

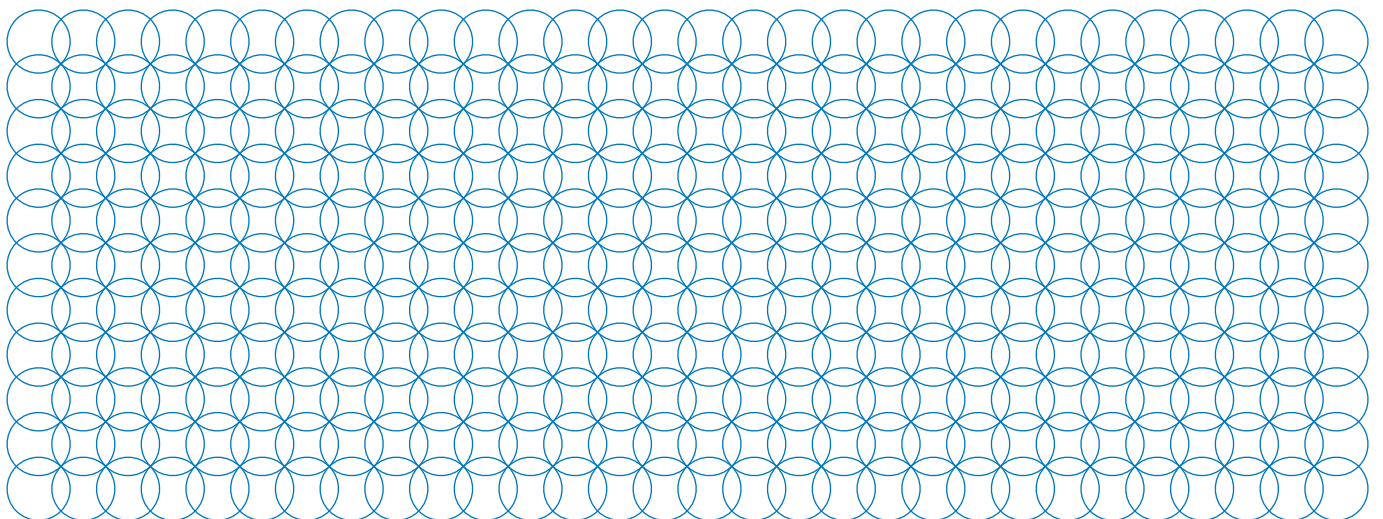


Ministry of  
**JUSTICE**

# Corporate Manslaughter and Corporate Homicide Act 2007

Progress towards implementation of custody provisions

Second Report - July 2009





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# Contents

- Part 1 - Introduction** **3**
  - Key developments since July 2008 4
- Part 2 - Timing: implementation of Section 2(1)(d)** **5**
- Part 3 - Ongoing and future programme of work** **6**
  - Learning the lessons from deaths or near deaths 6
  - Improving communication between organisations 7
  - Improving healthcare 8
  - Expanding capacity and improving existing cells 10
  - Improving the level of staff training 11
  - Safeguarding young people (under the age of 18) in custody 12
    - Northern Ireland 12
- Part 4 - Conclusion** **15**

## Part 1 -Introduction

1. This report provides Parliament with a second update on the progress that is being made towards implementation of section 2(1)(d) of the Corporate Manslaughter and Corporate Homicide (CMCH) Act 2007. Section 2(1)(d) makes the duty of care a custody provider owes to a person who is detained a relevant duty of care for the purposes of the Act. This section was not commenced when the rest of the Act came into force on 6 April 2008, but the Government has committed to commence these provisions within three to five years of 6 April 2008.
2. The first annual progress report was published in July 2008 and can be viewed on the Ministry of Justice's website at: [www.justice.gov.uk/publications/corporate-manslaughter-progress-custody.htm](http://www.justice.gov.uk/publications/corporate-manslaughter-progress-custody.htm). In summary that report included:
  - An overview of the Corporate Manslaughter and Corporate Homicide Act 2007;
  - A list of the custody providers covered by the Act;
  - An explanation of why the Act was not commenced with respect to custody providers straight away;
  - An indication of when provisions relating to the management of custody would be commenced - i.e. by April 2011;
  - A description of the improvements in the custody environment that have been made since the Act received Royal Assent in July 2007; and
  - An outline of the programme of work that custody providers intend to complete before the Act is commenced.
3. This report does not repeat the legal background that was set out in the first report, nor the rationale for allowing custody providers time to prepare for commencement of the section 2(1)(d) of the Act. Those aspects have not changed and this report should be read in conjunction with the 2008 report. The purpose of this report is to update Parliament on key developments in this area since this time last year and to outline what more is left to do. Part 2 of this report discusses developments in the implementation timetable; and Part 3 discusses the extent to which specific work strands identified in the first report have been progressed by the various custody providers.
4. As before, the report is only concerned with the work completed by custody providers in England, Wales and Northern Ireland as these are the responsibility of the Government in Westminster. The exceptions are those detention facilities in Northern Ireland which are the responsibility of the Northern Ireland Minister for Health, Social Services and Public Safety<sup>1</sup>, but he has been consulted on the contents of this report. The decision when to bring the Act's provisions into force in Northern Ireland currently lies with the Secretary of State for Northern

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<sup>1</sup> These include facilities for holding patients in detention under the Mental Health (NI) Order 1986 and for accommodating young people in secure care, under the Children (NI) Order 1995

Ireland but will transfer to the Northern Ireland Executive with the devolution of policing and justice matters.

5. The day to day management of custody in Scotland is a matter for the Scottish Executive. The preparations of custody providers in Scotland are not discussed in this report, but the Scottish Executive has indicated that custody provisions will be commenced in Scotland at the same time as they are commenced in England, Wales and Northern Ireland - i.e. by April 2011.

### Key developments since July 2008

- Creation of Ministerial Board on Deaths in Custody to bring about a continuing and sustained reduction in the number and rate of deaths in all forms of state custody in England and Wales;
- Creation of the Northern Ireland Ministerial Forum on Safer Custody to ensure that best practice is identified and implemented;
- Establishment of national partnership board, attended by senior officials, to identify and mitigate risks associated with transferring prisoners;
- Launch of 'Never Events' policy in the NHS to ensure that serious safety incidents (i.e. events that should never happen) are avoided;
- Roll out of revised Person Escort Record and installation of Police National Computer terminals in prisons to improve the way information about prisoners is shared between custody providers;
- Continued implementation of 'Improving Health, Supporting Justice', a strategy to develop health and social care across the criminal justice system;
- Publication of Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system.
- Publication of report on disrupting supply of illicit drugs into prisons;
- Continued expansion of prison and immigration detention facilities;
- Implementation of protocol agreed by the Court Service and escort contractors to ensure safety of court cells;
- Continued roll-out of staff training programmes;
- Publication of reviews on Safeguarding and Use of Restraint in juvenile settings.

## Part 2 - Timing: implementation of Section 2(1)(d)

6. The 2008 report indicated that custody providers throughout the United Kingdom were working towards the custody provisions being commenced by April 2011. Custody providers are now confident that they will be able to meet this target and have already made significant progress in completing much of the work identified in the 2008 report. They acknowledge, however, that more needs to be done before the custody provisions can be commenced in April 2011. The progress they have made over the last year and the work that is left to do is described in more detail in Part 3.
7. The 2008 report explained that the Act does not currently extend to service custody run by the Ministry of Defence (MoD), but added that the MoD is content for the relevant provisions of the Act to be extended. That remains the position. Since the publication of the last report, Her Majesty's Revenue and Customs (HMRC) have indicated that a similar extension should be made to bring HMRC detention facilities within the scope of the Act. HMRC currently has six custody suites, all in England and mostly at the major ports of entry. A significant proportion of HMRC detainees have swallowed packages of drugs and are at particular risk of them bursting or leaking. However, HMRC has over many years developed a comprehensive system for the care of these individuals. It considers that the custody provisions in the CMCH Act 2007 can be extended to HMRC custody facilities at the same time as the provisions are commenced with respect to the other custody providers.<sup>2</sup> We therefore intend to use section 23 of the CMCH Act<sup>3</sup> to make an affirmative order bringing MoD service custody and HMRC detention facilities into scope of the Act in April 2011 at the same time as we commence the custody provisions for the other providers.

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<sup>2</sup> If the Borders, Citizenship and Immigration Bill is passed in its current form, responsibility for the majority of HMRC custody suites will transfer to the UK Border Agency. This could affect which organisation is liable to prosecution under the Act in the event of a death.

<sup>3</sup> Section 23 confers a power on the Secretary of State to extend the categories of person to whom a relevant duty of care is owed by reason of section 2(1)(d) of the Act - duties owed to a person because they are in custody.

## Part 3 - Ongoing and future programme of work

8. The ongoing work of the custody providers can be divided into the following broad categories:
  - Learning the lessons from deaths or near deaths;
  - Improving communication between organisations;
  - Improving healthcare;
  - Expanding capacity and improving existing cells;
  - Improving the level of staff training;
  - Safeguarding young people (under the age of 18) in custody.

### Learning the lessons from deaths or near deaths

9. The custody providers are committed to learning from every death in custody so that future tragedy can be avoided. The 2008 report referred to the systems in place for following up recommendations made by the Prisons and Probation Ombudsman, the Police Complaints Commission and independent inspectorates and monitoring boards. It also discussed the work of the Forum for Preventing Deaths in Custody, which brought together 14 organisations from Government, police, healthcare, prisons, coroners and the independent sector to spread best practice and to try to bring about change to prevent deaths in all types of custody.
10. A significant development in the last year has been the creation of a tripartite organisation known as the **Ministerial Board on Deaths in Custody**. The Board replaces the Forum following an independent *review by Robert Fulton*. The Board consists of three tiers. The first tier is the Ministerial Council which will be chaired by a Justice Minister and will also include Ministers and senior officials from the Department of Health and the Home Office who will consider how to prevent deaths in all forms of custody. The second tier is an independent advisory panel (IAP), which will consist of experts in the area of preventing deaths in custody. The Chair of the panel, Lord Toby Harris, was appointed in December 2008 and the panel members were appointed on 17 June 2009.<sup>4</sup> The panel will report directly to the Ministerial Council and Lord Harris will attend the Council meetings. Stakeholder groups will form the third tier of the new arrangements and these will be set up on an ad hoc basis. The three tiers will be serviced by an independent Secretariat, which sits within the National Offender Management Service (NOMS) in the Ministry of Justice, but is jointly funded by the Ministry of Justice, the Home Office and Department of Health.

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<sup>4</sup> Details about each panel member can be viewed on the Ministry of Justice website at: <http://www.justice.gov.uk/news/newsrelease170609b.htm>

11. The particular risks presented by transferring prisoners have been addressed by the establishment of a **National Partnership Board**, on which all relevant agencies and escort contractors are represented at a senior level. The Board allows operational partners to work together to deliver safe and efficient movement of prisoners, promote an understanding of the roles and responsibilities of each organisation and establish clear lines of communication between them. The work of the Board is supported by an Operational Group with similar representation from all agencies and meets regularly. The Group's role is to ensure areas of concern are identified and to develop and implement resolutions designed to improve the efficient management of prisoners being produced at court and ensure that risks are properly managed.
12. In the NHS, the National Patient Safety Agency (NPSA) aims to help improve patient care in the NHS with analysis of incidents that are reported to them by the **National Reporting and Learning Service**. In March 2009, following recommendations by Lord Darzi, the NPSA launched a '**Never Events Policy**'. 'Never events' are serious patient safety incidents that should not occur if preventative measures have been put in place. Eight core 'never events' have been identified, but of particular relevance to this report are incidents of inpatient suicide using non-collapsible rails. During the year the expectation is that trusts will work to ensure that local systems are as robust as possible in the prevention of 'never events' and systems will be regularly monitored and reviewed.
13. HMRC are also aware that policies relating to the safety and medical care of internal drug smugglers require review to reflect the latest medical advice on best practice. As a result, HMRC have approached the Chief Medical Officer, Sir Liam Donaldson, for advice. In response Sir Liam is establishing an expert working group chaired, by Dr Anita Thomas OBE, to report with recommendations to him. This work is being funded by the Department of Health. The first draft of the expert group's recommendations will be presented to the Chief Medical Officer in December 2009, and the completed guidance will be presented by the Chief Medical Officer to the HMRC to develop national policy for the clinical care of drug traffickers being held in custody by March 2010. The Chief Medical Officer recognises the need to provide long term advice and support to HMRC in this area.

## Improving communication between organisations

14. The 2008 report highlighted the importance of sharing up to date and accurate information about a prisoner's vulnerability, particularly where a prisoner is being transferred from one custody provider to another. It referred to plans to revise the **Prisoner Escort Record (PER)** to ensure that more accurate information about prisoners and immigration detainees was shared between the police, the Prison Service, UK Border Agency, the secure hospital estate and prison escorts and contractors. It also referred to an initiative to make details from the Police National Computer (PNC) more widely available to prison staff to help them make better risk assessments.

15. A pilot of the new PER - now known as the **Person Escort Record** to reflect its wider usage - began in the West Midlands Area in May 2008 and included South Staffordshire Police and Reliance Escort Contractors. National implementation commenced in May 2009 and is running in conjunction with a structured training package for staff so that they are familiar with using the new form. The aim is for the national use of the form by 1 September 2009 by all state custodial agencies. Use of the Police National Computer (PNC) in prisons is also being extended with a further nine prison establishments scheduled to be fitted with PNC terminals over the coming few months.
16. The Youth Justice Board (YJB) has also been working to improve the way information about young offenders is shared between agencies working in the youth justice system. '**Wiring up Youth Justice**' is an ICT-enabled business change programme due for completion in March 2010 which aims to give the youth justice community access to the tools and information they need to improve the lives of children and young people. One such tool is the Electronic Yellow Envelope (EYE) process, which gathers together the core documents used by Young Offender Teams to record vital assessment information. The information is then securely transferred electronically to databases held by the YJB and the secure estate. In practice this means the secure estate will receive a complete record of a young person's assessment in advance of their arrival, which enables it to plan resources, interventions and allocate resources.

## Improving healthcare

17. The 2008 report discussed the work that was in progress to improve the standard of healthcare across the criminal justice system. It focused, in particular, on the implementation of *Improving Health, Supporting Justice*. This is a joint initiative between the Home Office, Ministry of Justice, Department of Health and Youth Justice Board, which seeks to develop health and social services for prisoners and their families. Work to implement the strategy has continued over the last twelve months.
18. The police are often the first point of contact with the criminal justice system for members of the public. There are around 1.3 million people arrested each year and a number of those have chronic or acute healthcare needs. Often those with physical and mental health conditions are the least likely to access or have access to healthcare services in their daily lives. The police have to deal with situations which could more effectively, from a health perspective, and more efficiently, from re-offending and from cost perspectives, be dealt with by other agencies. The Association of Chief Police Officers share the view set out in the Strategy that commissioning of healthcare in police custody suites should pass to Primary Care Trusts. A recent review by the National Policing Improvement Agency of Safer Detention guidance identified those forces which still need to finalise service level agreements with health care providers. Work in this area will continue over the coming months.

19. With regard to healthcare provision in prisons, *Improving Health, Supporting Justice* recognises that despite significant advances in recent years more needs to be done to improve services for prisoners with drug, alcohol or mental health problems. Over the last year further progress has been made in prisons in England to implement the **Integrated Drug Treatment System (IDTS)**, which is designed to increase the range of treatment options available to those in prison and to integrate prison and community treatment to prevent damaging interruptions either on reception into custody or on return home. To raise the standard of drug treatment in prisons, the Department of Health has significantly increased funding for the IDTS programmed from £12.7 million in 2007/08, to £39 million in 2009/10 and a planned £43 million the year after. In total 91 prisons are now funded for clinical IDTS and the Department of Health has indicated further funding increases over the next two years, allowing roll out of IDTS across the estate by 2011. In addition, a National Prison Drug Treatment Review Group has now been established to oversee the continued development of prison drug treatment in prisons in England. The Review Group will develop guidelines over the coming years to help deliver improvements to prison drug treatment.
20. In parallel with the development of IDTS, NOMS have also been exploring ways of disrupting the supply of illicit drugs into prisons. David Blakey's report, *Disrupting the Supply of Illicit Drugs into Prison*, was published in July 2008, alongside the Government's response which accepted all ten recommendations. NOMS, under the supervision of the Mobile Phone and Drug Supply Reduction Steering Group, has already made good progress in implementing the recommendations. A BOSS (Body Orifice Security Scanner) chair has been rolled-out to every establishment; the new Supply Reduction Good Practice guide has been launched and all prisons have a nominated drug strategy lead. Work on implementing the other recommendations continues.
21. *Improving Health, Supporting Justice* also recognises that some interventions can have a beneficial effect on levels of drinking, which in turn are linked to offending, often of a dangerous or violent nature. Progress is being made in prisons to support those with an alcohol problem. Alcohol detoxification is available in all local and remand prisons. This year the Ministry of Justice and Department of Health have established an inter-departmental Working Group to make recommendations for improving access to alcohol treatments for offenders. A report on the recommendations of the Working Group will be issued shortly.
22. For offenders who are sent to prison and are then found to be suffering from serious mental disorders that cannot be managed in prison, we have improved the speed in transfer to the NHS. Community Mental Health Teams work within prisons, (currently available in 102 prisons), with some 360 extra staff employed. Every prison in England and Wales has access to these services. Over £600,000 has been invested over three years on mental health awareness training for prison officers and staff.

23. In December 2007 the Secretary of State for Justice invited Lord Keith Bradley to lead an independent inquiry into diversion of offenders with mental health problems or learning disabilities away from prison into other more appropriate services. Lord Bradley's *report on people with mental health and learning disabilities in the criminal justice system* and the Government's response were published in April 2009. The report makes recommendations on the organisation of effective court liaison and diversion arrangements and the services needed to support them. Lord Bradley deliberately kept the remit of the review as broad as possible to incorporate the range of severity of mental health problems and to consider diversion at all stages of the criminal justice system as well as diversion from prison.
24. Lord Bradley's Report has made 82 recommendations and the Government has supported all the recommendations. They include the creation of a **National Health and Criminal Justice Programme Board** and National Advisory Group to help deliver the objectives of the review. Lord Bradley's report recognises that many recommendations are longer term, however, and will need further work to ensure that all implications are considered. This work will be remitted to the Programme Board which will report progress to Ministers in October 2009. It will also publish a National Delivery Plan based on the recommendations set out in Lord Bradley's report. The intention, which has been stated publicly, has long been that the work programme emanating from Lord Bradley's review will be incorporated into a wider cross-departmental strategy for offender health and social care, **Health in the Criminal Justice System**, which is due to be published later this year.
25. There are some differences in approach, priorities and funding for offender health and social care in Wales. For example, there is no funding, as yet, for the clinical element of IDTS and it cannot be assumed that a strategy comparable to *Improving Health, Supporting Justice* will be pursued. The Welsh Assembly Government remains supportive of continued improvement in prison health services, and has indicated that the issues raised by Lord Bradley will be considered alongside the recommendations of its own independent review of secure mental health services. The Welsh Assembly Government also subsidises Mind *Cymru* to deliver Mental Health First Aid Training in Wales and the police, prisons and escort services can access this training.

## Expanding capacity and improving existing cells

26. NOMS is successfully managing an increasing prison population, but expects the pressure on prison places to remain high for the foreseeable future. It is responding to these demands by pursuing an extensive capacity programme alongside more efficient use of current capacity to provide the prison places it thinks it will need. The programme was described in more detail in the 2008 report, but in summary it is intended to achieve an overall net capacity of 96,000 places by 2014. Further information about the way new capacity will be provided was set out at the end of April 2009 in the *Government's Response to the New Prisons Consultation*. The strategy includes building a number of new prisons, including proposals to deliver places in establishments holding 1,500 offenders, each divided into smaller units and the provision of 5,000 additional safer cells. It gives NOMS an opportunity to modernise the estate and close old or inefficient prison places.

27. Immigration detention capacity has also been increased. Brook House Immigration Removal Centre commenced taking detainees in March 2009 and there will be a gradual build up of detainees over the coming weeks. The total capacity of Brook House is 426 beds. UKBA are also developing a proposal to build a further two purpose built immigration removal centres. They have planning permission at one site and another application is being considered.
28. In the NHS, a rebuild of the High Security Learning Disability Service began this year. This will provide a more appropriate environment for this group of patients and will support the delivery of clinical care and the maintenance of safety and security.
29. We are also working to improve the safety of cells in court buildings. Following the death of a defendant in a court cell at Norwich Combined Court Centre, HM Court Service agreed a protocol with Prisoners Escort and Contractors Service (PECS)<sup>5</sup> setting out which organisation is responsible for the safety of prisoners in court cells. The protocol, which was implemented in June 2008, makes it clear that the greatest attention to detail, specification and workmanship is required in cell interiors and that cells will be examined by PECS at least once a year. If PECS identify any remedial action, HMCS will commission contractors to carry out the work. If PECS think the problem is sufficiently serious to close the cell while the work is being completed, they will notify HMCS accordingly.

## Improving the level of staff training

30. The 2008 report identified staff training as an important area of ongoing work. Custody providers have continued to deliver, review and improve their training programmes over the last twelve months. Following its launch in January 2008, the police have continued to roll out the Safer Detention Learning and Development Programme. The training is being delivered by the National Policing Improvement Authority (NPIA) and is aimed at police custody staff. The NPIA have been commissioned to work on this until March 2011 to ensure maximum compliance.
31. Meanwhile, from January 2009 all new prison officer recruits have received introductory foundation training on the Assessment, Care in Custody, and Teamwork (ACCT) system for managing prisoners identified as being at risk of suicide or self harm. A wider review of suicide prevention and self harm management policy is taking place during 2009 and will include a review of training for existing staff.
32. The Youth Justice Board is also working to achieve improvements to the workforce in the children and young people's secure estate. It has recently run a dedicated recruitment campaign for staff to work specifically with young people in the new Keppel Unit at HM Young Offender's Institution at Wetherby. It also funded training packages for staff at that Unit and at the Young Offender's Institution at Cookham Wood. The Youth Justice Board intends to build on this in the coming months by exploring options with the Department for Health for additional training in mental health awareness and in working with young people demonstrating challenging behaviours.

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<sup>5</sup> Since the protocol was signed PECS has been renamed. It is now known as Prisoner Escort Management (PEM)

## Safeguarding young people (under the age of 18) in custody

33. We are committed to promoting the safety and welfare of all young people in custody. In December 2008 the Youth Justice Board (YJB) published its *Review of Safeguarding in the Secure Estate*, which set out a number of areas in which the YJB intends to take action over the next three years. Safeguarding remains a priority and the YJB are working closely with NOMS to agree a programme of work over the next three years.
34. One of the top priorities will be to implement recommendations emerging from the independent *Review on the Use of Restraint in Juvenile Settings*. The Review was commissioned following the inquests into the deaths of Gareth Myatt and Adam Rickwood whilst held in Secure Training Centres and was published, along with the Government's response, on 15 December 2008. The review looked in depth at the range of issues relating to the use of restraint, particularly the question of safety, and recommended substantial changes in relation to the systems approved for use in NOMS dedicated young people's units. It also recommended that all systems used in the under-18s secure estate should be accredited and proposed significant improvements relating to training, monitoring, inspection and reporting.

## Northern Ireland

35. Good progress has also been made in the past year by Northern Ireland's custody providers in their preparations for the commencement of the Act's custody provisions in that jurisdiction.
36. The main issues being addressed by the Northern Ireland Prison Service (NIPS) are safer custody, the treatment of female prisoners in particular, and certain healthcare matters, such as those related to drugs and alcohol. In response to a report early this year by the Northern Ireland Prisons Ombudsman on the circumstances of a particular suicide in prison, the Government established a Ministerial Forum on Safer Custody. With membership from criminal justice, healthcare and voluntary sectors, the purpose of the Forum is to bring about a sustained reduction in the number of deaths and levels of self-harming in Prison Service and Youth Justice Agency custody, including the corporate promotion of safer custody.
37. A safer custody strategy is under way, with existing accommodation refurbished to create special supervision units and plans for further "observation cells" in the current year. Expansion of cell capacity also continues to offer NIPS the opportunity for improved facilities. For example, the construction at Maghaberry prison of a 120-cell block with better facilities for on-landing association, en-suite sanitation, better visibility, provision of multi-activity rooms and enabling improved contact between staff and prisoners. All new permanent accommodation is fitted with anti-ligature type furniture and windows.

38. Significant work has been taking place on developing a gender-specific approach to women offenders across the criminal justice sector in Northern Ireland. Ministers commissioned the development of a holistic strategy for the management of women offenders to address the delivery of services and interventions, both within the community, and in custody. In addition to improvements to accommodation and the physical environment, the Prison Service has drawn up a comprehensive action plan to implement a gender-specific approach to policy and procedures.
39. The transfer to the South Eastern Health and Social Care Trust of core addiction casework services, as part of the wider transfer of healthcare, has provided the structure to facilitate the better integration of prison and community treatments. It is intended that the Addiction Services Manager in the Trust will have responsibility for prison addiction services. Additional funding has been made available; addiction service nurses and discharge coordinators have been appointed; a new contract has been awarded to the voluntary sector to provide core addiction casework services across all three prisons to comply fully with the statutory requirements; and arrangements are being made to make available additional psychiatric sessions.
40. As a priority, the Police Service of Northern Ireland (PSNI) is working towards full compliance with ACPO's guidance on safer detention and handling of persons in police custody. An action plan containing sixty four recommendations forms the basis for implementation. Thirty two of the sixty four recommendations have now been completed. The PSNI's action plan was the subject of an informal review by the National Policing Improvement Agency in 2008 and a formal progress review is to take place in June 2009.
41. Three areas in the plan relating to custody staffing model, healthcare provision and the formulation of protocols with other agencies (in particular with the NI Department of Health, Social Services and Public Safety on issues involving alcohol, drugs and mental health) are of particular importance in terms of the police's readiness for the application of the Act to its custody provision by 2011.
42. An important area of the Northern Ireland Youth Justice Agency's preparations relates to the physical restraint of young people in its juvenile justice centre at Woodlands. Like its counterparts in England and Wales, the Agency will be implementing the recommendations of the independent review of the use of restraint in juvenile settings, mentioned above. Facilities at Woodlands have also been improved by the development of a close observation unit with CCTV in two bedrooms for children with suicidal behaviour or thoughts. All known ligature points have been removed from these rooms. In addition, the Agency has invested heavily in ASIST (applied suicide intervention skills training), with around half of all custody staff now trained, to reduce the risk of suicide and self harm. Woodlands trainers also train staff from a variety of other agencies.

43. The Northern Ireland Court Service and Northern Ireland Prison Service have also completed a review of custody areas throughout the Court estate. The project board will now meet to agree the new standard of accommodation, establish key priorities and set out a programme of refurbishment works to be completed by April 2011. A draft Memorandum of Understanding is in preparation which will identify agreed protocols for on-site management of custody areas in Courthouses.

## Part 4 - Conclusion

44. Caring for some of society's most vulnerable or volatile people is extremely complex. It was made clear to Parliament when it passed the CMCH Bill that a period of three to five years would be needed from the time the rest of the Act commenced for custody providers to prepare for implementation of the new legislation.
45. This report shows how custody providers are using that time to identify potential risks to prisoners and ensuring that systems are put in place to mitigate those risks. While implementing the Act provides a useful catalyst and driver, reducing deaths in custody is a core part of long term work by the Government together with custody providers. Work in this area was in progress before the CMCH Act was commenced and will continue after the custody provisions come into force.
46. Significant progress has been made since our last report was published a year ago and all the custody providers that contributed to this report are now confident that they will be ready for the commencement of the custody provisions by April 2011.
47. We will provide a third progress report in July 2010.

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