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Date: 04/08/2023

Dear Mr Smith

I am the Assistant Commissioner for the Met Ops Chief Officer Team in the Metropolitan Police Service ("MPS"). On behalf of the Commissioner of Police of the Metropolis, I write to provide the response to the matters of concern addressed to the MPS in your Report to Prevent Future Deaths dated 19<sup>th</sup> June 2023.

On behalf of the MPS may I first of all express my condolences to the family and friends of Nicholas Leger, our thoughts and sympathies are very much with them.

The MPS has acknowledged and reviewed all the matters of concern raised in your Regulation 28 Report and responds as follows:

The Coroner's "Matters of Concern"

The Prevention of Future Deaths report records:-

*It appears to me that, in the absence of a formal mechanism to assess, at the time of being charged, an individual's mental health and risk of suicide or self-harm, there is an obvious risk of individuals in the future taking their own lives as a result of being charged by way of a PCR (potentially following a lengthy period of having been RUI'd and potentially months or years since there was last any consideration by the police of their mental health and risk of suicide or self-harm).*

## MPS Response

The MPS process for issuing a Postal Charge Requisition (“PCR”) is for the Officer in the Case (“OIC”) to gain charging authority from the Crown Prosecution Service (“CPS”), who will then request a PCR via the MPS CONNECT system (database for recording case file progression - previously known as the COPA system in March 2022). This is then transferred to the Case Management Team (“CMT”) who complete the PCR administrative process, sending it directly to the recipient. Prior to this, no additional checks are completed on the information or the recipient and no advance warning of this PCR is given by the CMT.

At all stages prior to this request, the OIC is able to communicate to the CMT via email, telephone and the CONNECT file, that the suspect may be vulnerable because of their mental health. The OIC can then decide whether to serve the PCR by delivering it by hand direct to that person. This does not necessarily need to be due to the individual being in a high risk offence category. The delivery of this PCR can be communicated prior to the event by the OIC and it would be reasonable to expect in certain circumstances, following any highlighted risk, that this action would be taken, however, there is currently no compulsory process for this.

There are currently no risk assessment questions on the CONNECT file that the CMT have sight of or access to. As stated in the report, the decision whether an individual is considered to be in a high-risk offence category, which would suggest the benefit of personal PCR delivery, is reliant on information regarding their mental health and risk of self-harm or suicide, coming to the attention of the OIC. There is no formal requirement for the OIC proactively to seek this information outside of the custody environment.

It is acknowledged that being charged with any criminal offence, especially one which carries the potential for a custodial sentence, can have a detrimental effect on an individual’s mental health, and certain types of allegation, such as a sexual allegation, may carry a higher risk. It is recognised that there is currently no formal process for assessing an individual’s mental health or risk of suicide or self-harm at the time of delivery of a PCR.

For those persons detained in custody suites, custody officers complete a risk assessment on CONNECT prior to release. For sexual offences, an additional risk assessment is completed by the investigation team. A Voluntary Attendance Assessment and log is completed for all suspects who attend for voluntary interviews under caution and this includes questions on mental health, self-harm and suicide.

Following this Prevention of Future Deaths report, a proposal will be made for the implementation of a new policy requiring a risk assessment to be completed by the OIC, no earlier than fourteen days prior to issuing the PCR. This would build on the intelligence already gathered through the relationship between the OIC and the suspect, including any risk assessments completed at the time of their arrest/detention/voluntary interview under caution and by the Custody Sergeant upon release from custody. This would then form the basis of a decision as to whether to post or serve the PCR in person.

Due to the volume of work required, this policy would be restricted to suspects charged with a recordable offence.


This assessment will be supervised by line management and form part of the PCR process. This will include provision for risk management and mitigation controls.

The design will commence in partnership with investigation and safeguarding teams to ensure consistency and viability with the expectation that it will be implemented by April 2024.

It is expected that when a suspect for a criminal offence is released on bail or Released Under Investigation (RUI), the OIC should maintain regular contact. Ordinarily, there should not routinely be long periods of time where no contact has been made between the OIC and suspect without further risk assessment. Unfortunately due to the implementation of RUI, there has previously been a substantial period of time between leaving custody and receiving a PCR. However, due to a change in legislation in 2022, it is anticipated that RUI may be used less frequently. Instead, the intention of the new legislation is to increase the use of pre-charge bail in every case where it is necessary and proportionate to do so. The consequences are anticipated to be a reduction in the numbers of suspects receiving a PCR as suspects on pre-charge bail will be charged on their return to custody.

Please do not hesitate to contact me should you have any queries.

Yours sincerely



Assistant Commissioner Met Operations and Performance