



## PSNI Custody – Criminal Justice Inspectorate

### Strategic Action Plan

26 August 2020

**Version 1**

Intention: To coordinate and drive the delivery of this action plan across the Police Service of Northern Ireland

#### Decision Makers and Stakeholders

##### PSNI

- Gold – ACC McEwan, Head of Community Safety Department
- Silver – Una Williamson, Head of Reducing Offending & Safer Custody
- Bronze – Chief Inspector Robert McGowan

##### Stakeholders

- Custody Strategic Group
- Crime Operations Department
- Department of Justice, Northern Ireland
- Criminal Justice partners

#### Context

This Strategic Action Plan has been developed as a result of the 2020 inspection by Criminal Justice Inspectorate, Northern Ireland. The detention of persons in police custody in Northern Ireland that has identified further developmental opportunities and learning for the PSNI and partners in identifying risks and improving the Police Service's approach to custody and detention.



Theme	Task	Owner	Desired output	Actions	Timeframe	Update on progress
<p><b>Leadership and Accountability</b></p>	<p>1.1 The DOJ should prioritise and secure support for legislative reform to:</p> <p>Implement longstanding Law Commission recommendations on the right to bail for children and young people, and:</p> <p>Make changes to PACE which make provisions for alternative accommodation for children charged with an offence and provide clarity for custody officers on the detention of children and young people (paragraph 2.18)</p>	<p>DoJ</p>	<p>Presumption that all children and young people will be granted bail.</p> <p>Ensure that accommodation is available and provided where required in line PACE and APP.</p>	<p>Development of further partnership working to achieve outcomes.</p> <p>Engage with Department of Justice officials to articulate and inform on required PACE changes</p>	<p>12 months</p>	
	<p>1.2 The PSNI should re-establish strategic discussions with health and social care partners to address the issue of ‘Looked After’ children being held in police custody cells. This should commence within</p>	<p>CSD</p>	<p>Greater management and accountability of the practice of “looked after children” being held in cells as opposed to be accommodated by social services.</p> <p>Custody cells used only as a last resort.</p>	<p>Engagement with Health and Social Care partners.</p> <p>Engage with internal partners – Public Protection Branch and Support Hubs</p>	<p>Three months from publication</p>	



	three months of the publication of this report. (paragraph 2.20).						
	1.3 Within six months of this report the PSNI should address gaps in Section 75 monitoring of detainees in custody, particularly in relation to community background and sexual orientation (paragraph 2.27)	CSD (PWC)	Increased understanding of the numbers of people from each grouping who are detained and analysis to identify any trends or concerns.	Policing with the Community Branch to identify trends or concerns and work to develop solutions to address.	Three months from publication		
<b>Theme</b>	<b>Task</b>	<b>Owner</b>	<b>Desired output</b>	<b>Actions</b>	<b>Timeframe</b>	<b>Update on Progress</b>	<b>Complete</b>
	1.4 Further examination of the reasons for the arrest and detention of Irish travellers would be beneficial to see if any improvements can be identified. (paragraph 1.19)  1.5 In order to improve the quality assurance process for Use of Force the PSNI should:  Establish if it is possible to improve the coverage of audio recording in existing custody cells.	DPC CSD  CSD (ESBU)	Examine and understand why a disproportionate number of Irish Travellers are arrested and detained when compared against the numbers of those detained from the settled population.  Ensure that any Use of Force is properly captured. In cell audio can provide clarity around detainee and staff encounters.	CSD and DPC to develop an analysis of number of Irish Travellers arrested and detained. DPC to lead.  Continue to record all use of force encounters.  CSD to engage with ESBU to ensure in cell audio available across the police custody estate	Six months from publication		



	ensure audio recording which records every interaction between detainees and staff in the cell is included in the specification for new build suites. (paragraph 5.13).						
Theme	Task	Owner	Desired output	Actions	Timeframe	Update on Progress	Complete
<b>In the custody suite: booking in, individual needs and legal rights</b>	2.1 Within three months of this report the PSNI should review its current guidance on care plans and reinforce, the need for sound decision making and better recording of care plans on the custody record that are in accordance with APP, Detention and Custody (paragraph 4.18)	CSD	Consistent practice and recording commensurate with the risks level identified in APP and risk assessments when completed by staff.	Additional guidance on care plans to be developed and continue to reinforce APP guidance to all custody staff. CPD module to be developed for all custody staff	Six months from publication.		
	2.2 The PSNI should undertake further analysis regarding the use of sleeping reviews by custody inspectors and address any issues arising (paragraph 4.33)	CSD	Consistent practice across the suites. Compliance with PACE. Ensure that detainees avail of their PACE rights and entitlements.	Use of sleeping reviews to be included in all custody audits.	One month from publication.		
<b>In the custody cell, safeguarding and health care</b>	3.1 The PSNI and Health Care Trusts should collaborate effectively to expedite the implementation of the	CSD (BHSCT)	Delivery of nurse led healthcare service in all custody suites. Model roll out from Autumn 2020.	Continue to engage with DoJ and DoH to secure interdepartmental strategic support and appropriate funding to deliver the preferred	Three months from publication		



	nurse led custody model across the Northern Ireland with interdepartmental strategic support. (paragraph 5.56)			option across all custody suites. Continued collaboration with PHA and HSCT's, to deliver a person centred healthcare model, tailored to match local need, in all custody suites.	To be delivered in three stages, completion by early 2022.		
	3.2 Systems should be developed at both operational and senior managerial level within PSNI and BHSCT for the joint analysis of incidents/complaints by healthcare professionals/FMOs to ensure that learning is identified and shared between PSNI and healthcare staff and between healthcare staff and FMOs across all custody suites (paragraph 5.56)	CSD (BHSCT)	Improvements in partnership working between custody staff and healthcare professionals at operational and senior levels. Understand and address issues as they arise and develop consistent practice across all suites.	Review of current practice – FMOS, BHSCT and PSNI. ROSC to develop sustainable links between reporting systems in collaboration with HSCT, to identify learning and improvements. Roll out of regional nurse led model will see a centralised system of healthcare incidents, ROSC to analyse how this should be linked to the PSNI adverse incident reporting.	Six months from publication.		
	3.3 The PSNI introduce without delay should introduce the proposed IT process to alert within its system children on the Child Protection Register and ensure it applies to	CSD (ICS)	Identification of vulnerable children during the custody process. Linkage of IT systems to ensure vulnerable and at risk children are identified early.	ICS and Public Protection Branch to ensure delivery with Custody.			



	custody records (paragraph 5.36).						
	3.4 Inspectors recommend that the PSNI should develop and implement systems through locality/district based Administrative FMOs, ROs at HSCB and through General Medical Council (GMC) where required for resolving professional practice concerns or complaints. These systems should focus on continuous improvement in quality and ensuring consistency in respect of the services provided. (paragraph 5.56).	CSD	Improved clinical governance and oversight of medical practitioners within the custody environment.	Continued delivery of FMO admin forum.  Continued engagement with ROs for all FMOS  Delivery of transformation in custody healthcare rollout which will see improved clinical governance.	Six months from publication		
	3.5 The PSNI and health care providers should define the current arrangements for the access to acute mental health care for detainees in custody suites and agree on a suitable model to ensure equity of access across Northern Ireland. These	CSD	Access to timely mental health assessments for DPs. Mental health assessments to be carried out by healthcare professionals Guidance on appropriate use of MH130 to be revised and reissued.	Access to timely mental health assessments for DPs to be part of the regional custody nursing model roll out.  All HSCT's are now engaged in a Regional task and Finish Group to facilitate care pathways, regionally. PSNI and BHSCT to continue to engage with all HSCT to	As per regional model roll out.		



	arrangements should reinforce the appropriate use of Article 130 which should be clearly communicated to health care professionals working in these environments. (paragraph 5.86).			determine service delivery in each area.			
	3.6 The PSNI should define the required standards in respect of the cleaning of clinical and non-clinical areas within custody suites. The PSNI must ensure robust monitoring and oversight of compliance with these standards. (paragraph 5.63).	<i>CSD PaLS</i>	Appropriate levels of cleaning in all custody areas.	CSD to engage with PaLS to ensure cleaning contract is of appropriate standard for custody. Cleaning to be included in custody audits.	Six months from publication		
	3.7 The PSNI should identify all healthcare equipment required to be held in custody suites. They must ensure systems and processes are implemented, with clearly identified roles and responsibilities, and regular audits, to ensure healthcare equipment is	<i>CSD</i>					



	available and safe for use. (paragraph 5.68).					
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	<p>3.8 The PSNI should engage with FMOs and the e-health team in the Health and Social Care board to consider arrangements for FMOs and Health Care staff to access Northern Ireland Electronic Care Record in all custody suites. Policies and procedures should be developed and implemented to ensure clinical records are completed, stored and retained in line with professional standards and legal requirements. These should be subject to audit and compliance assured. (paragraph 5.76).</p>	CSD	Access to NIECR in all suites	<p>Engage with ICS to establish which suites have access to NIECR.</p> <p>Engage with BSO and FMOs to identify gaps in usage and any issues</p>	Three months from publication	
	<p>3.9 Policies and procedures for the management of medicines should be developed and implemented to standardise processes across all custody suites and to ensure that the use of medicines in</p>	CSD	Consistent standards of medicines management across all custody suites.	<p>FMOs and nursing staff have access to own supplies. Appropriate equipment in medical rooms for storing of medicines.</p> <p>PSNI, PHA and BHSCT are working collaboratively with DoH, to ensure medicines are managed in accordance with pharmaceutical legislation.</p>	Complete	



	<p>custody is in line with professional and legal requirements. This should include:  ensuring FMOs access only their own individual supply of medication;  ensuring medicines are in date and stored securely at the appropriate temperature. (paragraph 5.76)</p>					
	<p>3.10 The PSNI should review the provision of healthcare training to ensure that custody staff are equipped with the appropriate skills to effectively meet the needs of detainees. (paragraph 5.58).</p>	CSD	<p>To ensure that CDOs are confident in knowledge and understanding of healthcare provision to detained persons</p>	<p>PSNI will engage with PHA/HSCT as part of the development of future healthcare provision. The CDOs in Musgrave have had their skills developed by the CNPs to react in the event of a medical emergency.</p> <p>Additional development to be included in CPD.</p>	<p>Six months from publication</p>	
<p><b>Release and transfer from custody</b></p>	<p>4.1 The PSNI should develop an action plan to improve the quality of analysis and recording of pre-release risk assessments within three months of this report. (paragraph 6.2).</p>	CSD	<p>To ensure that risks are identified and recorded correctly.</p> <p>To ensure appropriate after is identified and provided where appropriate.</p> <p>To ensure consistent practices across all suites.</p>	<p>Safer Custody to develop action plan.</p>	<p>Three months from publication</p>	



	4.2 The PSNI should consider options for the use of a travel scheme for detainees without access to funds or transport from family or friends. (paragraph 6.6).	CSD	Ensure that detainees get home safely when released from custody. Reduce demand on operational officers.	Reengage with DoF and DoJ to explore options for provision of travel for detainees who require it.	Three months from publication		

Key:

CSD – Community Safety Department

DPC - District Policing Command

PaLS – Procurement and Logistic Services

BHSCT - Belfast Health and Social Care Trust

ICS – Information & Communication Services

ESBU – Estates Services Business Unit