

Agenda Item 3.2

| Meeting                          | Policing Performance Committee       |  |
|----------------------------------|--------------------------------------|--|
| Date                             | 11 June 2024                         |  |
| Location                         | Video Conference                     |  |
| Title of Paper                   | <b>HMICS Inspections Improvement</b> |  |
|                                  | Plans - Progress Summary for         |  |
|                                  | Demand, Custody, Fife and            |  |
|                                  | Dumfries & Galloway                  |  |
| Presented By                     | Angela Wood, Head of Policy,         |  |
|                                  | Audit, Risk and Assurance            |  |
| <b>Recommendation to Members</b> | For Discussion                       |  |
| Appendix Attached                | Appendix A: Action Plan - Dumfries   |  |
|                                  | and Galloway Custody Inspection      |  |

#### **PURPOSE**

The purpose of this paper is to provide the Policing Performance Committee with an update of recommendations from HMICS Inspections selected for review.

#### 1 BACKGROUND

1.1 This report provides and update on progress relating to HMICS Assurance and Inspection activity as follows:

| Publication                     | Date     | <b>Total Recs</b> | Last Update   |
|---------------------------------|----------|-------------------|---------------|
| Demand Analysis                 | 29 July  | 12                | 6 December    |
| Management                      | 2021     |                   | 2023          |
| Custody Inspection              | 20 April | 9 + 3 AFDs        | First update  |
| <ul> <li>Lanarkshire</li> </ul> | 2023     |                   |               |
| Custody Inspection              | 20 July  | 5 + 5 AFDs        | First update  |
| – Tayside                       | 2023     |                   |               |
| Custody Inspection              | 7        | 6 + 3 AFDs        | New           |
| – Dumfries and                  | November |                   | Improvement   |
| Galloway                        | 2023     |                   | Plan          |
| Custody Inspection              | 28 March | 10 + 3 AFDs       | Progress with |
| – Fife                          | 2024     |                   | Improvement   |
|                                 |          |                   | Planning      |

1.2 All recommendations are allocated a theme at point of recording within our tracking system. This enables us to draw out learning about organisational performance and put in place measures to act on these findings.



**Governance** - Leadership of decisionmaking, culture, controls, accountability, oversight and management of performance.

**Guidelines** - Need for development of strategies, organisational approaches and plans, improvements to written procedures, policies, and guides.

**Compliance** - To deal with noncompliance of prescribed procedures, rules and standards.

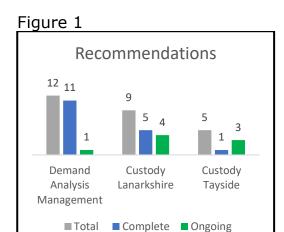
**Resources** – Right people, right place, with the right skills, tools and resources to support them carry out their duties. Physical and people assets.

**Human Error** - Where mistakes have occurred.

**Better Practice** - Opportunities to improve to attain best practice or greater efficiency and effectiveness.

#### 2 PROGRESS WITHIN REPORTING PERIOD

Progress with addressing recommendations is displayed in the graphs below at figures 1 and 2 along with a summary of the key themes within figure 3.



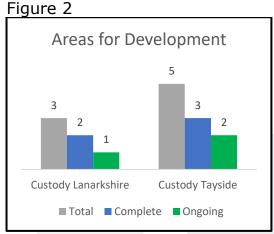


Figure 3 - Themes

| Guidelines        |
|-------------------|
| •Clarity on staff |

separation of duties and

accountabilities
•Organisational
Design and
support for
change

## Compliance

- Cleaning standards
- Health and safety
- Fire Evaluation procedures
- Record keeping custody processes

#### Resources

- Availability of fit for purpose cleaning products
- Changes to physical environment, availability of safe storage facilities and CCTV resource

#### **Better Practice**

 Performance data to influence change to reduce police demand for partnership work

# 2.1 Closures Within Reporting Period

2.1.1 A summary of the closures and outcomes achieved follows.

| Custody Lanarkshire – 5 recommendations proposed for closure, 2 Areas for Development proposed for closure   |  |  |
|--|--|--|
| Recommendation   | What we did and the impact   |  |
| R4 - Police Scotland should ensure that custody staff receive regular custody update training / awareness raising relating to substance abuse issues, mental health, trauma informed care and undertaking detainee | We have enhanced our training and awareness raising to keep custody staff more regularly updated on key learning activities. We have introduced quarterly Custody Operations Engagement Forums, providing officers and staff an opportunity to meet with senior management, provide suggestions on improvement and developments for the division and for important divisional messaging to be passed on ongoing learning.                    |  |
| observations.  |  |  |
| Resources  |  |  |
| R2 - Police Scotland should ensure that a full evacuation of custody centres is undertaken in accordance with fire safety regulations.  Compliance   | Following benchmarking with the Scottish Prison Service, we now have revised guidance in place for fire evacuations of custody centres. Full evacuations take place using Actors to minimise the risk to those in custody through unnecessary movement, whilst allowing robust testing through simulated scenarios, including those with reduced mobility or hearing impairments. This ensures full compliance with Fire Safety Regulations. |  |
| R3 - Police<br>Scotland should<br>ensure that<br>processes for   | We continue our efforts to improve the recording of information within the custody environment. We have achieved this via introducing quarterly Custody Operations   |  |

| recording cell checks are carried out consistently and recorded on the national custody system timeously.   | Engagement Forums. This focuses on key learning and improvement opportunities.   |
|---|--|
| Compliance  |  |
| R15 - Police Scotland should ensure that Naloxone is available within custody centres and that it can be administered during times when healthcare professionals are not available. | All police officers within Custody have now completed the Naloxone training and have been issued with kits. Naloxone has been administered by staff within custody on 8 occasions, with a successful outcome on all occasions. Work is ongoing with the trade unions in an effort to also have Naloxone issued to CJPCSOs. |
| Resources   |  |
| AFDs The custody centres should   | 1. Property Management - briefings used to communicate responsibilities and checks undertaken to review compliance.  |
| ensure  | 2. Risk Assessment recording has been communicated through various briefings.  |
| - that property management procedures are followed and implemented effectively.   |  |
| - a clear rationale is recorded on the national custody system in support of risk assessments and changes in observation levels.  |  |

| Custody Tayside – 1 recommendation proposed for closure, 3 Areas for Development proposed for closure  |  |  |  |
|--|--|--|--|
| Recommendation   | What we did and the impact   |  |  |
| Police Scotland should ensure that clear lines of accountability are defined and stipulated for custody supervisors in the                   | We have provided clarity to officers/staff on lines of accountability for custody supervisors in the event of an adverse incident resulting in serious harm to a detainee. We have achieved this through developing and publishing protocols outlining responsibilities and SMARTEU facilitated an exercise on our |  |  |
| event of an adverse incident resulting in serious harm to a detainee.  | behalf to simulate a death in custody. This allowed officers and staff to practice and further embed their understanding of their roles and responsibilities.  |  |  |
| <b>Guidelines</b><br>AFDs  | Briefing circulated to all staff via the   |  |  |
| The custody centre should ensure that  - property handling guidance and practice is followed   | CJSD weekly electronic briefing and reminders provided at the Custody Operations Engagement Forum.  Monitoring via Cluster Inspector audits takes place to ensure continued compliance.  |  |  |
| to avoid property challenges.  | compliance.  |  |  |
| - all decisions to issue a detainee with anti-harm clothing are well-evidenced and reflective of risks as well as detainee needs and rights. |  |  |  |
| - staff use other facilities within the station to maintain the integrity of the food preparation  |  |  |  |

| area for people in |  |
|--------------------|--|
| custody.           |  |



# 2.2 Ongoing Within Reporting Period

| Demand Analysis Management – 1 recommendation remains ongoing  |  |  |  |
|--|--|--|--|
| Recommendation   | What we are doing  | What will it take to complete / what are the challenges?   |  |
| R7 - Police<br>Scotland should set<br>out a transparent  | Although ongoing,<br>there has been<br>significant progress  | This has required both strategic and structural  |  |
| process for the provision of organisational  | since our last<br>update. Our<br>Strategic<br>Workforce Plan   | changes to take effect before full implementation.   |  |
| design support including how demand analysis is used to inform decision making concerning officer and staff numbers and calculate the demand and | outlines our commitments to an organisation which is designed to reflect our target operating model and that Services and workforce reflect our design | We have improved the use of demand analysis in making decisions about staff numbers but one thing that remains |  |
| capacity imbalance   | principles & which are affordable and  | outstanding is professional  |  |
| organisational level.  | efficient. We established an   | support to division to support   |  |
| Guidelines   | Organisation Design Board in December 2023, chaired by Chief Digital Information Officer to finalise the current Target Operating Model                | organisational development. This has been a repeat recommendations in other publications.                      |  |
|  | with ongoing review against organisational context & policy/service decisions.   | Once in place we we will be able to articulate an OD process, show our commitment to equip our staff           |  |

with the training Implementing the to support change SWP will provide a in the workplace review of and wider Corporate Service organisational Function (DCO) development. and establish and This will be maintain a baseline evidenced establishment for through our work Officer and Staff to transform the structures. service. The P&D People Partner team have undertaken Service Design training and our design principles (Service & Organisational) will be embedded in organisational change approach

| Custody Lanarkshire   |                                     |   |
|---|-------------------------------------|---|
| Recommendation  | What we are doing                   | What will it take to complete / what are the challenges?                    |
| R13 - Police Scotland should ensure that safe and lockable storage is available and used consistently for controlled drugs brought in by detainees. | recommendations within the Custody  | use this will be considered complete. A review across the estate is ongoing |
| Resources  R8 - Police Scotland should  | Cleaning standards and ensuring the | sufficient. Standards continue to be  |
| ensure that   | right cleaning                      | monitored   |

going forward.

|   | Τ   | T   |
|---|---|---|
| environmental cleaning standards are maintained within medical rooms in line with clinical standards.  Compliance  R9 - The custody centres should ensure that suitable cleaning products are available within the centres which meet the required health and safety standards for the task.  Resources | products were available for the tasks was recommended within the Coatbridge Custody Centre. Reminders to cleaning and janitorial staff have been issued and Cluster Inspectors have this on their list of duties to check and the situation is being monitored to understand if this is an isolated case. Engagement with the cleaning provider is ongoing to establish the correct materials are available for the tasks. This remains | through local checks to confirm this is not a widespread issue. Consultation is underway in relation to the availability of products.  Originally scheduled for completion in March 2024 these recommendations will require more time to monitor and negotiate with third party providers re any training implications. |
| R1 NHS Lanarkshire, COMS and Police Scotland should record and monitor patient transfers from custody to hospital and produce management reports on the impact of this to inform service planning and delivery.   | Shifting Demand - Recording patient transfers to better understand demand for appropriate healthcare provision within Lanarkshire has been collated and is presented within the Custody performance dashboard. The model for Healthcare provision in Lanarkshire is unique and there is   | capturing data was achieved by March 2024 but analysis of this and action by partners will mean this recommendation needs to stay open longer. We have set a revised date of September 2024 and Police Scotland will  |
| <b>Better Practice</b>  | currently no support to amend the model.  | consider this work complete   |

|                    | T -                                  | T                       |
|--------------------|--------------------------------------|-------------------------|
|                    | Work is ongoing to                   | when all avenues        |
|                    | liaise with partners                 | to escalate and         |
|                    | and we now have an                   | influence a             |
|                    | evidence base that                   | change of               |
|                    | can support ongoing                  | practice have           |
|                    | discussions.                         | been explored.          |
| AFDs               | We are reviewing the                 |                         |
| The custody        | on display within the                | •                       |
| centres should     |                                      | dised approach that     |
| improve the        | provides the maximur                 |                         |
| display and        | and detainees.                       |                         |
| availability of    | include, stencilling                 |                         |
| information        | communicate key mes                  |                         |
| regarding          | is progressing but a fi              | nal proposal is not yet |
| services available | available.                           |                         |
| in the community   |                                      |                         |
| to support         |                                      |                         |
| detainees on       | We are reviewing ou                  | r approach regarding    |
| release.           | complaints but we do not proactively |                         |
|                    | provide this informat                | ion. It is still under  |
| NHS Lanarkshire    | consideration.                       |                         |
| and Police         |                                      |                         |
| Scotland should    |                                      |                         |
| work together to   |                                      |                         |
| ensure that        |                                      |                         |
| detainees know     |                                      |                         |
| how to provide     |                                      |                         |
| feedback or raise  |                                      |                         |
| a complaint        |                                      |                         |
| regarding the      |                                      |                         |
| healthcare         |                                      |                         |
| service they       |                                      |                         |
| received while in  |                                      |                         |
| custody.           |                                      |                         |
|                    | V-                                   |                         |

| Custody Tayside  |                    |  |
|--|--------------------|--|
| Recommendation   | What we are doing  | What will it take to complete / what are the challenges? |
| R3 - Police Scotland should ensure that the recording of strip | the inspections to | Quality Assurance  |

| searches at Dundee custody centre provides an accurate reflection of practice.   | recording information. This is an ongoing area of focus within the division with regular reminders issued and checks being undertaken. |   |
|--|--|---|
| R11 - Police Scotland should review and amend booking-in processes and facilities at Dundee  | with ICT to remove<br>unused<br>applications from<br>the booking in  | Due June 2024 and ongoing. The wider issues of design of the facilities is outwith the scope of |
| custody centre to improve the efficiency and effectiveness of the process.   | computers in order to speed up processing.  An end-to-end  | this work.  |
| Guidelines   | review of booking in processes will be conducted at Dundee to establish any other opportunities for improving the efficiency, taking   |   |
|  | account of the limitations caused by the layout of the facility.   |   |
| AFDs The custody centre should ensure that all solicitor consultations and interviews with detainees are recorded accurately on the national custody system. | This forms part of   | our key messaging<br>record keeping and   |
| The custody centre should ensure that detainee healthcare interventions are  |  |   |

| underta              | ken              |
|----------------------|------------------|
| confide              | ntially unless a |
| risk                 | assessment       |
| indicates otherwise. |                  |

### 2.3 New Improvement Plans

- 2.3.1 Published on 7 November 2023, the Custody Inspection for Dumfries and Galloway provided 6 recommendations for improvement and 3 Areas for Development. In common with other custody inspections, there are themes around compliance – with safety, security, cleaning standards and record keeping. An action plan has been developed and attached at Appendix A.
- 2.3.2 The Improvement Plan relating to the Custody Inspection for Fife, published 28 March 2024, is not yet available. There are 10 recommendations for Police Scotland to address and 3 Areas for Development. As highlighted in other inspections themes include compliance with record keeping and cleaning standards as well as ensuring appropriate training is provided in both cleaning standards and administering medication. Recommendations within this publication also relate to the physical environment and will be progressed in consultation with our Estates colleagues.

# 2.4 Themes, Challenges and Wider Context - Custody

- 2.4.1 The aim of the inspections is to assess the treatment of, and conditions for, individuals detained at custody centres being inspected. When addressing the recommendations we are considering them across the whole of the Custody estate. This ensures we continue to strive for consistency. Improving record keeping is the main theme and our focus is on understanding whether this is isolated to poor record keeping or an indication of wider issues. Maintaining cleaning standards and ensuring staff have the right support, guidance and equipment has emerged as a theme and one which is being closely monitored across all centres.
- 2.4.2 There has been significant improvement to achieving consistency since Police Scotland formed and staff have had to embrace new processes and technology. As we continually strive for increased efficiency and effectiveness we are mindful of the demands on our people who are working in a challenging environment subject to intense scrutiny. We try to be proportionate in our approach to improvement and prioritise the areas that will achieve the greatest impact through our Divisional messaging so as not to overburden our people.

Policing Performance Committee 11 June 2024 HMICS Improvement Plans – Progress Summary

- 2.4.3 Understanding of certain areas of the Criminal Justice (Scotland) Act 2016 could be improved across operational policing. This will help investigating officers to understand their responsibilities, when to apply them and to feel supported in making decisions around arrests, disposals and Investigative Liberation.
- 2.4.4 Criminal Justice Services Division (CJSD) wants to empower all arresting and enquiry officers to be confident when applying the Criminal Justice (Scotland) Act 2016.
- 2.4.5 There are five areas of focus within this refresh:
  - Section 50 Criminal Justice (Scotland) Act 2016 to avoid holding a person unreasonably or unnecessarily in police custody
  - Children in Custody
  - Same Circumstances and Exceptional Circumstances
  - Investigative Liberation
  - Section 14 Criminal Justice (Scotland) Act 2016 Test
- 2.4.6 Further work in this area will help support the demand within our Custody centres create capacity for review, reflection and ongoing training.

#### 3. FINANCIAL IMPLICATIONS

3.1 There <u>are no</u> financial implications in this report.

#### 4. PERSONNEL IMPLICATIONS

4.1 There <u>are no</u> personnel implications in this report.

#### 5. LEGAL IMPLICATIONS

5.1 There <u>are no</u> legal implications in this report.

### 6. REPUTATIONAL IMPLICATIONS

6.1 There <u>are no</u> reputational implications in this report.

## 7. SOCIAL IMPLICATIONS

7.1 There <u>are no</u> social implications in this report.

#### 8. COMMUNITY IMPACT

8.1 There <u>are no</u> community implications in this report.

# 9. EQUALITIES IMPLICATIONS

9.1 There <u>are no</u> equality implications in this report.

# 10. ENVIRONMENT IMPLICATIONS

10.1 There <u>are no</u> environmental implications in this report.

### **RECOMMENDATIONS**

Members are invited to discuss the progress detailed within the report.

| Publication<br>Title   | Detail  | Issue  | Management Response and Action Plan  | Owner                   | Target R     | isk Rating | Audit<br>Theme     |
|------------------------|---|--|--|-------------------------|--------------|------------|--------------------|
| Custody<br>D&G (Joint) | R01 Observation Facilities  Police Scotland should ensure that detainee observation facilities at the Dumfries custody centre are moved to an appropriate location within the centre. | The CCTV detainee observation facility at Dumfries was not fit for purpose due to its location within the charge bar area. The television monitor, used to observe detainees subject to enhanced observation levels, was located on an adjacent wall directly behind the charge bar workstations. Efforts had clearly been made to obscure third party viewing of the screen by temporarily affixing a makeshift shield, but this was largely ineffective. The proximity to the charge bar and cramped environment for those observing the monitors could result in unnecessary distractions. It is also possible that confidentiality and privacy could be compromised for detainees under observation. As such, alternative arrangements should be made for the location of the observation equipment, ensuring that the facilities for staff undertaking observations are suitable. | and photograph images of the new CCTV  | ACC Criminal<br>Justice | 30/09/2024 N | /ledium    | Better<br>Practice |
| Custody<br>D&G (Joint) | RO2 Anti Harm Garments Sizing  Police Scotland should ensure that sufficient and appropriately sized anti-harm garments are made available to detainees when these are required.      | The weekly laundering service is provided by a facilities management company 'Atalian Servest' who subcontract to 'Fishers', a third-party provider. All service delivery issues being experienced by the centres are referred to Atalian Servest who address concerns directly with the provider. As a result of past difficulties concerning the sourcing of variously sized anti-harm garments,24 the company were only supplying large sizes, which were either ill-fitting or afforded insufficient dignity for smaller detainees, particularly women. This led to decisions being made to place some detainees in standard clothing but under direct observation, which has a disproportionate impact on the detainee and on police resources. Since our onsite inspection took place, we have been advised that progress is being made to address this issue                    | A new contract has been arranged for anti-harm clothing and this includes provision of a variety of sizes including smaller garments.  Evidence required - details of the new contract   | ACC Criminal<br>Justice | 31/07/2024 F | ligh       | Compliance         |
| Custody<br>D&G (Joint) | R05 Custody Staff Training and Guidance  Police Scotland should ensure that custody staff receive appropriate training and guidance where cleaning is part of their role.             | Custody staff at the centres have had no formal infection prevention and control training. There was also no external HSCP oversight of compliance with standards of cleaning. Products meeting guidance standards in the National Infection and Prevention and Control manual were available to custody staff. However, staff could not describe how to use these effectively or in the correct way. This was also the same for contract cleaners at the Dumfries custody centre.   | Training and guidance documentation will be obtained from NHS to ensure it meets the clinical requirements for medical facilities within the centre and distributed to both custody staff and contracted cleaners.  Evidence required - copies of any training or guidance documentation provided.  - Evidence of regular audits and the outcome of these. | ACC Criminal<br>Justice | 31/07/2024 N | Medium     | Compliance         |

| Publicat<br>Title  | on Detail   | Issue   | Management Response and Action Plan  | Owner                   | Target F     | isk Rating | Audit<br>Theme |
|--------------------|---|---|--|-------------------------|--------------|------------|----------------|
| Custody<br>D&G (Jo | R08 Clinical Examination Rooms  Dumfries and Galloway HSCP and Police Scotland must ensure the rooms used for clinical examinations are clean and ready for use and maintained at the standard required for forensic examination. | In Dumfries, clinical examinations were carried out in a dedicated medical room. This room had a camera and a notice which stated that detainees could be recorded and monitored. We spoke with custody staff who told us that the camera would be turned off during consultations. Detainees would be risk assessed in order to determine where they would be examined, with clinical examinations being conducted confidentially without a member of custody staff present unless a risk to others had been identified by the risk assessment. The room in use had multiple items on the floor under the examination couch which had created dust on the bottom of equipment. The examination couch had evidence of widespread chlorine residue indicating the correct contact time for cleaning, and disinfecting equipment had not been deployed. This practice can also cause damage to the integrity of the outer layer of the examination couch and risk breach of the inner fabric. | Training and guidance documentation will be obtained from NHS to ensure it meets the clinical requirements for medical facilities within the centre and distributed to both custody staff and contracted cleaners.  Evidence required - copies of any training or guidance documentation provided.  - Evidence of regular audits and the outcome of these. | ACC Criminal<br>Justice | 31/07/2024 H | ligh       | Compliance     |
| Custody<br>D&G (Jo |   |   | Emergency equipment is owned and maintained by the NHS. A maintenance schedule and log with be agreed with the local health board and monitored by the custody supervisors for compliance.  Evidence required - copies of the agreed maintenance schedule and logs   | ACC Criminal<br>Justice | 31/07/2024 F | ligh       | Compliance     |
| Custody<br>D&G (Jo | R13 Training for Administering  | Although custody staff receive awareness training as part of their induction on medication administration, this training is not supported by a recognised framework. There was no evidence of refresher training for medication administration. Custody staff who are responsible for the administration of medicine should receive an appropriate level of training. This should be supported by a process that ensures ongoing competence and review of staff knowledge.  | A Moodle training package will be created with the assistance of NHS and HIS colleagues, to be completed by all custody officers and staff on an annual basis.  Evidence required - copy of the training package - Evidence of completion by custody officers and staff  | ACC Criminal<br>Justice | 30/06/2024 H | ligh       | Resources      |
| Custody<br>D&G (Jo | AFD 1 Secure Loft Hatches   | At the Stranraer facility, loft hatches located in each of the two cell corridors were not properly secured therefore enabling them to be opened by hand. Owing to their immediate proximity to barred gates, these could be accessed by a reasonably agile, unsecured detainee.  | Estates to attend and secure the loft hatches by padlock  Evidence required - proof of the works being completed   | ACC Criminal<br>Justice | 30/06/2024 A | dvisory    | Compliance     |

| Publication<br>Title   | Detail  | Issue  | Management Response and Action Plan  | Owner                   | Target     | Risk Rating | Audit<br>Theme     |
|------------------------|---|--|--|-------------------------|------------|-------------|--------------------|
| Custody<br>D&G (Joint) | AFD 2 Fire Safety Plans  The Stranraer custody centre should ensure that fire safety and evacuation plans reflect the | The construction of the Stranraer centre is such that all external doors and windows within the building were secured by fixed steel bars, incapable of permitting egress. The sole emergency exit from the facility was via the charge bar into the connecting corridor, which thereafter leads either into the police station or outside to the rear yard. While, as stated, the custody centre had fire | account the specific layout of Stranraer custody centre and to be reviewed by H&S advisor prior to publication.  | ACC Criminal<br>Justice | 30/06/2024 | Advisory    | Compliance         |
|                        | challenges arising from the layout of the custody centre and limited exit routes.                                     | safety procedures in place, it should ensure that evacuation plans reflect the specific challenges arising from the layout of the custody centre and limited exit routes.  | Evidence required - copy of the new fire evacuation plan   |                         |            |             |                    |
| Custody<br>D&G (Joint) | AFD 4 Discontinuation of Medical Equipment  | During the inspection of Stranraer custody centre, Inspectors examined onsite equipment for both blood pressure monitoring and blood sugar monitoring. It was not clear how this equipment was being effectively decontaminated or   | equipment to be kept in the locked medical room for $% \left( 1\right) =\left( 1\right) \left( 1\right) \left$ | Justice                 | 30/06/2024 | Advisory    | Better<br>Practice |
|                        | The custody centre should ensure that custody staff discontinue the use of medical equipment that they have not been  | maintained. It was also reported that blood pressure monitoring had been performed by police custody staff at the centre and readings fed back via telephone to the on-call Forensic Physician. Custody staff have had no training in the use of such equipment. We consider this to pose a significant safety risk and  | use and maintenance by NHS only.  Evidence required - copies of internal guidance and copies of communication to NHS colleagues.   |                         |            |             |                    |
|                        | trained to use.   | highlighted to the custody centre that the practice should not continue.  Furthermore, blood pressure monitors were not being regularly calibrated to ensure efficiency.   | oopies of commemoration to this concegues.   |                         |            |             |                    |