



**METROPOLITAN
POLICE**

Ms Mary Hassell
HM Senior Coroner
Inner North London
St Pancras Coroner's Court
London
N1C 4PP

[REDACTED]
Deputy Assistant Commissioner
Metropolitan Police Service
New Scotland Yard
Victoria Embankment
London
SW1A 2JL
[REDACTED]

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Correspondence By Email

Dear Ms Hassell

Prevention of Future Deaths – Mr Sean Williams

We acknowledge receipt of your Regulation 28 report dated 20th February 2026 concerning the inquest into the death of Mr Sean Williams. We extend our sincere condolences to the family and all those affected by this tragic event.

In response to the matters of concern you have raised, the Healthcare Director for the Metropolitan Police Service (MPS) Custody has outlined the governance and procedures in place to manage the care of detainees.

Summary of Concern 1

“The MPS had already recognised before inquest that, following Mr Williams’ detention, he was not seen by a custody nurse for 23 hours.”

MPS Response – Action Taken

MPS Custody Teams (Police Sergeant Custody Officer and Designated Detention Officers) complete a risk assessment and identify detainees who require medical assessment. They inform the Healthcare Practitioner (HCP) on duty (Nurse, Doctor or Paramedic). The communication takes the form of a ‘medical request’ on the MPS CONNECT¹ system, in addition, a verbal handover is sometimes included direct to the HCP.

In this case, there was a delay in referring the individual to the Custody HCP; consequently, operational reminders have been issued reminding Custody Officers to ensure such requests are made.

¹ CONNECT captures MPS data and detainee records into a single, integrated platform.

A new protocol for 'case finding' was implemented in November 2025, where the HCP on duty runs through the custody whiteboard with the Grip Sergeant² at around 05:30hrs and checks if there are any detainees who may have unmet medical needs (i.e. they do not have a medical request on CONNECT).

The Custody HCP will prioritise cases waiting to be seen and check the CONNECT entry, risk assessment and reason for medical referral.

Detainees are seen in the medical room or cell depending on their level of cooperation or risk of violence. The HCP will complete an initial assessment and devise a plan of care, which may include medication and regular reviews.

Detainees who present with medical conditions or potential to withdraw from alcohol and/or drugs, are seen as a minimum every six hours whilst in custody. Some are seen more often depending on their condition and medication needs.

Outcome/Impact

The MPS are monitoring compliance with protocols regarding 'case finding' and withdrawal management. Individual detainee cases are reviewed monthly, and feedback provided to HCPs who are not following clinical practice guidelines and actively completing the discussion with the Grip Sergeant.

Summary of Concern 2

"The custody nurse who reviewed Mr Williams on two separate occasions in the twelve hours immediately before he attended court, did not on the second occasion take any observations of Mr Williams' vital signs before (or after) prescribing dihydrocodeine, and did not record any part of Mr Williams' clinical picture".

MPS Response - Action Taken

It is a requirement that the HCP records a full set of vital signs and other observations (e.g. COWS - Clinical Opiate Withdrawal Scale) prior to medication administration. In April 2024, the new SYSTMOne³ templates were created which mandate a set of vital signs (unless the patient refuses) to be recorded at the initial clinical assessment and when reviews take place.

The importance of detainee reassessment (including vital signs) each time there is a clinical review cannot be underestimated, and this is communicated to all HCPs during the induction and annual refresher programme (Immediate Life Support and Professional Development Days).

Detainees may not have fully disclosed / be aware of or understand all their medical needs - their physical or psychological condition can change during their stay in custody.

² Grip Sergeants lead the team on duty and manage the effective and safe management of a custody suite.

³ SYSTMOne is the healthcare electronic medical records system.

Regular checks (minimum hourly) by Designated Detention Officers are also part of the 'recognition of deterioration' system in place for all detainees in custody.

The Clinical Practice Guidelines followed by HCP in custody highlight this approach to safe care and assessment for detainees. Compliance with guidelines and quality of care delivered is monitored through HCP audits led by the Senior HCPs in each area. Feedback and guidance are provided where the documentation falls below standards or there are learning needs to provide the standard of care expected from all HCPs working in MPS Custody Suites.

HCPs enter medical records in the NHS SYSTMOne system, which is separate from the Police CONNECT system, this maintains medical confidentiality. The system is template driven and requires HCPs to complete mandatory fields (unless the patient refuses to cooperate with observations/ questions). This promotes consistency in practice and record keeping. The HCP is prompted to record a reason in the case that mandatory fields are not completed.

Outcome/Impact

Regular monitoring of HCP practice is undertaken by a Senior HCP for each area, who reviews the clinical documentation. The new template has improved the recording of vital signs at each review and decision point for medication administration.

Summary of Concern 3

"Despite having prescribed dihydrocodeine for drug withdrawal, when giving evidence in court the nurse was unable to describe the signs and symptoms of withdrawal".

MPS Response - Action Taken

Annual refresher training is in place for all custody HCPs. This includes assessment and recognition of drug (and alcohol) dependency and withdrawal.

The template for opiate dependency / withdrawal uses the COWS score and the list of signs and symptoms are on the screen. Clinical practice guidelines have been updated to ensure that detainees who are likely to withdraw can be medicated earlier to prevent this.

HCPs can follow the Patient Group Direction to provide medication when the detainee is showing signs of withdrawal, if a prescription is required earlier there are non-medical prescribers on duty 24 hours every day.

Outcome/Impact

Review of clinical notes as part of the ongoing audit programme has resulted in feedback and additional training for HCPs. This focusses on recognising drug and alcohol withdrawal in the custody setting, medication protocols and recognising when medication is not working or requires review.

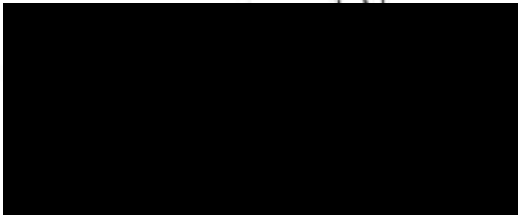
Clinical Governance

Oversight for monitoring clinical standards of care is managed by the Clinical Governance Committee (CGC) which is chaired by the Healthcare Director. Attendance and scrutiny are provided by an external Senior Medical Advisor and Consultant Pharmacist. The CGC review learning from incidents, investigations, and inquests. The Clinical Standards Group informs the CGC of national reviews, changes to guidance and supports local dissemination of learning.

We are committed to ensuring that lessons are learned and that robust measures are in place to prevent similar incidents in the future. We will continue to monitor the effectiveness of these changes and make further improvements where necessary.

If you require any additional information or evidence of the actions taken, please do not hesitate to contact us.

Yours sincerely

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Deputy Assistant Commissioner