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# Monitoring detainees during a handover

Female detainee harms herself in custody during staff handover, raising issues about:

- Silencing cell communication buzzers
- Requirement for all staff to attend handovers
- Monitoring CCTV while participating in a handover

This case is relevant if you work in:



### Overview of incident

Ms A was arrested at her home address for failing to appear at court. She was taken into police custody.

Around 6pm Sergeant B, who was working as the custody sergeant, called Ms A and her arresting officer to the custody desk.

Ms A was booked into custody and her detention was authorised. Sergeant B asked Ms A routine risk assessment questions as part of the booking-in process.

Ms A told the IOPC that on the day of the incident she had drunk around three litres of cider. She said that she did not tell Sergeant B this when she was being booked-in. None of the witnesses approached by the IOPC said that Ms A appeared intoxicated. Ms A told the IOPC that due to the high volumes of alcohol she would drink on a regular basis, the three litres of cider she drunk that day would not have affected her or made her feel drunk.

Ms A told Custody Sergeant B that she had poor mental health and had bipolar disorder and manic depression. Sergeant B asked Ms A whether she had ever self-harmed or had thoughts of committing suicide. She answered that she had previously self-harmed but had not done so for a while.

While she was being asked questions, Ms A was searched by Custody Detention Officer (CDO) C. CDO C asked Ms A to remove her coat, any jewellery she was wearing and her shoes. CDO C then used a small metal detector to help the search. Ms A later told the IOPC that she had hidden a cigarette lighter between her buttocks. Due to the position of the lighter, it was

undetectable by the metal detector. Ms A had not been arrested for a violent offence and there were no warning markers on her PNC record to show that a strip search would have been necessary or proportionate.

Once the search was complete, Ms A was taken to a CCTV monitored cell by CDO C and was placed on level two intermittent observations. CDO C also showed Ms A the toilet facilities and the cell communication button.

# College of Policing Authorised Professional Practice (APP) - Detainee Care

### Level 2 intermittent observation

Subject to medical direction, this is the minimum acceptable level for detainees who are under the influence of alcohol or drugs, or whose level of consciousness causes concern. It includes the following actions:

- the detainee is visited and roused at least every 30 minutes
- physical visits and checks must be carried out CCTV and other technologies can be used in support of this
- the detainee is positively communicated with at frequent and irregular intervals
- visits to the detainee are conducted in accordance with PACE Code C Annex H."

### Find out more online:

https://www.app.college.police.uk/app-content/detention-and-custody-2/detainee-care/#levels-of-observation

Ms A gave Custody Sergeant B the name of her solicitor and the contact details for a family member. She said that she wished for both to be told of her arrest.

Ms A received two cell visits. The first cell visit was carried out at approximately 6.15pm by CDO C, who gave Ms A a drink and some magazines. The second cell visit was carried out at approximately 6.25pm by CDO D, who was assigned to cell visits. She spoke to Ms A through the hatch on the cell door.

At approximately 6.30pm, Ms A could be seen on CCTV using a cigarette lighter to set fire to the left sleeve of her top. Within 30 seconds, Ms A pressed the cell communication button in her cell. Around one minute later, Ms A pressed the cell communication button for a second time.

When interviewed Ms A said that she had been having a manic episode at the custody desk and felt panicked at the thought of being placed in a cell. She went on to say that once in the cell she recalled looking at the bed and realising that she needed to get out of the situation and removed the lighter.

CDO C explained to the IOPC that when a cell communication button is pressed, a buzzing noise sounds from a control panel on the custody desk and the control panel lights up to show that the button has been pressed. CCTV with audio from the custody desk showed a buzzing noise at the same time as Ms A was pressing the cell communication button. Shouting and screaming could also be heard on the CCTV at the custody desk. It was believed this was coming from Ms A's cell and, while there was no audio on the CCTV in Ms A's cell, she could be seen opening and closing her mouth and her facial expression showed that she was in pain.

At the time of the shouting and screaming, a staff handover was taking place in a small room located off of the custody desk.

CDO C explained to the IOPC that the buzzer is often heard while the handover is taking place as the control panel is close to the back office. The CCTV showed that on the day of the incident the door to the back office was open. Sergeant B told the IOPC that handovers always take place in the office adjacent to the custody desk and that all staff are required to attend the handover.

The CCTV showed CDO D inside the handover office at the time of the cell communication button being pressed by Ms A. When the buzzing started, CDO D left the handover office. CCTV showed CDO D silence the buzzer at the custody desk. CDO D told the IOPC that she silenced the buzzing because that was normal working practice during a handover. She referenced three PowerPoint slides from 2013 in which it stated all staff were required to attend a handover. Custody Sergeant B confirmed in interview that, at the time of this incident, there was no procedure in place to govern the monitoring of detainees during handover.

# College of Policing Authorised Professional Practice (APP) - Detainee Care

## Handover procedures

It is essential that enough time is allowed for a full and effective briefing and debriefing between custody officers and staff when handing over responsibility for detainees, particularly at shift change over. This ensures that all relevant information is passed on and understood by the person taking over responsibility. If handover has to take place in or around the booking-in desks, the custody suite should be cleared of other personnel. Custody officers and other custody staff should carry out the handover together."

### Find out more online:

https://www.app.college.police.uk/app-content/detention-and-custody-2/detainee-care/#handover-procedures

At the time of the incident CDO D was the only member of staff responsible for carrying out cell checks. All CDOs are responsible for the welfare of detainees. However, when Ms A pressed her cell communication button, CDO D's colleagues knew that she was the dedicated member of staff to deal with the situation.

Following silencing the buzzing noise, CDO D returned to the handover office. After approximately one minute, Ms A pressed the cell communication button again. CDO D again left the handover office, silenced the buzzer, and returned to the handover office. Ms A had set fire to her clothing since pressing the cell communication button for the first time.

CDO D was asked in interview whether her perception of the situation changed when Ms A pressed the buzzer for a second time. CDO D replied that it did not as "a lot of people when they get booked in they do tend to sort of press the buzzer a few times at the beginning". When CDO D was asked whether the noises Ms A was making influenced her actions, CDO D said that they did not because she perceived the noises to be expressing frustration rather than pain.

Inside the handover office was a wall of televisions that stream live CCTV images from inside the cells. CDO C stated in interview that one of the screens on this wall is dedicated to

streaming images from a cell once a detainee has pressed the cell communication button. This screen is known as the "buzzer screen" by custody staff.

When asked if she had looked at the buzzer screen after silencing the buzzing on the control panel, CDO D stated that she did not. CDO D stated that the buzzer screen is temperamental and often does not work. She also said that images on the buzzer screen may be overwritten if another detainee presses their cell communication button. However, CDO C stated that at some point after 6.30pm she looked at the CCTV screens and saw Ms A "dancing around her cell". CDO C confirmed that this was during the handover. This indicates that CCTV images from inside Ms A's cell were available at the time of the incident.

A few minutes after CDO D silenced the buzzer for a second time, she left the handover office and picked up a shopping bag, her coat and her car keys. The CCTV footage then showed CDO D talking to a colleague for a further one minute and 40 seconds about Ms A's mental health and that she had bipolar disorder before approaching, but not entering, her cell. CDO D explained that she did not visit Ms A's cell because she had handed over responsibility to the incoming shift following the handover.

Mr E, the on-duty medical professional, heard a buzzing noise at the custody desk and heard screaming coming from one of the cells. He approached the custody desk and asked someone who was making the noise and what was wrong with them. After approaching the desk, he walked to Ms A's cell with CDO D. Halfway between the cell and the custody desk he recalled that CDO D asked him if he could smell smoke.

Around 6.35pm CDO D, Mr E, and CDO C entered Ms A's cell and could immediately see and smell smoke. They could see that Ms A's top had melted.

CDO C and Mr E tried to place Ms A's arm under the tap in the cell, but the water began to run warm. They moved Ms A to a sink in the cell corridor. Once at the sink, Ms A's arm was placed under cold water, but again the water began to run warm. Ms A was moved to the medical room where cold water was applied to the injury.

An ambulance was called a few minutes later, and Ms A was taken to hospital to receive medical treatment. She was returned to custody around 10pm after receiving medical treatment for the burns on her arm.

# Type of investigation

IOPC independent investigation

# Findings and recommendations

# Local recommendations

### Finding 1

1. CDO D silenced the cell communication buzzer twice without taking any positive action to find out what Ms A wanted.

### Local recommendation 1

2. The force should remind all staff working in custody that a risk assessment should be made before silencing a cell buzzer.

# Finding 2

3. CCTV screens in the handover office showed images from Ms A's cell but these were not monitored by custody staff during the handover.

### **Local recommendation 2**

4. The force should remind all custody staff that when a briefing is being completed at least one member of staff should look away from the whiteboards and face the screens that show the cell CCTV footage.

# Finding 3

5. CDO D stated that all staff were required to attend handovers and that it was normal practice not to attend to detainees during this period. Sergeant B also confirmed that the force did not have any guidance in place to deal with monitoring detainees during a handover.

### Local recommendation 3

6. A dedicated member of custody staff should be available during shift handovers to make sure that cell communication buttons are monitored and appropriate responses are provided.

### Response to the recommendations

### Local recommendations

### **Local recommendation 1**

1. The force has taken steps to remind staff working in custody about the need to carry out a risk assessment before silencing a cell buzzer.

### **Local recommendation 2**

2. The force has taken steps to make sure that at least one member of staff is monitoring CCTV screens during staff briefings.

### Local recommendation 3

3. Work is underway by the force to make sure cell communication buttons are monitored and appropriate responses provided during shift handovers.

## Outcomes for officers and staff

### CDO D

1. CDO D was found to have a case to answer for misconduct. This was for silencing the cell communication buzzer and for failing to monitor the CCTV of Ms A's cell during the time she was responsible for carrying out cell checks. CDO D attended a misconduct hearing and received a written warning.

## **Questions to consider**

# Questions for policy makers and managers

- 1. What guidance does your force give to officers on responding to cell communication buzzers, including during handovers?
- 2. How does your force make sure that detainees are monitored effectively while handovers are carried out?