

Framework to Inspect healthcare provision within police custody centres – final version

This framework to inspect has been developed using a human rights-based approach and aligned with Healthcare Improvement Scotland's Quality Assurance System (QAS) Quality Framework quality indicators (QIs). All components of the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment (OPCAT) will be reflected in detailed inspection tools, checklists and guidance documents to ensure that service providers are complying with OPCAT.

	HMICS healthcare quality indicators	Person-centred indicators	Relevant QAS Framework Domain/QIs
1	<p><u>Governance of Healthcare</u></p> <p>Patients (people in custody who are in receipt of healthcare) are cared for by healthcare practitioners with the appropriate skills and training, in a safe, professional trauma-informed and caring manner that respects patient decency, privacy and dignity.</p> <ul style="list-style-type: none"> Healthcare practitioners are sensitive and responsive to patients' situations and diverse needs, including communication and support needs. Clinical governance arrangements include management, training and supervision and accountability of staff, risk management and adverse events. Patients are treated by healthcare staff who: <ul style="list-style-type: none"> ➤ have access to and participate in training, supervision and support to maintain their professional registration and development. ➤ have the appropriate knowledge and skills to meet the particular healthcare needs of patients in police custody. Clinical examinations are conducted confidentially unless risk assessment suggests otherwise. 	<p>I am cared for in a safe and caring way by healthcare practitioners with appropriate skills and training, who respect my privacy and dignity.</p>	<p>2.1 Shared values 2.2 Person-centred planning and care 2.3 Staff empowerment and wellbeing 2.4 Diversity and inclusion 2.6 Robust governance arrangements 3.1 People who experience care and carers 3.2 Workforce 4.3 Workforce planning 4.4 Staff development and performance 5.3 Risk management and business continuity 6.1 Person-centred and safe outcomes 6.2 Dignity and respect 6.3 Compassion</p>

	<ul style="list-style-type: none"> • Treatment rooms provide conditions that maintain decency, privacy and dignity. Infection control precautions are complied with. • All equipment (including the resuscitation kit) is ready for use and regularly checked and maintained, and all staff (healthcare and Police Scotland custody staff) understand how to access and use it effectively. All staff have had appropriate initial and refresher training. 		<p>6.5 Responsive care and support 6.6 Wellbeing</p>
2	<p><u>Access to healthcare</u></p> <p>Detainees are made aware of how to access a healthcare practitioner. They are able to request to see one at any time for physical, mental health and social care needs, and are treated appropriately.</p> <ul style="list-style-type: none"> • Each patient seen by healthcare staff has a clinical record containing an up-to-date assessment. • Patients are involved in the development of their health care plan. • Where appropriate, health care planning is reviewed and communicated to relevant partners. • Any health care plan conforms to professional and clinical best practice guidance from policy, legislation and professional regulatory bodies. • Any contact with a healthcare practitioner is recorded on Police Scotland's electronic custody system and a record made of any medication provided. The results of any clinical examination are made available to the patient and, with consent, to the patient's solicitor. • There are clear processes for detainees to access a healthcare practitioner for examination following any use of force. • Healthcare teams have in place processes whereby people in custody can raise issues regarding use of force. Any concerns are recorded by healthcare staff. • Where appropriate, support for health and wellbeing is available through supervised peer support and health promotion activities. • Information, advice and support are available in a range of languages and formats appropriate to patient needs to enable individuals to understand: <ul style="list-style-type: none"> ➢ the care and treatment options available to them ➢ how they give informed consent 	<p>I am made aware of how to access a healthcare practitioner and I can also request to see one for my physical or mental health needs.</p> <p>I am involved in care planning and receive appropriate healthcare treatment.</p> <p>Health information, advice and support is available in a range of languages and formats appropriate to my needs.</p>	<p>2.2 Person-centred planning and care 4.1 Pathways, procedures and policies 6.1 Person-centred and safe outcomes 6.4 Inclusion 7.1 Delivery of key performance indicators</p>

	<ul style="list-style-type: none"> ➤ what their care or treatment will involve, including the risks and benefits, and what may happen if they do not have the treatment. • Treatments are appropriate to the clinical needs of the patient and where appropriate considers patient choice. 		
3	<p><u>Medicines management</u></p> <p>Patients receive prescribed medication if needed and according to an agreed protocol with the relevant health board.</p> <ul style="list-style-type: none"> • Medications on site are stored safely and securely and disposed of safely if not consumed. There is safe pharmaceutical stock management and use. • Patients are assessed and prescribed medication to meet any clinical signs, symptoms or conditions. • Patients receive medication to provide relief for drug and alcohol withdrawal symptoms if clinically indicated. • Patients receive prescribed medication at the designated times. • Patients are supported to maintain medication regimes while in custody. 	I receive any prescribed medication in line with the relevant health board process.	5.4 Audit, evaluations and research 6.4 Inclusion
4	<p><u>Substance use</u></p> <p>All patients have access to healthcare practitioners who are able to assess their clinical needs, divert/refer to substance use services and/or advise on treatment as necessary:</p> <ul style="list-style-type: none"> • An assessment process is in place to identify people who use alcohol and substances. • A range of appropriate screening tools are used to identify people's needs including levels of intoxication and withdrawals. • A range of harm reduction information and advice (including signposting) is available in languages and formats appropriate to patient need. • Any contact with a drug or alcohol worker is recorded in the custody record. • Interventions are clearly planned and recorded for all staff to be aware of. 	I have access to substance use practitioners who can assess my clinical needs, provide advice or refer me to substance use services.	2.2 Person-centred planning and care 3.1 People who experience care and carers 3.3 Partners, governing stakeholders and suppliers 4.4 Staff development and performance

5	<p><u>Mental health</u></p> <p>Detainees are asked if they wish to see a mental health practitioner who is able to assess their clinical needs, divert to/refer to mental health services and/or advice on treatment as necessary.</p> <ul style="list-style-type: none"> • There is a standardised assessment of all persons that identifies: <ul style="list-style-type: none"> ➢ a risk of self-harm and suicide ➢ fitness for detention risk assessment or equivalent with a process for sharing identified risks between healthcare staff and custody staff. • Interventions are clearly planned and recorded for all staff to be aware of. • The welfare of vulnerable adults is safeguarded, and police custody is only used as a place of safety under section 297 of the Mental Health (Care and Treatment) (Scotland) Act 2003 in the most exceptional circumstances. 	<p>I am asked if I would like to see a mental health practitioner who can assess my clinical needs, refer me to mental health services or advise me on treatment.</p>	<p>1.5 Key performance indicators 2.6 Robust governance arrangements 3.3 Partners, governing stakeholders and suppliers</p>
6	<p><u>Pre-release pathways and referrals</u></p> <p>All partners work effectively to establish referral and diversion schemes for patients:</p> <ul style="list-style-type: none"> • experiencing mental health problems • engaging in substance use or • who have physical health needs. <p>Where relevant, through care planning is undertaken which enables patient contact with their:</p> <ul style="list-style-type: none"> • family/friends/carers • support or link workers • peer support/mentors or • advocacy. 	<p>Where relevant, partners work together to refer me to appropriate third sector organisations.</p> <p>Where relevant, care planning is undertaken to support me to have contact with family/friends/ carers, support workers or mentors.</p>	<p>3.3 Partners, governing stakeholders and suppliers 4.1 Pathways, procedures and policies 5.1 Plans for delivery</p>