

Action Plan			
Responding to Recommendations in the Prison and Probation Ombudsman Investigation Report into the Death of Lukasz Debowski at Morton Hall Immigration Removal Centre on 11 January 2017.			
Recommendation	Person to complete & Timescale	Action to be taken	Action status
<p>The Centre Manager and Head of Healthcare should ensure that staff manage detainees at risk of suicide and self-harm in line with national guidelines, in particular, staff should:</p> <ul style="list-style-type: none"> · Have a clear understanding of their responsibilities and the need to record relevant information about risk. · Consider and record all the known risk factors of newly arrived detainees when determining their risk of suicide or self-harm, including information from suicide and self-harm warning forms, person escort records and medical records. · Start suicide and self-harm prevention procedures (known as ACDT) whenever a detainee has recently self-harmed, expressed suicidal intent or has other significant risk factors, irrespective of their stated intentions. 	Helen Daykin – Head of Healthcare	All Healthcare staff have been briefed to ensure that they have a clear understanding of their responsibilities regarding residents at risk of self-harm/suicide and the need to record their justification for actions taken. This process now includes documenting on System One that a self-harm/suicide warning is raised to the Mental Health Team to alert them to follow up with the resident the next day whenever a detainee has recently self-harmed, expressed suicidal intent or has other significant risk factors, irrespective of their stated intentions.	Complete
	Carla Wiley – Head of Res & Safety	All Supervisory Officers have been briefed to ensure they have a clear understanding of their responsibilities when they are in Reception with regards to the management and care of detainees at risk of self harm / suicide. They have also been instructed to email the Mental Health Team to alert them to follow up with the resident the next day whenever a detainee has recently self-harmed, expressed suicidal intent or has other significant risk factors, irrespective of their stated intentions. A Centre Managers Order has been published.	Complete

<p>The Centre Manager should ensure that there is an effective supply and demand reduction strategy to help eradicate the availability of NPS, and that staff are vigilant for signs of its use.</p>	<p>Evonne Lagden – Deputy Centre Manager</p>	<p>The Substance Misuse Strategy has been reviewed, a multi-disciplinary Drug Tasking meeting takes place weekly which analyses and acts upon all of the intelligence related to drug supply and demand. Our substance misuse worker has delivered a full staff briefing on the signs and effects of NPS. There has been an increase of information on NPS displayed across the centre.</p>	<p>Complete</p>
<p>The Head of Home Office Detention Services should ensure that in line with Detention Services Order 08/2014, where the police delay in notifying a detainee’s next of kin of his/her death, Home Office family liaison officers escalate the matter promptly to the Head of Detention Services to liaise with police about how to proceed so that further delay is avoided.</p>	<p>Frances Hardy Detention and Escorting Services Home Office Completion date – Fourth quarter 2017</p>	<p>DSO 08/2014 is currently under review and will further clarify the responsibilities of the family liaison officer and Home Office senior managers where delays occur in the police notification to detainees’ next of kin.</p> <p>The Home Office have strengthened the process for collating next of kin details for all detainees in detention, with increased responsibilities for both Home Office staff and suppliers to engage with detainees to obtain this information.</p> <p>The revised guidance will implement improved communications with detainees by requiring clear signage to be displayed in removal centres alerting detainees to the importance of providing next of kin information.</p>	<p>Ongoing</p>