SCOTTISH POLICE AUTHORITY
ÙGHDARRAS POILIS NA H-ALBA

Agenda Item 4.5

Meeting	**Policing Performance Committee**
Date	**12 September 2023**
Location	**MS Teams**
Title of Paper	HM Inspectorate of Constabulary in Scotland (HMICS) Custody Inspection Report - Lanarkshire
Presented By	**Craig Naylor, HMICS**
Recommendation to Members	**For Discussion**
Appendix Attached	**Yes**

PURPOSE

The purpose of this paper is to provide members with an overview of the report published by His Majesty's Inspectorate of Constabulary in Scotland (HMICS) in April 2023.

1 Background

1.1. HM Inspectorate of Constabulary in Scotland (HMICS) published, in July 2023, the custody inspection report for Lanarkshire.

1.2. The aim of the inspection, undertaken jointly by HMICS and Healthcare Improvement Scotland (HIS), was to assess the treatment of, and conditions for, individuals detained in the primary police custody centres of Motherwell and Coatbridge, which serve the Lanarkshire region.

2 FURTHER DETAIL ON THE REPORT

2.1. During the course of 2022, HMICS and HIS collaborated on a baseline review of the provision of healthcare services to police custody centres across Scotland. A report outlining the findings and recommendations was published in January 2023. The learning from the review has been used to support HIS to develop an interim framework to inspect healthcare services within police custody, and for the scrutiny partners to devise a methodology for the joint inspection of police custody centres.

2.2. As part of this overarching review it was agreed that HMICS and HIS would undertake two joint custody inspections in order to continue to develop inspection methodology and to complete the inspection framework. Following the inspection of the primary custody centres in Lanarkshire, a second inspection was undertaken of the primary custody facilities in Tayside (agenda item 4.6).

2.3. The report provides a detailed analysis of the provision of healthcare at the custody centre and outlines information relevant to the efficiency and effectiveness of custody centre operations. It makes recommendations for both Police Scotland and the Health and Social Care Partnership responsible for the provision of healthcare at the custody centre.

2.4. The report outlines key findings that describe positive practice that was found during the inspection and makes fifteen recommendations that aim to improve custody services and the provision of healthcare in order to achieve better outcomes for people in police custody.

3 FINANCIAL IMPLICATIONS

3.1. There are no direct financial implications in this report.

4 PERSONNEL IMPLICATIONS

4.1. There are no direct personnel implications in this report.

5 LEGAL IMPLICATIONS

5.1. There are no direct legal implications in this report.

6 REPUTATIONAL IMPLICATIONS

6.1. There are no direct reputational implications in this report.

7 SOCIAL IMPLICATIONS

7.1. There are no direct social implications in this report.

8 COMMUNITY IMPACT

8.1. There are no direct community implications in this report.

9 EQUALITIES IMPLICATIONS

9.1. There are no direct equalities implications in this report.

10 ENVIRONMENT IMPLICATIONS

10.1. There are no direct environment implications in this report.

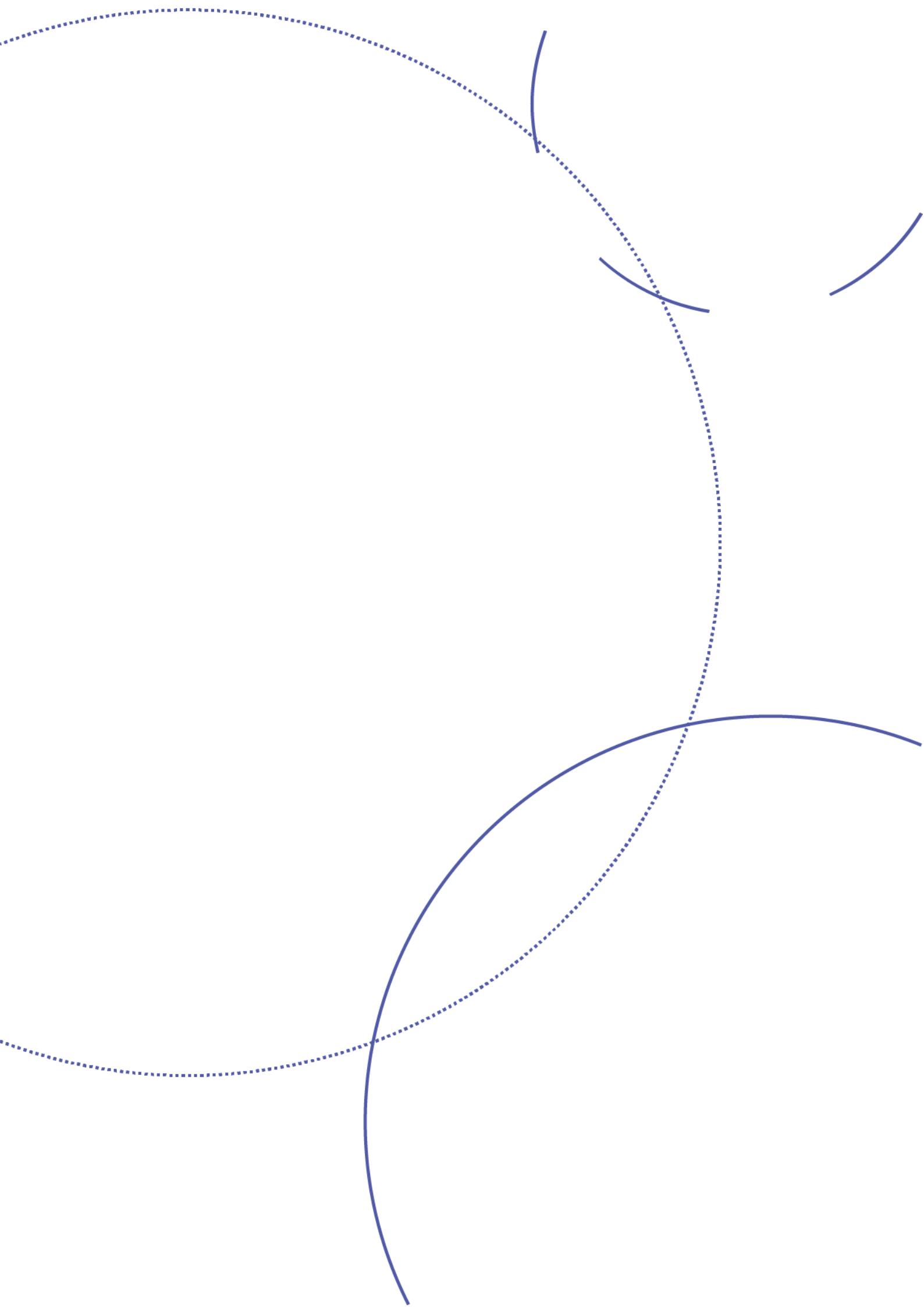
RECOMMENDATIONS

Members are invited to discuss the content of this report.

HMICS Custody Inspection Report - Lanarkshire

April 2023

HM INSPECTORATE OF CONSTABULARY IN SCOTLAND
Improving Policing Across Scotland



HM Inspectorate of Constabulary in Scotland

HM Inspectorate of Constabulary in Scotland (HMICS) is established under the Police and Fire Reform (Scotland) Act 2012 and has wide ranging powers to look into the 'state, effectiveness and efficiency' of both the Police Service of Scotland (Police Scotland) and the Scottish Police Authority (SPA).[1]

HMICS has a statutory duty to inquire into the arrangements made by the Chief Constable and the SPA to meet their obligations in terms of best value and continuous improvement. If necessary, it can be directed by Scottish Ministers to look into anything relating to the SPA or Police Scotland as they consider appropriate.

Healthcare Improvement Scotland (HIS) is the national improvement agency for health and social care. It is responsible for supporting healthcare providers to deliver high quality care and scrutinising those services to provide public assurance about the quality and safety of that care.

This inspection was undertaken by HMICS in terms of Section 74(2)(a) of the Police and Fire Reform (Scotland) Act 2012 and is laid before the Scottish Parliament in terms of Section 79(3) of the Act.

[1] Police and Fire Reform (Scotland) Act 2012, Chapter 11.

Contents

Our Inspection

During the course of 2022, HM Inspectorate of Constabulary in Scotland (HMICS) and Healthcare Improvement Scotland (HIS) collaborated on a baseline review of the provision of healthcare services to police custody centres across Scotland. A report outlining our findings and recommendations was published in January 2023.[2] The learning from the review has been used to support HIS to develop an interim framework to inspect healthcare services within police custody,[3] and for the scrutiny partners to develop a methodology for the joint inspection of police custody centres.

HMICS inspections are based on an inspection framework that ensures a consistent and objective approach to our work. The framework consists of three overarching themes which are based on EFQM[4] principals: Leadership and Vision, Delivery and Outcomes. Each theme is supplemented by a range of indicators setting out what we expect to find during an inspection. Our custody inspections have a particular focus on service delivery and outcomes.

Police custody is a high risk area of policing business and, as such, has been subject to considerable scrutiny by HMICS since Police Scotland was established. Since 2013, HMICS has published ten custody inspection reports.[5] Reports include an inspection of custody centres across Scotland,[6] which was based on the findings from 17 custody centres; and an inspection of custody centres in Greater Glasgow, published in 2019.[7] More recently, we published a report following an inspection of primary custody centres in North East Scotland.[8] These reports remain relevant as Police Scotland continue to address recommendations made within these since publication. Police Scotland has made considerable progress in implementing previous recommendations and improvement actions in respect of custody services and are actively working to address those that remain outstanding.

[2] National baseline review of healthcare provision within police custody centres in Scotland (2023)
[3] HIS - Interim framework for the inspection of healthcare in police custody
[4] EFQM - The European Foundation for Quality Management
[5] Our custody inspection reports are available on our website at www.hmics.scot.
[6] HMICS, Inspection of custody centres across Scotland (2018).
[7] HMICS, Inspection of custody centres in Greater Glasgow, June 2019.
[8] HMICS, North East Scotland Custody Inspection (2021)

This inspection was carried out jointly by HMICS and HIS, the aim of which was to assess the treatment of, and conditions for, individuals detained in the primary police custody centres located in Lanarkshire, Scotland. It is the first of two onsite custody inspections agreed by scrutiny partners to inform our planning for future joint inspections.

The Lanarkshire policing division is served by two primary custody centres located in Motherwell and Coatbridge. We will outline within this report, issues that are common across both custody centres and will highlight differences between them where these occur.

Responsibility for the provision of healthcare services lies with NHS Lanarkshire, however the service is delivered by the Custody and Offender Medical Service (COMS), which provides a contracted healthcare service to some custody centres across Scotland including Lanarkshire. This report differs from our previous custody inspection reports as it provides a detailed analysis of the provision of healthcare in the custody centres and makes recommendations for both Police Scotland and the NHS Board.

Whilst our recommendations have specific relevance for the Lanarkshire custody centres, we recognise that some of these will be equally applicable to custody centres across Scotland and should be taken into account in improvement planning by Police Scotland's Criminal Justice Services Division (CJSD). In particular, we would suggest that recommendations 2, 3, 4, 13 and 15, outlined within this report, have relevance across the custody estate and we intend to revisit these in future custody inspections.

The inspection was unannounced and took place in November 2022. As part of our inspection, we analysed a sample of custody records relating to 46 people detained at the custody centres during September 2022. We assessed the physical environment, including the quality of cells, and observed key processes and procedures relevant to police custody operations. We also spoke with people detained at the custody centres during our inspection and interviewed custody staff and healthcare professionals at the centres during our visit.

This report highlights our concerns regarding gaps in the analysis of the quality of healthcare services provided to the custody centres, which would enable healthcare providers to fully understand the impact of the delivery of care for people in custody. We have highlighted the need to improve practice relating to undertaking and recording cell checks. We have also identified a need for additional training and awareness raising to be provided to custody staff to enable them to better understand the complex issues and challenges experienced by people detained in custody.

Our inspection contributes to the United Kingdom's response to its international obligations under the Optional Protocol to the United Nations Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by a National Preventive Mechanism (NPM), an independent body or group of bodies which monitor detainee treatment and conditions. HMICS is one of several bodies making up the NPM in the UK.[9]

We wish to thank the officers and staff of the Criminal Justice Services Division, NHS Lanarkshire and COMS staff for their assistance during our inspection. The inspection was carried out by Ray Jones, Lead Inspector at HIMCS, with support from HMICS and HIS inspectors.

Craig Naylor
His Majesty's Chief Inspector of Constabulary
April 2023

[9] For more information about the UK NPM, visit www.nationalpreventivemechanism.org.uk.

Key findings

- Staff working at the custody centres in Motherwell and Coatbridge were professional and respectful towards detainees and those we spoke to stated that they had been treated well by custody staff, and that regular enquiries were made about their wellbeing.

- Despite the custody centres being within an older part of the custody estate, the physical environment was in reasonable condition. Cells were largely in good order, functional and cleaned regularly.

- There were adequate custody staffing levels at the time of our inspection, which included designated CJSD staff at all levels. No backfill staff from local policing were being utilised during our inspection. We also observed a good balance of male and female custody staff within the centres.

- There was limited CCTV coverage within cells at Motherwell, whilst all cells in Coatbridge had CCTV. In-cell CCTV is due to be installed at Motherwell in summer 2023.

- The CCTV observation room at Motherwell was not well laid out. It was dimly lit and had inadequate seating. This may invite alertness challenges for staff engaged in longer deployments.

- Checks made prior to arrival at custody and booking-in processes were thorough at both custody centres. Vulnerability questions were covered well and the risk assessment and corresponding care plan was appropriate in the cases observed.

- The interview room at Coatbridge was located outwith the custody footprint in an upstairs corridor. At the time of inspection, the interview room at Motherwell was not well laid out and did not have an affray alarm. This was a temporary measure and the interview room has since been relocated and equipped appropriately.

- Our review of a sample of records on the National Custody System (NCS) highlighted that 65% of detainees in our sample spent less than 12 hours in custody with 41% detained for less than six hours.

- Almost all of the vulnerability risk assessments reviewed within our sample of NCS records were accurate based on available information. Observation levels corresponded to the vulnerability risk assessment in a considerable majority of cases.

- The healthcare service was mainly provided by specialist doctors (forensic physicians) through an on-call service. No healthcare practitioners were based at the centres.

- Our review of NCS records showed that a healthcare professional was assessed as being required in 26% of the cases within our sample. A healthcare professional was contacted in all of these cases, resulting in the detainee being seen.

- We found a lack of provision of opioid substitution treatment for those detainees that had been prescribed methadone in the community and were required appear at court from custody. This meant that they could go for extended periods of time without their opioid substitution treatment.

- We found potential underreporting of adverse events on the NHS Datix system by healthcare staff, with no recorded entries on the system relating to either of the custody centres in the past year for healthcare related events.

- Organisations that store and/or supply controlled drugs are legally required to have a controlled drugs license in place. NHS Lanarkshire does not currently have this license.

- Naloxone was available to healthcare professionals when they were in attendance at the centres. However, as they were not based within the centres, this could result in gaps in its availability.

- Whilst custody staff had undertaken the required custody training course on commencement of their role, those we spoke with had not undertaken any additional specialist training for example, relating to substance misuse, mental health and trauma informed care.

- We found that custody staff were not using the paper based system introduced by CJSD to record cell-checks prior to these been entered into the NCS system.

- The operation of a virtual court system at the Motherwell custody centre impacted on custody operations as fewer people were being transferred to courts. Detainees often spent longer in police custody as they awaited the appropriate paperwork to be sent to allow their release or transfer.

- The provision of onsite healthcare professionals within the custody centres would have the potential to reduce the number of individuals transferred from custody to hospital for assessments to be made on their condition.

- NHS Lanarkshire had no adverse events, complaints nor feedback information from detainees recorded in the past 12 months for the Motherwell and Coatbridge centres. This suggests potential under reporting, resulting in a lack of insight into the quality of care delivery, thus limiting the potential for analysis and learning.

- Fire safety evacuations were not taking place as required.

Recommendations

Recommendation 1

Police Scotland should make arrangements to improve the observation room and its facilities within the police custody centre at Motherwell.

Recommendation 2

Police Scotland should ensure that a full evacuation of custody centres is undertaken in accordance with fire safety regulations.

Recommendation 3

Police Scotland should ensure that processes for recording cell checks are carried out consistently and recorded on the national custody system timeously.

Recommendation 4

Police Scotland should ensure that custody staff receive regular custody update training / awareness raising relating to substance abuse issues, mental health, trauma informed care and undertaking detainee observations.

Recommendation 5

NHS Lanarkshire should ensure that medical staff working within custody centres are trained in relevant human rights protocols.

Recommendation 6

NHS Lanarkshire and COMS should provide refresher training for staff on how to identify and manage an adverse event and on the use of Datix system.

Recommendation 7

NHS Lanarkshire, COMS and Police Scotland should record and monitor patient transfers from custody to hospital and produce management reports on the impact of this to inform service planning and delivery.

Recommendation 8

Police Scotland should ensure that environmental cleaning standards are maintained within medical rooms in line with clinical standards.

Recommendation 9

The custody centres should ensure that suitable cleaning products are available within the centres, which meet the required health and safety standards for the task.

Recommendation 10

NHS Lanarkshire must ensure that all sharps bins have fully completed labels to ensure safe waste management.

Recommendation 11

NHS Lanarkshire and COMS must ensure that a procedure is in place to regularly monitor and replenish emergency bags and ensure that they only contain equipment that people are trained to use, which is specific to Basic Life Support and Immediate Life Support.

Recommendation 12

NHS Lanarkshire must obtain a controlled drugs license to meet its legal obligation for the storage and supply of controlled drugs.

Recommendation 13

Police Scotland should ensure that safe and lockable storage is available and used consistently for controlled drugs brought in by detainees.

Recommendation 14

NHS Lanarkshire must ensure that detainees receive their OST treatment as prescribed when transferring to court or on liberation from custody.

Recommendation 15

Police Scotland should ensure that Naloxone is available within custody centres and that it can be administered during times when healthcare professionals are not available.

Areas for improvement

Areas for improvement	Page number
The custody centres should ensure that property management procedures are followed and implemented effectively.	24
The custody centres should ensure that a clear rationale is recorded on the national custody system in support of risk assessments and changes in observation levels.	28
NHS Lanarkshire and Police Scotland should work together to ensure that detainees know how to provide feedback or raise a complaint regarding the healthcare service they received while in custody.	33
NHS Lanarkshire should ensure that health-specific information is provided to all detainees regarding the type of healthcare support and treatment available to them while in custody.	35
NHS Lanarkshire and COMS should provide support to staff to enable them to prepare for implementation of the MAT standards.	39
NHS Lanarkshire and COMS should offer nicotine replacement therapy to detainees who smoke in order to support their healthcare.	39
The custody centres should improve the display and availability of information regarding services available in the community to support detainees on release.	40

Context

1. Custody is delivered throughout Scotland by the Police Scotland Criminal Justice Services Division (CJSD). This division is one of several national divisions which sit alongside and support the thirteen local policing divisions. CJSD is led by a Chief Superintendent who reports to an Assistant Chief Constable and in turn, to the Deputy Chief Constable for local policing. Custody is delivered in accordance with the custody standard operating procedure, which is updated and amended regularly to reflect changes in practice guidelines and expectations.[10]

2. For the financial year April 2021 to March 2022, 96,170 people were detained in custody by Police Scotland; a decrease of 5,033 from the previous year. The number of people detained in police custody, and the changing levels of detainees over time, are often referred to as throughput, which is the term used within this report to describe the number of people detained at the custody centres we inspected.

3. Custody levels continue to decline, a trend consistent since the implementation of the Criminal Justice (Scotland) Act 2016 (the 2016 Act).[11] Table 1 below, outlines Police Scotland custody throughput figures from 2017-18 to 2021-22. There are a number of contributory factors for the reduction in throughput over recent years. This is in part due to the impact of the 2016 Act, which has been utilised more fully as a result of the pandemic, and the Lord Advocate's Guidelines on Liberation by the Police,[12] which had a considerable impact on reducing the number of people detained in police custody during that period. However, the reduction in custody levels can also be attributed to Police Scotland's proactive approach to divert people away from custody centres when it is considered safe and appropriate to do so.

[10] Police Scotland: Care and welfare of persons in police custody – Standard Operating Procedure (2022).
[11] Criminal Justice (Scotland) Act 2016, Part 1, Chapter 6.
[12] Lord Advocate's Guidelines on Liberation by the Police: Covid-19 or Coronavirus (2020).

4. Custody centres in Scotland are organised into clusters, each led by a Cluster Inspector. The custody centres we visited during this inspection make up Cluster 11, which covers the Lanarkshire region. The centres at Motherwell and Coatbridge are permanently staffed and open to receiving detainees at any time. They service a busy urban area as well as surrounding semi-rural areas. Both centres are based within the police stations in the respective towns and have a very similar layout. The centres have been extended, taking their initial cell capacity of 12 cells to 24 in each. The Motherwell centre has a higher level of annual throughput than that of Coatbridge (see Table 2).

5. The custody centres are in relatively close proximity (an approximately twenty minute drive apart) which means that throughput can be managed more effectively during busy periods. The cluster also includes ancillary centres based across the region, however these were outwith the scope of this inspection and not visited by inspectors. An assessment of the condition of the primary custody centres is outlined within this report.

6. NHS Lanarkshire is responsible for the delivery of healthcare services within the Motherwell and Coatbridge custody centres. The NHS board delivers healthcare through a contracted arrangement with Custody and Offender Medical Services (COMS), an independent healthcare provider. The COMS service is peripatetic and therefore not based within a single custody centre. It provides an on-call service, with a forensic physician covering each 12-hour shift. There is no immediate access to healthcare staff onsite.

7. Custody staffing arrangements at the time of our inspection included designated CJSD staff at all levels. There were no backfill staff from local policing being utilised during our visit. There were very few staff vacancies at the centres and those that existed were due to be filled in the short term. We observed a good balance of male and female custody staff within the centres.

8. Each staff team was typically made up of a police sergeant, police constable and several Criminal Justice Police Custody and Security Officers (CJPCSO), dependent on the setting. At Motherwell, the custody centre had seven CJPCSOs on each shift whilst Coatbridge had four on some shifts and five on others. This reflected the higher levels of throughput at Motherwell. A CJPCSO Team Leader was part of each staff team at Motherwell, which again reflected the larger teams at the centre and the higher levels of throughput.

9. At times, the Coatbridge staff team was led by a police constable operating under a remote supervision arrangement. These teams did not have a custody sergeant nor a CJPCSO Team Leader onsite and are referred to as PC-led centres. Whilst in some areas this is a permanent arrangement, at Coatbridge it is utilised based on the availability of police sergeants and on the number of people detained at any given time. When a PC-led team is in place, the cell capacity is capped at ten people. We comment further on this model later in this report.

10. At the time of our inspection, Police Scotland was in the process of introducing a new shift pattern for CJPCSO staff in custody centres. The plan to change the existing shift pattern, which saw police sergeants and constables working different hours to CJPCSOs, was due to be introduced in February 2023. The proposal to align CJPCSOs to the CJSD 222b[13] pattern utilised for police officers, has been introduced since our visit to the custody centres.

11. Most staff we spoke with welcomed the pending change to align current CJPCSO shift arrangements with the work pattern of their police colleagues. It was acknowledged that whilst the pattern may not suit all persons who had become accustomed to the outgoing pattern, it was anticipated the change would see greater continuity and a sense of cohesion among the teams.

Table 1 – National custody throughput

Year	2017-18	2018-19	2019-20	2020-21	2021-22
Throughput	130,755	118,418	115,126	101,203	96,170

Table 2 – Custody centre cell capacity and throughput

Custody centre	**Number of cells**	**April 2021 - March 2022**
Motherwell	24	6,580
Coatbridge	24	4,442

[13] The CJSD 222b relates to custody staff working a pattern of two early shifts, two late shifts and two night shifts followed by four non-working days.

Independent custody visitors

12. Under the Police and Fire Reform (Scotland) Act 2012, the Scottish Police Authority (SPA) is required to make arrangements for independent custody visitors to monitor the welfare of people detained in police custody.[14] Regular visits to custody centres are carried out by volunteer independent custody visitors from the local community. Independent Custody Visiting Scotland (ICVS) manages the process and coordinates volunteers. Any concerns identified by custody visitors are raised with custody staff during their visits and outcomes are recorded in custody records. ICVS is also a member of the UK's NPM.

13. Independent custody visitors have undertaken several visits to the custody centres in Lanarkshire during the year prior to our inspection and have spoken to detainees regarding their detention in custody. HMICS have used information regarding any recent issues identified by independent custody visitors during their visits to inform our understanding of detainee experiences.

[14] Police and Fire Reform (Scotland) Act 2012, Chapter 16.

Methodology

14. HMICS and HIS undertook a wide range of activities during our joint baseline review of healthcare provision in custody, the learning from which has supported the development of our custody inspection methodology. These activities are outlined in the aforementioned joint report published in January 2023. As a result, the following key stages have been undertaken for this inspection and will be followed for future joint inspections.

15. In advance of the onsite inspection, we requested the completion of a custody fact sheet in order to gather factual information relevant to the primary custody centres in the division. This included details of staffing arrangements, cell capacity and custody throughput. On the first day of the inspection, HIS issued a letter to the NHS board to request the provision of key pieces of evidence relevant to healthcare provision. The letter also requested a virtual follow-up meeting with NHS managers to enable the inspection team to discuss key issues arising from the onsite inspection and the evidence review.

16. Inspectors from HMICS and HIS were onsite at the custody centres for approximately 2/3 days over the course of a week in November 2022. During the custody inspection, we examined the treatment of, and conditions for, detainees. We observed key custody processes and assessed the custody environment, condition of cells and facilities for detainees. We undertook interviews with custody staff and managers, as well as healthcare practitioners (HCP) that were present during our visit. We also spoke with people detained in custody at the time.

17. Inspectors reviewed data recorded on the Police Scotland National Custody System (NCS), relevant to the custody centres at Motherwell and Coatbridge. This was analysed in respect of people detained during the month of September 2022. This period was selected as it was within a close and relevant timeframe to our planned inspection. Total throughput for the centres during September was 924. A 5% sample was selected as it provided a proportional representation of detainees and would allow for manageable analysis. In total, 46 records were selected, including 28 from Motherwell and 18 from Coatbridge.

18. The sample was selected to be broadly representative of the proportions of men, women and children held in custody during the aforementioned period. Based upon this, sampling was weighted to ensure that women and children were included. To ensure random selection, approximately every 20th person was selected.

19. The review provided valuable information on aspects of risk assessment, observation levels, and compliance with the expectations of the Police Scotland care and welfare of detainees, standard operating procedure.[15]

[15] Police Scotland: Care and welfare of persons in police custody – Standard Operating Procedure (2022).

Outcomes

Custody centre condition and facilities

20. The custody centres at Motherwell and Coatbridge had a very similar layout and facilities. The general condition of the centres was good, despite them being within an older part of the custody estate. They were clean and reasonably well maintained. Where we saw that some minor repairs could be made, these had mostly been identified by staff and had been highlighted to the maintenance service for attention.

21. We examined the route into the facilities, including the outside parking area / yard, the vehicle dock and holding cells. The electronic gates at both centres were not working at the time of our visit and therefore the yard was not secure. This had been identified by custody staff and the gates had been reported for repair.

22. Vehicle docks were of limited size at both centres and, at most, could accommodate a patrol vehicle or van. These areas were mostly used as an additional layer of security for walking transfers, while police vehicles were parked within the yard. We noted that the parking spaces near to the vehicle docks were occupied with vehicles other than marked police vehicles, including a maintenance van. We would suggest that these areas remain clear and are prioritised for police vehicles bringing people into and out of the custody centre. The vehicle docks had good CCTV coverage.

23. The holding areas in both centres were secure and were fitted with audio and visual recording equipment. They also had a well-positioned affray strip.[16] Holding areas were visible from the charge bar.

24. Each custody centre had two charge bars, with one being larger and better situated than the other. Although these were side by side, the second of the two charge bars was smaller and the adjacent space was used as a route from the staff office to the custody cell area. There was no partition between the charge bars and space was limited. Were both charge bars to be used at the same time, privacy would be reduced and due to limited space, it would be challenging to conduct any necessary searches safely.

[16] Affray strips are fitted throughout custody centres (and other facilities) and are used to trigger an alarm, which will initiate a response from other officers to assist at the location where the alarm is activated.

25. Custody staff highlighted that it was common practice to utilise one charge bar at a time due to the issues identified and that the use of the second charge bar would be based on consideration of risks.

26. In general, the custody centres had limited space and limited capacity for modification. The staff office at Motherwell was cramped and the signage and guides on the office walls had become cluttered. Whilst this would be unlikely to pose difficulties for long-serving staff, it could be challenging for new staff or those covering shifts.

27. The CCTV observation room at Motherwell was not well laid out. It was dimly lit and warm which, coupled with non-adjustable lounge style seats, may invite alertness challenges for officers engaged in longer deployments. The screen display resolution on monitors was also poor. The observation room at the Coatbridge centre was better.

Recommendation 1

Police Scotland should make arrangements to improve the observation room and its facilities within the police custody centre at Motherwell.

28. We noted that there was a lack of interview space at the centres and we were told that it was not uncommon for solicitors to interview their clients at cell doors. Interview room capacity at Motherwell was reduced further as staff from GEOAmey[17] were occupying a small office as a base for the operation of the virtual court based within the centre. We comment further on the impact of the virtual court later in this report.

29. The interview room at Coatbridge was outwith the custody footprint and was located in an upstairs corridor. At the time of our inspection, the interview room at Motherwell was not within the custody centre but was located in a nearby corridor, which was suitable. The interview room was not well laid out and did not have an affray strip. However, the interview room has since been relocated to its original location and is equipped appropriately.

[17] GEOAmey are an independent agency tasked with the provision of safe and secure transportation and custody centre services for prisoners and people detained in custody across the UK.

30. In respect of first aid provision and training, all staff had undertaken first aid training at initial recruitment and participated in annual updates through officer safety training (OST) inputs and supporting online Moodle[18] packages. OST and first aid training has since been extended to two days in-person training with no Moodle component.

31. There was sufficient, clearly visible and practically located fire safety signage, emergency lighting and materials located throughout the custody centre. This included fire safety warden specific guidance in a clearly marked location. Each cell was equipped with a smoke detector linked to an indicator panel clearly visible at the charge bar.

32. There were multiple clearly marked emergency exits covering all areas within the footprint. Fire safety precautions and procedures were taking place routinely. Whilst fire tests were being carried out regularly, these did not include the physical evacuation of detainees. An evacuation of custody centres, including detainees, is expected to be carried out in accordance with fire safety regulations. The custody centre has the autonomy to decide when it is suitable to do this based on an assessment of risk and the needs of the detainees in custody at any given time.

Recommendation 2
Police Scotland should ensure that a full evacuation of custody centres is undertaken in accordance with fire safety regulations.

Condition of cells

33. Cell layout at both centres was made up of 12 cells situated in an older part of the custody centre and 12 more modern cells located within an extension adjacent to the other cells. One cell within each centre had been repurposed as a store room meaning that 23 cells were operational at the time of our visit. All cells were in generally good condition, and were clean and functional. The older cells did not have in-cell hand washing facilities nor in-cell toilet flushing, whilst all newer cells did. Processes were in place for staff to manage this as effectively as possible.

[18] Moodle is an online training platform utilised by Police Scotland.

34. The cell corridors provided adequate handwashing and showering facilities. Two communal sinks were available in each of the corridors. Two shower areas were also available and offered adequate, discrete washing facilities. Several cells were equipped with very thin mattresses, which detainees stated they found uncomfortable.

35. In-cell lighting was provided via natural skylights and high mounted lamps, which provided a somewhat dimmer but nonetheless safe, functional and adjustable light source. All cell doors were of contemporary construction, fitted with three position service hatches, vertical louvered vision panels for improved range of view and discrete checks and were fitted with slam locks.

36. Newer cells had call buttons located adjacent to the door with a two-way intercom linked to the main custody office. These cells also benefitted from mirrored domes on the ceiling to afford unobstructed views of the entire cell from the door hatches when these were closed. The majority of cells were fitted with low level plinths and could therefore pose a challenge for individuals with mobility difficulties. There was one cell in each centre that had a raised plinth with a lowered buzzer, however these would not be considered to meet accessibility standards.

37. Cell corridors were not segregated, however on quieter days, efforts were made to accommodate male and female detainees in separate corridors where possible. We would encourage the separation of male and female detainees wherever possible and for the custody centres to continue to give due consideration to issues of potential vulnerability and risk in making such decisions.

38. There was good CCTV coverage around the centres and cameras had been fitted in all cells at Coatbridge, which meant that any cell could be used as an observation cell when required. There was limited CCTV coverage within the cells at Motherwell, with just four cells fitted with cameras. We were advised that this issue had been identified as a concern by CJSD and arrangements had been made to install cameras in all cells at the centre by summer 2023. It was positive to note that for all cells that could be monitored via CCTV, pixilation of toilet areas had been installed on monitoring screens to preserve detainee privacy.

39. We welcome the plans to install CCTV cameras in all cells at Motherwell. It is our position that there should be CCTV in every cell across the custody estate, with modern systems capable of recording, observing, and recovering images. This is important not only for undertaking observations when required, but also to provide evidence in relation to complaints that may be made by detainees regarding their treatment in custody.

40. We found no obvious ligature points within cells. Ligature cutters were stored at the custody charge bar, however were not worn by custody staff on their belts. We noted that custody staff were undertaking weekly cell checks in order to monitor the condition of cells and raise any issues regarding maintenance.

Arrival at custody and booking-in process

41. Booking-in processes were observed at both custody centres. In circumstances where the custody centre had been contacted by local policing to inform them that they were bringing a person into custody, standard checks were made by custody staff prior to their arrival through the National Custody System (NCS) and other police information systems including PNC, CHS and iVPD.[19] These pre-arrival checks were well managed and carried out thoroughly by custody staff.

42. Local policing officers can undertake systems checks in advance of arrival at the custody centres. Whilst, they have access to PNC and CHS on handheld devices, these are not linked to the national custody system (NCS) and therefore information that may be relevant to custody is not pre-populated on NCS.

43. The majority of detainees were booked into custody by a CJPCSO. The process was overseen by a police sergeant in respect of providing authorisation for detention. We found CJPCSOs to be efficient and professional in their approach to this task. We noted that some of the pre-arrival checks undertaken revealed markers for previous drug use, concealment or self-harm. These issues were recorded by CJPCSOs, and utilised effectively during the booking process.

[19] Police National Computer system (PNC); Criminal History System (CHS), interim Vulnerable Persons Database (iVPD).

44. A prioritisation process was in place regarding the order of booking. The process took account of all incoming detainees in transit, within the yard and in the holding area. Decisions were based on issues of detainee care and welfare, officer safety and criminal justice needs, which were assessed by the custody sergeant. This can be of particular benefit if, for example, a person has an injury that may require treatment or in cases where a person has been arrested for driving while impaired in order that they can access the required testing in a timely manner.

45. We noted that if a healthcare issue is identified during the booking-in process, custody staff can initiate contact with COMS. As noted earlier in this report, COMS provide an on-call service, with a forensic physician covering each 12-hour shift. Whilst there was no immediate access to healthcare staff onsite, a forensic physician will attend at the centre based on agreed referral criteria and procedures. We say more about healthcare provision later in this report.

46. Detainees were provided with clear information on the criminal justice charges relevant to them and were advised about solicitor access. Risk assessment and vulnerability questionnaires were undertaken thoroughly and at a suitable pace to ensure understanding. When assessed as potentially beneficial, arrest referral information was provided regarding referrals for substance misuse issues. The Letter of Rights (a booklet outlining detainee rights) was explained well and an easy read version was provided.

47. Language identifier posters were clearly positioned at charge bars. Interpreter contacts were available to CJPCSOs, though not utilised during our visit. Custody staff made appropriate enquiries regarding any literacy needs that a person may have and provided information on support available. There was no health-specific signage to provide information to detainees on what healthcare services may be available to them.

48. We observed searches being conducted by the arresting officer/s supported by a CJPCSO using a hand-held metal detector. These were conducted respectfully and were compliant with relevant standards.

49. We noted that some aspects of detainee property management could be improved. For example, property stores were not locked routinely and in one instance, cash was not counted in front of the detainee. This could potentially result in complaints. Whilst CCTV and audio equipment is installed at charge bars, which provides some protection for custody staff and detainees, we suggest that property procedures should be followed more stringently.

Area for improvement

The custody centres should ensure that property management procedures are followed and implemented effectively.

50. Careful consideration was given to the requirement for detention in all cases that we observed. The introduction of the Criminal Justice (Scotland) Act 2016[20] has had a positive impact and has begun to reduce the number of those detained in custody. Similarly, the Lord Advocates Guidelines on Liberation by the Police,[21] which were revised in March 2020 in response to the Covid-19 pandemic, have had a positive impact on custody decision making. This approach has been enhanced by the ethos of CJSD to minimise the use of detention wherever it is considered safe and appropriate to do so. As a result, we found that detention was appropriately authorised in all cases during our inspection.

51. Fingerprints and DNA procedures were carried out by custody staff. Custody staff have also taken over responsibility from local policing for undertaking Nexus[22] checks in relevant cases. We see this as a positive development, which has the potential to improve the frequency and efficiency of these checks taking place.

[20] Criminal Justice (Scotland) Act 2016, Part 1, Chapter 6.
[21] Lord Advocate's Guidelines on Liberation by the Police (2020)
[22] Operation Nexus is a joint initiative between the Home Office and Police divisions across the UK to verify the immigration status of, and gather information from, foreign nationals, including EEA nationals.

Legal rights

52. As indicated, custody staff and supervisors were routinely making well-informed and collaborative decisions on the requirement for detention in custody. They also gave due consideration to the length of time detainees spent in custody and whether or not it was necessary for an individual to be placed within a cell during their detention. This meant that an increasing number of individuals brought to custody were being processed at the charge bar and released on an undertaking to appear at court on a later date. Similarly, other individuals were being brought to custody for interview and released thereafter. We observed that one person brought in for interview was booked in, interviewed and released in less than an hour.

53. Through our review of records on the NCS system, we found that the majority of detainees in our sample (65%), spent less than 12 hours in custody with 41% detained for less than six hours. In the cases observed, we found that detainees were held for no longer than was required.

54. Our review of records found other examples of positive practice within the centres. Detainees were asked if they wanted a relative or friend to be notified of their detention; a process referred to as notification of a reasonably named person. We noted that a reasonably named person was notified in all cases within our sample. In addition, a Police Interview - Rights of Suspects (PIRoS) form had been completed for all detainees. An interpreter was requested by one person within our sample of records and attended as required.

55. Appropriate Adults provide communication support to vulnerable victims, witnesses, suspects and accused persons, aged 16 and over, during police investigations. Local authorities are responsible for ensuring the availability of Appropriate Adults across Scotland. Appropriate Adults were not used for any detainees during our inspection, nor in the cases reviewed in our sample of custody records. However, custody staff told us that accessing this service, particularly out-of-hours and at weekends, could be inconsistent and challenging.

Risk Assessment and Care Plans

56. During the booking-in process, a risk assessment is carried out for everyone that comes into police custody. People are asked a range of questions by custody staff, based on a vulnerabilities questionnaire. The purpose of the questionnaire is to identify if the person has had past or present issues in relation to their physical and mental health, substance use, self-harm, suicidal ideation or other vulnerabilities. Effective risk assessment is vital to ensure that detainees can be managed and cared for appropriately.

57. The initial risk assessment process allows custody staff to determine a care plan for detainees. This involves determining whether the person presents a high or low risk, and putting a corresponding level of observation in place. The approach is based on an assessment of risk, threat and vulnerability. Responses to the vulnerability questionnaire and the subsequent care plan are recorded on NCS. Based on the outcome of the risk assessment, detainees are subject to observations and rousing[23] according to the following scale:

- **Level 1 – general wellbeing observations**. For an initial period of six hours, all detainees are roused at least once every hour. Thereafter, hourly visits are still undertaken but detainees need not be roused for up to three hours. This level is suitable for detainees who are assessed as low risk.

- **Level 2 – intermittent observations**. Detainees are visited and roused at 15 or 30-minute intervals. This level is the minimum for detainees suspected of being under the influence of alcohol or drugs, whose level of consciousness causes concern or where there are other issues necessitating increased observation.

- **Level 3 – constant observations**. The detainee may be under constant observation via CCTV, a glass cell door or window, or a door hatch. Visits and rousing may take place at 15, 30 or 60-minute intervals.

- **Level 4 – close proximity observations**. Appropriate for those detainees at or posing the highest risk. This involves detainees being supervised by staff in the cell or via an open cell door.

[23] Rousing involves gaining a comprehensive verbal response from a detainee, even if it involves waking them while sleeping. If a detainee cannot be roused, they should be treated as a medical emergency.

58. As noted in the methodology section of this report, our sample of records related to 46 people detained in custody prior to our inspection. This included 33 males and 13 females, the majority of whom were aged between 30 and 59 years of age. Our sample also included eight children under the age of 18 years, four male and four female, detained during the same timeframe. Two of the 46 records were not included in our final analysis as detention had been refused by the custody supervisor based on due consideration of the presenting circumstances.

59. We have based our assessment of the quality of risk assessments and resulting care plans on a combination of our review of detainee records and our observation of practice during our onsite visits to the respective custody centres.

60. We found that vulnerability questionnaires had been completed in all relevant cases within our sample. We consider almost all of these assessments to be accurate based on available information. There were some gaps in the recording of a rationale for decisions on vulnerability. Similarly, the observation level for some detainees had been reduced with no record of the rationale recorded to support the decision.

Area for improvement
The custody centres should ensure that a clear rationale is recorded on the national custody system in support of risk assessments and changes in observation levels.

61. The majority (58%), of detainees were on observation levels 1 and 2; 27% required constant observations via CCTV, and 15% required close proximity observations at level 4. Our analysis concluded that the observation levels selected by custody staff corresponded well to risks identified through the assessment process. This outcome provided us with reassurance that custody staff were making the correct decisions in respect of observation levels in the majority of cases.

62. It should be noted that custody staff undertake the aforenoted assessments often in the absence of support from a healthcare professional as medically qualified staff are not based within the centres. Custody staff told inspectors that they contact the on-call forensic physician service for advice or to request attendance in some circumstances.

63. Clearly, it is crucial that once an observation level is decided upon, custody staff undertake cell checks as required and record these on the national custody system. Our review of NCS records found gaps in the recording of cell checks. Whilst this does not mean that these were not taking place as required, it is unfortunate that the records in some cases did not reflect the level and regularity of checks that have been completed.

Recommendation 3
Police Scotland should ensure that processes for recording cell checks are carried out consistently and recorded on the national custody system timeously.

64. Custody staff had undertaken a standard custody centre training course, which included officer safety and ICT training. This provided staff with the knowledge and skills to undertake custody centre duties including the observation of detainees in accordance with the aforementioned levels identified through risk assessment. For some custody staff, this training was long-standing, and had not been refreshed throughout their time in the role. Whilst we found custody staff to be confident and competent in their role, we identified gaps in the provision of more recent training / awareness raising inputs.

65. Custody staff informed us that they had not undertaken any additional specialist training relating to the particular vulnerabilities common to detainees. This included, for example, training relating to substance abuse issues, mental health, learning difficulty, hidden disability, trauma informed care and moving and handling. Staff indicated that they had received basic guidance on undertaking physical observations regarding detainee alertness / level of consciousness during cell checks, but would benefit from additional instruction.

Recommendation 4
Police Scotland should ensure that custody staff receive regular custody update training / awareness raising relating to substance abuse issues, mental health, trauma informed care and undertaking detainee observations.

66. A pre-release risk assessment (PRRA) was recorded as having been completed in almost all cases within our sample. These were carried out for detainees being released from custody to determine whether they may pose a risk to themselves or others. We observed good liaison between custody staff and custody sergeants in order to consider the physical and mental state of detainees prior to their release.

Detainee care

67. During our inspection we spoke with 14 people detained in custody to gain their views on their experience of custody. All stated that they felt they had been treated well by custody staff. They said that staff had been respectful and had made regular enquiries about their wellbeing. They were offered food, drinks and snacks as required. They informed us that they felt safe within the setting.

68. Cells were mostly in good order, functional and cleaned regularly. As noted within this report, several cells required better mattresses. The ambient temperature within individual cells at time of inspection was appropriate. There was an ample supply of toiletries and feminine hygiene products, and the facility had sufficient stores of variously sized and regularly laundered, anti-ligature clothing and bedding.

69. Religious observance materials were available to detainees who required them, and these were stored appropriately. The kitchen had a variety of foodstuffs of high calorific value and included fresh fruit. Tea, coffee, diluting juice and drinking water was readily available. Food offered to detainees included halal and vegetarian options.

70. Showers were made available to detainees every day before court and anytime on a Saturday and Sunday. Only a small number of detainees within our records review sample were recorded as having taken showers.

71. There were no designated facilities for outdoor exercise for detainees. Our review of custody records found that no detainees within our sample were recorded as having had exercise. Both centres had a compact and secure vehicle dock at the custody entrance. With due consideration being given to potential risks, these areas could be utilised for short periods to provide access to outside space, particularly for detainees subject to extended periods in custody.

72. A third of detainees within our sample of records had been assessed by custody staff as requiring a strip search. These had been authorised appropriately in all cases. No detainees within our sample had been subject to an intimate search. The use of force was not recorded as having been used in respect of any detainees within our sample.

73. We found that a good stock of reading material for detainees was maintained at each centre. However, there were limited materials for those with a visual impairment.

Healthcare

74. NHS Lanarkshire is responsible for the delivery of healthcare in the custody centres in Lanarkshire, which includes Coatbridge and Motherwell. The NHS board delivers healthcare through a contracted arrangement with Custody and Offender Medical Services (COMS). The COMS service is peripatetic and therefore not based within a single custody centre. It provides an on-call service, with a forensic physician covering each 12-hour shift. There was no immediate onsite access to healthcare staff.

75. At weekends, due to increased numbers of people detained in custody, nursing staff with a competency in custody healthcare and forensic medicine, provide support to the service. Senior managers from COMS told us that there were no recruitment challenges regarding healthcare staff.

76. Our inspection of healthcare provision focused on the health and wellbeing of detainees as set out in the Healthcare Improvement Scotland interim Framework to Inspect.[24] During the inspection, HIS inspectors spoke with custody staff and with the healthcare practitioner attending the centre at that time. Inspectors assessed the treatment room within both centres, and observed key custody processes.

77. COMS staff were provided with mandatory training for their role as outlined in a service provision agreement entered into with NHS Lanarkshire. COMS also deliver ongoing training and peer support events for their staff throughout the year. However, there was no specific human rights-based training provided to medical staff, such as on the Istanbul Protocol,[25] to support the effective investigation and documentation of torture or other ill-treatment. Human rights-based training can help participants to proactively respect and protect fundamental rights.

[24] HIS - Interim framework for the inspection of healthcare in police custody
[25] Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (2022 edition)

Recommendation 5

NHS Lanarkshire should ensure that medical staff working within custody centres are trained in relevant human rights protocols.

78. We found that arrangements were in place to support communication and information sharing between NHS Lanarkshire and key stakeholders. The NHS service manager with responsibility for custody healthcare, chairs a quarterly custody healthcare operations meeting attended by Police Scotland, COMS, pharmacy colleagues, a senior nurse, and an ICT representative. All aspects of custody healthcare are discussed and minutes are shared with the NHS board's General Manager for Mental Health & Learning Disabilities. NHS Lanarkshire also participates in fortnightly National Police Care Network meetings, which provide a forum for discussing services and sharing best practice.

79. NHS Lanarkshire is responsible for collating and managing data regarding adverse events and potential risks. NHS boards use Datix, a risk management information system, to record this information. Senior NHS managers are required to review Datix entries to identify any patterns or trends, and assess whether any immediate action is needed to ensure patient safety.

80. We asked NHS Lanarkshire to provide a record of adverse events recorded in the 12 months prior to our inspection for the police custody centres in Motherwell and Coatbridge. Whilst we saw evidence of service reviews (adverse events recorded by custody staff) being submitted to CJSD managers in the past year, there were no recorded entries on Datix regarding healthcare related events. It is unusual for no healthcare related adverse events to be recorded over such a period of time, particularly given the nature of the setting, which suggests a degree of under reporting.

Recommendation 6

NHS Lanarkshire and COMS should provide refresher training for staff on how to identify and manage an adverse event and on the use of Datix system.

81. Similarly, in the past 12 months, there were no records of complaints being raised, nor feedback provided, by detainees regarding their experience of healthcare whilst in custody. We found no information available to detainees to inform them about how to provide feedback or raise a complaint regarding their healthcare.

Area for improvement
NHS Lanarkshire and Police Scotland should work together to ensure that detainees know how to provide feedback or raise a complaint regarding the healthcare service they received while in custody.

82. It is clear therefore, that NHS procedures, which could provide an insight into the quality of the delivery of care, such as complaints procedures, patient feedback and adverse events reporting, were not being reported. This limits the potential for service providers to analyse and learn from these and to form a comprehensive assessment of the quality of the healthcare provided to detainees.

83. Inspectors noted that prior to a person arriving at the custody centres, custody staff made an initial assessment of healthcare needs based on information available from electronic records and, in some circumstances, from local policing. Where it is identified that a person has significant healthcare needs, such as a physical injury, they would be taken directly to hospital for assessment and then transferred to the custody centre when deemed fit. In circumstances where it is less clear that hospital treatment may be required, the individual is brought to custody for assessment.

84. Custody staff informed us that it can, at times, be difficult to make such assessments in the absence of onsite healthcare professionals. They suggested that this can lead to decisions being made to transfer a detainee to a hospital accident and emergency (A&E) department for assessment rather than to await the arrival of an on-call healthcare professional. This was particularly the case when a person was brought into custody at night.

85. This has the potential to extend the length of time that a person is in custody, particularly should they be assessed as not requiring treatment following a potentially long wait at A&E. It also impacts on local policing, in terms of officers being unable to carry out other duties, as they are required to remain at hospital with the detainee and return them to custody. Similarly, this can add to the burden on A&E staff who must assess the individual. There is no current process in place to collect information on hospital transfers from custody and to measure the impact on services and detainees.

Recommendation 7

NHS Lanarkshire, COMS and Police Scotland should record and monitor patient transfers from custody to hospital and produce management reports on the impact of this to inform service planning and delivery.

86. When a detainee enters custody, the vulnerability assessment is used by custody staff to assess if they have any substance use issues, as well as a range of other factors. Custody staff are unable to carry out comprehensive physical observations, or a standardised assessment of intoxication or withdrawals, as this is the role of trained medical professionals. Detainees who are under the influence of substances or withdrawing from substances, should be assessed by COMS staff who subsequently make recommendations regarding medication requirements and observation levels. However, as we have noted within this report, healthcare staff are not based within the custody centres, which can result in gaps and delays in these assessments being undertaken by a healthcare professional.

87. Healthcare professionals and custody staff have access to Language Line UK, a language translation service, where they can access an interpreter. Easy read leaflets were available for detainees outlining their rights and informing them that they could ask to see a healthcare practitioner. However, there was no health-specific information provided to detainees to advise them of what they could expect or what type of help and treatment would be available to them.

Area for improvement

NHS Lanarkshire should ensure that health-specific information is provided to all detainees regarding the type of healthcare support and treatment available to them while in custody.

88. The separate electronic systems used by custody staff and NHS staff to record custody data are unable to connect with each other to share information. As noted, custody staff use the NCS system to record information relevant to detainees, whereas NHS and COMS staff use Adastra.[26] This has resulted in a protracted process to share information relevant to care plans. When COMS staff undertake a health intervention, an entry is made on the patient's electronic clinical record on Adastra. A printed copy is provided to custody staff who then manually record information onto NCS, after which the paper copy is destroyed. We found that despite the nature of the process, the information recorded was detailed and relevant to the patient's care.

89. Each of the custody centres had a medical room for COMS staff to undertake consultations and provide treatment to detainees as required. We inspected the medical rooms at both centre and found them to be generally in a good state of repair and visibly clean. However, the medical room at Coatbridge had some damage to walls and debris in the corners of the floors highlighting that cleaning was not to the required standard.

90. In relation to more general cleaning standards, we were informed that there were no easily accessible products available for the immediate management for body fluid spillages. Cleaning staff told inspectors that a generic product would be used to clean spillages rather than a chlorine based product. Similarly, there was a lack of chlorine-based cleaning products for sanitary fittings.

Recommendation 8

Police Scotland should ensure that environmental cleaning standards are maintained within medical rooms in line with clinical standards.

[26] Adastra is an IT solution for use in police custody centres used by NHS staff and commissioned services. It is used as a clinical health recording system to support clinical care delivery for patients in police custody.

Recommendation 9

The custody centres should ensure that suitable cleaning products are available within the centres which meet the required health and safety standards for the task.

91. Sharps bins, which are used to dispose of used needles or sharp medical items, were available at the charge bar and in medical rooms. The majority of these were not signed and dated, however most had temporary closures in place. Sharps bin labels need to be fully completed to ensure safe waste management.

Recommendation 10

NHS Lanarkshire must ensure that all sharps bins have fully completed labels to ensure safe waste management.

92. Both custody centres had easily accessible automated external defibrillators. Inspectors were told that these defibrillators were regularly checked by healthcare staff to make sure they were fit for purpose and ready for use. Records reflected that these checks had been carried out appropriately.

93. Medical rooms were equipped with essential emergency equipment. However on inspection, we saw items that were out of date within the emergency bags. These also lacked the inclusion of a checklist to ensure that only items required for basic life support, and immediate life support, were stored within emergency bags and that these items had not passed expiry dates.

Recommendation 11

NHS Lanarkshire and COMS must ensure that a procedure is in place to regularly monitor and replenish emergency bags and ensure that they only contain equipment that people are trained to use, which is specific to Basic Life Support and Immediate Life Support.

94. COMS staff can provide a range of care and treatment interventions suitable for detainees with issues such as asthma, pain, mental health issues, and acute withdrawal from drugs and alcohol.

95. COMS staff who assess detainees with substance use issues, record their assessment onto the Adastra system using an SBAR format (Situation Background Assessment Recommendation). Whilst we were told that these assessments are available on Adastra and routinely used, we did not see evidence of standardised assessment and withdrawal scales being used.

96. Within medical rooms, we saw information available for COMS staff regarding take home Naloxone kits (a medicine that rapidly reverses an opioid overdose), blood-borne virus (BBV) screening, dry blood spot testing, as well as contact numbers for support organisations, including community addictions.

97. For people requiring a mental health assessment, COMS staff would either attend the custody centre in person to undertake assessments or would use a 'Toughbook' electronic device[27] to undertake mental health reviews remotely. A forensic physician would thereafter complete a suicide risk assessment on the NHS Adastra system. Whilst there is no standardised assessment, the forensic physician's records include the detainee's history, clinical examination template, assessment, diagnosis and recommendations.

98. Through funding made available via the national Action 15 Mental Health Strategy, the forensic physician can access advice and, if necessary, assessment by an Advanced Nurse Practitioner employed by NHS Lanarkshire. This assessment can be provided remotely or in person with a view to transferring the patient to hospital if they require admission. This can be a lengthy process involving multiple assessments. Access to this assessment is available out of hours on week days and at weekends. During normal working hours, contact can be made with the Psychiatric Liaison Teams within acute hospitals.

[27] Toughbook is a durable laptop, tablet or handheld device that can withstand dust, water, vibration and falls.

99. There were clear processes in place for managing medicines and healthcare staff used these to safely prescribe, administer, record and store medicines. Both custody centres had an appropriate and available supply of medication, including controlled drugs. Organisations that store and / or supply controlled drugs are legally required to hold a controlled drugs license. NHS Lanarkshire did not have this license in place at the time of our inspection.

Recommendation 12
NHS Lanarkshire must obtain a controlled drugs license to meet its legal obligation for the storage and supply of controlled drugs.

100. Whilst there was lockable storage within the custody centres that could be used to safely store controlled drugs brought into custody by detainees, this was not being utilised consistently. Controlled drugs should be stored securely until they can be examined by a forensic physician.

Recommendation 13
Police Scotland should ensure that safe and lockable storage is available and used consistently for controlled drugs brought in by detainees.

101. For detainees prescribed methadone in the community, administration is routinely withheld when detainees are due to appear in court. This means that detainees who are in custody for over 24 hours can go for extended periods of time without their opioid substitution treatment (OST) and can miss their prescribed dosage on liberation from custody dependent on the time of release.

Recommendation 14
NHS Lanarkshire must ensure that detainees receive their OST treatment as prescribed when transferring to court or on liberation from custody.

102. The Scottish Government's Medication Assisted Treatment (MAT) standards came into force in April 2022. These are evidence-based standards, introduced to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland. All organisations responsible for the delivery of care have a duty to work towards implementing the MAT standards and to ensure that staff are suitably prepared to meet their responsibilities.

Area for improvement
NHS Lanarkshire and COMS should provide support to staff to enable them to prepare for implementation of the MAT standards.

103. Medical rooms contained information to advise COMS staff on issues relating to the use and administration of Naloxone,[28] which was available to healthcare professionals when they were in attendance at the centres. As stated within this report, healthcare staff were not based within the centres and were therefore not immediately available should the need to administer Naloxone arise. Should such an emergency situation occur, custody staff are required to call an ambulance. This could impact on the detainee's health due to an inherent delay in them receiving treatment.

Recommendation 15
Police Scotland should ensure that Naloxone is available within custody centres and that it can be administered during times when healthcare professionals are not available.

104. Nicotine replacement therapy (NRT) is not offered nor prescribed to detainees in either of the custody centers. The provision of NRT can support detainees to stop smoking and improve health outcomes.

Area for improvement
NHS Lanarkshire and COMS should offer nicotine replacement therapy to detainees who smoke in order to support their healthcare.

[28] Naloxone is an emergency antidote to overdoses as a result of heroin (or other opioid/opiate) use, which reverses the suppression of the respiratory system.

Support on release from custody

105. During the pre-release risk assessment process, there is an opportunity for detainees to be referred to other agencies for support. Both custody centres had a list of services available within the community to support detainees on release. We also noted that custody officers provided information to people when they were being booked in to custody regarding potential supports that were available to them.

106. The availability of support services varies across the country and therefore custody centres can be limited in terms of options for people leaving custody. The Lanarkshire custody centres had engaged with local authority Health and Social Care Partnerships and third sector organisations in order to identify services that could be provided to detainees on release.

107. We noted that South Lanarkshire Alcohol and Drug partnership had entered into an agreement with SACRO[29] for the provision of a new service to support people living in South Lanarkshire who have found themselves in the criminal justice system because of their relationship with alcohol or drugs. Staff from SACRO were available to attend the Motherwell custody centre to meet with detainees every morning from Sunday to Friday. The custody centres were liaising with another third sector service provider, Phoenix Futures, to introduce a similar provision for people living in North Lanarkshire.

108. Whilst custody staff were making referrals to the service, senior managers informed us that the engagement rate following release from custody was low. SARCO is working with Alcohol and Drug Partnerships in North and South Lanarkshire to review how they could improve engagement levels and support people in the treatment for their substance use.

109. We saw limited signage on display within the custody centres to provide people with information on support services available to them.

[29] SARCO is a third sector organisation that works within Scotland's communities to provide support to people leaving custody or those at risk of custody.

Area for improvement

The custody centres should improve the display and availability of information regarding services available in the community to support detainees on release.

Virtual Court

110. Virtual court (VC) facilities were available at both custody centres. These were used most frequently at Motherwell. The busiest day of the week remains a Monday and at the time of our visit, 16 of 19 detainees were due to appear at virtual court.

111. The operation of the virtual court system impacted considerably on custody operations and on detainees. Detainees often spend longer in police custody as the VC operates in the afternoon. Once the detainee has attended court, they are returned to a cell in order to await the transfer of appropriate paperwork from COPFS to allow their release or transfer. Some detainees are therefore not released until evening, which can result in challenges with transport etc.

112. The process also placed additional demands on custody staff as they would be required to meet the needs of detainees throughout the court day and until their time of release, which could, for some people, be late in the evening.

113. There was no indication that courts used a system to prioritise detainees appearance at court, including for those that had been detained for longer periods. There was little interaction with the custody centres regarding detainees with particular vulnerabilities. In some cases, the court would delay decisions on whether or not to call a case due to an individual being on a high observation level. At times, this resulted in a last minute decision to call a case at the end of the court day, again resulting in longer detention for the person in custody. These issues can result in increased challenges in detainee management, care and wellbeing.

Police Constable-led custody centres

114. Police Constable-led (PC-led) custody centres were introduced following extensive review and trials of the process undertaken as part of a custody transformation process. PC-led custody centres have become an integral part of the overall National Custody Operating Model.

115. The premise of the PC-led model is that suitably trained, experienced and approved Police Constables, who have the ability and confidence to perform the duties of Custody Officer, take the lead for coordinating onsite custody operations under the remote supervision of a custody sergeant. They will therefore provide guidance for custody staff as required and provide authorisation for detention and liberation in line with criminal justice legislation and guidelines.

116. As noted previously in this report, the custody centre at Coatbridge will, at times. operate a PC-led model under the supervision of a custody sergeant based at the Motherwell custody centre. We found the quality of remote supervision to be largely effective. Police custody officers undertaking the role, advised us that they felt well supported and confident in their ability to provide effective oversight of the centre when required.

HM INSPECTORATE OF
CONSTABULARY IN SCOTLAND

HM Inspectorate of Constabulary in Scotland
1st Floor, St Andrew's House
Regent Road
Edinburgh EH1 3DG

Tel: 0131 244 5614

Email: hmic@hmic.gov.scot

Web: www.hmics.scot

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