Appendix 3

accenture

Efficiency and Effectiveness Review Programme

Tranche 1: Forensic Medical Examiners

Summary Report

April 2002

MPA

Metropolitan Police Authority

accenture

Summary Report

Forensic Medical Examiners (FMEs) provide an essential service to the Metropolitan Police Service. FMEs assess people being held in custody to ensure they are fit to be held and / or questioned. FMEs also examine victims as part of the investigation of crimes and give evidence if necessary in court. In doing this FMEs support the MPS in the prosecution of cases and its goal of seeking to reduce the risk of deaths in police custody. This role is vital to MPS compliance with PACE (the Police and Criminal Evidence Act) and the speedy handling of detainees in custody. It is therefore essential that the FME service works efficiently and effectively.

This report provides a summary of the full Accenture report which examines the key challenges facing the FME service, the underlying causes of the problems and the actions required to tackle them.

In addition to the recommendations set out in this report, Accenture has undertaken further analysis of a range of options around potential changes to the structure and payment of fees to suppliers. This work, which is of a commercially sensitive and therefore confidential nature, has been submitted to the MPS which is considering how best to negotiate and reach agreement with its suppliers given the wider quality agenda, the need to sustain services and the importance of securing value for money. The outcome of these negotiations will be updated to the Finance Planning Best Value committee in due course.

Background

Some 129 Forensic Medical Examiners (FMEs) are currently retained by the MPS to provide a range of services. These roles are enshrined in the provisions of the Police and Criminal Evidence Act (PACE). FMEs are also required under the Road Traffic Act for the taking of blood samples. Other health professionals involved in custody include Community Psychiatric Nurses and doctors qualified to perform assessments under mental health legislation.

FMEs are organised into 19 Groups which are largely based on historic arrangements and are not aligned to MPS Boroughs. Each of the 19 groups is administered by a 'Principal' FME who is contracted to ensure their group can provide cover 24 hours a day, 7 days a week, 365 days a year. Workloads vary by time of day, although our sampling shows that 65% of FME examinations occurred at night time.

In discharging their role FMEs examine:

- **Detainees arrested by the MPS –** primarily for PACE assessments, but also for evidential purposes.
- **Victims of crime** – for example where there is an injury requiring documentation for evidential purposes and where medical needs require attention. In addition to

FMEs the MPS also calls on 46 Sexual Offences Examiners (10 used regularly) and The Haven (in south London) for handling rape cases.

- **Police officers** – who are injured in the course of their duty or where assault has been alleged.

Key Problems

The FME service is currently facing three significant problems:

- **rising costs** – the 01/02 FME budget has almost doubled since 1993\94, with the forecast spend for this financial year standing at £9.6m (against an original budget of £8.4m). Rising costs are driven by a combination of the level of demand the MPS places on the FME service and the way it pays for the service.

- **doubts that the MPS is getting value for money** - with concerns about the quality of the service provided under existing arrangements overshadowing the good work that is done. The MPS lacks a clear statement of the quality standards it wants its FMEs to deliver to. This makes it hard for FMEs to satisfy their customer, but it makes it harder for the MPS to gauge the real value of a service for which it is paying considerable amounts of money.

- **uncertainty about the future of the service -** the move by a number of forces to outsourcing their FME services, as well as the introduction of custody nurses at Charing Cross have contributed towards a feeling of uncertainty on the FMEs part about their future in the MPS.

Causes

There are 4 main causes of these problems, namely:

- Lack of a clear strategy for the provision of medical services in custody
- Lack of clearly defined quality standards –
- A demand driven budget, based on a piecework fee structure
- Inadequate management arrangements

Lack of a clear strategy for the provision of medical services in custody

The uncertainty around the future of the FME service is in part a result of the move by a number of forces to employ commercial firms to supply their FME services, combined with the introduction of forensic nurses in Kent and a pilot of custody nurses in Charing Cross. This has led to existing FMEs being uncertain as to the MPS commitment to them in the future. Added to this, discussions with the Home Office on reforming the sections of PACE have opened up new possibilities for expanded roles of other health practitioners in a custody environment.

Lack of clearly defined quality standards

The MPS is concerned about the quality of the service provided by existing FME arrangements, for example, custody sergeants interviewed reported delays in FMEs arriving at the station to perform examinations as well as illegible handwriting in Doctor's Books and inadequate communication of advice. However, the MPS is hampered in assessing performance by a lack of clear agreed quality standards. The MPS currently does not routinely collect and analyse the information it needs e.g. response times.

A demand driven budget, based on a piecework fee structure

Overall the MPS FME spend has nearly doubled since 1993\94, reaching £10.3m in 00\01, an overspend of £2.1 m. Of this, £8.7m was spent on the FME\SOE service (£1m was accounting accruals, £398k for The Haven, and £262k for casual payments). The forecast 01/ 02 outturn at January 2002 was £9.6m (reduced from the December 2001 forecast of £10.2m). The budget for FMEs is currently held centrally by DPCS (part of the Directorate of Resources) and is therefore not devolved to Boroughs.

There are two key drivers for increased spending on FMEs:

- **Increased arrests -** the number of arrests are projected to increase by 15% in 01\02, resulting in a projected 8.4% increase in FME workloads and a projected 6% increase in costs, none of which was factored into the budget setting process
- **the 'piecework' pay structure for FMEs** which is highly sensitive to increased demand that is resulting from a rising level of arrests

In addition, the Accenture report also identified significant variations in the number of examinations per arrest undertaken across Boroughs; for example, someone arrested in Islington is almost twice as likely to see a Doctor as someone arrested in Tower Hamlets.

Inadequate management arrangements

The MPS currently does not have the adequate arrangements to ensure effective management of the FME service. For example, at present, no part of the FME budget is devolved to the Boroughs (who use the services) who receive no performance or cost information to allow them to assess their use of FMEs and the service they get. As a result, there is no basis and no incentive for Boroughs to question whether they are using the service effectively and getting an effective service from FMEs. In addition, Boroughs are not represented on the Commissioners Advisory Panel (the main governance body) despite being the main customers of the service. Nor does the MPS retain a source of advice on that Panel that is independent from the FMEs supplying the service.

Recommended Actions

A good deal of hard work goes into this service, from both MPS and FMEs alike. We believe that the current model, with the changes to quality regime that we recommend below, is sufficiently flexible to cope with the changes that may arise from the PACE review. However, the current challenges facing the FME service combine to create an environment of uncertainty - not one of change and opportunity but of fragmentation and drift. If allowed to persist this situation risks undermining the sustainability of a vital service still further. Addressing these problems will require action across a number of fronts. The main report makes recommendations in a number of areas including:

- **greater strategic clarity about the overall purpose and objectives of the service** and the preferred model for realising these objectives, for example considering partnership with the NHS and examining models of local provision adapted to meet local needs. We recommend the MPS produce a policy statement to provide this clarity and direction. This would also provide a framework for the development and evaluation of new services (such as Custody nurses) as well as the assessment of alternative supply models (recommendations 1; 2 & 3)

- **the reorganisation of management responsibilities** - with a lead role for PRS (the core policy function within the MPS), day to day oversight and budget devolution in Boroughs, and the reform of governance arrangements at corporate level (for example through representation of Boroughs and an independent medical representative on the Commissioners Advisory Panel). In addition, we recommend that the role of the Principal FME (as a key management function) be enhanced (recommendations 4, 5; 9; & 11)

- **the development of quality standards** which should include:
  - inputs – the knowledge, experience and skills required of suppliers; and the requirement on suppliers to attend and provide training;
  - outputs – capturing the performance indicators against which the quality of service delivered to Boroughs is measured, such as response times (measured by a benchmark of a median response time of 45 minutes), clarity of FMEs' written instructions to custody sergeants (perhaps measured by satisfaction surveys)
  - outcomes - the contribution of the FME service to the elimination of avoidable deaths in custody and of avoidable near-misses; the management of risk around case robustness in the criminal justice system (recommendations 8 & 10)

- **further analysis of the variation in levels of demand across BOCUs** and the development of ways for custody sergeants to manage risk more effectively. We recommend MPS (PRS) establish a joint team of TP, Boroughs and FMEs charged with exploring the reasons for variations in rates of FME examinations per arrest

across Boroughs. An output of this work should be guidance for both custody officers and FMEs (recommendations 6; 7; 12 & 13)

- **possible scope for the reorganisation of the 19 FME groups.** Given that current workloads vary greatly between them we are of the view that reorganisation could increase the productivity of FMEs while on call and potentially reducing overall numbers on call at any one time (recommendation 15).

A list of the recommendations in full is attached below.

accenture

Recommendations

The following section outlines the recommendations made in the report. The recommendation number indicates the order in which they appear in the report , and they are ordered here in terms of short-term, medium term and longer term.

No (as in main Report).	Short-term Recommendations	Priority H\M\L	Suggested MPS lead	Indicative Savings	Potential costs (Staff days)	MPS Response
1	*MPS should produce a policy statement for medical services within the MPS, highlighting its overall purpose and objectives (compliance with PACE, fulfilment of defined duty of care, avoidance of death or harm in custody, facilitation of evidence-gathering) and the preferred model for realising these objectives (outlining the anticipated role of FMEs and nurses, and the use of custody suites and specialist facilities such as The Haven).*	H	AC PRS		20 Central	Accepted, subject to availability of resources. LFMSB (DPCS9) to continue as lead Branch
4	*Reorganise management responsibilities to ensure more effective ownership and delivery of the defined strategic objectives, by:* • *Allocating responsibility for service specification, supply policy and recruitment to PRS* • *Allocating responsibility for the FME budget*	H	AC PRS		N / A	Accepted - caveats re devolution and cost savings have been aired

11	*MPS should create a single overall budget for all medical services (FMEs, nurses and The Haven), taking into account the projected number of arrests and the proposals for revising the payment structure described below. Each element should be reported separately to ensure visibility.*	H	Director of Resources		10 Central	Accepted. Forensic Pathology should be included too. Note nurses are employees, not independent contractors.
12	*Establish a joint team of TP, BOCUs and FMEs to explore the reasons for variations in rates of FME examinations per arrest across BOCUs, and provide clear guidance for both custody officers and FMEs to reduce the level of callout of high users where appropriate.*	M	AC PRS		10 Central 30 Local	Accepted. Essential that lead Branch, LFMSB (DPCS9) is involved.
13	*Task the joint team with identifying ways for custody sergeants to manage risk better – for example, through the redesign of the 57M form and/or the introduction of computerised decision-support systems.*	M	AC PRS		10 Central 10 Local	Accepted, Essential that lead Branch, LFMSB (DPCS9) is involved.

No.	Medium-term Recommendations	Priority H\M\L	Suggested MPS lead	Indicative Savings	Potential costs (Staff days)	MPS Response
2	*Keep under review the option of outsourcing FME services (for example, from commercial or not-for-profit organisations).*	L	AC PRS		N / A	Accepted. Essential that lead Branch, LFMSB (DPCS9) is involved.
5	*Oversight of day-to-day operations in each BOCU should be allocated to a member of that BOCU's management team, who should nominate a single custody sergeant to liaise with the Principal FME on facilities and equipment.*	H	AC Territorial Policing		N / A	Accepted, however is PS appropriate level for the liaison role?. Essential that lead Branch, LFMSB (DPCS9) is involved, particularly in respect of complaints.
6	*Budgets should be devolved to BOCUs once the changes to demand-side (actions to address variations in examinations per arrest) and supply-side (quality measures) have been made.*	L	AC PRS		30 Central 30 Local	Accepted - caveats re devolution and cost savings have been aired

7	*BOCU lead officers and central TP should be provided with monthly information on expenditure, and quarterly information on performance against quality standards.*	H	AC PRS		30 Central 60 Local	Accepted subject to availability of resources.
8	*PRS should take the lead in developing an agreed statement of management responsibilities for Principal FMEs which should cover administrative duties, provision of advice and guidance, and liaison with BOCUs*	M	AC PRS		10 Central	Accepted. Essential that lead Branch, LFMSB (DPCS9) is involved.
9	*The Commissioners' Advisory Panel should be revamped to include representatives from PRS, central TP and the BOCUs as well as a selection of Principal FMEs and an independent medical representative not involved in the delivery of FME services*	M	AC PRS		10 Central	Accepted that the Terms of Reference and membership of the Commissionar's Advisory Panel should be reviewed.

10	*Ask PRS to develop quality standards for agreement by the Commissioner's Advisory Panel and for inclusion within the contracts signed with service suppliers. These standards should cover:* • *inputs – the knowledge, experience and skills required of suppliers; and the requirement on suppliers to attend and provide training;* • *outputs – timeliness of FME response (perhaps measured by a benchmark of a median response time of 45 minutes), clarity of FME instruction (perhaps measured by satisfaction surveys of custody sergeants)* • *outcomes - the elimination of avoidable deaths in custody and of avoidable near-misses; the management of risk around case robustness in the criminal justice system.*	H	AC PRS		40 Central 80 Local	Accepted. Work already started with the FME Service on the issues of quality of service. Essential that lead Branch, LFMSB (DPCS9) continues to be involved.
15	*MPS should review the current organisation of FME groups, with a view to reducing the number of groups and getting a better alignment of supply and demand.*	H	AC PRS		20 Central	Accepted. Much preparatory work already completed however resource implications. 20 staff days under estimate of work required.

						Essential that lead Branch, LFMSB (DPCS9) is involved.
No.	**Long-term Recommendations**	**Priority** **H\M\L**	**Suggested MPS lead**	**Indicative Savings**	**Potential costs** **(Staff days)**	**MPS Response**
3	*Ensure that the BV review of custodial services considers radical options for the redesign of medical / care services – including the establishment of a smaller number of larger facilities, integrating custodial and medical provision, at which custodial and healthcare staff could be located – possibly run in partnership with local NHS providers.*	H	AC PRS		2 (Central)	Accepted. Essential that lead Branch, LFMSB (DPCS9) is involved.
14	*Keep under review the use of nurses, pending further feedback from the Charing Cross pilot, reform of PACE regulations and changes to the organisation of custodial services within the MPS as a result of the ongoing Best Value review.*	M	PRS		N / A	Accepted. Essential that lead Branch, LFMSB (DPCS9) is involved.