- *Other Christian denomination* ☐
- *Buddhist* ☐
- *Hindu* ☐
- *Jewish* ☐
- *Muslim* ☐
- *Sikh* ☐
- *Any other religion, please specify* _____

Q8 **How would you describe your sexual orientation?**

- *Straight/Heterosexual* ☐
- *Gay/Lesbian/Homosexual* ☐
- *Bisexual* ☐
- *Other (please specify):* _____

Q9 **Do you consider yourself to have a disability?**

- *Yes* ☐
- *No* ☐
- *Don't know* ☐

Q10 **Have you ever been held in police custody before?**

- *Yes* ☐
- *No* ☐

SECTION 2: YOUR EXPERIENCE OF THIS CUSTODY SUITE

If you were a *'prison-lock out'* **some** of the following questions may not apply to you. If a question does not apply to you, please leave it blank.

Q11 **How long were you held at the police station?**

- *1 hour or less* ☐
- *More than 1 hour, but less than 6 hours* ☐
- *More than 6 hours, but less than 12 hours* ☐
- *More than 12 hours, but less than 24 hours* ☐
- *More than 24 hours, but less than 48 hours (2 days)* ☐
- *More than 48 hours (2 days), but less than 72 hours (3 days)* ☐
- *72 hours (3 days) or more* ☐

Q12 Were you given information about your arrest and your entitlements when you arrived there?

Yes ☐
No ☐
Don't know/Can't remember ☐

Q13 Were you told about the Police and Criminal Evidence (PACE) Codes of Practice (the 'rule book')**?**

Yes ☐
No ☐
I don't know what this is/I don't remember ☐

Q14 If your clothes were taken away, were you offered different clothing to wear?

My clothes were not taken ☐
I was offered a tracksuit to wear ☐
I was offered an evidence suit to wear ☐
I was offered a blanket ☐

Q15 Could you use a toilet when you needed to?

Yes ☐
No ☐
Don't know ☐

Q16 If you have used the toilet, were these things provided?

	Yes	*No*
Toilet paper	☐	☐
Sanitary protection	☐	☐

Other (please specify): _____

Q17 Did you share a cell at the police station?

Yes ☐
No ☐

Q18 How would you rate the condition of your cell:

	Good	*Neither*	*Bad*
Cleanliness	☐	☐	☐
Ventilation/Air Quality	☐	☐	☐
Temperature	☐	☐	☐
Lighting	☐	☐	☐

Q19 Was there any graffiti in your cell when you arrived?

Yes ☐
No ☐

Q20 Did staff explain to you the correct use of the cell bell?

Yes ☐
No ☐

Q21 Were you held overnight?

Yes ☐
No ☐

Q22 If you were held overnight, which items of clean bedding were you given?

Not held overnight ☐
Pillow ☐
Blanket ☐
Nothing ☐

Q23 Were you offered a shower at the police station?

Yes ☐
No ☐

Q24 Were you offered any period of outside exercise whilst there?

Yes ☐
No ☐

Q25 Were you offered anything to:

	Yes	*No*
Eat?	☐	☐
Drink?	☐	☐

Q26 Was the food/drink you received suitable for your dietary requirements?

I did not have any food or drink ☐
Yes ☐
No ☐

Q27 If you smoke, were you offered anything to help you cope with the smoking ban there?

I do not smoke ☐
I was allowed to smoke ☐
I was not offered anything to cope with not smoking ☐
I was offered nicotine gum ☐
I was offered nicotine patches ☐
I was offered nicotine lozenges ☐

Q28 Were you offered anything to read?

Yes ☐
No ☐

Q29 Was someone informed of your arrest?

Yes ☐
No ☐
I don't know ☐
I didn't want to inform anyone ☐

Q30 Were you offered a free telephone call?

Yes ☐
No ☐

Q31 If you were denied a free phone call, was a reason for this offered?

My phone call was not denied ☐
Yes ☐
No ☐

Q32 Did you have any concerns about the following whilst you were in police custody:

	Yes	*No*
Who was taking care of your children	☐	☐
Contacting your partner, a relative or friend	☐	☐
Contacting your employer	☐	☐
Where you were going once released	☐	☐

Q33 Were you interviewed by police officials about your case?

Yes ☐
No ☐
If No, go to Q35

Q34 Were any of the following people present when you were interviewed?

	Yes	*No*	*Not needed*
Solicitor	☐	☐	☐
Appropriate Adult	☐	☐	☐
Interpreter	☐	☐	☐

Q35 How long did you have to wait for your solicitor?

I did not request a solicitor ☐
2 hours or less ☐
Over 2 hours but less than 4 hours ☐
4 hours or more ☐

Q36 Were you officially charged?

Yes ☐
No ☐
Don't know ☐

Q37 How long were you in police custody *after* being charged?

I have not been charged yet ☐
1 hour or less ☐
More than 1 hour, but less than 6 hours ☐
More than 6 hours, but less than 12 hours ☐
12 hours or more ☐

Q38 Do you have any other comments about your time in police custody?

SECTION 3: SAFETY

Q39 Did you feel safe there?

Yes ☐
No ☐

Q40 Had another detainee or a member of staff victimised (insulted or assaulted) you there?

Yes ☐
No ☐

Q41 If you have felt victimised, what did the incident involve? (Please tick all that apply)

I have not been victimised ☐
Insulting remarks (about you, your family or friends) ☐
Physical abuse (being hit, kicked or assaulted) ☐
Sexual abuse ☐
Your race or ethnic origin ☐
Drugs ☐
Because of your crime ☐
Because of your sexuality ☐
Because you have a disability ☐
Because of your religion/religious beliefs ☐
Because you are from a different part of the country than others ☐
Please describe:

_____

_____

_____

_____

Q42 Were you handcuffed or restrained whilst in the police custody suite?

Yes ☐
No ☐

Q43 Were you injured whilst in police custody in a way that you feel was not your fault?

Yes ☐
No ☐

Q44 Were you told how to make a complaint about your treatment, if you needed to?

Yes ☐
No ☐

Q45 Do you have any other comments about safety in the police custody suite?

_____

_____

_____

SECTION 4: HEALTHCARE

Q46 When you were in police custody were you on any medication?

Yes ☐
No ☐

Q47 Were you able to continue taking your medication whilst there?

Not taking medication ☐
Yes ☐
No ☐

Q48 Did someone explain your entitlements to see a healthcare professional, if you needed to?

Yes ☐
No ☐
Don't know ☐

Q49 Were you seen by the following healthcare professionals during your time there?

	Yes	*No*
Doctor	☐	☐
Nurse	☐	☐
Paramedic	☐	☐
Psychiatrist	☐	☐

Q50 Were you able to see a healthcare professional of your own gender?

Yes ☐
No ☐
Don't know ☐

Q51 Did you have any drug or alcohol problems?

Yes ☐
No ☐

Q52 Did you see, or were offered the chance to see a drug or alcohol support worker?

I didn't have any drug/alcohol problems ☐
Yes ☐
No ☐

Q53 Were you offered relief or medication for your immediate symptoms?

I didn't have any drug/alcohol problems ☐
Yes ☐
No ☐

Q54 Please rate the quality of your healthcare whilst in police custody:

	I was not seen by health-care	*Very Good*	*Good*	*Neither*	*Bad*	*Very Bad*
Quality of Healthcare	☐	☐	☐	☐	☐	☐

Q55 Did you have any specific physical healthcare needs?

No ☐
Yes ☐
Please specify:

Q56 Did you have any specific mental healthcare needs?

No ☐
Yes ☐
Please specify:

Q57 Do you have any other comments about your time in the police custody suite?

SECTION 5: PRISON LOCK-OUT INFORMATION

If you were a 'prison-lock out' please answer the following questions.
If a question does not apply to you, please leave it blank.

Q58 Were you told that you would be held in a police station, rather than a prison, before you arrived there?

Yes ☐
No ☐

Q59 How long did you spend in the escort van before arriving there?

Less than 1 hour ☐
More than 1 hour, but less than 2 hours ☐
More than 2 hours, but less than 3 hours ☐
More than 3 hours, but less than 4 hours ☐
More than 4 hours ☐

Q60 Were you offered the chance to let family/friends know where you were?

Yes ☐
No ☐

Q61 Did your property come with you to the police station?

Yes ☐
No ☐
I don't know ☐

Q62 On average, how much time were you able to spend out of your police cell each day?

I was not able to spend any time out of my police cell ☐
Less than 1 hour ☐
More than 1 hour, but less than 2 hours ☐
More than 2 hours, but less than 3 hours ☐
More than 3 hours, but less than 4 hours ☐
More than 4 hours ☐

Q63 Do you have any other comments about being a 'prison lock-out' in the police station?

Thank you for your time.

Appendix 4: Prisoner questionnaire survey results

Responses to the Prisoner Survey by prisoners in all establishments

Please note: Not all percentages add to exactly 100%

Establishment prisoners were held at

	Frequency	Percent (%)
Hydebank Wood Prison (Ash House) and YOC	12	25.0
Woodlands JJC	15	31.3
Maghaberry Prison	21	43.8
Total	**48**	**100.0**

SECTION 1: ABOUT YOU

Q1: Which police station were you last held at?

	Frequency	Percent (%)
Antrim	5	10.4
Antrim Road	3	6.3
Antrim SCS	3	6.3
Armagh	1	2.1
Ballymena	4	8.3
Bangor	5	10.4
Coleraine	1	2.1
Downpatrick	1	2.1
Dungannon	1	2.1
Grosvenor Road	4	8.3
Limavady	1	2.1
Lisburn	3	6.3
Lurgan and Dungannon	1	2.1
Musgrave Street	5	10.4
Newry	2	4.2
Strabane	1	2.1
Strand Road	5	10.4
Strandtown	1	2.1
Not stated	1	2.1
Total	**48**	**100.0**

Q2: What type of detainee were you?

	Frequency	Percent (%)
Police detainee	44	91.7
Prison lock-out	0	0
Immigration detainee	1	2.1
Customs detainee	2	4.2
Don't know	1	2.1
Total	**48**	**100.0**

Q3: How old are you?

	Frequency	Percent (%)
16 years or younger	9	18.8
17-21 years	16	33.3
22-29 years	7	14.6
30-39 years	10	20.8
40-49 years	5	10.4
50-59 years	1	2.1
Total	**48**	**100.0**

Q4: Are you:

	Frequency	Percent (%)
Male	41	85.4
Female	7	14.6
Transgender/transsexual	0	0
Total	**48**	**100.0**

Q5: What is your ethnic origin?

	Frequency	Percent (%)
White - British	20	41.7
White - Irish	25	52.1
White - Other	1	2.1
Black or Black British - Other	1	2.1
Chinese	1	2.1
Total	**48**	**100.0**

Q6: Are you a foreign national?

	Frequency	Percent (%)
Yes	3	6.3
No	45	93.8
Total	**48**	**100.0**

Q7: What is your religious group?

	Frequency	Percent (%)
None	4	8.3
Church of Ireland	8	16.7
Catholic	23	47.9
Protestant	11	22.9
Other Christian denomination	1	2.1
Other	1	2.1
(Hood)	(1)	(2.1)
Total	**48**	**100.0**

Q8: How would you describe your sexual orientation?

	Frequency	Percent (%)
Straight/heterosexual	45	93.8
Gay/lesbian/homosexual	1	2.1
Not stated	2	4.2
Total	**48**	**100.0**

Q9: Do you consider yourself to have a disability?

	Frequency	Percent (%)
Yes	11	22.9
No	35	72.9
Don't know	1	2.1
Not stated	1	2.1
Total	**48**	**100.0**

Q10: Have you ever been held in police custody before?

	Frequency	Percent (%)
Yes	36	75.0
No	9	18.8
Not stated	3	6.3
Total	**48**	**100.0**

SECTION 2:YOUR EXPERIENCE OF THIS CUSTODY SUITE

Q11: How long were you held at the police station?

	Frequency	Percent (%)
More than 1 hour, less than 6 hours	2	4.2
More than 6 hours, less than 12 hours	3	6.3
More than 12 hours, less than 24 hours	8	16.7
More than 24 hours, less than 48 hours	11	22.9
More than 48 hours, less than 72 hours	14	29.2
72 hours or more	8	16.7
Not stated	2	4.2
Total	**48**	**100.0**

Q12: Were you given information about your arrest and entitlements when you arrived there?

	Frequency	Percent (%)
Yes	37	77.1
No	6	12.5
Don't know/can't remember	4	8.3
Not stated	1	2.1
Total	**48**	**100.0**

Q13: Were you told about the Police and Criminal Evidence (PACE) Codes of Practice (the 'rule book')?

	Frequency	Percent (%)
Yes	24	50.0
No	19	39.6
Don't know/can't remember	4	8.3
Not stated	1	2.1
Total	**48**	**100.0**

Q14: If your clothes were taken away, were you offered different clothing to wear?

	Frequency	Percent (%)
My clothes were not taken	25	52.1
I was offered a tracksuit to wear	5	10.4
I was offered an evidence suit to wear	14	29.2
I was offered a blanket	3	6.3
Not stated	1	2.1
Total	**48**	**100.0**

Q15: Could you use a toilet when you needed to?

	Frequency	Percent (%)
Yes	40	83.3
No	7	14.6
Not stated	1	2.1
Total	**48**	**100.0**

Q16: If you used the toilet,were these things provided?

	Yes		No		Not stated	
	Frequency	Percent (%)	Frequency	Percent (%)	Frequency	Percent (%)
Toilet paper	36	75.0	7	14.6	5	10.4
Sanitary protection	4	8.3	8	16.7	36	75.0

28.6% of females reported that sanitary protection was available.

Q17: Did you share a cell at the police station?

	Frequency	Percent (%)
Yes	0	0
No	47	97.9
Not stated	1	2.1
Total	**48**	**100.0**

Q18: How would you rate the condition of your cell?

	Good		Neither		Bad		Not stated	
	Frequency	Percent (%)	Frequency	Percent (%)	Frequency	Percent (%)	Frequency	Percent (%)
Cleanliness	19	39.6	8	16.7	20	41.7	1	2.1
Ventilation/air quality	12	25.0	5	10.4	24	50.0	7	14.6
Temperature	9	18.8	3	6.3	30	62.5	6	12.5
Lighting	17	35.4	7	14.6	19	39.6	5	10.4

Q19: Was there any graffiti in your cell when you arrived?

	Frequency	Percent (%)
Yes	24	50.0
No	22	45.8
Not stated	2	4.2
Total	**48**	**100.0**

Q20: Did staff explain to you the correct use of the cell bell?

	Frequency	Percent (%)
Yes	18	37.5
No	29	60.4
Not stated	1	2.1
Total	**48**	**100.0**

Q21: Were you held overnight?

	Frequency	Percent (%)
Yes	43	89.6
No	4	8.3
Not stated	1	2.1
Total	**48**	**100.0**

Q22: If you were held overnight, which items of clean bedding were you given?

	Frequency	Percent (%) of total	Percent (%) of those held overnight
Not held overnight	3	6.3	-
Pillow	2	4.2	4.7
Blanket	18	37.5	41.9
Both pillow and blanket	16	33.3	37.2
Nothing	7	14.6	16.3
Not stated	2	4.2	-
Total	**48**	**100.0**	**100.0**

Q23: Were you offered a shower at the police station?

	Frequency	Percent (%)
Yes	16	33.3
No	30	62.5
Not stated	2	4.2
Total	**48**	**100.0**

37.5% of those who were detained for more than 24 hours were offered a shower compared to 28.6% of those who were detained for less than 24 hours.

Q24: Were you offered any period of exercise whilst there?

	Frequency	Percent (%)
Yes	3	6.3
No	42	87.5
Not stated	3	6.3
Total	**48**	**100.0**

9.4% of those who were detained for more than 24 hours were offered a period of exercise compared to 0% of those who were detained for less than 24 hours.

Q25: Were you offered anything to:

	Yes		No		Not stated	
	Frequency	Percent (%)	Frequency	Percent (%)	Frequency	Percent (%)
Eat?	40	83.3	7	14.6	1	2.1
Drink?	41	85.4	5	10.4	2	4.2

87.9% of those who were detained for more than 24 hours were offered something to eat compared to 78.6% of those who were detained for less than 24 hours.

87.9% of those who were detained for more than 24 hours were offered something to drink compared to 92.3% of those who were detained for less than 24 hours.

Q26: Was the food/drink suitable for your dietary requirements?

	Frequency	Percent (%)	Percent (%) of those who had food/drink
Did not have any food/drink	8	16.7	-
Yes	22	45.8	37.9
No	16	33.3	42.1
Not stated	2	4.2	-
Total	**48**	**100.0**	**100.0**

Q27: If you smoke, were you offered anything to help you cope with the smoking ban there?

	Frequency	Percent (%)
I do not smoke	7	14.6
I was allowed to smoke	9	18.8
I was not offered anything to cope with not smoking	21	43.8
I was offered nicotine gum	5	10.4
I was offered nicotine patches	2	4.2
I was offered nicotine lozenges	1	2.1
Not stated	3	6.3
Total	**48**	**100.0**

Q28: Were you offered anything to read?

	Frequency	Percent (%)
Yes	6	12.5
No	41	85.4
Not stated	1	2.1
Total	**48**	**100.0**

Q29: Was someone informed of your arrest?

	Frequency	Percent (%)
Yes	37	77.1
No	8	16.7
I don't know	0	0
I didn't want to inform anyone	2	4.2
Not stated	1	2.1
Total	**48**	**100.0**

100% of those aged under 16 years or younger reported that someone was informed of their arrest.

Q30: Were you offered a free telephone call?

	Frequency	Percent (%)
Yes	26	54.2
No	22	45.8
Total	**48**	**100.0**

Q31: If you were denied a free phone call, was a reason for this offered?

	Frequency	Percent (%)
My phone call was not denied	25	52.1
Yes	3	6.3
No	16	33.3
Not stated	4	8.3
Total	**48**	**100.0**

Q32: Did you have any concerns about the following whilst you were in police custody?

	Yes		No		Not stated	
	Frequency	Percent (%)	Frequency	Percent (%)	Frequency	Percent (%)
Who was taking care of your children	6	12.5	34	70.8	8	16.7
Contacting your partner/a relative/friend	17	35.4	22	45.8	9	18.8
Contacting your employer	2	4.2	30	62.5	16	33.3
Where you were going once released	9	18.8	26	54.2	13	27.1

Q33: Were you interviewed by police officials about your case?

	Frequency	Percent (%)
Yes	43	89.6
No	5	10.4
Total	**48**	**100.0**

Q34: Were any of the following people present when you were interviewed?

	Yes		No		Not needed		Not stated	
	Frequency	Percent (%)	Frequency	Percent (%)	Frequency	Percent (%)	Frequency	Percent (%)
Solicitor	32	66.7	11	22.9	1	2.1	4	8.3
Appropriate adult	12	25.0	11	22.9	6	12.5	19	39.6
Interpreter	1	2.1	14	29.2	16	33.3	17	35.4

77.8% of those aged 16 years or under reported that they had a solicitor present compared to 71.4% of those aged 17 years or older.

75.0% of those aged 16 years or under reported that they had an appropriate adult present compared to 28.6% of those aged 17 years or older.

Of those who reported themselves to be a foreign national, one (33.3%) reported that they did not need a solicitor during their interview whilst the remaining two (66.7%) stated that they had a solicitor present.

The one person reporting that they had an interpreter present stated that they were a foreign national. The other two individuals reporting themselves to be a foreign national did not indicate that an interpreter was present.

Q35: How long did you have to wait for your solicitor?

	Frequency	Percent (%)
I did not request a solicitor	8	16.7
2 hours or less	16	33.3
Over 2 hours, less than 4 hours	5	10.4
Over 4 hours	17	35.4
Not stated	2	4.2
Total	**48**	**100.0**

Of the three foreign nationals, two reported that they waited 2 hours or less and one reported that they waited over 4 hours.

Q36: Were you officially charged?

	Frequency	Percent
Yes	34	70.8
No	8	16.7
Don't know	5	10.4
Not stated	1	2.1
Total	**48**	**100.0**

Q37: How long were you in police custody after being charged?

	Frequency	Percent (%)
I have not been charged yet	6	12.5
1hour or less	4	8.3
More than 1 hour, less than 6 hours	3	6.3
More than 6 hours, less than 12 hours	7	14.6
12 hours or more	25	52.1
Not stated	3	6.3
Total	**48**	**100.0**

Q38: Analysis of comments regarding experience of the custody suite

	Frequency	Percent (%)
Attitude of/treatment by police	7	21.2
Bedding	3	9.1
Food/drink	3	9.1
Insulting comments regarding police	3	9.1
Lack of opportunity for smoking	3	9.1
Solicitors/charges by police	3	9.1
Toilet facilities	3	9.1
Comments related to treatment outside of custody suite	2	6.1
Condition of cell	2	6.1
Issues relating to vulnerable persons/concerns outside custody	2	6.1
Lack of access to property	1	3.0
Lack of activity/boredom	1	3.0
Total	**33**	**100.0**

SECTION 3: SAFETY

Q39: Did you feel safe there?

	Frequency	Percent (%)
Yes	27	56.3
No	20	41.7
Not stated	1	2.1
Total	**48**	**100.0**

Q40: Had another detainee or a member of staff victimised (insulted or assaulted) you there?

	Frequency	Percent (%)
Yes	16	33.3
No	30	62.5
Not stated	2	4.2
Total	**48**	**100.0**

Q41: If you have felt victimised, what did the incident involve?

	Frequency	Percent (%)
Insulting remarks	8	16.7
Physical abuse	7	14.6
Sexual abuse	1	2.1
Your race/ethnic origin	1	2.1
Drugs	3	6.3
Because of your crime	10	20.8
Because of your sexuality	0	0
Because of your disability	0	0
Because of your religion/religious beliefs	2	4.2
Because you are from a different part of the country than others	1	2.1

Description of the victimisation

	Frequency	Percent (%)
Beat whilst being held in police custody	1	2.1
Called fenian bastard and were talking about my mummy	1	2.1
Got my head banged off a wall because I threatened to kill myself	1	2.1
I had bruises all over my arms and a big bruise on my leg	1	2.1
My lifestyle	1	2.1
One time I cried too much one lady PC came to point in [sic at] me [and told me to] 'shut up' and then push me. I felt more terrified.	1	2.1
Threatened	1	2.1

Q42: Were you handcuffed or restrained whilst in the police custody suite?

	Frequency	Percent (%)
Yes	19	39.6
No	28	58.3
Not stated	1	2.1
Total	**48**	**100.0**

Q43: Were you injured in police custody in a way you feel was not your fault?

	Frequency	Percent (%)
Yes	13	27.1
No	33	68.8
Not stated	2	4.2
Total	**48**	**100.0**

Q44: Were you told how to make a complaint about your treatment if you needed to?

	Frequency	Percent (%)
Yes	14	29.2
No	32	66.7
Not stated	2	4.2
Total	**48**	**100.0**

Q45: Comments regarding safety in the custody suite

	Frequency	Percent (%)
Don't feel safe	1	2.1
Let ones smoke	1	2.1

SECTION 4: HEALTHCARE

Q46: When you were in police custody were you on any medication?

	Frequency	Percent (%)
Yes	18	37.5
No	29	60.4
Not stated	1	2.1
Total	**48**	**100.0**

Q47: Were you able to continue taking your medication whilst there?

	Frequency	Percent (%)
Not taking medication	21	43.8
Yes	13	27.1
No	12	25.0
Not stated	2	4.2
Total	**48**	**100.0**

Q48: Did someone explain your entitlements to see a healthcare professional, if you needed to?

	Frequency	Percent (%)
Don't know	7	14.6
Yes	18	37.5
No	22	45.8
Not stated	1	2.1
Total	**48**	**100.0**

Q49: Were you seen by the following healthcare professionals during your time in the custody suite?

	Yes		No		Not stated	
	Frequency	Percent (%)	Frequency	Percent (%)	Frequency	Percent (%)
Doctor	36	75.0	11	22.9	1	2.1
Nurse	0	0	24	50.0	24	50.0
Paramedic	0	0	24	50.0	24	50.0
Psychiatrist	2	4.2	24	50.0	22	45.8

Q50: Were you able to see a healthcare professional of your own gender?

	Frequency	Percent (%)
Yes	20	41.7
No	21	43.8
Don't know	6	12.5
Not stated	1	2.1
Total	**48**	**100.0**

Only one of the seven females reported that they were able to see a healthcare professional of their own gender.

Q51: Did you have any drug/alcohol problems?

	Frequency	Percent (%)
Yes	26	54.2
No	21	43.8
Not stated	1	2.1
Total	**48**	**100.0**

Q52: Did you see/were you offered the chance to see a drug/alcohol support worker?

	Frequency	Percent (%)
Didn't have any drugs/alcohol problems	18	37.5
Yes	6	12.5
No	23	47.9
Not stated	1	2.1
Total	**48**	**100.0**

Q53: Were you offered relief/medication for your immediate symptoms?

	Frequency	Percent (%)
Didn't have any drugs/alcohol problems	19	39.6
Yes	6	12.5
No	22	45.8
Not stated	1	2.1
Total	**48**	**100.0**

Q54: Please rate the quality of your healthcare whilst in police custody:

	Frequency	Percent (%)
Was not seen by healthcare	7	14.6
Very good	2	4.2
Good	14	29.2
Neither	13	27.1
Bad	5	10.4
Very bad	6	12.5
Not stated	1	2.1
Total	**48**	**100.0**

Q55: Did you have any specific physical healthcare needs?

	Frequency	Percent (%)
Yes	14	29.2
No	33	68.8
Not stated	1	2.1
Total	**48**	**100.0**

Physical healthcare needs - details

	Frequency	Percent (%)
ADHD, sleeping tablets	1	2.1
Bruises	1	2.1
Crones disease	1	2.1
Didn't give me sleepers I couldn't sleep	1	2.1
Have bad back problems	1	2.1
I went to hospital to get my hand stitched up	1	2.1
Medication for ADHD and marked conduct disorder	1	2.1
Rheumatic heart disease, COPD, Asthmatic.	1	2.1
Shower	1	2.1

Q56: Did you have any specific mental healthcare needs?

	Frequency	Percent (%)
Yes	18	37.5
No	29	60.4
Not stated	1	2.1
Total	**48**	**100.0**

Mental healthcare needs - details

	Frequency	Percent (%)
Anxiety, depression	2	4.2
Depression	3	6.3
Depression, Anxiety, Personality disorder	1	2.1
Hydrocephalus	1	2.1
Paranoia	1	2.1
Self-harm	1	2.1
Suicidal/ADHD/OCDC	1	2.1

Q57: Analysis of comments regarding healthcare

	Frequency	Percent (%)
Expressing dislike of custody	7	36.8
No comments to make	7	36.8
Attitude of/treatment by police	2	10.5
Condition of cell	1	5.3
Lack of opportunity for smoking	1	5.3
Not in custody long	1	5.3
Total	**19**	**100.0**

NB: Findings in relation to Prison Lock-Out are omitted as Prison Lock-Out (where a prisoner has travelled some distance to court and is too late to be returned to prison the same day) rarely happens in this jurisdiction. This is due to the close proximity of the Prison Estate to courts in Northern Ireland.

Section 3

PSNI Action Plan

PSNI Action Plan

Rec No	Recommendation	Current position	Dept responsible	Target date
1	The PSNI should ensure that staff can access all relevant policy documents relating to police custody via a centralised location, including the Safer Detention and Handling of Persons in Police Custody (SDHP), and that custody staff are aware of this facility and its importance (paragraph 2.5).	The PSNI has prepared a custody policy directive which is currently in draft form. The draft contains all current policy and procedures relevant to the safer detention of persons in custody. It also contains links to the SDHP and relevant legislation. The existence of the SDHP and its importance has been disseminated to custody staff and is also the cornerstone of custody training. All current policy documents are available via the PSNI Intranet and where applicable hard copies have been provided to custody staff.	Ops Support	May '09
2	Officers should be dedicated to the role of Custody Sergeant and have priority access to places on the custody course and refresher training (paragraph 2.10).	The custody officer role is included in the terms of reference in a review of custody carried out by an independent consultant. Current direction is that only trained officers will be appointed to act in the capacity of custody officer. Custody officers attend the (National) Safer Detention Custody Officer Learning and Development Programme (15 days) and the refresher course after two years (5 days).	Ops Support	Sept '10
3	The PSNI puts in place organisational arrangements for the support of Custody Sergeants to ensure greater consistency in role and practice across the service (paragraph 2.17).	As above.	Ops Support	Sept '10
4	The requirement to print and retain paper copies of custody records from the NiCHE RMS should cease by removing all threats to the integrity of custody data, including ensuring appropriate system security controls are in place (paragraph 2.19).	Whilst custody records are computer based they do have to be printed and retained for several procedural and legislative reasons. Current PSNI Records Management Policy addresses the concerns re system security controls.	Ops Support	Complete

Rec No	Recommendation	Current position	Dept responsible	Target date
5	Reiteration of recommendations 20 and 23 from CJI/HMIC report on Scientific Support Services in the PSNI, in terms of the PSNIs responsibilities regarding forensic evidence: *Recommendation 20: Continued monitoring and action on quality control and continuity of evidence issues is necessary to ensure that trends and patterns within the Police Service are identified and actioned. Recommendation 23: Exhibits and samples should be correctly packaged and labelled as any errors will result in delays* (paragraph 3.13).	*Recommendation 20:* NiCHE has been implemented across all Districts and departments. NiCHE is used for all property tracking and management within Districts. HOLMEs is used by C2, Serious Crime Branch within Crime Operations for property management within serious crime investigations. Two forensic trainers have been working with the PSNI College since Feb. 2008 to ensure all training related to the recovery and management of evidential items fulfils the services needs. Scientific Support receives from FSNI customer services all non-compliance reports for items they receive that have identified procedural or physical errors. Scientific Support collates, analyses and disseminates this information to appropriate personnel. Scientific Support send copies of each non-complaince to the relevant District or department to enable them to address the identified issue with the person responsible for causing it. Scientific Support has sent out guidance to District property managers enabling them to act as quality control managers for items they receive and are asked to store or transport. Enterprise Solutions are in the process of developing an internal non-compliance form (PS4) within NiCHE for use by the property managers. *Recommendation 23:* As above.	Crime Ops	Report quarterly to ACC Crime Operations
6	The PSNI should undertake cost-benefit analysis of the current and alternative custody healthcare models and implement the most appropriate and cost effective model, which is managed and monitored by appropriate PSNI representative(s) (paragraph 4.6).	The provision of custody healthcare is currently the subject of a review by the Northern Ireland Office (NIO).	Ops Support	June '11

Rec No	Recommendation	Current position	Dept responsible	Target date
7	Resuscitation equipment is regularly checked in accordance with guidelines and staff are appropriately trained to use it (paragraph 4.7).	Custody staff attend first aid training in which the use of, and requirement to check oxygen therapy units on a monthly basis is addressed. To assist in the monthly check a '*Monthly Maintenance Record for Oxygen Cylinders and Regulators*' is available to custody staff. The record when completed remains with the oxygen therapy unit for inspection by custody managers and the Northern Ireland Policing Board (NIPB) Independent Custody Visitors.	Ops Support	Complete
8	An overarching protocol for healthcare provision should be developed, in the interests of public safety, with DHSSPS to enable PSNI officers to be able to work more effectively in partnership with local emergency and mental healthcare services (paragraph 4.9).	The provision of custody healthcare is currently the subject of a review by the Northern Ireland Office (NIO). Operational Procedure and Guidance For Dealing With Persons With a Mental Disorder is currently available and this includes direction on working in partnership with other relevant statutory agencies.	Ops Support	June '11
9	The cleaning and infection control procedures in medical rooms are reviewed in light of the Safer Detention and Handling of Persons in Police Custody (SDHP) guidelines, with appropriate input from custody experts, and the practice of using a medical room for anything other than forensic medical purposes should desist immediately (paragraph 4.11).	A review of the procedures has concluded that the procedures for cleaning and use of the medical room meet the requirements as set out in the SDHP. A reminder of current procedures for both the cleaning and use of medical rooms has been circulated to all relevant staff.	Regions	Complete
10	The PSNI should urgently review its policies and procedures for the safe selection, procurement, prescription, supply, dispensing, storage, administration and disposal of medications. There should be a clear audit trail in place for the management of medications (paragraph 4.16).	A review of current procedures has now commenced and will include consultation with the Senior Forensic Medical Officer (FMO). Any required amendments will be made and the Service Procedure re-issued.	Ops Support	May '09

Rec No	Recommendation	Current position	Dept responsible	Target date
11	The PSNI should, in conjunction with the UKBA, explore alternatives to the use of traditional police cells for holding immigration detainees who are detained for more than 36 hours (paragraph 5.3).	The detention of immigration detainees is being considered as part of an external review of police custody. Consultation is currently ongoing between the PSNI and the UKBA to progress this issue.	Urban Region	Sept '10
12	Hygiene packs for female detainees which include hygienic and discreet supplies of sanitary items should be obtained and available in the custody suites (paragraph 5.7).	Female hygiene packs have been approved by the PSNI Custody Working Group. An information pack outlining availability has been circulated to all custody staff.	Ops Support	Complete

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