

National baseline review of healthcare provision within police custody centres in Scotland



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About us

Healthcare Improvement Scotland (HIS) and His Majesty's Inspectorate of Constabulary in Scotland (HMICS) are working together to take forward a framework to inspect healthcare provision within police custody centres across Scotland.

HIS 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.

HMICS provides independent scrutiny of both [Police Scotland](#) and the [Scottish Police Authority](#) (SPA). They support Police Scotland and the SPA to deliver services that are high quality, continually improving, effective and responsive to local needs. They can inspect other UK police services that operate in Scotland and are members of the [National Preventive Mechanism](#), inspecting police custody centres to monitor the treatment and conditions for detainees.

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Foreword

Many of those brought into custody in Scotland tend to be vulnerable, have experienced trauma in their lives and often have health problems. To address health needs and to help to provide routes into treatment or other support is a key factor of the healthcare provided in the custody setting. An ambitious custody facility aims to support people to leave custody in better health or with enhanced treatment options than when they entered. The human rights approach taken by Police Scotland is intended to provide the best care possible whilst utilising the services of healthcare providers to ensure that the health and wellbeing of those in custody is to the fore when they are going through the criminal justice system.

The aim of this review was to determine the existing provision of healthcare services to people detained within police custody centres across Scotland to help inform our planning of future joint inspections of police custody centres by HM Inspectorate of Constabulary in Scotland and Healthcare Improvement Scotland.

We sought to provide an overview of the various models and approaches taken to service provision and the extent to which these met the needs of people in custody and supported custody staff to ensure the care and welfare of detainees. We view the comprehensive inspection of healthcare as vital to provide assurance that workforce skills and capacity, and the interface with existing community services, is meeting the healthcare needs of people in custody.

Our review found wide variation across Scotland in access to healthcare for people in police custody. There was a lack of consistency and equity in relation to service provision, speed of access to a healthcare professional and timely interventions for people to access care depending on geographical location. We also found that improvement is needed around the recording and analysis of clinical data, to support effective planning of healthcare service provision for people in custody.

The variability of healthcare provision raises challenges for Police Scotland across its national custody division. Gaps in healthcare provision within a custody centre can result in custody staff having to make decisions about a person's healthcare needs (such as whether they require hospital treatment) without the benefit of clinical advice, as well as potentially diverting police officers from other operational duties.

This report outlines examples of good practice that we found during our review and makes recommendations relating to the planning and delivery of healthcare where we believe improvements could be made. The development of a framework through which we will jointly inspect custody centres, will provide an opportunity for service provision to be inspected against a common standard going forward to help improve health and care outcomes for detainees. Two initial joint inspections are due to be undertaken by the end of March 2023, the findings from which will further inform our inspection methodology.

We would like to thank Police Scotland, NHS boards, the national Police Health Care Network and the staff and managers that participated in, and contributed to, this review. We also wish to thank the members of the Police Custody Short Life Working Group, which provided invaluable support and expert advice, for the development of our inspection framework.

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Background

1. Places of detention, including police custody centres within the UK, must be monitored as part of the human rights treaty entitled ‘Optional Protocol to the Convention against Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment (OPCAT)’.¹ The right to healthcare in places of detention is described in several international human rights standards.²
2. Within the UK, police custody centres, along with other places of detention, must be monitored by members of the National Preventive Mechanism (NPM) as part of OPCAT. The NPM is an organisation, or group of organisations that is independent of the State and of the inspected institutions, and its visits must focus on the conditions and treatment of detainees. The healthcare provided to detainees is considered to be an essential element of detainees’ treatment and conditions. OPCAT requires that NPM personnel must have the required capabilities and professional knowledge to carry out their role.
3. Responsibility for the provision of healthcare in custody centres transferred from Police Scotland to NHS Scotland in April 2014, along with the corresponding funding from Scottish Government. Governance and oversight of healthcare provision to police custody centres is retained by individual NHS Boards and Health and Social Care Partnerships (HSCP)³ across Scotland.⁴ Until now, HIS has not had a role in inspecting healthcare in police custody centres. HMICS currently carries out inspections of police custody centres with a focus on the welfare and treatment of detainees and the effective operation of the custody centre. Whilst HMICS considers healthcare arrangements as part of its current inspection process, including access to healthcare for detainees, it has been unable to examine the quality and standard of healthcare provision as it does not have the clinical expertise required to do so. HMICS also does not have the appropriate expertise to communicate healthcare concerns to the relevant

¹ Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment.

² The United Nations Standard Minimum Rules for the Treatment of Prisoners (“the Mandela Rules”).

³ Health and Social Care Partnerships are organisations formed to integrate services provided by Health Boards and Councils in Scotland. Each partnership is jointly run by the NHS and local authority. There are 31 HSCPs across Scotland.

⁴ [Appendix 1](#) outlines police custody clusters and corresponding health board with responsibility for healthcare provision.

healthcare provider. HMICS has therefore been unable to fully comply with OPCAT. This has precipitated the need to establish joint inspection arrangements between HMICS and HIS to ensure that this aspect of custody centres operations is scrutinised appropriately by suitably qualified professionals. This enables the inspections to benefit from HIS' extensive knowledge and experience of NHS Scotland services, and the additional experience HIS has gained in the inspection of healthcare services in the wider custodial context of prisons.

4. Previous custody inspections undertaken by HMICS, highlighted that arrangements for healthcare differed significantly across the country and, as such, identified a pressing need to scrutinise the availability and quality of healthcare services delivered for people in custody. The HMICS report [Inspection of custody centres across Scotland](#) (October 2018) highlighted that:

“The absence of scrutiny of the delivery of health care in police custody by the NHS limits the potential for better outcomes to be achieved for detainees”

5. The report also recommended that “Healthcare Improvement Scotland and the Scottish Government should ensure that the delivery of health care in police custody is appropriately scrutinised so as to improve outcomes for detainees.”
6. In order to progress this, HMICS and HIS have collaborated with the Scottish Government on issues relating to the funding and resource requirements for a programme of joint inspections of police custody. As a result, funding for an initial period of one year (2022/23) was provided to allow the scrutiny bodies to commence development of a joint framework for inspection and to undertake a review of current healthcare provision. It was agreed that further proposals would be submitted to Scottish Government for consideration of ongoing funding arrangements.
7. In order to inform the development of a joint framework to inspect, HMICS and HIS agreed to undertake a baseline review to establish a benchmark of current healthcare provision across Scotland. To achieve this, we undertook a number of activities during 2022 including the provision of self-assessment questionnaires to NHS boards and HSCPs, which were subsequently analysed to inform our review. We also obtained a position statement from Police Scotland, which allowed us to consider the provision of healthcare from a policing perspective. We held follow-up interviews and discussions

within three health board areas and met with key stakeholders including Police Scotland, the Custody and Offender Medical Service (COMS), which provides a contracted healthcare service to some custody centres, and the Scottish Health in Custody Network. We visited eight police custody centres in order to consider the different models of healthcare delivery and undertook focus groups with people who had previously been detained in police custody.

8. Comprehensive inspection of healthcare is vital to provide assurance that workforce skills and capacity, and the interface with existing community services, is meeting the complex health needs of people in custody. The need for robust scrutiny is reinforced by evidence that people in contact with the criminal justice system are far more likely to experience health inequalities than the general population.⁵⁶⁷ Evidence also suggests that people who have offended or who are at risk of offending frequently experience multiple and complex health issues such as mental and physical health problems, learning disabilities and substance use, and are at increased risk of premature morbidity.⁸⁹
9. Drug deaths in Scotland are the highest in Europe with Scotland's drug misuse rate currently 3.7 times that of the UK as a whole and higher than any European country.¹⁰ People with psychiatric illnesses, psychotic disorders, severe depression and personality disorder run a higher risk of police arrests compared to the general population. It is important therefore that healthcare teams in custody centres maximise opportunities to provide timely interventions to help improve health outcomes for people in their care.¹¹¹²¹³

⁵ [Understanding childhood adversity, resilience and crime](#), Scottish Government Children and Families Directorate, May 2018.

⁶ NICE guideline [NG66] *Mental Health of Adults in Contact with the Criminal Justice System*, March 2017.

⁷ *Rebalancing Act*, Revolving Doors, the Home Office, Public Health England and NHS England, January 2017.

⁸ *The Vision for Justice in Scotland*, Scottish Government Justice Directorate, February 2022.

⁹ [Reducing Offending - Getting it Right for Children and Young People](#), Scottish Government Justice Directorate, June 2015.

¹⁰ [National Records of Scotland](#), July 2022.

¹¹ [Understanding childhood adversity, resilience and crime](#), Scottish Government Children and Families Directorate, May 2018.

¹² NICE guideline [NG66] *Mental Health of Adults in Contact with the Criminal Justice System*, March 2017.

¹³ *Rebalancing Act*, Revolving Doors, the Home Office, Public Health England and NHS England, January 2017.

10. There have been 14 deaths in police custody since 1 April 2014. A recent Freedom of Information request (published August 2021) highlighted that there had been a total of 122 deaths either following police contact or in custody between 1 April 2014 and 3 August 2021. This indicates that the considerable majority of deaths occurred out with police custody centres and therefore healthcare professionals working in a custody setting are unlikely to have been involved.
11. There is a requirement to hold a fatal accident inquiry (FAI) where a death occurs in Scotland where the deceased was in legal custody at the time of their death. Such inquiries are referred to as 'mandatory inquiries'. The Lord Advocate can decide not to hold a mandatory FAI, if satisfied that the circumstances of the death have been sufficiently established during the course of other proceedings.¹⁴ Some FAIs have found that the system governing health interventions for people in custody needed further scrutiny and that protocols in place for Police Scotland referring people in custody who need medical help might not be clear enough for staff.
12. It is essential that the complexities of these issues, including lessons learned from FAIs, are considered by service providers and incorporated into the future planning and delivery of healthcare services. It is also essential to ensure that the healthcare workforce is well-trained, skilled, accessible, and has the capacity to ensure that the health needs of people detained in police custody are met. Joint inspections of police custody centres undertaken by HMICS and HIS will consider the extent to which these standards have been met.
13. As well as examining the quality and arrangements for healthcare provided to detainees, our joint inspection approach will also consider the challenging circumstances and health inequalities often experienced by people in custody.
14. Historically, the delivery of healthcare in police custody centres has evolved in a variety of ways due to NHS boards and HSCPs having autonomy to develop their own models of care. It is therefore important for HIS, entering into a new period of scrutiny of healthcare in police custody, to understand the various models for healthcare provision and to consider if these are equitable and meet the health needs of people in custody.

¹⁴ <https://www.gov.scot/publications/follow-up-review-fatal-accident-inquiries/>

Summary of key findings

15. We found from our review that **there is wide variation across Scotland in access to healthcare provided to people in police custody.** People requiring healthcare in custody did not receive the same timely access to healthcare services, and the range of services available varied. There was a lack of equity in relation to service provision, speed of access to a healthcare professional and timely interventions for people to access care depending on geographical location. The majority of people with lived experience of police custody that we engaged with as part of our review had their healthcare needs identified at an early stage. However, they experienced what felt like a long wait before receiving further care, such as receiving prescribed medication or seeing a healthcare professional. Our review identified inconsistent self-set targets for people in custody to access healthcare, with targets ranging from 1 to 4 hours.

16. Through the self-assessment returns, NHS boards and HSCPs highlighted the areas of service that they plan to address and take forward for improvement. There was a recognition that **improvement is needed in how services capture and report on healthcare data and key performance indicators in the context of police custody.** There was consensus across all NHS Scotland boards that the current electronic system for recording healthcare data (Adastra)¹⁵ is not fit for purpose and does not support the comparison of clinical data nor enable national reporting.

17. Measuring outcomes is a challenge for all areas and we acknowledge that patient outcomes are difficult to measure due to the transient nature of the population within police custody. However, **there is a need for NHS Boards to gather more robust evidence of local population needs to support the design and delivery of healthcare provided to those in police custody.** The current lack of such robust evidence limits the extent to which plans can be developed and delivered to meet identified needs and measure outcomes more effectively.

¹⁵ Adastra is an IT solution for use in police custody centres developed by NHS National Services Scotland (NSS). It has been in place since 2014 and is primarily used as a clinical health recording system to support clinical care delivery for patients in police custody. It is also used to record forensic medical information as part of the criminal justice process.

18. **We found that access to secondary mental health assessments¹⁶ for people in police custody was inconsistent.** Whilst healthcare professionals at custody centres can undertake mental health screening and assessments for fitness for detention, interview and release, those individuals requiring more acute mental health assessments, need access to a mental health trained nurse or a Forensic Physician. Not all custody centres have access to mental health trained nurses and as such, are reliant on the on-call Forensic Physician system or community mental health facilities. Mental Health pathways for those requiring secondary assessments in a mental health setting vary across Scotland.

19. **We identified that key guidance and agreements intended to support the safe and effective delivery of healthcare to people in police custody, would benefit from regular review to ensure they are kept up to date.** We noted that national guidance on the delivery of police custody healthcare and forensic medical services was last produced in 2015. Similarly, the initial agreements on healthcare delivery outlined in a memorandum of understanding between NHS Boards and Police Scotland in 2014, have yet to be updated.

20. **We found wide variability in the models of healthcare staffing used to deliver healthcare to patients whilst in police custody.** Models ranged from nurse led services with support from on call Forensic Physicians; GP led with cover by out of hours teams; community nurse led, Forensic Physician led with or without support from nursing staff; or with healthcare provided and delivered at local hospitals.

¹⁶ Secondary mental health involves more specialised services that offer emergency response and planned treatment for individuals with more severe or complex symptoms. Examples of secondary mental health services are hospitals, some psychological wellbeing services, community mental health teams, crisis resolution and home treatment teams, assertive outreach teams and early intervention teams.

21. **We found some examples of good practice in the delivery of healthcare to people in police custody, and of collaborative working at a local and national level.** Our review identified a number of encouraging initiatives, including efforts to ensure a well-trained compassionate workforce and some excellent examples of collaboration and joint working between staff working in police custody settings and staff working in primary care¹⁷ settings. We identified good practice in the use of Advanced Nurse Practitioners to support the delivery of healthcare in custody. We also observed strong collaborative work being undertaken between NHS and Police Scotland partners through the National Police Care Network.
22. In terms of staffing levels and arrangements, we are aware that NHS Scotland boards will be required to meet the legislative duties of the Health and Care (Staffing) (Scotland) Act 2019¹⁸ from April 2024. The provision of healthcare staff within police custody settings will be covered by this legislation.
23. We have incorporated the findings from our baseline review into an interim framework to Inspect. This will be tested as part of our onsite joint inspections prior to publication of the framework in spring 2023. Our joint inspections will provide a clearer understanding of current healthcare provision and the quality of services that are delivered to people in custody. We anticipate that this will contribute to shared learning, embed good practice and drive improvement that will contribute to better outcomes for people receiving care in custody. Our joint inspection activity will also ensure that the scrutiny of police custody centres fully complies with OPCAT standards and expectations.

¹⁷ Primary care is the first point of contact with the NHS. This includes contact with community based services provided by general practitioners (GPs), community nurses, dentists, dental nurses, optometrists, dispensing opticians, pharmacists and pharmacy technicians.

¹⁸ <https://www.legislation.gov.uk/asp/2019/6/enacted>

Recommendations

24. Based on the above findings, the following recommendations for the Scottish Government, NHS boards, HSCPs and Police Scotland are intended to support the safe, effective and equitable delivery of healthcare services for those in police custody across Scotland.

Recommendation 1

The Scottish Government, NHS boards and HSCPs should introduce nationally agreed waiting time standards for the assessment and treatment of individuals detained in police custody centres to ensure equity of access to healthcare across Scotland.

Recommendation 2

NHS Boards, HSCPs and Police Scotland should collaborate on the development and publication of up-to-date guidance on the delivery of police custody healthcare and agree a revised memorandum of understanding between agencies.

Recommendation 3

NHS Boards and HSCPs should work collaboratively with mental health services to establish clear pathways and agreed protocols to improve access to secondary mental health assessments and to reduce delays for people in police custody.

Recommendation 4

NHS boards and HSCPs should undertake an assessment of the health needs of individuals detained in police custody and establish patient outcome indicators and a monitoring framework to ensure that patient needs are met.

Recommendation 5

NHS National Services Scotland, NHS boards and HSCPs should work together to ensure clinical data is appropriately recorded and monitored to ensure patient needs are met and to support the comparison of clinical data and national reporting of outcomes.

Recommendation 6

All NHS Boards and HSCPs should ensure they have an embedded process for quality assurance and evaluation of healthcare provision in police custody to support continuous improvement.

Recommendation 7

NHS Boards should develop a workforce strategy to deliver effective workload and workforce planning so they have the right people with the right skills in the right place at the right time. Preparatory work should be undertaken to support the enactment of the Health and Care (Staffing) (Scotland) Act 2019.

Areas of Good Practice

25. During our review we identified the following local initiatives and approaches as areas of good practice.

Cepheid Blood Borne Virus (BBV) project in the South East Scotland region.

Blood-borne viruses (BBVs) are viruses that some people carry in their blood and can be spread from one person to another. Those infected with a BBV may show little or no symptoms of serious disease, but other infected people may be severely ill. Delivering health protection, prevention and harm reduction programmes in custody not only benefits the person receiving care but, by targeting 'high transmission' populations such as people who go into custody, can also reduce the future risk of transmission in the community. The South East team trialled the use of the GeneXpert Cepheid portable system to provide blood borne virus testing through to diagnosis for people in custody. If the patient was identified as being at risk of a BBV, a sample would be taken with test results available within a few hours if required. The custody team works closely with the court liaison team to help ensure the results are available by the time the detainee is transferred to court. The trial has been successful and several Cepheid systems have been purchased to target high at risk and transient populations. NHS Lothian is rolling out Cepheid training to Hepatitis C virus (HCV) treatment nurse specialists across both Edinburgh hospital sites and has trained one forensic nurse specialist at the custody centre to provide continuity of testing over the weekend when occupancy is higher. A standard operating procedure and an agreed care pathway for positive diagnosis to treatment are in place to support this.

NHS Greater Glasgow and Clyde pathway for direct transfer of patients to hospital mental health beds. Admitting people from police custody to mental health units if they are mentally unwell can be challenging; can lead to unnecessary delays and distress; repeat assessments and relaying of information for people requiring admission; and can take officers away from community policing. To address this NHS Greater Glasgow and Clyde has agreed a standard operating procedure and admission process as part of unscheduled care. On each shift there will be a custody nurse who is a registered mental health nurse who can assess patients and directly transfer them to a mental health bed in hospital. This reduces delays and supports a seamless transition of care for the person in custody.

NHS Lanarkshire use of Action 15 funding for Advanced Nurse Practitioners. NHS Lanarkshire has used Action 15 funding as part of the Scottish Government's [National Mental Health Strategy 2017-2027](#) to employ Advanced Nurse Practitioners for set hours 7 days a week who can assess the mental health of patients and provide support to the healthcare delivery contractor either remotely or in person in custody centers which eliminates the need for the person to be taken to hospital.

Procurement of Corpuls device in NHS Highland. NHS Highland worked with the Scottish Ambulance Service to identify a suitable single device (Corpuls) to medically assess people within custody centres. Corpuls features a monitor, defibrillator and an Electrocardiogram (ECG) machine and can provide live data to the hospital for clinical opinion, which avoids the need for a patient to be transferred to hospital and enable real-time health assessments.

Police Scotland food bank initiative

As part of an overarching harm reduction strategy, some custody centres have introduced the provision of food vouchers linked to local foodbank initiatives. These have been made available to help people being released from custody to buy food and essential items.

Training Police Officers in the administration of Naloxone

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. This medication, which is viewed as a first aid treatment, provides additional time for the ambulance service to arrive on scene and take over emergency medical treatment. As part of an initiative to improve access to Naloxone for individuals in police custody, Police Scotland have trained local policing officers and some custody officers to carry and administer intra-nasal spray Naloxone. This is in the process of being rolled out nationally including to all custody centres that have police officers on site. Police Scotland is also exploring the potential to provide take home Naloxone to people on release from custody centres across Scotland. Several health boards have trained staff to provide Naloxone kits and training to people in custody regarding the use of take home Naloxone.

National Police Care Network

The National Police Care Network works well as a collaborative forum for discussing issues at a national level and for escalation to the Scottish Government when required. This was particularly evident during the Covid-19 pandemic when the network responded quickly through a strategic national collaborative approach and provided a critical role to help ensure that changes to services and patient care were delivered safely, consistently and in a timely manner.

Joint Working

26. In 2021, HIS was commissioned by the Scottish Government to work with HMICS to take forward a joint framework to inspect healthcare provision within police custody centres across Scotland. The joint framework will align with the existing HMICS framework for custody inspection and the HIS Quality Assurance System.¹⁹
27. A Memorandum of Understanding has been agreed between the scrutiny bodies, which defines respective roles and how both organisations will collaborate to develop, implement and review the framework. The scrutiny bodies will work to ensure that joint inspections are carried out efficiently and effectively and takes account of the impact on Police Scotland and healthcare providers.
28. The inspection of police custody centres has been a longstanding feature of HMICS scrutiny plans and objectives. These have been carried out as thematic reviews of individual custody centres or clusters of centres within a police division. HMICS have also undertaken several national reviews of custody provision and delivery at a strategic and operational level. Future joint inspections of custody will continue to focus on the treatment of, and conditions for, people detained in police custody centres. The expertise brought to these inspections by HIS will broaden the scope of inspection to include an examination of the quality of provision of healthcare to detainees within police custody centres across Scotland. Joint inspection will be carried out in line with existing HMICS methodology.
29. The scope will extend only to people who are taken into police custody. The scope will not extend to other people that Police Scotland come into contact with during the course of its duties, for example, those individuals in mental health crises who are taken to a health or social care place of safety, or people who access community triage or diversion services.

¹⁹ [The Quality Assurance System \(healthcareimprovementscotland.org\)](https://www.healthcareimprovementscotland.org).

30. The scope of joint scrutiny will not cover forensic medical examination services for victims of offences, nor forensic services for those who are accused of crimes. However, we will consider the potential to include forensic healthcare through future inspection activity and the associated resource required for this.
31. This report is intended to highlight and share our findings from the baseline review and to outline the next steps in the development of our joint inspection programme. It will outline current service provision and identify areas for improvement and areas of good practice to help drive improvement and consistency in service provision.
32. We will test our joint inspection framework as part of onsite custody inspections and will evaluate the effectiveness of the model and make any necessary adjustments. We will thereafter publish a final version of the framework to guide ongoing joint inspection activity.

Methodology

33. We undertook the following activities as part of this baseline review to establish an understanding of current healthcare provision within police custody across Scotland and to inform development of a joint framework to inspect.
- In March 2022, we asked NHS boards and HSCPs to complete a self-assessment to outline existing healthcare arrangements. We invited them to submit evidence to support their submissions. All areas returned a self-assessment with the exception of Shetland and Western Isles who were given an additional opportunity to provide a brief overview of services.
 - We received a position statement from Police Scotland, which outlined the policing perspective on healthcare delivery to people in custody.
 - We analysed self-assessment and position statement returns with the support of HIS Data Measurement and Business Intelligence and Healthcare Staffing Programme teams to determine key areas of enquiry for follow up discussion with NHS boards/HSCPs and other key stakeholders.
 - We interviewed healthcare staff including healthcare managers and clinical leads from the South East, Greater Glasgow and Clyde and Highland areas to follow-up on key lines of enquiry regarding their self-assessment submissions, and also to enable us to understand the level of variation in service provision across different models of care or geographical areas.
 - We met with representatives of Police Scotland, the Custody and Offender Medical Service (COMS) and the Scottish Health in Custody Network to inform our understanding of national and local challenges and areas of good practice.

- We visited eight police custody centres across Scotland to inform our understanding of the challenges involved in providing healthcare within the different arrangements in place. We also considered the particular issues associated with addressing healthcare needs in a setting which, for the most part, detains individuals for a relatively short period of time. The Criminal Justice (Scotland) Act 2016 states that a person can be held in custody for a maximum of 24 hours before the police must either charge or release. Once charged an individual may then be released or held for court on the first day on which the court sits after a person is charged.
- We met with people who had previous experience of detention in police custody in order to gather their views and experiences to inform the development of the healthcare inspection framework.
- We met with representatives from the Scottish Police Authority which has a legal duty to maintain and manage an Independent Custody Visiting scheme in Scotland (ICVS). The ICVS uses volunteers from the local community who visit police custody centres unannounced to check on the treatment of detainees, the conditions in which they are being held and that their rights and entitlements are being observed.
- We established a short life working group to provide advisory input to the development of the HIS custody inspection framework. The group includes representatives from HIS and HMICS, His Majesty's Inspectorate of Prisons in Scotland (HMIPS), Mental Welfare Commission for Scotland, NHS boards, Police Scotland, Public Health Scotland, Families Outside,²⁰ Scottish Drugs Forum and the Scottish Human Rights Commission.

²⁰ <https://www.familiesoutside.org.uk/>

Key Findings

What detainees can expect of healthcare in police custody

34. When people are detained in police custody in Scotland they may require medical assessments, urgent care, or forensic samples to be taken. Guidance is in place for NHS boards and HSCPs to support the delivery of services: [National Guidance on the Delivery of Police Custody Healthcare and Forensic Medical Services \(version 2, June 2015\)](#). This guidance details the service that NHS boards should provide to people in custody and the activities that are undertaken as part of the criminal justice process.
35. Although delivery models vary between health boards across Scotland, there should be a common aim of a safe, accessible and comprehensive service for people in custody that meets their needs. NHS boards and HSCPs are expected to ensure that suitably qualified and trained healthcare professionals responsible for care (HCPs) are available to deliver healthcare services for individuals in police custody. Dependent on the healthcare needs of the individual, HCPs can deliver a range of healthcare interventions including general healthcare (such as clinical assessment and treatment, medicines management, care planning, signposting referrals and healthcare follow up); custody healthcare (such as assessments for fitness to be detained, transferred or released) and forensic healthcare (such as forensic examination, Road Traffic Act 1988 and other drink/drug assessments, or provision of reports, statements and court attendance.)
36. Our joint inspections will examine operational performance, quality of service delivery, user experience and performance against existing guidelines.

People's experience of healthcare in police custody

37. Lived experience of police custody can provide valuable insight for all those working within police custody to consider the rights, entitlements and wellbeing of people held in custody. We interviewed people who had experience of police custody to assist us to understand which areas of healthcare matter most to them. We facilitated focus groups in three prisons to obtain feedback about the healthcare people received whilst in police custody prior to their transfer to prison. Focus groups were held in HMP Low Moss, HMYOI Polmont and HMP Cornton Vale in order to listen to the experiences of individuals in custody including young people. The interviews provided a valuable insight into what matters to people in custody and has contributed to the development of our framework for healthcare inspection.
38. Our engagement with people with lived experience to date has provided us with mixed feedback, which may reflect the varying provision of healthcare to custody centres across Scotland. The majority of people highlighted that their healthcare needs were identified at an early stage. However, they experienced what felt like a long wait before receiving further care, such as receiving prescribed medication or seeing a healthcare professional. Whilst the majority of people we spoke to could access the healthcare they needed within police custody, some people had to be transferred to nearby hospitals for specialist assessments and certain procedures such as wound care.
39. The people we spoke to told us it was important for them to feel safe, cared for and to receive care in a dignified way. Some people shared their experience of feeling stressed and concerned that they would miss regular doses of medication and waited long periods of time to receive medication, particularly if they arrived in custody on a Friday or on a weekend. In some instances, people stated they had not received their medication at all during their time in police custody. We recognise however, that there are circumstances where decisions on the provision of medication can be influenced by other factors including if the individual is under the influence of other substances at the time.
40. Some participants spoke positively about the contacts provided and links made available on leaving police custody including for example, to third sector organisations providing support with housing or substance use.

41. We are committed to continuing to engage with people in custody through the development of our framework to inspect and through our inspection process. We will continue to engage with Families Outside to ensure that we also take account of the perspective of families that have a family member in custody.

Access, availability and response times

42. The [National Guidance on the Delivery of Police Custody Healthcare and Forensic Medical Services \(version 2, June 2015\)](#) does not provide definitive waiting times or criteria that clearly outline how long people should expect to wait to be triaged or seen for assessment and treatment when in police custody.
43. Our analysis of self-assessment returns and follow-up discussions, revealed that NHS boards and HSCPs do not provide a consistent operating model and healthcare service across Scotland. We noted that in some circumstances, custody centres within the same health board did not experience the same levels of service provision or models of delivery. We acknowledge that service provision, staffing and the skillset of HCPs may differ from one custody centre to another for legitimate reasons. These could include the level of throughput of detainees, the geographical location of services and the availability of specialist services. However, we consider it to be essential that the identified health needs of detainees are met in an efficient and equitable manner.
44. In terms of models of delivery, some police custody centres have dedicated onsite NHS healthcare professionals who deliver services to one or more custody centres by way of a hub arrangement. This is where HCPs will be based in one custody centre but will travel to other centres within the custody cluster to deliver services. Some custody centres rely on on-call Forensic Physicians provided via an independent contractor, while others rely on local on-call GPs or attendance at hospital/ minor injury units.
45. Our review found that inconsistent self-set response targets had been put in place across health boards. These were introduced as a guide for the above noted healthcare professionals, including Forensic Physicians and GPs, to attend at a custody centre within a set timeframe dependent on the nature of the task required. Targets ranged from one to four hours, however we found that these were not always met.

46. The principle of the national guidance is that there should be an equitable service for all people in custody, despite variations in service provision. However, analysis of self-assessments highlighted gaps in data and a lack of evidence to measure the extent to which people were receiving an equitable service. Whilst recognising that one size does not fit all in terms of the provision of staffing to custody centres (mainly due to the challenges of delivering services in rural settings) we believe the Scottish Government and service providers should introduce nationally agreed waiting time standards to ensure equity of access to healthcare across Scotland.
47. We noted from our review that national guidance on the delivery of police custody healthcare and forensic medical services was last produced in 2015. Similarly, the initial agreements on healthcare delivery outlined in a memorandum of understanding between NHS Boards and Police Scotland in 2014, have yet to be updated. We recommend that NHS Boards, HSCPs and Police Scotland collaborate on the development of up-to-date guidance on the delivery of police custody healthcare and agree a revised memorandum of understanding between agencies.

Recommendation 1

The Scottish Government, NHS boards and HSCPs should introduce nationally agreed waiting time standards for the assessment and treatment of individuals detained in police custody centres to ensure equity of access to healthcare across Scotland.

Recommendation 2

NHS Boards, HSCPs and Police Scotland should collaborate on the development and publication of up-to-date guidance on the delivery of police custody healthcare and agree a revised memorandum of understanding between agencies.

Mental health

48. The National Mental Health Strategy 2017 2027 details a number of improvement actions that the Scottish Government expects NHS boards and HSCPs to deliver in order to ensure that the most effective and safe care and treatment for mental health problems is available across Scotland. The strategy highlights that “Access to services for mental health problems within a clinically appropriate timescale is a basic issue of health equality. There must be access to high quality, specialist mental health care for those who have higher levels of need, as well as general health care which can deal with an issue there and then for people with a mental health problem.”
49. With particular relevance for police custody, Action 15 of the strategy requires those with responsibility for the provision of healthcare services to “Increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons.”
50. The Scottish Government has provided funding to support NHS boards and HSCPs to deliver on the expectations of Action 15. Our review has shown that Action 15 funding has been used by some NHS boards to improve access to mental health services in custody. NHS Lanarkshire has used Action 15 funding to employ Advanced Nurse Practitioners while NHS Ayrshire and Arran secured funding for Registered Mental Health Nurses employed by COMS, an independent medical contractor providing healthcare services within some police custody centres across Scotland. However, not all custody centres have access to mental health trained nurses and there is a reliance on on-call Forensic Physicians to undertake mental health assessments. All HCPs can undertake screening to identify mental health issues for detainees in respect of fitness for detention, interview and release. However people requiring more detailed assessment require a mental health trained nurse or Forensic Physician.
51. Access to healthcare for those in custody with mental health issues was not consistent, easy to navigate nor, at times, equitable. This was particularly apparent for those requiring assessment for admission to hospital, with evidence of significant variation across Scotland. In some areas, despite concerted efforts by custody healthcare teams to work with hospital colleagues, there was poor coordination and a lack of joint working between services, resulting in delays in assessment and admission of people to hospital beds.

52. This can have a significant impact on the wellbeing of those detainees awaiting assessments or admission to hospital and on custody operations as custody staff will be required to manage the resulting challenging behaviour that may be exhibited by detainees experiencing additional stress or anxiety. It can also impact on local policing as it is often the case that police officers are required to transport detainees from custody centres to a hospital for a mental health assessment, often waiting for extended periods at the facility. This can therefore reduce the time they can dedicate to other operational policing duties.
53. There were however, examples of effective practice in terms of locally agreed support from psychiatric hospitals with doctors attending St Leonard's custody centre in Edinburgh during the day to assess patients considered to potentially require admission to hospital. In addition, an innovative approach has been introduced for custody centres in Glasgow whereby a trained mental health nurse is available at all times to assess those with mental health issues and directly admit them to a psychiatric hospital. This demonstrates a concerted effort to effectively streamline the patient journey by reducing waiting times and multiple assessments for people, which can be distressing.

Recommendation 3

NHS Boards and HSCPs should work collaboratively with mental health services to establish clear pathways and agreed protocols to improve access to secondary mental health assessments and to reduce delays for people in police custody.

Clinical Records, reporting systems and audits

54. The electronic system Aداstra is the clinical records system currently in use across all health boards for people in custody in Scotland. The aim of the system is to support healthcare staff to record medical and forensic medical assessments, patient case reviews and opinion evidence for court. Information held in the system should in turn enable the reporting of data and key performance indicators at a local and national level. Aداstra was implemented in 2014 following procurement by NHS National Services Scotland (NSS) and is delivered by a private business software and services company as part of a 2-year rolling contract. Since 2014, the Aداstra supplier has implemented a small number of changes and updates to the system.

55. A recent internal report: *“Portfolio Delivery Services, Adastra - Police Custody System Discovery Report (2022)”* was commissioned by the e-health leads²¹ and compiled by the Police Custody National Service Board following concerns raised by NHS Scotland boards about Adastra’s functionality. This report is hereafter referred to as the Adastra report.
56. The Adastra report outlined how users found it *“no longer fit for purpose and as a result are now facing numerous clinical risks, dealing with onerous functionalities and processes. Furthermore, users of the systems reported it does not meet the needs of patients or match the advances in healthcare delivery.”* All NHS boards in Scotland agree that the current system is no longer fit for purpose.

“There is a consensus across all Health Boards (HBs) in Scotland that the current electronic records system is not fit for purpose.”²²

57. Adastra does not currently link with or support data flow with other healthcare systems such as Near Me (video consultation); alcohol and drug or mental health systems; out of hours care; nor the ‘Vision’ recording system used by prisons healthcare teams within Scotland. Police Scotland use a stand-alone electronic national custody system (NCS) to record information relating to detainees. As there is no interface between electronic systems, detainee information captured by Police Scotland relevant for their healthcare is provided to a police custody clinical team, either manually on paper and/or followed up by a phone call to clinical staff. The lack of interface between recording systems also means that NHS boards are unable to compare clinical data. We were also informed that the lack of healthcare information transfer has been criticised by Sheriffs in Fatal Accident Inquiries.

²¹ eHealth is a national programme designed to deliver the Scottish Government and NHS Scotland’s eHealth Strategy. The eHealth activity is governed through eHealth Leads Group which includes senior IT representatives from the regional Boards, national Boards (including NSS) and the Scottish Government eHealth Division. <https://www.gov.scot/publications/ehealth-strategy-2014-2017/pages/6/>

²² *Portfolio Delivery Services, Adastra - Police Custody System Discovery Report (2022)* (internal report).

58. The Adastra report highlighted 14 red and two amber clinical and forensic medical risks that have become issues of concern. The report also outlined changes required to resolve the issues within the system. NHS boards informed us that it has been difficult for them to demonstrate improvement with the recording of clinical data and the reporting of patient outcomes over the 8 years the Adastra system has been in place. In terms of next steps, we have been advised that the outcome of the Adastra report will be presented to the NHS Scotland eHealth Leads and the Scottish Government. In parallel to this, NHS National Services Scotland will be requesting a Statement of Work from the Adastra system supplier in regards to the proposed changes and a response to the risks and issues raised.
59. Our analysis of self-assessment returns and meetings with key stakeholders highlighted that while Adastra is available across NHS boards it is not used within all custody centres in Scotland. This can result in key clinical information not being recorded and limits the follow through of data should an individual transfer to other police custody centres. The lack of functionality of the Adastra system also limits the quality of data recorded for performance reporting, as highlighted by the self-assessment return provided by NHS Ayrshire & Arran:

“Adastra does not allow for the routine audit of adherence to response times as the time of contact with police is not documented on it. We therefore rely on feedback from police colleagues where response times have been breached.”

60. The lack of quality data recorded means that NHS boards are also unable to use data to demonstrate compliance with key national policies or standards such as the Medication Assisted Treatment (MAT) standards.

61. The Aadastra system does not enable staff to record or collate the number of individual interventions that nurses or doctors are carrying out. Healthcare staff informed us of challenges with recording information from the Modified Early Warning Score (MEWS) on Aadastra, as the system would overwrite the original score if an additional MEWS was recorded for the patient. The same issue arose for recording severity of alcohol withdrawal using the Clinical Institute Withdrawal Assessment (CIWA) scale.²³ Healthcare staff also informed us of difficulties with printing information from Aadastra as it was only possible to print what was visible on one screen. This made it challenging to work out timeframes such as when reviewing a significant adverse event.
62. Some health related data is available to health boards through the police National Custody System (NCS), which is gathered as part of a detailed initial risk assessment process when an individual is being booked in to custody. This can include information about the mental health needs of people coming into custody reported to the police. Information from NCS is used to provide quarterly reports to health boards. The Aadastra system is currently unable to provide the level of data that the NCS can provide. This limits the potential for NHS boards to produce regular well-informed management reports.
63. It is clear therefore, that Health boards require a suitable electronic system that supports them to appropriately record and monitor clinical data to ensure patient needs are met and enables the comparison and sharing of clinical data.
64. We posed questions within the self-assessment provided to health boards regarding how NHS boards and HSCPs record and audit clinical assessments; report on performance; and record patient outcomes. We also asked how NHS boards and HSCPs gather and use information and data to provide them with assurance that the provision of healthcare to police custody is sufficient and effective. Our analysis of self-assessment returns highlighted the following key points.

²³ Clinical Institute Withdrawal Assessment.

- **Targets for timely access to healthcare** are inconsistent across health board areas ranging from 1 to 4 hours, which has resulted in geographical inequity. As an example of what we consider to be an effective approach to target setting, the South East region has set a target that the “triage of new referrals is to take place within one hour of initial referral”. All referrals come in through a single point telephone system which logs the time of referral. If a patient’s waiting time exceeds one hour, the system flags it to relevant staff.

- **NHS boards/HSCPs are not able to record accurate waiting times.** NHS Greater Glasgow and Clyde highlighted that: *“Reporting on activity is not easily / accurately achieved with the Adastra system currently in place. This is due to Adastra not recording the number of times a practitioner has reviewed a patient only the overall case consultation and a patient more often than not has more than one single consultation but it is recorded on the same Adastra number. Although times are entered into the Adastra system there is no formal overall review of waiting times for assessment and care delivery in general healthcare and forensic examinations.”*

- **Different types of data and definitions are used** to record healthcare activity across health boards, which makes comparison between these impossible. For example, some areas record the number of patients and episodes while other areas use the number of patient contacts and consultations. We noted some good descriptions of data being used to monitor activity and performance.

- **Measuring outcomes is a challenge for all areas.** We acknowledge that patient outcomes are difficult to measure due to the transient nature of the population within police custody. However, more needs to be done to monitor and report on patient outcomes more effectively.

- **There is a lack of understanding of the health needs of the detainee population within health board areas.** There is also insufficient monitoring of the provision of healthcare services to police custody in order to provide assurance to NHS boards/HSCPs that the healthcare provided is sufficient and that health needs are met.

Recommendation 4

NHS boards and HSCPs should undertake an assessment of the health needs of individuals detained in police custody and establish patient outcome indicators and a monitoring framework to ensure that patient needs are met.

Recommendation 5

National Services Scotland and NHS boards/HSCPs should work together to ensure clinical data is appropriately recorded and monitored to ensure patient needs are met and to support the comparison of clinical data and national reporting of outcomes.

Recommendation 6

All NHS Boards and HSCPs should ensure they have an embedded process for quality assurance and evaluation of healthcare provision in police custody to support continuous improvement.

Planning and delivering services

65. When responsibility for the delivery of healthcare to police custody centres transferred from Police Scotland to NHS boards, they were given autonomy to develop their own models for the delivery of healthcare for detainees. Since then, different models of care have evolved across the country due to factors such as historic arrangements for provision, availability of local staff and referral pathways.
66. [Appendix 1](#) below outlines the existing healthcare service provision across Scotland and highlights considerable geographic variation.
67. There are clear variations in the models of healthcare provision between rural and urban settings. Whilst some of this is, in part, due to geographical challenges, provision is not necessarily based on demographics. While health boards will have a broad understanding of the populations that they serve, none of the NHS boards had a clear understanding of the health needs of those in police custody in order to plan healthcare services accordingly.

68. As indicated, variation also exists in terms of access to care. For example, some nurses in NHS Greater Glasgow and Clyde can now refer detainees experiencing a mental health crisis directly to mental health wards for admission while nursing staff in other NHS boards follow community referral pathways. Some NHS board areas were able to refer detainees to third sector organisations for support, however this was inconsistent across the country. Varying funding arrangements meant that referrals were, at times, only available for detainees who had been taken into custody in the local area where they normally lived.
69. There was also variation in how mandatory waiting times were recorded by health boards. Whilst NHS Lothian records triage waiting times, this was not consistent across the country. In other areas, some waiting times were recorded by Forensic Physicians, but this was not always facilitated by national systems. Overall, staff appear to be using their clinical judgement to determine how quickly individuals must be seen.

Staffing composition and availability within custody centres

70. We identified wide variability in the models of healthcare staffing used to deliver healthcare to detainees whilst in police custody. Models of delivery include:
- Nurse led services with support from on call Forensic Physicians
 - Forensic Physician led with support from nursing staff
 - GP led services with cover provided by out of hours teams
 - Community Nurse led services
 - Healthcare provided and delivered at local hospitals
 - Forensic Physician only services.
71. The composition of nursing teams varied across the country. Some health board area nursing teams had staff that could provide general, mental health and substance misuse intervention, whilst others only had general nurses. The South East area has a team of Advanced Nurse Practitioners (ANPs)²⁴ who support the delivery of healthcare in custody. Other health board areas were considering introducing this model of care such as Greater Glasgow and Clyde, while NHS Highland has two nurses who have completed their ANP training.

²⁴ The Nursing and Midwifery council (2005) defines ANPs as “highly experienced and educated members of the care team who are able to diagnose and treat your healthcare needs or refer you to an appropriate specialist if needed”.

72. We also saw that many NHS boards had introduced Custody Healthcare Professionals who are non-medical prescribers. This enabled them to prescribe safely, appropriately and in a timely manner for people in custody, as independent and supplementary prescribers.
73. Several HCPs across NHS boards have received additional training, supervision and support that enables them to take a range of forensic medical samples, such as offences which fall under sections 5 and 5A of the Road Traffic Act 1988. This has not only expanded the role of HCPs, but has reduced the requirement for an on-call Forensic Physicians to attend. For areas that have struggled to recruit Forensic Physicians, this has enabled a continuity of service and timely intervention.
74. Custody centres in some health board areas had permanent nurse staff who were based in the centre 24/7, whilst others used a peripatetic model with healthcare staff travelling between custody centres across the health board area. Further details on the models of healthcare within each health board area are provided in our section on the 'Profile of the Service'.
75. At custody centres that did not have dedicated healthcare staff, detainees requiring healthcare were assessed and treated at the nearest hospital by community nursing teams or by local GPs. In other areas, people detained in ancillary custody centres who required healthcare were transferred to the primary custody centre for that area. However, we found that the healthcare workforce within police custody was caring and compassionate and we identified excellent examples of collaboration and joint working between health and primary care staff.
76. The self-assessments provided to NHS boards/HSCPs for completion, requested information about the funded staffing establishment providing clinical input for police custody healthcare. This section of self-assessments was poorly completed with only 8 workforce data submissions received. Most areas reported having no staff vacancies. One NHS board reported having 24% registered nurse vacancies and advised that they were intending to carry out a police custody staffing review. One of these described how they had experienced a high turnover of staff, especially at a senior level.

77. The Health and Care (Staffing) (Scotland) Act 2019 was introduced with the aim of providing a statutory basis for the provision of appropriate staffing in health and care service settings. Under this legislation, NHS Scotland boards will be legally required to ensure that appropriate staff are in place in order to provide safe, high quality care which improves outcomes for service users. Health boards will be required to meet these legislative duties from April 2024. The provision of healthcare staff within police custody settings will be covered by this legislation.

Recommendation 7

NHS Boards should develop a workforce strategy to deliver effective workload and workforce planning so they have the right people with the right skills in the right place at the right time. Preparatory work should be undertaken to support the enactment of the Health and Care (Staffing) (Scotland) Act 2019.

Availability of Forensic Physicians

78. Forensic Physician services to custody centres were provided by a mixture of full and part-time staff and we were told that in some areas this could result in challenges in ensuring appropriate healthcare cover. One area described themselves as being in a fragile position regarding their forensic physician provision due to staff reducing their hours and pending retirement. The same area had not been able to secure support from a GP practice to provide forensic medical services. As a result, for some people in custody, this could mean that they have to be transported considerable distances to access treatment from a Forensic Physician. This can introduce unintended risks associated with transporting people in custody long distances in rural and semi-rural areas, sometimes in poor weather conditions. In other areas, an on-call Forensic Physician service provided advice on the telephone to the custody healthcare teams.

79. COMS is an independent medical agency that is contracted to provide Forensic Physicians on a rota basis to NHS Lanarkshire, NHS Ayrshire and Arran and NHS Greater Glasgow and Clyde. We were advised that COMS has been able to provide full Forensic Physician cover to these NHS boards. COMS has less extensive service level agreement (SLA) contracts in place with NHS Shetland, NHS Western Isles and NHS Orkney. The SLAs with NHS Shetland and NHS Western Isles cover the provision of examinations for victims of alleged sexual offences. The SLA with NHS Orkney includes training and 24-hour telephone support for GPs who attend police custody to deal with forensic issues. COMS provides a detailed annual report to each health board they have contractual arrangements with outlining the activities undertaken as well as relevant monitoring data.

Training and education

80. In response to recruitment challenges, Queen Margaret University (QMU) now offers a forensic practice course for nurses: [Postgraduate Certificate in Person-Centred Practice: Advanced Forensic Practice](#). It is hoped, subject to the outcome of a test of change project, that this will help build a multi-disciplinary workforce for the future by equipping nurses to carry out forensic medical examinations and provide evidence for court. This supports the work of the Scottish Government's Rape and Sexual Assault Taskforce led by the interim Chief Medical Officer for Scotland. The Scottish Government is funding 20 places on the course.
81. This will be the first course of its kind in Scotland and represents over four years of policy, strategy and partnership work to change forensic practice. This qualification will support any future development of advanced forensic practitioners in Scotland, who, as registered nurses, will be qualified to carry out forensic examinations and gather evidence to support criminal investigations and court cases.
82. An important part of this new nursing role will be to skilfully blend the forensic work with person-centred care treating everyone as a unique individual and working to reduce trauma to the person by looking after their health and wellbeing, and respecting their rights, personhood and dignity. A review of the literature provides evidence that trauma-informed practice is effective and can benefit both trauma survivors and staff. For trauma survivors, trauma-informed services can bring hope, empowerment and support that is not re-traumatising.²⁵

²⁵ <https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/pages/4/#:~:text=Why%20is%20it%20important%20to,that%20is%20not%20re%2Dtraumatising>

Impact on policing

83. From our review of the healthcare delivery models in place across Scotland, it would appear that these have not been based on an analysis of custody throughput nor the demographics related to healthcare needs within health board areas. As an example, Inverness custody centre (NHS Highland), has 24/7 HCP cover but has a much smaller custody throughput than areas such as Coatbridge and Motherwell based within NHS Lanarkshire, which operate an on-call Forensic Physician and weekend HCP model. As outlined in recommendation 4 of this report, it is essential that the healthcare needs of people in police custody are considered within strategic assessments and plans to ensure that the model of healthcare delivery meets the identified needs. Similarly, the level of throughput within specific custody centres should be considered in planning and delivering healthcare that adequately addresses the issues that arise in high throughput custody centres. We have outlined national throughput levels and custody throughput by health board area in [Appendix 1](#).

84. As highlighted within this report, the models for healthcare provision adopted by health boards can have a significant impact on the services delivered and the experience of people in custody. This can affect the length of time people have to wait to access a HCP, the provision of medication and access to specialist services.

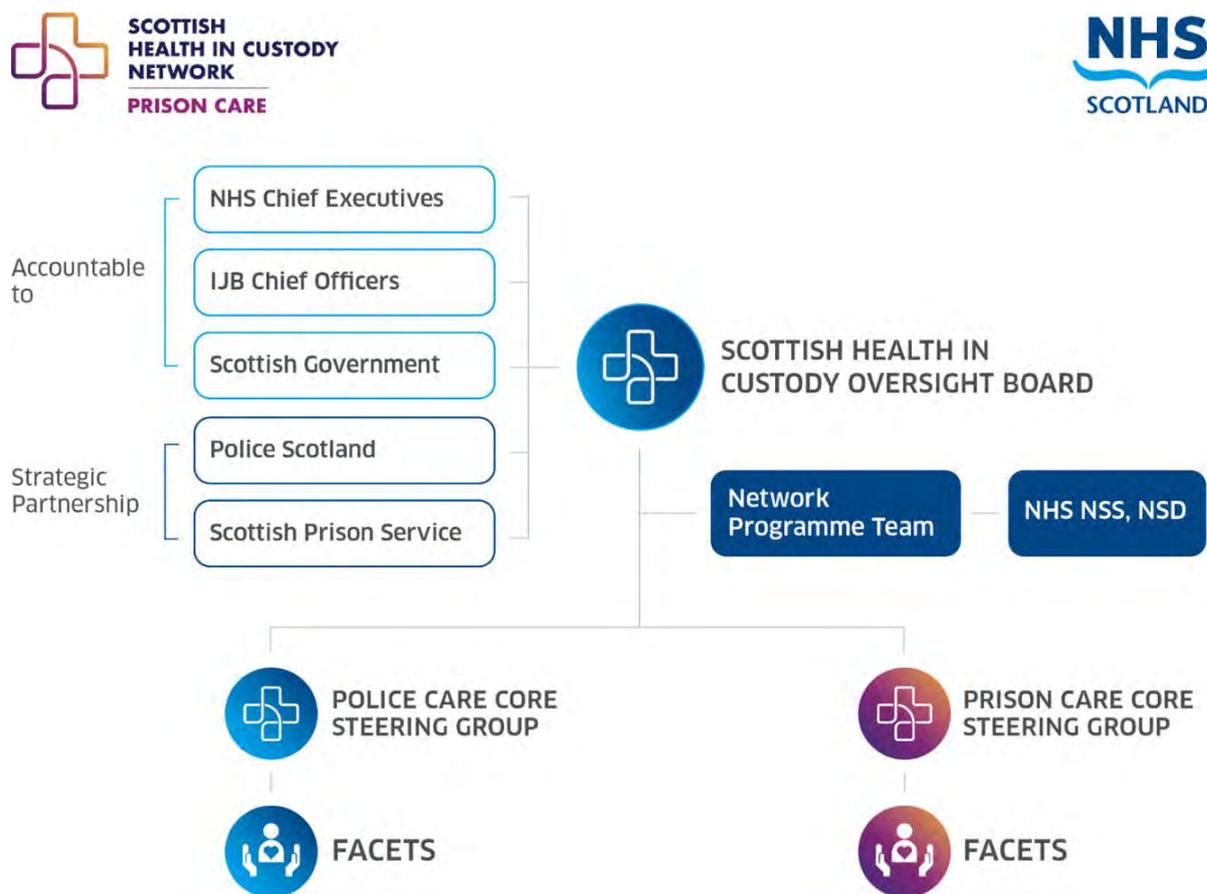
85. Custody centres that have onsite HCPs with forensic training are able to take custody-related forensic samples such as blood samples for offences committed under the Road Traffic Act 1988. Similarly, custody nurses who are mental health trained can carry out mental health assessments for individuals in custody. Having onsite HCPs with these advanced skills can reduce waiting times and risks for people in custody and potentially improve mental health pathways for those in need.

86. Custody staff and/or local policing officers regularly carry out observations of detainees within a police cell, some of whom may suffer from seizures or are suspected of drug concealment or other health conditions, and who have been considered as not meeting the criteria for hospital admission. This can create additional risks for detainees as custody staff or local policing officers are observing people in custody for any deterioration in health when they are not clinically trained to identify all of the signs. We were told that having onsite HCPs provides additional support to these officers, which can reduce risk through their involvement in regular checks and assessment of the detainee's condition. We also found that where there were inconsistencies in the level and provision of healthcare services to custody, this could impact on local policing as officers would be required to take detainees to and from hospitals and remain with them at hospital for extended periods. This could also have the consequence of diverting officers from other operational duties.
87. We recognise that there will be a range of considerations and challenges for health boards that will influence decisions on the model of healthcare delivery chosen for custody centres in their area. Nonetheless, it is essential that health boards consider all factors relevant to ensuring the safe, effective and consistent delivery of services which support high quality care for patients and service users, which align to the Health and Care (Staffing) (Scotland) Act 2019.

Scottish Health in Custody Network

88. The Scottish Health in Custody Network is an umbrella of two networks; the National Police Care Network and the National Prison Care Network. It brings together NHS Boards, HSCPs, Police Scotland, the Scottish Prison Service and other partners to improve the quality of life of people in the justice system. The National Police Care Network was initially established in 2013 to support the transition of healthcare for people in police care from Police Scotland to NHS Scotland. This developed into a national network designed to work in partnership with all of the relevant agencies, including Police Scotland.
89. While the network groups provide training, governance and advice to the relevant NHS boards, they do not have the ability to direct the health boards on how to deliver their operating models for healthcare provision in police custody centres.
90. In line with all National Strategic Networks, the primary purpose of the Scottish Health in Custody Network (as identified in the Terms of Reference) is to:
- work across geographical and organisational boundaries to support a 'Once for Scotland' approach to the planning, design and delivery of an integrated, holistic, person-centred care pathway across the health and social care system for people in police custody and prison, and
 - provide national strategic leadership and advice to NHS Boards, Integration Joint Boards (IJBs) and other partners in relation to the delivery of health and social care services in police custody and prison, using the most up to date evidence base and in line with strategic local, regional and national NHS and IJB priorities.
91. The network includes working groups which report into a Core Steering Group on progress, including any identified risks and issues. Working groups focus on particular aspects of healthcare provision such as mental health and distress; problem substance use; quality of care; health and social care; or criminal justice and forensics. The network is overseen by the Scottish Health in Custody Network Oversight Board, which is chaired by a neutral NHS Chief Executive, and is accountable to the NHS Chief Executives Group, Chief Officers of Integration Joint Boards and the Scottish Government. Figure 1 outlines the governance structure of the various groups within the network.

Figure 1: Scottish Health in Custody Network governance structure^{26 27}



92. Our review of the network’s documentation (including its Terms of Reference and Governance Strategy), self-assessment submissions and meetings with key stakeholders identified the following strengths of the network.

- A strong improvement focus.
- Sharing of good practice across health boards, such as BBV testing and treatment and the provision of Take Home Naloxone which other NHS boards are now considering as a result.
- Value as a collective voice in terms of escalating concerns to the Scottish Government when required.
- Strong collaboration.
- Good coordination of training.
- Ability to lead on key areas of work such as the introduction of the Medication Assisted Treatment (MAT) standards.

²⁶ Figure 1 outlines how Scottish Health in Custody Network brings NHS Boards, Health and Social Care Partnerships, Police Scotland, Scottish Prison Service and wider partners together to improve the quality of life of people in the justice system.

²⁷ FACETS are working groups that focus on particular aspects of healthcare provision.

93. Qualitative feedback suggests the work of the network was making a difference, although there is a lack of measurable data to demonstrate actual impact and how it is working towards a Once for Scotland approach as identified in its Terms of Reference.
94. Some of the stakeholders we spoke with as part of our review, suggested that the networks could be more effective if they had increased staffing and greater influence, with Scottish Government support, to direct health boards on service delivery models and any improvements or national initiatives they should implement. We also received feedback from network representatives outlining that the lack of a consistent and dedicated health policy lead within the Scottish Government for healthcare in police custody was affecting the ability of the network to effect change and implement improvements.
95. We would encourage NHS Boards, HSCPs and Police Scotland to continue to engage in partnership working through the National Police Care Network to share and promote good practice, and monitor and address issues requiring national agreement between partners.

Medication Assisted Treatment (MAT) standards

96. The network is working closely with the Drugs Death Task Force MIST (MAT Implementation Support Team) to implement MAT standards in custody. MAT standards were introduced by the Drugs Death Task Force to provide a person-centred approach to those who are vulnerable to drug related death. Offering MAT standards to those within all police custody centres is a key priority of the network and is supported by Police Scotland. The implementation of MAT standards involves complex processes. Inverness custody centre will be the first to test the implementation pack, paperwork and process pathway for evaluation before a national roll-out is considered.

Next Steps

97. As part of the development of joint inspection methodology we plan to carry out the following activities.
- Share the findings from our baseline review through our published report and through the National Police Care Network to drive improvements in healthcare delivery.
 - Use the findings from this baseline review to inform and prioritise our joint inspection activities and key lines of enquiry.
 - Regularly liaise with the custody network and key stakeholders to monitor progress against the recommendations made within this report.
 - Continue to engage with third sector organisations such as Families Outside and people with lived experience to ensure that we also take account of the perspective of families and people in receipt of healthcare in custody.
 - Test an interim version of the Framework to Inspect as part of two joint inspections of custody services.
 - Incorporate learning from onsite inspections and publish a final version of our Framework to Inspect in Spring 2023.
 - Joint inspections may result in recommendations for NHS boards and/or for Police Scotland.

Appendix 1 - Police custody throughput and models of care

National throughput

98. The figures below comprise of the total number of all custody episodes created on the National Custody System (NCS). This includes individuals entering custody on multiple dates (re-offenders), therefore these figures are the total number of custody records and not individual persons. A custody record is created for those in police custody and extends beyond those arrested. This includes someone attending for the purpose of a Section 23 Misuse of Drugs Act 1971, search, voluntary attendees, Home Office and Immigration detentions and those who are arrested as non-official and officially accused.

	2019	2020	2021
Custody episodes	117,921	105,155	95,039

Throughput and models of care by NHS health board area

99. The table below displays the number of custody records created by NHS board areas for the calendar years 2019, 2020, and 2021. The table also lists the police custody centres and existing model of care within each NHS board area.

NHS Board	Custody Episodes			Centre	Primary Centre	Model of Care
	2019	2020	2021			
Argyll & Bute HSCP (Highland)	727	549	512	Campbeltown	<input checked="" type="checkbox"/>	GP led service
				Lochgilphead	<input checked="" type="checkbox"/>	
				Oban	<input checked="" type="checkbox"/>	
Ayrshire & Arran	8194	7453	6637	Ayr	<input checked="" type="checkbox"/>	Forensic Physician led model provided under contract by COMS
				Kilmarnock	<input checked="" type="checkbox"/>	
				Saltcoats	<input checked="" type="checkbox"/>	
				Millport		GP led service with 24/7 telephone support from COMS Forensic Physicians
				Lamlash		On call Forensic Physician, with detainees generally assessed at the local hospital. 24/7 telephone support from COMS Forensic Physicians.
Borders	1363	1061	1276	Hawick	<input checked="" type="checkbox"/>	Nurses covering all custody centres in the South East region, and on call Forensic Physicians
				Galashiels		Transfer to primary centre, if required
				Kelso		
				Peebles		
Dumfries & Galloway	3768	3407	3474	Dumfries	<input checked="" type="checkbox"/>	On call Forensic Physician led model
				Stranraer	<input checked="" type="checkbox"/>	Community nurses cover this region and 24/7 telephone support from Forensic Physicians. Unwell detainees are taken to local A&E. Mental health assessment and opiate substitution treatment are provided by local teams.
				Annan		
				Castle Douglas		

				Lockerbie		Transferred to local A&E or primary centre (Dumfries), if required
				Newton Stewart		
				Sanquhar		
Fife	6844	5735	5138	Dunfermline	<input checked="" type="checkbox"/>	Nurses covering all custody centres in the South East region, and on call Forensic Physicians
				Kirkcaldy	<input checked="" type="checkbox"/>	
				Levenmouth		Transfer to primary centre (Dunfermline/Kirkcaldy) if required.
Forth Valley	6604	5751	5042	Falkirk	<input checked="" type="checkbox"/>	Nurses covering all custody centres in the South East region, and on call Forensic Physicians
				Stirling		Transfer to primary centre (Falkirk) if required
Greater Glasgow & Clyde	33247	29834	27041	Govan	<input checked="" type="checkbox"/>	Peripatetic nurse-led model, with on call Forensic Physicians provided by COMS.
				London Road	<input checked="" type="checkbox"/>	
				Clydebank	<input checked="" type="checkbox"/>	
				Greenock	<input checked="" type="checkbox"/>	
				Cathcart		
				Stewart Street		
Baird Street						
Grampian	11260	9886	8736	Kittybrewster	<input checked="" type="checkbox"/>	24/7 on site nurse-led model with on call Forensic Physician.
				Elgin	<input checked="" type="checkbox"/>	Nurse-led model with the team based at a local hospital providing 24/7 cover.
				Fraserburgh	<input checked="" type="checkbox"/>	Nurse led model with staff based at local hospital and attending custody centre at set times.
				Banchory		Transfer to primary centre (Kittybrewster)
				Banff		
				Ellon		
				Forres		
				Huntly		
				Inverurie		
				Peterhead		
Highland	5117	4897	4218	Inverness	<input checked="" type="checkbox"/>	24/7 on site nursing model with on call Forensic Physician.
				Dunoon	<input checked="" type="checkbox"/>	Local GP in hours / COMS Forensic Physicians out of hours

				Rothesay	<input checked="" type="checkbox"/>	GP led service
				Nairn		Transfer to primary centre (Inverness).
				Thurso		Local hospital. Transfer to primary centre (Inverness) if required
				Wick		Local hospital. Transfer to primary centre (Inverness) if required
				Alness		GP-led service.
				Aviemore		
				Bowmore		
				Craignure		
				Fort William		
				Kyle of Lochalsh		
				Portree		
				Tiree		
				Tobermory		
				Ullapool		
Lanark shire	12139	12105	11216	Coatbridge	<input checked="" type="checkbox"/>	
				Motherwell	<input checked="" type="checkbox"/>	
				East Kilbride		Transferred to primary centre (Coatbridge/Motherwell) if required.
				Hamilton		
				Lanark		
Lothian	18157	15663	13810	St Leonards	<input checked="" type="checkbox"/>	Nurses covering all custody centres in the South East region, and on call Forensic Physicians
				Livingston	<input checked="" type="checkbox"/>	
				Dalkeith		Transfer to primary centre (St Leonards) if required
				Craigmillar		
				Drylaw		
Orkney	232	135	121	Kirkwall		Consultant Physician on call from local hospital during office hours; GP on call out of hours. 24/7 telephone access to specialist clinical support and advice from COMS.
Shetland	307	229	206	Lerwick		Local hospital during office hours; on call GP out of hours.
Tayside	9689	8211	7302	Dundee	<input checked="" type="checkbox"/>	24/7 on site nurse led model with on call Forensic Physician.
				Perth		Transfer to primary centre

Western Isles	273	239	310	Stornoway		Taken to local hospital during office hours; GP-led out of hours service.
Total	117921	105155	95039			

Appendix 2 - Existing arrangements for healthcare provision

Outlined below are key aspects of existing healthcare arrangements categorised by police cluster which highlights the considerable geographic variations in provision. The outline reflects the three types of custody centres used by Police Scotland:

- Primary custody centre: a centre open to receive individuals on a full-time basis
- Ancillary custody centre: a centre which may be opened due to demand
- Weekend opening facility: a centre used at peak times as required.

North Region

The North Region comprises three clusters covering the North East, Tayside and Highlands and Islands. There is significant variation in provision across this region, particularly within cluster 3.

Cluster 1: North East

Cluster 1 corresponds with NHS Grampian. Healthcare provision for people in police custody is provided by Aberdeenshire HSCP. The cluster has primary custody centres in Kittybrewster, Elgin and Fraserburgh. Banchory, Banff, Ellon, Forres, Huntly, Inverurie and Peterhead are considered ancillary centres.

Kittybrewster operates a 24/7 on site nurse-led model with either one or two nurses on every shift. These nurses also act as chaperones for sexual assault victims at the Sexual Assault Referral Centre (SARC) unit, and attend victims who self-refer. Kittybrewster also has access to on call Forensic Physicians when required. Detainees at the ancillary custody centres who require healthcare are transferred to Kittybrewster.

A full nurse-led model was established in Elgin in 2022, with the team based at a local hospital providing 24/7 cover and available to attend the custody centre when required.

Healthcare at Fraserburgh is provided by staff from Fraserburgh Hospital. NHS Grampian advised that nurses attend the custody suite four times a day, and are also able to attend out with these times if required. Detainees are taken to the hospital if necessary, depending on their medical needs.

Cluster 2: Tayside

Cluster 2 corresponds with NHS Tayside, but also covers North East Fife. Forensic and Custody Healthcare is a hosted service within Angus HSCP. The cluster has a primary custody centre in Dundee and an ancillary centre in Perth.

Dundee operates a 24/7 on site nursing model with on call Forensic Physician cover. All detainees at Perth who require healthcare are transferred to Dundee Police station.

Cluster 3: Highlands & Islands

Cluster 3 consists of NHS Highland, NHS Orkney, NHS Shetland and NHS Western Isles. Services in this cluster are provided directly by each NHS board.

NHS Highland

NHS Highland has primary custody centres in Inverness, Dunoon and Rothesay. It has ancillary centres in Nairn, Thurso, Wick, Aness, Aviemore, Bowmore, Craignure, Fort William, Kyle of Lochalsh, Portree, Tiree, Tobermory and Ullapool.

The primary custody centre at Inverness operates a 24/7 on site nursing model with on call Forensic Physician cover. The ancillary centre at Nairn transfers any detainees requiring healthcare to Inverness. NHS Highland advised that detainees from all other stations may be transferred to Inverness if required.

Healthcare for the ancillary centres at Thurso and Wick can be provided at the local hospital. When necessary, the detainee is transferred to Inverness. At the time of the self-assessment, NHS Highland advised that Wick had an on call force medical examiner and was recruiting a clinical nurse manager.

Healthcare for detainees at the primary custody centre in Dunoon was provided by the local GP within office hours. Out of hours provision was through on call Forensic Physicians provided by COMS.

The primary custody centre at Rothesay and the ancillary centres at Aness, Aviemore, Bowmore, Craignure, Fort William, Kyle of Lochalsh, Portree, Tiree, Tobermorey and Ullapool used a GP-led service.

NHS Orkney

NHS Orkney has a single ancillary custody centre at Kirkwall. Custody healthcare services are provided by the Consultant Physician on call at The Balfour Hospital 8am-6pm Monday to Friday and by the Out of Hours GP on call at all other times. Although all clinicians covering this service are generalists, the NHS board advised that they have 24/7 access to telephone advice line provided by COMS for specialist clinical support and advice.

NHS Shetland

NHS Shetland did not complete a self-assessment return. However, Police Scotland advised that their ancillary custody centre at Lerwick operates a similar model to NHS Orkney. Healthcare is provided by the local hospital during office hours and the on call GP out of hours.

NHS Western Isles

NHS Western Isles did not complete a self-assessment return. However, Police Scotland advised that their ancillary custody centre at Stornoway operates a similar model to other island boards. Detainees who require healthcare are taken to the local hospital during office hours, or use the GP led out of hour's service.

South East Region

The South East region is made up of three clusters. The region has a single service, Southeast Scotland Police Custody Healthcare and Forensic Examination. This is hosted and managed by NHS Lothian on behalf of NHS Forth Valley, NHS Borders and NHS Fife. All staff providing healthcare for people in custody are directly employed by NHS Lothian and supported by their management and governance systems. Healthcare is provided by four nurses who cover all custody centres in the Borders, Lothian, Forth Valley and Fife area, and on call Forensic Physicians.

Cluster 4: Forth Valley

Forth Valley has a primary custody centre in Falkirk and an ancillary centre in Stirling. Detainees at Stirling requiring healthcare are transferred to Falkirk.

Cluster 5: Edinburgh City and Lothian and Scottish Borders

Lothian has two primary custody centres at St Leonards (Edinburgh) and Livingston. It also has ancillary centres at Dalkeith, Craigmillar and Drylaw. Detainees at Craigmillar and Drylaw who require healthcare are transferred to St Leonards.

Borders has a primary custody centre at Hawick and ancillary centres at Galashiels, Kelso and Peebles. Detainees at the ancillary centres who require healthcare are transferred to St Leonards.

Cluster 6: Fife

Fife has two primary custody centres at Dunfermline and Kirkcaldy. It also has an ancillary centre at Levenmouth. Detainees at Levenmouth who require healthcare are sent to either Dunfermline or Kirkcaldy.

West Region

The West region is made up of 6 clusters, corresponding with NHS Greater Glasgow and Clyde, NHS Ayrshire & Arran, NHS Dumfries & Galloway and NHS Lanarkshire. There is variation in provision across this region, particularly in cluster 10 (Ayrshire and Dumfries and Galloway area).

Clusters 7, 8 and 9: Glasgow North, Renfrewshire & Inverclyde, and Glasgow South

Glasgow City HSCP provides healthcare for detainees the NHS Greater Glasgow and Clyde area.

NHS Greater Glasgow and Clyde operates a nurse-led model with four peripatetic nurses covering all custody centres and on call Forensic Physicians provided by COMS. It has several custody centres, with some opening on a temporary, emergency or weekend only basis. The main hub is at Govan. There are also centres at London Road and in Greenock. Cathcart and Stewart Street open on a temporary basis. Baird Street has also been used at peak times.

Cluster 10: Ayrshire and Dumfries & Galloway

This cluster includes the areas covered by NHS Ayrshire & Arran and NHS Dumfries & Galloway.

NHS Ayrshire & Arran

East Ayrshire HSCP provides Forensic and Medical Services in the NHS Ayrshire & Arran board area. Responsibility for providing the service sits within the Children's Health, Care and Justice Service portfolio. The service is provided under contract by COMS in Ayrshire. In Arran it is provided by the Arran Medical Group.

Ayrshire has primary custody centres in Kilmarnock and Saltcoats and an ancillary centre in Ayr. These operate a Forensic Physician led model provided under contract by COMS.

On Arran, there are two ancillary custody centres in Millport and Lamlash. Healthcare for detainees is provided under contract by the Arran Medical Group. This is a GP led service in Millport, with an on call Forensic Physician in Lamlash. NHS Ayrshire & Arran advised that detainees at Lamlash were generally assessed at Arran War Memorial Hospital. Staff on Arran have access to 24/7 telephone support from experienced COMS Forensic Physicians.

NHS Dumfries & Galloway

Dumfries & Galloway HSCP provides healthcare for people detained in custody in Dumfries and Galloway. The area has two primary custody centres, Stranraer and Dumfries. It also has five ancillary centres at Annan, Castle Douglas, Lockerbie, Newton Stewart and Sanquhar.

Dumfries operates an on call Forensic Physician led model. Detainees at the ancillary centres who require healthcare are either taken to the local A&E department or transferred to Dumfries.

Some aspects of detainee healthcare at Stranraer are provided by Community Nurses. Forensic Physicians from Dumfries provide telephone advice regarding general health concerns. Detainees who are unwell are taken to the local A&E department. Mental health assessment and opiate substitution treatment are provided by local teams. Community nurses carry out drunk driver blood tests. All other forensic assessments are carried out in Dumfries. Forensic Physicians assess photos of assault injuries remotely.

Cluster 11: Lanarkshire

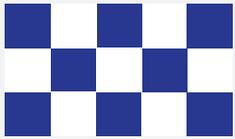
Healthcare for people in custody in Lanarkshire is provided by North Lanarkshire HSCP. The area has two primary custody centres, in Coatbridge and Motherwell. It also has three ancillary centres in East Kilbride, Hamilton and Lanark.

The primary centres operate a Forensic Physician led model provided by COMS and supported by nurses at the weekend. Detainees at the ancillary centres who require healthcare are transferred to either Coatbridge or Motherwell.

Cluster 12: Argyll and West Dunbartonshire

Healthcare provision in this area sits under NHS Highland. However, the NHS board advised in their self-assessment that this does not include the police custody service. They advised that police custody referrals from this area were generally made to Paisley or NHS Greater Glasgow and Clyde. This was thought to have been a legacy from previous structures.

Police Scotland advised that there were three primary custody centres within Argyll & Bute HSCP. These were Campbeltown, Lochgilphead and Oban. Each of these had a GP-led service. This cluster also includes Clydebank custody centre, which is within West Dunbartonshire and is serviced by NHS Greater Glasgow and Clyde.



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