



HEDDLU GOGLEDD CYMRU
Gogledd Cymru diogelach

NORTH WALES POLICE
A safer North Wales

Ein Cyf:/Our Ref: DCC/JF

30th January 2018

Gareth Pritchard QPM MA
Dirpwy Brif Gwnstabl / Deputy Chief Constable

Mr Gittins
Senior Coroner for North Wales (East and Central)
Coroner's Office
County Hall
Wynnstay Road
Ruthin
LL15 1YN

Dear Sir,

Inquest Touching the death of Joshua Hamill – date of death 5th June 2016

Thank you for your Regulation 28 Report dated 5th December 2017. I note that you raised two matters of concern:

- 1. That the current training afforded to police officers in North Wales was ineffective in ensuring that they were able to accurately identify mental health issues in persons they were attending.*
- 2. That when an event was opened as a "Concern for Safety" it was closed down as a domestic incident without there being a recorded resolution as to safety and welfare of the person originally at risk of harm.*

Mr Candlish, Joshua's grandfather, also raised some concerns, and I have included the responses to these, for the sake of completeness, to ensure that you have full visibility of all the issues and responses.

I will respond to the matters raised below.

1. Training

During April 2015 the "Vulnerable Person" package was introduced by the College of Policing, National Taser Course that all Taser officers have to complete. This package dealt with identifying and dealing with persons suffering mental health issues. This was implemented straight away by North Wales Police in both the initial and refresher training.

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During early 2016 North Wales Police Training Department reviewed the Taser training package, to ensure that it remained fit for purpose, although there had been no change to the package from College of Policing.

The full College of Policing Package was retained as mandated but the Training Department added to it and developed a scenario to test the skills and knowledge of the Taser officers.

Once the package was in place North Wales Police arranged for the mental health team from Betsi Cadwaladr University Health Board (BCUHB) to attend a Taser training course where this package and the scenario were delivered. The team attended on 27th May 2016 for the whole day. They provided feedback on the course which was positive, confirming North Wales were giving the correct advice to officers. They were also able to offer further advice which is now included in the training. This package continues to be delivered on all Taser courses. There are currently 250 Taser trained officers in North Wales, all of whom will have had this package at least once but in some cases three times. This is auditable through the changes made to lesson plans and officer training records.

During August 2016 the Acute Behavioural Disorder (ABD) package developed by the College of Policing was introduced to the classroom session of personal safety training. Although dealing primarily with persons suffering from ABD, it followed the same principles for dealing with persons suffering mental health problems. All officers in North Wales Police are required to undergo personal safety training; therefore every officer will receive this package. This package is still being delivered and some officers have now received it more than once. This is auditable through changes made to lesson plans and officer training records.

An early intervention training package was developed in force and delivered between November 2016 and July 2017. This package addressed concerns around dealing with vulnerable persons including those with mental health issues. As part of this package officers were provided with details of external partners that persons they were dealing could be signposted to. Although this package does not continue to be delivered as a stand-alone it does continue to be delivered as part of the vulnerability course. This is auditable through officer training records.

A mental health training package was developed by the Training Department and delivered as a webinar package. This detailed different types of mental health issues, places of safety, support/advice contacts, suicide, self-harm and learning disabilities. Due to the way in which it was delivered it is not auditable. I can confirm that this was delivered on 10 occasions between 10th May 2017 and 16th August 2017 but I cannot identify which officers received the input. I trust that this information assists in demonstrating that the training provided in relation to mental health issues has developed since the death of Joshua Hamill on 5th June 2016.

The Inquest highlighted that although police officers receive training on their powers to detain people under section 136 of the Mental Health Act 1983, there should be more training to assist officers in responding to the needs of people they encounter who may be experiencing a mental health condition, but do not fulfil the criteria for lawful detention under section 136 of the Mental Health Act 1983 or the necessity criteria for arrest as set out in Section 110 of the Serious

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Organised Crime and Police Act 2005. This scenario leaves officers with a vulnerable person when they have no police powers to assist.

The Training Department are currently developing a mental health training package. Other Forces have been contacted in relation to their mental health training. The Training Department will be following this up through roles on the national working groups for personal safety training and Taser training as they bring trainers into contact with all forces. This will provide a definitive idea of what other forces are already doing and assist in developing best practice.

The training department will also contact the BCUHB mental health team to seek an input from them for Force trainers to identify any areas where we could improve delivery.

The following actions will be taken to improve both the content and the accessibility of the mental health training.

1. All the above packages to be made available on the force intranet. This can be implemented immediately.
2. All the signposting details from the early intervention package to be made available on the force intranet. This can be implemented immediately.
3. A "Need To Know" detailing 1 and 2. "Need to Know" is a weekly update delivered to all staff via e-mail. It is a one page document highlighting issues that staff need to be aware of. It highlights sources of additional information and is stored on the Force Intranet so it is readily accessible. This will be implemented imminently.
4. A "Need To Know" detailing the signposting details only. This will be implemented imminently.
5. The College of Policing vulnerable person Taser package be adapted and extended into personal safety training. All officers will receive the package. This also ensures the training is auditable. This will be ready in the near future.
6. The webinar package will be adapted and delivered as a classroom package. This will take time to develop and implement but officers attendance can be audited. Whilst this is still being developed it should be available to go live post April 2018.
7. There is an extensive Authorised Professional Practice (APP) package on mental health that would benefit officers. Officers will be directed to this but it is not auditable.

2. Closure of Incident

I can confirm following process changes on 20th February 2017, North Wales Police now assesses incidents comprehensively, using an established and structured process to ensure that an appropriate response is always provided.

All incidents reported to the Force Control Room are assessed in line with the principles of THRIVE and graded as per the Force Communications Centre (FCC) Graded Response and Resourcing Deployment Protocol. The THRIVE principles guide call handlers through the

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vulnerability process, assisting them to identify, grade and acknowledge the appropriate deployment in relation to any risk/threat/harm. In making a T.H.R.I.V.E. assessment the call handler will consider the Threat, Harm, Risk, Investigation, Vulnerability and Engagement associated with the incident.

The CRE (Customer Rules Engine) system assists with vulnerability/risk in relation to early identification of repeat calls which, together with THRIVE assists in utilising the National Decision Making Model (NDM) as a rationale for deployment.

The NDM has six key elements. Each component provides the user with an area for focus and consideration. The element that binds the model together is the Code of Ethics at the centre.

In addition to the Code of Ethics, the five key elements are:

1. Gather information and intelligence
2. Assess threat and risk and develop a working strategy
3. Consider powers and policy
4. Identify options and contingency.
5. Take action and review what happened

The NDM requires users to constantly evaluate their decisions using the model as new information becomes available or the situation develops.

North Wales Police also amended our THRIVE CRE process on 20th February 2017 to ensure that in the event of a change of event type or change of event grading, a clear rationale for change and any change in threat, risk, harm and vulnerability must be documented by the communications operator within the body of the command log.

In addition, since 1st March 2017, supervisors now review every event prior to closure to ensure any threat, risk or vulnerability is appropriately managed.

3. The Concerns raised by Mr Candlish

1. Mental Health Training

a. Needs to be effective and useable, meaningful and understood at a behavioural level

All courses referred to as having being delivered by North Wales Police. Most of them are also on sharepoint. These packages were all designed by College of Policing with mental health professionals. The local health board mental health team quality assures the package as well.

b. Easily accessible and memorable

The mental health inputs are delivered on Taser, personal safety and vulnerability courses. They are available on the training department sharepoint for all officers to access.

c. Proportional to the risk of mental health and suicide

The nationally approved training has been enhanced and reviewed by the local health board. Training in relation to mental health is delivered both as a standalone input and as part of other training.

d. Best practice for police and across other services and industries

The North Wales Police training department are liaising with other forces and the local health board to improve the training.

e. Its more than just Section 136 decision making

The training is more than section 136 decision making. It gives officers details of other agencies they can direct people to. It gives details of signs and symptoms to look out for. It also provides details of how to deal and communicate with people suffering MH episodes.

f. Takes account of the relevant APP's including the Mental Illness and Vulnerability

The current and future training are based on College of Policing products and will always contain the Authorised Professional Practice as a minimum. The training will be developed into an enhanced product but will always contain the APP.

g. To cover effective information gathering and how to ask or find out the right and appropriate information

This forms part of effective communication which is specifically covered in the training packages.

h. Effective communication

This is specifically covered in the training packages.

i. Ensure a working strategy is developed implemented and followed through allowing for rapidly changing situations

All officers have a yearly input on the National Decision Making Model. Taser officers have it twice yearly.

j. Not to jump to conclusions when mentally vulnerable people are involved

It is anticipated that the training will address this issue.

2. Make information available locally in NWP regions about mental health support, engaging with other service (ie NHS, Samaritans, local support & Charities) to make information available by officers to help vulnerable people who may need to know where to go or who to contact for mental health support. We understood that the officers did not know what was available.

The power points, Mental Health Input 1+2 are already available for all officers on sharepoint. The Early Intervention PowerPoint and all the signposting documents from that course are

going onto the same sharepoint. This can be followed up with a "need to know" to direct officers to it.

3. Make information quickly accessible or available across police regions. Consider the use of control room to control room contact (Phone calls?) to check on vulnerable people who are out of their normal region. Information held locally is vital when dealing with someone out of region. Review current process of the request form and change to a fast, useable system. (I was not sure how the PND was used or whether the officers had training or access to this).

The ability to access information on the local intelligence systems of other forces is a challenge especially outside office hours. The need to consider whether it is necessary to telephone a neighbouring force for their local intelligence will be covered in the training. An immediate response may not be justified or possible depending on the circumstances, available resources and demand.

The Police National Database (PND) is a national data store of operational policing information and intelligence provided by individual forces. It contains copies of locally held police records covering Intelligence, Crime, Custody and Child / Domestic Abuse Investigations. Access to PND is restricted to licensed, accredited, trained staff. It is possible for an officer to complete a form and submit a request to the North Wales Police intelligence department which is staffed 24 hours a day. This would have to justify the reason for the search and the urgency. An immediate response would be available if there was an immediate threat to life but a slower response would be provided in other cases.

4. Review best practice across the country to use in mental health issues. Review the mind report – Police and Mental Health How to get it right locally and best practice suggestions. Follow up on the practice in Northampton described by the Northampton NHS. Look at other industries and services to establish best practice to be implemented by NWP. (See also the North Yorkshire training at end of letter).

The North Wales Police training department is liaising with all other forces to share best practice in developing mental health training.

5. Coordination between multiple police attendance at an incident. Information sharing between police officers, especially to concur on close out of each incident.

This is a challenge when numerous officers attend a spontaneous incident but the developments identified in the section relating to incident closure should improve the matter. All officers will also receive an input on this which will be incorporated into the Personal Safety Training.

6. Identify clearly which police officer is in charge and will close out each incident. Coordination from the control room between multiple parties especially when they become separated whilst still dealing with one or more connected incidents. Clarity about who is in charge in the control room.

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7. If CCTV is used to follow up, ensure that correct instructions are given to the operator and any flags are properly raised and feed back to the officers or control room - especially if officers go off shift. CCTV monitoring should be continued until the incident is properly closed out.

The instructions will develop with training. The CCTV is monitored 24 hours a day and comprises 119 colour cameras which have pan, tilt and zoom capabilities. On the 5th June 2016 the CCTV operator either did not observe Joshua entering the grounds of Flint Castle or did not appreciate its significance.

8. When multiple incidents are identified ensure that each one is closed out properly and no switch of incident is made without each being properly followed through and closed out.

The developments identified in the section relating to incident closure should resolve this issue.

9. Raise profile of mental health issues generally to ensure that the police and the public are more aware of mental health issues and the different nature they can present.

This is already ongoing via all the previously designed courses and the North Wales Police Mental Health Policy which being updated and has been circulated for consultation. The review of mental health training has identified the following resources;

- I. Mental Health Input 1 – delivered as a webinar
- II. Mental Health Input 2 – delivered as a webinar
- III. EI PP – Early intervention power point delivered in the classroom now delivered in vulnerability training.
- IV. Dan business card – delivered as part of early intervention training
- V. Dan helpline poster – delivered as part of early intervention training
- VI. Call newposter – delivered as part of early intervention training
- VII. Credit card English Welsh – delivered as part of early intervention training
- VIII. Module J3 – delivered as part of the national taser package
- IX. ABD presentation – delivered to all officers as part of personal safety training
- X. RPI Team/Dealing with vulnerable people – Email showing audit trail for MH team visit and feedback

Please do not hesitate to contact me if you require any further information or clarification.

Yours sincerely,



Gareth Pritchard

Dirpwy Brif Gwnstabl / Deputy Chief Constable

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