



DIRECTORATE OF PROFESSIONALISM

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Your ref: 2341-2017

Our ref: IX/1676/18

Date: 24th December 2018

Dear Mr. Harris

**Re: Inquest Touching the Death of Thomas Patrick McAuley
Response to Prevention of Future Deaths Report**

I am the Deputy Assistant Commissioner for Professionalism in the Metropolitan Police Service (MPS). I write in response to your Regulation 28 Report to Prevent Future Deaths dated 31st October 2018. Your report was initially sent to Commissioner Cressida Dick following the conclusion of the inquest into the death of Mr Thomas Patrick McAuley.

I note that the medical cause of Mr Thomas Patrick McAuley's death was recorded as:

- 1a) Bronchopneumonia;
- 1b) Chronic Bronchitis. Alcohol and Drug Dependence;

In your report, you raised the following six matters of concern:

1. *The reception nurse said that she would have had access to DPMFs (Detained Persons Medical Form) but does not always have time to look at these. The DPMF was not available in the wings.*
2. *A manager of the drug addiction services in the prison said that health care staff were not always given the DPMF.*
3. *An Oxleas manager said that the case history notes from the prison were uploaded onto PNomis, but a prison doctor did not think that he had access to this.*
4. *A representative of Oxleas HC reported that a new process required a nurse to tick a box when the DPMF was uploaded onto the medical records, but there was no evidence that the DPMF is universally available to health care staff.*
5. *There was no evidence that police doctors communicated directly with health care staff in prison, or arranged for transfer of medical information between doctors. (The police doctors were not called).*

6. *In conclusion, there is no assurance that doctors attending in custody, the prison service and those providing health care in prisons have established a fail-safe mechanism of ensuring that medical assessments on vulnerable individuals and records from custody are seen and considered by medical staff in prison.*

In drafting our response, we have consulted with the relevant subject matter experts namely [REDACTED] [REDACTED] MPS Medical Director, the College of Policing, HM Prison and Probation Service (HMPPS) and National Offender Management Service (NOMS).

When considering this response, it should be remembered that the MPS was not afforded the benefit of being involved in the inquest touching the death of Mr McAuley and was not invited to be an interested person to the proceedings. We have therefore lacked the disclosure that other interested persons will have had, as well as the benefit of hearing the oral evidence.

Response to Matters of Concern:

Matters 1-4 relate to actions of the prison service and are beyond the responsibility of the MPS to influence. Matters 5-6 raise issues relating specifically to police handover of detainees and sharing of medical information; we have responded to these below:

5. **There was no evidence that police doctors communicated directly with health care staff in prison, or arranged for transfer of medical information between doctors. (The police doctors were not called).**

There is currently no process for verbal communication between health professionals within the MPS and those working in the courts or prison service. The MPS Custody Policy provides instructions regarding persons detained at police stations. This policy supports, and should be read in conjunction with legislation and the College of Policing's Authorised Professional Practice (APP). It should be noted that the MPS Custody Policy will continue to reflect APP however, for officers and staff, the Custody Policy is the primary source of instruction and should be referred to in the first instance.

Prisoner Escort and Custody Services (PECS) are part of the National Offender Management Service (NOMS) and are responsible for managing contracts for escorting detainees. The contract for transferring detainees from MPS custody suites to court is provided by SERCO, who accept responsibility for the detainee upon leaving custody.

Prior to departure, custody staff complete a Person Escort Record (PER) and give the form to SERCO officers. If the detainee has been assessed by a Health Care Professional (HCP) in custody, the HCP will complete a Detained Person's Medical Form (DPMF). The purpose of the DPMF is to highlight areas of medical concern to custody staff, and to provide, where necessary, a chronological medical report relating to a detainee's period of detention. The information contained in the DPMF together with a risk assessment contribute to the safe and effective detention of the detainee. The MPS Custody Policy states that the DPMF (where applicable) is to be included in the documentation attached to the PER and should be referred to in the 'escort handover' page. The MPS also provide a print of all risk assessments, property sheets, PNC warning signals, 'exceptional risk' forms (where applicable) and Juvenile Detention Certificates (where appropriate) with the PER.

The transfer of medical information to SERCO is further supported by a verbal briefing by MPS custody staff at the time of transfer. The handover procedure identifies any heightened risk or increased vulnerability, both verbally and in writing. All relevant risks pertaining to the detainee are to be further considered, upon arrival at court or prison, by their HCPs or doctors as part of their medical and risk assessment procedure.

6. In conclusion, there is no assurance that doctors attending in custody, the prison service and those providing health care in prisons have established a fail-safe mechanism of ensuring that medical assessments on vulnerable individuals and records from custody are seen and considered by medical staff in prison.

There is currently work in progress to change the PER to mitigate such risks when transferring a detainee between partner agencies. HMPPS are leading on this project, which includes attaching additional documentation and notes to highlight the increased risks to partner agencies. The new PER will contain additional health and social care information, which will mitigate the identified risks when vulnerable people are being transferred between the police escort contractors and HMPPS custody. It is anticipated that this project will be completed and delivered by April 2019.

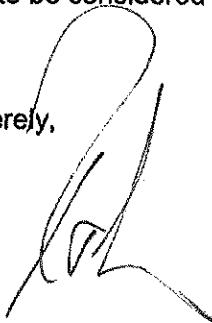
The MPS has been working in partnership with the NHS to introduce an electronic medical record system (EMRS) for several years. The EMRS is expected to allow a better facilitation of healthcare information on an electronic platform. Information will be shared across police, prison and potentially court services and may include mental health, physical health and medication information, where appropriate agreements are in place. The first stage of implementing the communication network (N3) and the hardware into all MPS custody suites has been completed. The N3 connection provides healthcare professionals in MPS custody suites with access to NHS Summary Care Records and is required for an EMRS. The full implementation has been inadvertently delayed due to factors beyond the control of the MPS, however it is now likely that delivery could be achieved within a year.

There is also further work being undertaken by NHS England and HMPPS to develop an electronic version of the PER (ePER) with information regarding medications included. The ePER is being used in five prisons and is being piloted by Surrey Police. The MPS understand that, by the time the new PECS contract is operational (late 2020) the product will be fully digital. In the interim period, whilst these innovations are taking place, the MPS will continue to ensure that any relevant medical information available on NSPIS is also recorded in the PER.

Conclusion:

The MPS will continue to attach all relevant medical information to the PER when detainees leave our custody suites to highlight any increased health risks. We are committed to continual training and partnership working and in the short-term it is anticipated by April 2019 the new PER will be introduced, which will seek to address limitations on the current PER. The MPS has also supported the dissemination of the learning opportunities presented by your report through engagement with NOMS, NHS England and HMPPS leads in the preparation of this response and as a result, we have been invited to evaluate and comment on the new ePER. The MPS will be introducing the EMRS platform, hopefully within one year, which will enable the medical assessments and treatments of vulnerable individuals to be considered by medical staff in prison.

Yours sincerely,



Richard Martin
Deputy Assistant Commissioner
Professionalism