



19 December 2018

### Faculty of Forensic & Legal Medicine (FFLM) response to HM Government's *Deaths in Police Custody: Progress Update - December 2018*

The FFLM welcomes HM Government's *Deaths in Police Custody: Progress Update - December 2018* which sets out the progress made in delivering the work programme of the Ministerial Board on Deaths in Custody, co-chaired by the Rt Hon Nick Hurd MP, Rory Stewart OBE MP and Jackie Doyle-Price MP. The update is in response to the Rt Hon Dame Elish Angiolini DBE QC's *Independent Review of Deaths and Serious Incidents in Police Custody* published in December 2017.

However, the FFLM and our clinical partners – the United Kingdom Association of Forensic Nurses and Paramedics and the College of Paramedics - are disappointed and very surprised that at a time when deaths in or following police contact have now reached levels not seen since 2008 and appear likely to rise further, 'prevention' is referred to after 'supporting families' and 'strengthening accountability', both of which relate to events after tragedies have occurred. Although we strongly support the progress that has been made in those two areas, the FFLM would welcome more focussed action on prevention. Prevention must be considered the priority so that deaths and serious harm in police custody are reduced.

Figure 2.1 Incidents by type of death and financial year, 2007/08 to 2017/18



(source Independent Office for Police Conduct - [https://policeconduct.gov.uk/sites/default/files/Documents/statistics/deaths\\_during\\_following\\_police\\_contact\\_201718.pdf](https://policeconduct.gov.uk/sites/default/files/Documents/statistics/deaths_during_following_police_contact_201718.pdf))

The measures outlined in the Progress Update are very important but do not directly address the key problems associated with deaths and serious harm in police custody. The Independent Review found that *'there had been concerns expressed about poor quality medical care within the police custody environment..... Failures arise in the quality of medical care and lack of effective instructions*



*to, and communication with, custody staff'. The Independent Review recommended: 'NHS commissioning of healthcare in police custody was due to have commenced in April 2016, but was halted by the Government earlier in the year. This report strongly recommends that this policy is reinstated and implemented' and further 'There has been advanced discussion and planning for medical services within police stations to be brought within the NHS, in the same way they are in prisons. This would allow for a consistency of approach across the forces in England, and also provide for minimum standards for medical staff within the police station, something that is potentially undermined by the current fragmented approach. Critically, it would also allow for rapid access to NHS medical records which would alert the doctor to underlying life threatening conditions that were not patent or volunteered by the detainee, such as diabetes or epilepsy'.*

The FFLM and its clinical partners have repeatedly made this case, both prior to, and after the Independent Review was published. There has never been any satisfactory explanation why the (then) Home Secretary abandoned the well-advanced planning to transfer police custodial healthcare to the NHS in December 2015, which was due to be implemented in April 2016. The Home Office, Association of Police & Crime Commissioners and the National Police Chiefs' Council have all been made aware of these views. The FFLM and its clinical partners have advised of the need for minimum standards to be applied to all healthcare professionals (doctors, nurses and paramedics) working within the police custodial setting. The FFLM and its clinical partners remain of the view that whilst police custodial healthcare remains outside the NHS, and whilst there are no enforceable minimum standards for healthcare professionals in this setting then the number of avoidable deaths and episodes of serious harm to some of the most vulnerable individuals in society in or following police custody is likely to continue to rise.

The FFLM and its clinical partners call upon the Ministerial Council on Deaths in Custody to publicly confirm its support for these measures and its commitment to ensuring their implementation in Year 2 of their programme. Absent this, the number of deaths in police custody and following police custody will inevitably continue to rise reversing any achievements over the last decade, as elected Police & Crime Commissioners' may have political priorities that override the healthcare or vulnerable detainees, resulting in a postcode lottery as to the availability and quality of healthcare available to those detained by the police.

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Note: The FFLM was founded to achieve the following objectives:

- To promote for the public benefit the advancement of education and knowledge in the field of forensic and legal medicine.
- To develop and maintain for the public benefit the good practice of forensic and legal medicine by ensuring the highest professional standards of competence and ethical integrity.

And the FFLM would exercise its powers:



- To establish a training pathway in forensic and legal medicine and achieve specialist recognition of the specialty.
- To act as an authoritative body for the purpose of consultation in matters of educational or public interest concerning forensic and legal medicine.

Additionally in March 2009, regarding standards in custodial healthcare, the Home Secretary stated: *'Guidance as to the level of professional and clinical qualification required for doctors or nurses is issued by the Faculty ... Responsibility for recruitment of healthcare professionals is a matter for individual chief police officers, and it is for each police force to make a decision on an individual basis against this guidance '.*

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