

Report on short scrutiny visits to

Prisons holding women

by HM Chief Inspector of Prisons

30 June 2020

Crown copyright 2020

This publication, excluding logos, is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Any enquiries regarding this publication should be sent to us at the address below or:
hmiprisons.enquiries@hmiprisons.gsi.gov.uk

This publication is available for download at: <http://www.justiceinspectorates.gov.uk/hmiprisons/>

Printed and published by:
Her Majesty's Inspectorate of Prisons
3rd floor
10 South Colonnade
Canary Wharf
London
E14 4PU
England

Contents

Glossary of terms	4
About this report	5
Introduction	7
Notable positive practice	9
Section 1. Safety	10
Section 2. Respect	12
Section 3. Purposeful activity	14
Section 4. Resettlement	15
Section 5. Appendix	17
Scrutiny visit team	17

Glossary of terms

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find. If you need an explanation of any other terms, please see the longer glossary in our 'Guide for writing inspection reports', available on our website at: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

Early Release on Compassionate Grounds

Determinate sentenced prisoners may be considered for early, compassionate release for medical reasons or in tragic family circumstances. Life or indeterminate sentence prisoners are only eligible to be considered for compassionate release in medical circumstances.

End of Custody Temporary Release Scheme

A national scheme through which risk-assessed prisoners, who are within two months of their release date, can be temporarily released from custody. See: <https://www.gov.uk/government/publications/covid-19-prison-releases>

Personal protective equipment (PPE)

Safety equipment including masks, aprons and gloves, worn by frontline workers during the COVID-19 pandemic.

Release on Temporary License (ROTL) issued under a Special Purpose License (SPL)

During the COVID-19 pandemic, establishments have been directed to take active steps to identify pregnant women, prisoners with their babies in custody and those defined by the NHS guidelines as 'extremely vulnerable' to COVID-19 to assess whether they are eligible and willing for compassionate release on ROTL. Prisoners should only be released if they have suitable accommodation on release, a safe means of getting there and provision in place to meet any health and social care needs.

Reverse cohort unit (RCU)

Unit where newly-arrived prisoners are held in quarantine for 14 days.

Shielding

Those who have health conditions that make them vulnerable to infection are held for at least 12 weeks in a shielding unit.

Short scrutiny visit (SSV)

A new type of HM Inspectorate of Prisons (HMI Prisons) visit in which two to three similar establishments (for example, young offender institutions or local prisons) are visited. The aim of these visits is not to report on how an establishment meets HMI Prisons' Expectations, as in a regular full inspection, but to give a snapshot of how it is responding to the COVID-19 pandemic and to share any positive practice found.

Social distancing

The practice of staying two metres apart from other individuals, recommended by Public Health England as a measure to reduce the transmission of COVID-19.

About this report

- A1 Her Majesty's Inspectorate of Prisons (HMI Prisons) is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.
- A2 All visits carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.
- A3 HMI Prisons normally reports against a wide range of detailed standards, which are listed in our Expectations. Inspection teams of up to 12 people are usually in establishments across two weeks, speaking to prisoners and staff, observing prison life and examining a large amount of documentation and evidence. The COVID-19 pandemic has required a substantial revision of such norms, at least in the short term.
- A4 A detailed briefing document on our new methodology is available on the HMI Prisons website (<https://www.justiceinspectorates.gov.uk/hmiprison/about-hmi-prison/covid-19/short-scrutiny-visits/>). It discusses the reasons for the actions we are taking, the primacy given to public health considerations and their place within the approach of what we have termed 'short scrutiny visits'. The purpose of our current approach is to:
- fulfil HMI Prisons' statutory duty to report on treatment and conditions effectively, without adding unreasonable burdens to a system currently dealing with unprecedented challenges
 - promote transparency about the response to COVID-19 in places of detention and ensure that lessons can be learned quickly
 - use an adapted methodology which provides effective independent scrutiny while adhering at all times to the 'do no harm' principle. This means that HMI Prisons will not put detainees, prison staff or its own staff at unreasonable risk and will work in line with national public health guidance.
- A5 HMI Prisons recognises that at times of crisis and operational pressure, the risks of both conscious and unintentional mistreatment increase, and external perspective and oversight of closed institutions become even more important than usual. By identifying concerns, we also aim to promote more effective and safer practices in prisons, thereby supporting public health. Our methodology will be reviewed and updated in line with changing circumstances.
- A6 Key characteristics of short scrutiny visits are that only two to three inspectors will attend establishments, including a health inspector. Each visit will take place over the course of a single day, and will focus on a small number of issues which are essential to the care and basic rights of those detained in the current circumstances. These critical areas include: care for the most vulnerable prisoners and the need for meaningful human contact; support for those at risk of self-harm and suicide; hygiene; legal rights; health care; access to fresh air; contact with families, friends and the outside world; and support and risk management for those being released.

- A7 Short scrutiny visits do not allow the exhaustive triangulation of evidence that characterises inspections. However, they do enable us to tell the story of life in prison during the current crisis and comment on the proportionality of the action being taken. Each report normally encompasses three establishments, visited on the same day by different teams. Findings in the report are presented thematically rather than focusing on individual prisons.
- A8 For more information and updates on our response to the COVID-19 pandemic, see our website: <https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/>.

Introduction

This report discusses findings from short scrutiny visits to HMP Send and HMP and YOI Downview. Both establishments are closed training prisons in the women's estate. Send can hold up to 282 prisoners and Downview up to 303. This was our second round of visits to prisons in the women's estate. We previously visited three women's prisons on 18 May, at a time of maximum restrictions across the country.

Managers had taken effective measures to contain the spread of COVID-19. It was a significant achievement that no prisoner had contracted the virus in Send and no prisoner had been symptomatic in Downview for several weeks.

There had been some improvements to regime restrictions since our visits of women's prisons in May, but they had not kept pace with the easing of restrictions in the community. It was a concern that national guidance for the easing of restrictions in prisons was still being finalised.

In both sites, prison visits were still suspended. Many prisoners only received about an hour and a half out of cell each day. At Downview prisoners could also attend four one-hour outdoor gym sessions a week, but prisoners in Send were only offered one or two such sessions.

There were work opportunities at both sites. Almost half of prisoners in Send and a slightly higher proportion in Downview had access to some work. Education classes were still suspended. Instead, prisoners were given in-cell workbooks, although at Send the completion rate of workbooks had been poor.

Those who were vulnerable to COVID-19 or had symptoms of the virus were isolated from the rest of the population. Isolation was managed well on both sites. Social distancing (see Glossary of terms) was understood by both staff and prisoners and, while difficult due to some narrow corridors and small offices, was generally adhered to. The treatment of prisoners who were isolated with symptoms was better than we saw on our visit to women's prisons in May. All such prisoners in Send and Downview had been given reasonable daily access to fresh air, showers and telephone facilities.

The Downview health care provider had experienced significant staffing shortfalls, although this had recently improved. At both sites, governance of health care remained appropriate with partnership arrangements in place. An effective triage system was in place in both prisons with prisoners able to access a nurse or GP as necessary. Although the range of mental health services had reduced since 23 March, health care staff at both prisons continued to support those on their caseload with welfare checks and some face-to-face consultations for vulnerable prisoners. At Send and Downview pregnant women received care from the local midwifery service. Medicines management and administration was generally appropriate, except that the length of time between medicines administration at Downview was not in line with therapeutic prescribing.

The suspension of visits has had a particularly acute impact in the women's estate; many prisoners in Send and Downview had not seen their children for over three months. Video calling provision had only recently been rolled out in both sites, which women appreciated.

The two early release schemes in operation (the End of Custody Temporary Release Scheme and Early Release on Compassionate Grounds – see Glossary of terms) had been largely ineffective in reducing the population. Despite the process taking up significant amounts of staff time, only two prisoners had been released.

It was positive that both sites had maintained release planning processes. Fewer prisoners were released without accommodation than in our previous visit to women's prisons. Four had been released without accommodation in Send, and none in Downview.

This report describes some of the ongoing challenges of running women's establishments safely during the period of restrictions. The vulnerability of many women in prison is well documented and our findings throw into stark relief the particular impact that many of the restrictions implemented to control the spread of the virus has had on this population.

Managers at both sites had put in place measures to identify and provide enhanced support to prisoners who were considered more vulnerable. We saw some exceptional support of prisoners in the shielding unit (see Glossary of terms) in Send.

It was reassuring that recorded levels of self-harm had not increased since restrictions had been implemented. However, prisoners told us that ongoing restrictions were having an impact on their well-being, and there was further evidence to support this. NHS England had commissioned a survey of health care users across both sites: 68% of respondents said their mental health had deteriorated since 23 March and 71% said their physical health had deteriorated. In Send, use of Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) had doubled since the restrictions were implemented.

This report highlights positive practice in several areas and it is a credit to staff that most prisoners we spoke to were positive about staff-prisoner relationships, despite the significant restrictions in place. However, evidence of the impact of the restricted regime on the well-being of prisoners was a concern. This, and the success in infection control, suggested the balance of risk was shifting. Both senior managers and prisoners saw the need to move to a more purposeful regime. However, recovery planning had been hampered by the lack of consistent, timely guidance from HM Prison and Probation Service (HMPPS). The need to move safely to a less restricted regime was becoming urgent.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons
July 2020

Notable positive practice

- At Downview, one manager acted as a case manager for all prisoners on an ACCT, and this ensured continuity of provision and care of individual prisoners.
- Shielded prisoners in Send received twice-daily, meaningful welfare checks, which were recorded in detail in an observations book, with regular management checks.
- In Send, a complex case meeting agreed how many additional welfare checks more vulnerable prisoners should have, and completion of these checks was monitored on a spreadsheet.
- Prisoners held in semi-open conditions in one wing in Downview were unlocked and allowed access to the open air for half the day.
- An accommodation assurance meeting had been introduced in Downview, which included the prison, community rehabilitation company and housing providers to discuss provision for prisoners coming up to release.

Section 1. Safety

In this section, we report mainly on the actions taken to promote safety; the treatment of prisoners during arrival and early days; and the support for the most vulnerable prisoners, including those at risk of self-harm.

Actions taken to promote safety

- 1.1** There was effective senior management oversight of the risks and challenges of COVID-19 in both prisons. Managers had implemented restricted regimes, social distancing and isolation arrangements. Isolating (referred to as cohorting in prisons) prisoners who were new to custody, were especially vulnerable to COVID-19 due to existing health conditions or had symptoms was done appropriately at both sites.
- 1.2** Our staff survey was completed by 165 people (90 in Send and 75 in Downview). Of those, 86% of staff in Send and 81% in Downview, strongly agreed, or somewhat agreed that reasonable steps were being taken to keep them safe, and 98% of staff in Send and 93% in Downview strongly agreed, or somewhat agreed that reasonable steps were being taken to keep prisoners safe.
- 1.3** In both prisons, communication with staff and prisoners about the need for regime restrictions and importance of social distancing was good. Staff and prisoners received regular updates about changes to the regime and why ongoing restrictions were necessary. However, it was becoming increasingly difficult for staff to provide prisoners with clarity about when restrictions would be lifted.
- 1.4** Social distancing was being actively reinforced by managers and staff, with notices and signs across the premises to act as reminders. Staff and prisoners in both sites were generally conscious of the need to socially distance, although the physical layout of some wings made it difficult.
- 1.5** At Send, 12 symptomatic prisoners were tested promptly and all were negative for COVID-19. At Downview, seven symptomatic prisoners were identified at the start of the restricted regime. Only two of these prisoners were tested, and testing was not managed promptly. Both results were negative. At the time of our visit, there had been no evidence in either prison of the virus for several weeks.

Arrival and early days

- 1.6** There had been few new arrivals in either prison and this had helped in managing the crisis. Arrangements to cohort new prisoners, or those returning from overnight hospital visits (known as 'reverse cohorting', see Glossary of terms), were appropriate.
- 1.7** For the few new prisoners, reception procedures, with appropriate safety interviews and health screening, remained in place. New prisoners still received an induction.
- 1.8** Prisoners who were being reverse-cohorted had separate access to daily fresh air, showers and telephone calls, for a similar amount of time to other prisoners.

Support for the most vulnerable prisoners, including those at risk of self-harm

- I.9** The treatment of prisoners who were isolated with symptoms was better than we saw in our visit to women's prisons in May. All isolating prisoners in Send and Downview had been given reasonable daily access to fresh air, showers and telephone facilities.
- I.10** Both prisons had identified prisoners who were more vulnerable to infection and needed to be shielded (see Glossary of terms). Most of these prisoners had chosen not to shield. At both sites, each prisoner was interviewed weekly to check they understood the risks they faced and that they were still happy not to shield.
- I.11** We were particularly impressed with the care of shielded prisoners in Send. They received twice-daily, meaningful welfare checks, which were recorded in detail in an observation book. There were regular management checks of shielded prisoners and the book. We considered support for these prisoners to be exemplary.
- I.12** Arrangements to support other, more vulnerable prisoners were good. At both sites, there were weekly reviews of these prisoners in multi-disciplinary complex case meetings. At Send, the number of additional welfare checks each woman should have was agreed at the meeting, and completion of the checks was monitored on a spreadsheet.
- I.13** At Send, records showed some good welfare contact for prisoners who were not considered to be in the most vulnerable group, but this was not recorded with sufficient frequency. The chaplaincy team at Send also conducted twice-weekly welfare checks on all prisoners. Downview had recently introduced daily welfare checks.
- I.14** Appropriate assessment, care in custody and teamwork (ACCT) processes for prisoners at risk of suicide or self-harm remained in place. ACCT reviews were mostly multi-disciplinary and records of case reviews were comprehensive and appropriate. At Downview, one manager acted as a case manager for all prisoners on an ACCT, and this ensured continuity of provision and care of individual prisoners. At Send, Listeners had continued to see prisoners throughout the period of regime restrictions. At Downview, the Listener service was reinstated in June, having been suspended in March.
- I.15** Levels of recorded self-harm had reduced in Downview and had not increased in Send, which was positive. However, prisoners in both prisons told us that inadequate time out of cell was impacting their well-being. NHS England had commissioned a survey of health care users across both sites: 68% of respondents said that their mental health had deteriorated since 23 March and 71% said their physical health had deteriorated. At Send, use of Listeners had doubled since the restrictions were implemented.
- I.16** Despite the work of staff, the very restricted regime meant prisoners at risk of self-harm felt isolated from others and craved more human contact.

Section 2. Respect

In this section, we report mainly on living conditions and health care.

Living conditions

- 2.1** Prisoners described the significant impact on their well-being from the loss of social interaction with their peers. Staff-prisoner relationships were mostly good, and we observed good interactions during our visit. Some prisoners were less positive about staff support and it appeared that frustrations around regime restrictions may have been contributing to this.
- 2.2** However, support for high risk, cohorted and shielded prisoners (see Glossary of terms) was consistent and good quality. At Send shielded prisoners were extremely positive about staff support. Most prisoners told us there were individual staff members they could speak to if they had a problem.
- 2.3** Communal areas were in good order and additional cleaners were in place to implement enhanced cleaning. Some prisoners told us that in-cell showers were humid, with mould developing. Rooms had recently been uncomfortably warm in the hot weather, although some efforts had been made to mitigate this – for example, staff had handed out cold drinks, paper fans and flannels. At both sites women reported that it was easy to access daily showers, soap, toiletries and menstrual care products.
- 2.4** At Downview prisoners were unlocked to collect their lunchtime meal and, most of the time, their evening meal. This was managed well. In three wings in Send, food was being delivered to prisoners' doors, although there were advanced plans for all prisoners to collect their food. Prisoners were given comfort packs, containing snacks and drinks, which they valued.
- 2.5** During the restricted regime chaplaincy teams had remained visible in both prisons, providing regular face-to-face support to prisoners.

Health care

- 2.6** The same health provider for physical and mental health care, CNWL, operated at both Send and Downview. Following some initial confusion around interpreting national guidance, effective communication between all health providers (including CNWL, the Forward Trust, dental care and GPs), the prison, commissioners and Public Health England (PHE) was evident in both prisons. COVID-19 local operational service delivery plans were in place and there was good access to personal protective equipment (PPE, see Glossary of terms).
- 2.7** Health care staffing at Send had remained stable, and significant staff shortages at Downview had recently improved as CNWL had temporarily redeployed staff.
- 2.8** Reception health screening continued, with clear arrangements for reverse cohorting. Both sites had arrangements to receive symptomatic prisoners within an allocated protective isolation unit.
- 2.9** Both sites had identified prisoners vulnerable to COVID-19 due to existing health conditions in line with shielding guidance, and had given advice about isolating, with varying levels of uptake. In addition, Send had allocated a shielding officer with specific responsibility for

managing this cohort. Shielding prisoners were all seen or contacted regularly by health care staff.

- 2.10** Both prisons offered effective prioritisation of health applications and women were seen by a nurse or GP when necessary. At Send, primary care clinics such as wound care, blood tests and some sexual health screenings were still operating on a risk-assessed basis, in line with our findings at other sites. At Downview access to health care was more restricted, which meant that prisoners faced delays in accessing health care professionals and health interventions.
- 2.11** Most allied health professionals' clinics were curtailed in line with the community, although plans were in place for some services to return. At both sites prisoners had access to emergency dental treatment.
- 2.12** At Send and Downview pregnant women received care from the local midwifery service. We were advised that a review of the midwifery care pathway was to be undertaken. Neither sites had a mother and baby unit or inpatient unit.
- 2.13** The provision of social care had been maintained at both sites since the start of the restrictions.
- 2.14** Contingencies to manage medicines during the pandemic were overseen at both sites by a pharmacist based at HMP High Down. In-possession medication had been reviewed following a risk assessment, with limited change in status for most prisoners. Most medicines, including opiate substitution treatment, continued to be administered at the hatch. At Send, medications for shielded women were transported and administered at the cell door, and health and prison services had put controls in place to manage this. The length of time between medicines administration at Downview was not in line with therapeutic prescribing.
- 2.15** Although the range of mental health services was diminished due to the pandemic, health care staff at both prisons continued to support prisoners on their caseload with welfare checks. Some face-to-face consultations for vulnerable prisoners with individual members of the team, including the psychiatrist, were sustained. There were good links with safer custody teams, and attendance at ACCT reviews was prioritised. A focus on providing support to all prisoners to promote their health and well-being was evident. There was evidence of an increasing need for mental health care due to the increased social isolation.
- 2.16** Patients dependent on drugs and/or alcohol continued to receive good clinical support, with a focus on stabilisation and maintenance. Both sites offered psychosocial support, which was provided through in-cell work with some face-to-face interventions.
- 2.17** All prisoners were seen prior to release by a nurse and medication was supplied for seven days at Downview and 28 days at Send. We were told that Naloxone (which reverses the effects of opiates) training and support was provided at both sites. Links with community services were made to continue care.
- 2.18** The transfer of patients under the Mental Health Act had not taken place within the mandatory timeframe in either prison. At Send the receiving hospital had requested that an asymptomatic patient achieve a negative test for COVID-19 prior to transfer. Although not in line with PHE guidance this test was facilitated by the regional PHE team.

Section 3. Purposeful activity

In this section we report mainly on time out of cell and access to activities.

- 3.1** In both prisons, there had been improvements to time out of cell since the beginning of the restricted regime. However, after three months, many prisoners at Send had just one hour and 20 minutes out of cell most days, including daily access to fresh air. There was no seating and little shade in outside areas. Some prisoners chose not to go out, which was not conducive to their well-being.
- 3.2** Prisoners at Downview had one hour and 30 minutes time out of cell, with daily access to fresh air. However, those held in semi-open conditions on D wing were unlocked and allowed access to the open air for half of the day, and those on enhanced and drug treatment wings had an additional 30 minutes a day. In addition, all prisoners at Downview could attend four one-hour outdoor gym sessions a week, and prisoners at Send could attend one or two such sessions.
- 3.3** A lack of time out of cell was mitigated by the availability of work. Send had increased the pool of available work by sharing access to jobs. This meant that almost half of prisoners had, on average, 15 hours of work a week. A slightly higher proportion of prisoners at Downview had access to work, but average working hours were similar.
- 3.4** Industrial workshops were closed, but at Downview the London College of Fashion workshop had quickly reopened for a reduced intake with clear social distancing markers. It was currently producing medical scrubs for NHS staff.
- 3.5** Education classes remained suspended at both sites, although workbooks were being distributed. At Send many workbooks had not been completed. A process had recently been put in place for tutors to have weekly contact with prisoners to encourage better engagement.
- 3.6** Although prison libraries were closed, prisoners could still order books to be delivered to their cells.
- 3.7** Both prisons had tried to mitigate the poor regime, with good distraction packs, workbooks and some craftwork available. Some activities, such as quizzes and bingo, were being organised. However, prisoners in Send told us these were no longer providing sufficient stimulation, and they were missing normal human contact.

Section 4. Resettlement

In this section, we report mainly on contact with children and families, and release planning.

Contact with children and families and the outside world

- 4.1 Prisoners were extremely frustrated about the ongoing suspension of family visits, which meant that many had not seen their children for over three months. HM Prison and Probation Service (HMPPS) had been too slow to implement video conferencing calling, which had only recently started. At Send, the facility had only been launched in the week before our visit, having been piloted the week before. Prisoners we spoke to valued this initiative, but did not consider it a substitute for face-to-face visits. Prisoners had been given additional phone credit and had guaranteed access to phones for about 20 minutes a day, although sometimes this was at times when family members were not available.
- 4.2 HMPPS had provided a small supply of mobile PIN phones for prisoners to make calls with more privacy in their own cells, and at times when family members were available. However, these phones had no network coverage at either site and it took several weeks for them to be replaced with phones that worked.
- 4.3 Prisoners could correspond with their family through the 'email a prisoner' scheme. At Send, prisoners could also correspond with their friends in other wings through 'jail mail'.
- 4.4 At Send, The Forward Trust continued to provide face-to-face family engagement work for prisoners with substance misuse issues, but at both sites the Prison Advice and Care Trust (Pact) was only able to provide support to prisoners and their families remotely.

Release planning

- 4.5 At Downview, offender supervisors had maintained face-to-face contact with prisoners throughout the restricted regime to inform offender assessment system (OASys) reviews. Most face-to-face work had been suspended at Send, although it was still provided to prisoners preparing for parole hearings. There remained little work focused on progression and prisoners reported frustration that their progress had stalled. Group work had been suspended in the Therapeutic Community in Send, which undermined its purpose.
- 4.6 Public protection measures continued at both sites and risk management procedures were in place for those who were released through a virtual risk management meeting and sharing of information with the community.
- 4.7 As we found in previous SSVs, the two schemes for the early release of prisoners (the End of Custody Temporary Release Scheme and Early Release on Compassionate Grounds – see Glossary of terms) had proved ineffective. Only one prisoner had been released from each prison, despite some significant work from staff. At Downview, for example, this had involved making 24 detailed assessments.
- 4.8 In both prisons, the community rehabilitation company (CRC) and subcontracted services were not providing any face-to-face resettlement support prior to release and instead relied on gathering information through the internal post or wing officers, which was insufficient.

- 4.9** Fewer prisoners had been released without accommodation to go to than in our last visits to women's prisons in May. Four prisoners had been released with no fixed abode from Send since 23 March. Instead, they were given a local authority appointment for an emergency accommodation assessment. No prisoner had been released without accommodation from Downview, where an accommodation assurance meeting had been introduced that included the prison, CRC and housing providers to discuss provision for prisoners coming up to release. In Send, some very good work had been done to secure accommodation for a pregnant foreign national woman.
- 4.10** Practical release arrangements in both prisons were sound. Prisoners without a mobile phone were issued with one, those using public transport were given face masks and taxis were arranged where appropriate.

Section 5. Appendix

Scrutiny visit team

Deri Hughes-Roberts

Esra Sari

Rebecca Mavin

Nadia Syed

Caroline Wright

Tania Osborne

Sarah Goodwin

Team leader

Inspector

Inspector

Inspector

Inspector

Health care inspector

Health care inspector