Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Branko Zdravkovic a detainee at The Verne IRC on 9 April 2017

A report by the Prisons and Probation Ombudsman

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Our Vision

To carry out independent investigations to make custody and community supervision safer and fairer.

Our Values

We are:

Impartial: *we do not take sides*
Respectful: *we are considerate and courteous*
Inclusive: *we value diversity*
Dedicated: *we are determined and focused*
Fair: *we are honest and act with integrity*

The Prisons and Probation Ombudsman aims to make a significant contribution to safer, fairer custody and community supervision. One of the most important ways in which we work towards that aim is by carrying out **independent** investigations into deaths, due to any cause, of prisoners, young people in detention, residents of approved premises and detainees in immigration centres.

We carry out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

Mr Zdravkovic was found hanged in the communal toilets area on 9 April 2017 at The Verne Immigration Removal Centre (IRC). He was 43 years old. We offer our condolences to Mr Zdravkovic's family and friends.

We found deficiencies in the management of the establishment's suicide and self-harm prevention procedures, specifically in assessing Mr Zdravkovic's risk, and considering appropriate levels of observations.

The Verne needs to take robust action to address the problem of New Psychoactive Substances (NPS). We are concerned at what appears to be a conflict in the use of the Care and Separation Unit (CSU) to accommodate detainees with possible mental health problems and those with vulnerabilities to suicide and self-harm at the same time as serving its primary purpose of holding detainees who pose a risk to security or safety.

This is the second self-inflicted death at The Verne since 2015. Our previous investigation also identified weaknesses in the management of detainees at risk of suicide and self-harm and the problems created by the availability of NPS. It is disappointing to have to repeat the recommendations we made in that case.

This version of my report, published on my website, has been amended to remove the names of staff and detainees involved in my investigation.

Elizabeth Moody
Acting Prisons and Probation Ombudsman **October 2018**

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Summary

Events

1. Mr Branko Zdravkovic, a Slovenian national, was refused entry to the UK on 26 December 2014, and was returned to Spain. On 4 January 2017, Mr Zdravkovic was arrested in the UK on suspicion of public order offences and criminal damage. The next day, he was served with an administrative removal notice. On 20 March, Mr Zdravkovic was detained following a police arrest for an alleged offence of criminal damage. He was taken to a police station.

2. On 21 March, Mr Zdravkovic was moved to The Verne Immigration Removal Centre (IRC). He reported that he did not have a history of mental health problems or suicide and self-harm issues and appeared to be well on arrival. However, on 25 March, Mr Zdravkovic took a substance, later identified as a New Psychoactive Substance (NPS), and said that he wanted to kill himself. A custodial manager started suicide and self-harm prevention procedures (known as ACDT – Assessment Care in Detention and Teamwork). Officers referred Mr Zdravkovic to the substance misuse team and the mental health Inreach team, but he did not want to engage with these services. On 28 March, officers closed the ACDT.

3. On 4 April, Mr Zdravkovic again took a substance later identified as NPS and jumped into a fishpond. The next day, Mr Zdravkovic again took NPS, and went to the chapel and threw bibles at other detainees who tried to remove him from the area. Officers attended and he became aggressive and violent towards them. They restrained Mr Zdravkovic and took him to the Care and Separation Unit (CSU). A nurse noted that Mr Zdravkovic had self-harmed while in the CSU. She opened an ACDT and referred Mr Zdravkovic for a mental health assessment as she had concerns about his mental health. She assessed that the CSU was a suitable location for him.

4. On 6 April, during an ACDT case review, Mr Zdravkovic said that he had a problem with NPS, which he thought had caused hallucinations. A mental health nurse, a substance misuse worker, a GP and a psychiatrist reviewed Mr Zdravkovic. The substance misuse worker explained the dangers associated with the use of NPS to Mr Zdravkovic and offered substance misuse support but he did not want to engage. The psychiatrist assessed that Mr Zdravkovic did not have an underlying mental health illness.

5. On 7 April, a supervising officer assessed that Mr Zdravkovic's level of risk was low and reduced the ACDT observations. He also assessed that a residential unit was a suitable location for him, and Mr Zdravkovic was moved to a residential unit that afternoon.

6. At around 11.26pm on 8 April, a night patrol officer found Mr Zdravkovic hanging from the pipes in the communal toilet area with a ligature made from sheets. He immediately called for help. Other detainees and staff arrived and started cardiopulmonary resuscitation (CPR). At 11.30pm, nurses arrived and took over resuscitation attempts. At around 11.45pm, the ambulance arrived at the gate and two minutes later paramedics arrived. They continued with CPR but pronounced that Mr Zdravkovic had died at 12.09am on 9 April.

Findings

7. The investigation found that Mr Zdravkovic had a number of risk factors for suicide and self-harm, but that staff relied on his presentation and reassurances that he was fine, in assessing his level of risk and setting the frequency of observations. Staff did not adequately reflect all of Mr Zdravkovic's issues and risk factors in the caremap. It was not updated to include his low mood and statements that he wanted to kill himself. It did not set any goals or actions to reduce Mr Zdravkovic's risk to himself. Officers reduced the frequency of ACDT observations before moving him from the CSU to the residential unit. Staff did not prepare for or consider the impact of his move to a residential unit with its more relaxed regime and reduced levels of supervision. Staff did not consider involving Mr Zdravkovic's family in the ACDT process.

8. Staff had not received recent training on mental health issues or suicide and self-harm prevention and monitoring.

9. Mr Zdravkovic was segregated while being managed under the ACDT process. The Verne does not have a healthcare inpatient facility and we accept that the centre's options for holding Mr Zdravkovic's safely, while on an ACDT, were extremely limited. Nevertheless, the CSU was not an appropriate place for a detainee who was at risk of suicide and self-harm and who had suspected mental health issues.

10. Mr Zdravkovic admitted to taking NPS on at least two occasions at The Verne, which had an impact on his behaviour and prompted thoughts of self-harm and suicide. NPS were widely available at The Verne and its drug strategy was not effective in tackling the availability of NPS.

11. The night patrol officer did not call the emergency response code correctly over the radio on 8 April, which meant responding healthcare staff were not clear as to the appropriate equipment to bring. There was also a delay in calling an ambulance.

Recommendations

- 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, they need to ensure that staff:
    - Have a clear understanding of their responsibilities and the need to consider all known risk factors of detainees when determining their risk of suicide or self-harm, including information from previous suicide and self-harm procedures and records.
    - Set a frequency of ACDT observations, which relates directly to the detainee's level of risk.
    - Properly complete and update ACDT caremaps with realistic and achievable goals and clear actions to address all risk factors.
    - Consider involving the detainee's family in the ACDT process when appropriate and record this in the ACDT plan.
    - Undertake ACDT and Mental Health awareness training.

- The Centre Manager should ensure that detainees assessed as at risk of suicide, self-harm, or with mental health issues, are only held in the care and separation unit when all other options have been considered and the reasons for their unsuitability fully documented.
- The Centre Manager should ensure there are effective supply and demand reduction strategies to reduce the availability of New Psychoactive Substances, and that staff are vigilant for signs of their use and are briefed about how to respond when a detainee appears to be under the influence of such substances.
- The Centre Manager should ensure that all staff are made aware of and understand DSO 09/2014 and their responsibilities during medical emergencies as outlined in the local Medical Emergency Response Code Protocol so that staff efficiently communicate the nature of a medical emergency, and there is no delay in calling, directing or discharging ambulances.

The Investigation Process

12. The investigator issued notices to staff and detainees at The Verne IRC, informing them of the investigation and asking anyone with relevant information to contact him. One detainee contacted the investigator as a result.

13. The investigator visited The Verne on 19 April 2017. He obtained copies of relevant extracts from IRC records and medical records and viewed closed circuit television (CCTV) footage of the night of 8-9 April.

14. The investigator interviewed 17 members of staff and two detainees between April and June 2017.

15. NHS England commissioned a clinical reviewer to review Mr Zdravkovic's clinical care at The Verne. She joined the investigator in eight interviews on 19 June.

16. We informed HM Coroner for the county of Dorset of the investigation. We have sent the coroner a copy of this report.

17. One of the Ombudsman's family liaison officers contacted Mr Zdravkovic's partner and sister to explain the investigation and to ask if they had any matters they wanted the investigation to consider. They wanted to know a number of matters including:

    - The circumstances of Mr Zdravkovic's detention and of his death.
    - Whether Mr Zdravkovic was under the influence of alcohol or other substances at the time of his death.
    - Whether drugs are available at The Verne.
    - Whether Mr Zdravkovic shared a room during his time at The Verne.
    - What influenced his decision to take his life.
    - Whether his location was safe and whether there was any evidence of bullying.

18. Mr Zdravkovic's partner received a copy of the initial report. Her legal representatives made a number of comments about the report findings and investigation. On 8 February 2018, we provided the legal representatives with redacted copies of the documentation and information from our investigation. We also made additions and amendments to this report as a result. We have provided further answers to their questions in the covering letter enclosing this report.

19. The Home Office also received a copy of the initial report. They made some accuracy comments and we have made amendments to the initial report accordingly.

Background Information

The Verne Immigration Removal Centre

20. The Verne is an immigration removal centre (IRC) which is run by Her Majesty's Prison and Probation Service. It holds up to 580 foreign national men who face immigration enforcement action. From 1 April 2017, Care UK provides 24-hour healthcare cover.

HM Inspectorate of Prisons

21. The most recent inspection of The Verne was in March 2015. Inspectors reported that relatively few detainees felt unsafe although, by contrast, they found higher levels of violence than at other IRCs. They reported that The Verne had a comprehensive safeguarding policy and the complex case meeting was a good forum for planning care for the most vulnerable detainees. There was no drugs strategy despite strong evidence of detainees using New Psychoactive Substances. Inspectors reported that the quality of health services was reasonable, but access to services was inadequate for some and many detainees were negative about healthcare. They found that mental health provision was reasonably good and improving.

Independent Monitoring Board

22. Each IRC has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help to ensure that detainees are treated fairly and decently. In its latest annual report, for the year to December 2016, the IMB reported that the use of Assessment, Care in Detention and Teamwork (ACDT) had improved, staff had been trained and ACDT reviews were held frequently. The IMB was impressed with the quality of the care provided to detainees in the Care and Separation Unit (CSU), but remained concerned at the numbers of detainees with serious mental health problems (many of whom were on open ACDTs) located in the CSU. The IMB was also concerned about the considerable use of illegal substances at The Verne.

Previous deaths at The Verne IRC

23. Mr Zdravkovic's death was the second self-inflicted death at The Verne since August 2015. In our previous investigation, we found that staff at The Verne did not adequately manage the detainee's risk of suicide and self-harm, and found that The Verne had an evident problem with NPS.

Assessment, Care in Detention and Teamwork

24. ACDT is the care-planning system used to support detainees at risk of suicide or self-harm. The purpose of ACDT is to try to determine the level of risk, how to reduce the risk and how best to monitor and supervise the detainee. After an initial assessment of the detainee's main concerns, levels of supervision and interactions are set according to the perceived risk of harm. Checks should be irregular to prevent the detainee anticipating when they will occur. There should be regular multi-disciplinary review meetings involving the detainee. As part of the process, a caremap (plan of care, support and intervention) is put in place.

The ACDT plan should not be closed until all the actions of the caremap have been completed. All decisions made as part of the ACDT process and any relevant observations about the detainee should be written in the ACDT booklet, which accompanies the detainee as they move around the IRC. The system is also implemented in prisons, where it is known as Assessment, Care in Custody and Teamwork (ACCT).

The Care and Separation Unit (CSU)

25. There is a Care and Separation Unit (CSU) at The Verne, which consists of eight rooms.

26. The CSU is to be used only as a last resort, to hold a detainee under Rule 40 of the Detention Centre Rules 2001 (removal from association, where it appears necessary in the interest of security or safety) or Rule 42 of the Detention Centre Rules 2001 (temporary confinement, for refractory or violent detained person). A qualified healthcare professional (nurse or doctor) must complete a Separation Health Algorithm (health screen) for all separated detainees, and in accordance with Rule 40 (7) of the Detention Centre Rules 2001, a manager may arrange at his discretion for such a detained person to resume association with other detained persons, and shall do so if in any case the medical practitioner so advises on medical grounds.

27. There is a 'soft room' in the unit, which is used for the purposes of observing detainees who, for example, need a more relaxed environment or place to interact with their peers or staff.

New Psychoactive Substances (NPS)

28. NPS, described in the Psychoactive Substances Act 2016, are an increasing problem across the prison and Immigration Removal Centre estate. They are difficult to detect and can affect people in a number of ways including increasing heart rate, raising blood pressure, reducing blood supply to the heart and vomiting. Prisoners and detainees under the influence of NPS can present with marked levels of disinhibition, heightened energy levels, a high tolerance of pain and a potential for violence. Besides emerging evidence of such dangers to physical health, there is potential for precipitating or exacerbating the deterioration of mental health with links to suicide or self-harm.

29. In July 2015, we published a Learning Lessons Bulletin about the use of NPS and its dangers, including its close association with debt, bullying and violence. The bulletin identified the need for better awareness among staff, prisoners and detainees of the dangers of NPS; the need for more effective drug supply reduction strategies; better monitoring by drug treatment services; and effective violence reduction strategies.

Qualified person exercising treaty rights

30. EEA nationals are entitled to reside in the UK for an initial period of three months without needing to exercise a Treaty right. An EEA national who will be in the UK for more than three months will have a right of residence for as long as they remain a qualified person or a family member of a qualified person, or if they have acquired the right of permanent residence in the UK. A qualified person is

an EEA national who is in the UK and exercising a Treaty right as any of the following:

- **Jobseeker** - The EEA national must be able to show evidence that they are seeking employment and have a genuine chance of being engaged, for example, evidence of job interviews, evidence of qualifications, registration with Job Centre / recruitment agencies.
- **Worker** - The EEA national must be able to show evidence that they are working in paid full-time or part-time employment. (While there is no minimum amount of hours, which an EEA national must be employed for in order to qualify as a worker, the employment must be genuine and effective and not marginal or supplementary.) Marginal means the work involves so little time and money that it is unrelated to the lifestyle of the worker. It is supplementary because the worker is clearly spending most of their time on something else, not work. For example, a student who works behind the student union bar for 2 hours a week is actually a student, their work is marginal and supplementary to their actual role as a student.
- **Self-employed person –** The EEA national must be able to show evidence that they are working for themselves and generating an income in a self-employed capacity. (While there is no minimum amount of hours an EEA national must engage in self-employed activity to qualify as a self-employed person, the employment must be genuine and effective and not marginal or supplementary.)
- **Self-sufficient person** – the EEA national must be able to show they have sufficient resources not to be a burden on the social assistance system in the UK and that they hold comprehensive sickness insurance for themselves and any family members.
- **Student** - The EEA national must be able to show evidence that they are enrolled for the main purpose of following a course of study at an establishment included on the DFES Register of Education and Training providers, for example, a letter from a college or university confirming that the EEA national is enrolled on a course and stating its duration, and that they hold comprehensive sickness insurance for themselves and any family members

Enforced Departures

31. Under the Immigration (European Economic Area) Regulations 2016, the UK can remove an EEA national if they do not have or cease to have a right to reside in the UK under the EEA Regulations; if their removal is justified on grounds of public policy or public security or, if their removal is justified on grounds that it is a misuse of a right to reside. If there are reasonable grounds to suspect that a person may be removed on grounds of public policy or public security, they may be detained pending their deportation from the UK. Where a decision has been made that an EEA national does not have or ceases to have a right to reside in the UK under the EEA Regulations or where their removal is justified on grounds that it is a misuse of a right to reside, the person concerned may be administratively removed from the UK under section 10 of the Immigration and Asylum Act 1999. In such cases the person may be detained prior to their removal under section 140 of the Immigration and Asylum Act 1999.

Key Events

32. Mr Branko Zdravkovic, a Slovenian national, was refused entry to the UK on 26 December 2014, and was returned to Barcelona, Spain. The Home Office has no record of when or how Mr Zdravkovic re-entered the UK following his removal, although Mr Zdravkovic told a Home Office official that he last entered the UK in September 2015.

33. On 4 January 2017, Mr Zdravkovic was arrested on suspicion of public order offences and criminal damage and came to the attention of immigration officials.

34. On 5 January, Mr Zdravkovic was served with an enforcement notice (IS151AA (EEA) and IS151B (EEA) for not exercising his treaty rights. He was given 10 days to appeal this decision and 30 days to voluntary depart the UK, after which date he could be administratively removed. The Home Office Immigration Enforcement Operational Lead told the investigator that Mr Zdravkovic was due to be returned to Slovenia on removal directions set for 19 May 2017.

35. Mr Zdravkovic was detained following police arrest for an alleged offence of criminal damage at his partner's home. He was taken to a police station on 19 March. The police did not take any further action but referred Mr Zdravkovic to Immigration Enforcement on 20 March.

36. On 21 March, Mr Zdravkovic was moved to The Verne Immigration Removal Centre (IRC). He told a nurse during an initial health screening that he drank alcohol monthly but did not take any other drugs. She recorded that Mr Zdravkovic had no history of mental health disorders and no history of self-harm. Mr Zdravkovic engaged well during the assessment, spoke English well, and did not raise any concerns.

37. Mr Zdravkovic spent two nights in the induction dormitories before he was moved to a single occupancy room on a residential unit. Three days later, a Supervising Officer (SO) found Mr Zdravkovic crying on the landing. Mr Zdravkovic told him that he wanted to die and was feeling low in mood, but did not have any specific intentions to self-harm. The SO did not open an ACDT but asked staff to monitor him.

25 March to 4 April

38. At approximately 1.00pm on 25 March, Mr Zdravkovic took an unknown substance (which he later said was NPS) on the unit. He fell on the floor hitting his head and said that he wanted to kill himself. A detainee alerted an officer of the incident and pressed the general alarm. The officer attended and saw Mr Zdravkovic on the floor in the recovery position. A CM (Custodial Manager), an officer, a SO and a nurse also attended. The nurse assessed that Mr Zdravkovic was fine but appeared to have taken drugs because of the size of his pupils.

39. Mr Zdravkovic became agitated and violent while the nurse examined him. Officers restrained Mr Zdravkovic. The officer said that that they decided to take Mr Zdravkovic to the CSU for medical treatment as they were unsure whether he was going to harm himself or others. An officer reported that at approximately 1.10pm, during a control and restraint incident, Mr Zdravkovic tried to hit his head

on the floor. Later that afternoon, an officer took Mr Zdravkovic to the Care and Separation Unit (CSU) and submitted an intelligence report, because he suspected that Mr Zdravkovic was under the influence of NPS and was aggressive. Mr Zdravkovic spent less than 24 hours in the CSU. At 2.30pm, a nurse re-examined Mr Zdravkovic. She noted that he had a bump to the left side of his forehead but recorded having no concerns.

40. The CM in the CSU began ACDT monitoring at 13.30pm, and noted in the concern and keep safe form that Mr Zdravkovic had made statements that he intended to kill himself and displayed unusual behaviour. With another CM, he completed an Immediate Action Plan, which included two staff observations every hour, access to a phone as and when he requested it and contact with chaplaincy services.

41. At the ACDT assessment interview and first case review, also attended by a nurse, an officer and a CM, Mr Zdravkovic said that he did not have current thoughts of suicide or self-harm, but that he was an alcoholic and had suffered from depression for over 20 years. He said that he had used cocaine in the community but this was the first time that he had used NPS, and that it had caused him to experience visual hallucinations of his mother dying. The CM reduced the ACDT observations to once an hour and assessed that Mr Zdravkovic's level of risk was low because he did not have current thoughts of self-harm or suicide. He referred Mr Zdravkovic to the substance misuse team and the mental health inreach team.

42. On 26 March, a CM conducted a second ACDT case review attended by a nurse and an officer. Mr Zdravkovic had spoken to his mother who was ill, but he said that he was coping with the situation and that he did not want to self-harm or kill himself. The CM reduced the level of observations to once every two hours and Mr Zdravkovic returned to the residential unit at around 10.45am. Two days later, a SO closed Mr Zdravkovic's ACDT because he was engaging well, had settled on the unit and had no thoughts of suicide or self-harm.

43. On 3 April, a substance misuse worker reviewed Mr Zdravkovic. Mr Zdravkovic said that he had a history of alcohol abuse but did not need any support. Mr Zdravkovic wanted to attend sessions with Alcoholics Anonymous (AA) so he added him to the group's list. He informed Mr Zdravkovic about the substance misuse services available at The Verne, which included one to one sessions on NPS.

44. The next day, Mr Zdravkovic was under the influence of an unknown substance, which he later said was NPS, and he jumped into a fishpond. Staff suspected he had taken NPS. An officer saw Mr Zdravkovic standing in the pond splashing water. He asked Mr Zdravkovic to leave the pond, and he did. Mr Zdravkovic was shouting and went to the unit's office. When he arrived, he asked an officer if he could 'touch' her. He then left the office and agreed to have a shower. She submitted an intelligence report and placed Mr Zdravkovic on Enhanced Behaviour Monitoring (EBM), which required to staff to frequently monitor and observe his behaviour.

5 April

45. On 5 April, at around 6.30pm, Mr Zdravkovic went to the chapel and started to throw bibles at other detainees. Officers attended and Mr Zdravkovic became aggressive and violent towards them. They restrained Mr Zdravkovic and took him to the CSU. A nurse attended the chapel area and recorded that Mr Zdravkovic was fighting the officers. She recorded that a detainee had punched Mr Zdravkovic in the face and Mr Zdravkovic had possibly taken NPS. She said that she then went to the CSU at around 7.30pm to assess Mr Zdravkovic's injuries and his suitability for separation. Officers did not allow her to go into Mr Zdravkovic's cell because he was still behaving aggressively, so she observed him through the hatch. She said that Mr Zdravkovic stripped naked, was throwing his toilet roll around his cell and was swearing and insulting officers.

46. The nurse completed a health algorithm (health screening). She assessed that Mr Zdravkovic was suitable for separation. She answered 'no' to all questions in the algorithm including whether he had self-harmed during his present period of detention or showed signs of being acutely unwell. She referred Mr Zdravkovic for a mental health assessment because of his unusual behaviour and because officers told her that he had taken NPS, which she believed might have been affecting his mental health state. She said that Mr Zdravkovic benefited from staying in the CSU as officers were going to check him once every hour, which is the standard frequency of observations in the CSU.

47. At around 8.00pm, the nurse returned to the CSU to review Mr Zdravkovic, whose behaviour had calmed. Mr Zdravkovic told her that he was very sorry about his behaviour. She found no major injuries but noted that he had made a laceration to his right wrist, and made it worse by biting it until it bled. Mr Zdravkovic said that he had made the laceration with a plastic cup, and he showed her the cup with blood on it.

48. The nurse made a note in Mr Zdravkovic's NOMIS record and began ACDT procedures immediately. She noted in the concern and keep safe form that Mr Zdravkovic had injured himself, displayed unusual behaviour and had problems related to drugs. She assessed that Mr Zdravkovic's level of risk for suicide and self-harm was raised because he had self-harmed and had said that he did not know whether he would do it again. She did not know about Mr Zdravkovic's history of low mood and suicide statements, or that he had previously been managed under ACDT procedures. She said that she thought that the CSU continued to be a suitable location for Mr Zdravkovic, as he had less opportunity to self-harm there than on the residential unit and would be better supported.

49. At around 9.50pm, a SO completed an ACDT Immediate Action Plan, as he noted that no one had completed one. He did not speak to Mr Zdravkovic because he was sleeping and he wanted him to rest. He reviewed the previous ACDT and the concern and keep safe form and spoke to his manager about Mr Zdravkovic. He assessed Mr Zdravkovic's level of risk of suicide and self-harm as high, because he presented with relevant risk factors, such as a recent event of self-harm and the use of NPS. He wrote in the ACDT document that staff should observe Mr Zdravkovic once an hour, before the first case review, but told the investigator that he asked staff at the CSU to do more observations

whenever possible. He said that he thought that Mr Zdravkovic was suitably located at the CSU because officers were going to monitor him closely, which would not have been possible on the residential unit.

6 April

50. On 6 April, at 11:00am a CM held an ACDT case review, attended by a nurse. Mr Zdravkovic said that he had had visual hallucinations, which had made him behave unusually. He said that he had a problem with NPS, which had probably caused the hallucinations. The CM assessed that Mr Zdravkovic's level of risk for suicide and self-harm was low and considered NPS use and the hallucinations, to be his main risk factors for suicide and self-harm. In assessing Mr Zdravkovic's risk, he did not take into account Mr Zdravkovic's self-harm event the day before, his previous statements of suicide at The Verne or the reasons for the opening of his previous ACDT. He did not change the level of staff observations, which remained at once every hour.

51. At about 11.46am, a mental health nurse reviewed Mr Zdravkovic who told him the details of his hallucinations. Mr Zdravkovic said that he did not have any psychosis or paranoia and no current thoughts of suicide or self-harm and he did not want to engage with healthcare. He recorded that Mr Zdravkovic presented as delusional and grandiose but not psychotic or paranoid. At around 12.29pm, a Centre GP reviewed Mr Zdravkovic and prescribed him antibiotics for his bite wounds.

52. At 3.45pm, the substance misuse lead reviewed Mr Zdravkovic, who admitted that he had used NPS on 5 April but said that he took it accidentally when he picked up a cigarette from the floor and smoked it. Mr Zdravkovic said that he was not going to take NPS again. The lead explained to Mr Zdravkovic the dangers associated with the use of NPS and repeated that the substance misuse services were available to him. Mr Zdravkovic said that he did not want to engage with the substance misuse team.

53. At around 4.30pm, a psychiatrist reviewed Mr Zdravkovic at the CSU. Mr Zdravkovic said that he had no concerns at the time, but was embarrassed about his behaviour and taking NPS. He also said that although he was not happy about his detention and was currently low in mood, he did not have any current thoughts of self-harm or suicide. She noted that Mr Zdravkovic was pleasant and polite and assessed that he did not have an underlying mental health illness.

7 April

54. On 7 April, at 10.30am a CM conducted an ACDT case review, attended by a nurse. Mr Zdravkovic said that he did not have any intentions to self-harm, was very sorry for his actions and for having taken NPS and was not going to do it again. The nurse assessed that his level of risk of suicide and self-harm was low and said that he did not present with any risk factors for suicide and self-harm. She said that she was not aware that staff had begun ACDT monitoring for Mr Zdravkovic in March or the reasons for it. The CM recorded that he believed that it would only be a matter of time before Mr Zdravkovic took NPS, again but assessed that his level of risk was low and that he was suitable to move back to the residential unit. He reduced the ACDT observations to one conversation in

the morning, one in the afternoon and one in the evening and four random observations overnight.

55. At 1.45pm, an operational manager authorised Mr Zdravkovic's move to the residential unit following the ACDT review. Mr Zdravkovic said that he was happy to return to his room. Three officers carried out ACDT observations at 8.30pm and 9.25pm. They recorded no concerns.

8 and 9 April

56. On 8 April, at 11:00am, an SO held a second ACDT case review, also attended by a nurse. He recorded that although Mr Zdravkovic was quiet, he engaged well and maintained good eye contact. Mr Zdravkovic said that he was happy to be out of the CSU and back on the residential unit. The SO asked Mr Zdravkovic if he had stopped taking NPS. He replied that he had stopped 'so far'. The SO assessed that Mr Zdravkovic's level of risk was low because he said that he did not have any suicidal or self-harm thoughts and was not actively trying to harm himself. He set up a further ACDT review three days later, and kept the same level of observations: one in the morning, one in the afternoon and one in the evening, and four random observations overnight.

57. Two officers carried out ACDT observations of Mr Zdravkovic at 1.45pm, 2.20pm, 2.45pm, 4.00pm, 5.10pm and 6.30pm. The first officer spoke to Mr Zdravkovic, who appeared to be relaxed and said that he was fine. At 8.00pm, the second officer saw Mr Zdravkovic sitting on his bed and recorded that he was fine.

58. At around 8.45pm a night patrol officer started working in the unit. At 9.35pm, he went to do his first ACDT observation of Mr Zdravkovic. He said that Mr Zdravkovic was in his room and looked at him, but did not engage or talk to him. He said that Mr Zdravkovic did not appear distressed or raise any concerns and was simply watching TV.

59. CCTV footage showed that at 10.27pm, Mr Zdravkovic entered the communal toilet and left one minute later. At 10.30pm, he entered the communal toilet again. During the next 50 minutes, a number of detainees entered and left the toilet but Mr Zdravkovic did not leave.

60. At 11.25pm, the night patrol officer completed another roll check on the landing. He told the investigator that because Mr Zdravkovic had not responded to his first observation, he went to his room again to try to speak to him, but Mr Zdravkovic was not there. He thought that Mr Zdravkovic might have gone to the communal toilet and went there to check. At 11.26pm, he entered the toilet and knocked on the door of one of the cubicles causing the door to open. He saw Mr Zdravkovic hanging from the pipes above the toilet with a ligature made from sheets, tight around his neck. He immediately requested assistance over the radio. He did not use a code blue emergency (indicating that a detainee is unconscious, not breathing or is having breathing difficulties) but instead shouted for help. Two detainees immediately attended to assist him and started cardiopulmonary resuscitation (CPR).

61. At 11.27pm, staff attended. An officer said that when he arrived he saw Mr Zdravkovic lying down on his back, facing upwards, with his eyes open and

pupils fixed. He and a SO checked for a pulse but found none. The SO asked an officer to call for immediate healthcare assistance and for an ambulance, which he did. Another officer called a code blue over the radio. The Ambulance Service recorded that they received the call from The Verne at 11.31pm, and they dispatched the ambulance four minutes later.

62. At 11.30pm, two nurses arrived and took over resuscitation procedures. At around 11.45pm, the ambulance arrived at the gate and two minutes later, paramedics reached the toilet area. They continued CPR, but at 12.09am on 9 April, they pronounced that Mr Zdravkovic had died.

Contact with Zdravkovic's family

63. At 12.47am, the Home Office family liaison officer contacted the police to ask them to inform Mr Zdravkovic's partner, his nominated next of kin of his death. At around 9.30am police officers went to Mr Zdravkovic's partner's address, but she was not there and could not be located.

64. Later that day, at 2.36pm, Mr Zdravkovic's partner attended The Verne, unaware that Mr Zdravkovic had died. An operational manager informed Mr Zdravkovic's partner of his death. He contacted the Home Office family liaison officer, who also spoke to her and offered support. The Home Office contributed to the funeral costs and repatriation in line with Home Office guidance.

Support for detainees and staff

65. After Mr Zdravkovic's death, the Centre manager debriefed the staff involved in the emergency response to ensure they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.

66. The centre posted notices informing other detainees of Mr Zdravkovic's death, and offering support. Staff reviewed all detainees assessed as being at risk of suicide or self-harm in case they had been adversely affected by Mr Zdravkovic's death.

Post-mortem report

67. A post-mortem examination established the cause of death as ligature suspension. Toxicology tests found no evidence of illegal drugs or alcohol or the presence of NPS in Mr Zdravkovic's body following his death.

Findings

Management of risk of suicide and self-harm

68. Detention Services Operating Standards state that IRCs must ensure that all staff are trained in the use of Prison Service suicide and self-harm prevention procedures, to the same standard as delivered in the Prison Service, including information on recognising those who might be at risk. Prison Service instructions highlight recognised risk factors that raise the risk of suicide and self-harm. Detention Service Order (DSO) 06/2013, on reception, induction and discharge of detainees, provides a non-exhaustive list of possible vulnerability issues for detainees. They include mental health issues, unusual behaviour, and evidence of self-harm or first time in a custodial setting. Staff should recognise these risk factors and commence ACDT monitoring, if necessary.

69. Mr Zdravkovic had a number of risk factors and vulnerability issues. Common to many immigration detainees, he was uncertain about his future and on occasions felt low in mood. Another detainee told the investigator that Mr Zdravkovic was scared about returning to Slovenia. Mr Zdravkovic told staff and detainees on a number of occasions that he wanted to kill himself and staff thought that he could have mental health issues. Mr Zdravkovic self-harmed and took NPS at The Verne. There are concerns that NPS can produce a range of reactions and might increase the risk of suicide and self-harm. NPS appeared to have been a key contributory factor to Mr Zdravkovic's unusual behaviour, hallucinations and suicidal thoughts.

70. Staff at The Verne recognised that Mr Zdravkovic was at risk of suicide and self-harm and that his use of NPS increased that risk. They began ACDT monitoring for him on two occasions, on 25 March and 5 April, and referred him to the mental health team for assessment. Staff appropriately referred Mr Zdravkovic to the substance misuse team but he did not want to engage with any of the services offered to him.

71. We are concerned that the officers and healthcare staff over-relied on Mr Zdravkovic's presentation, statements and reassurances at case reviews, to assess his level of risk. They failed to take into account his recent history of suicide and self-harm, his suicide statements, and the impact of his move to a residential unit on 7 April. The move, although appropriate, required planning as it was to a more relaxed regime with reduced monitoring. In residential units, detainees have privacy keys to their rooms, so that they can lock the room during the day, and there is no in-room sanitation, so at night they can leave their rooms to use communal facilities freely.

72. The CM's decision to reduce the number of ACDT observations at the CSU, before moving him to his residential unit, was not appropriate in light of Mr Zdravkovic's new location and clear risk factors. Staff did not adequately reflect all of Mr Zdravkovic's issues and risk factors in the caremap, which was not updated to include his low mood and statements of suicide. It did not set out any goals or actions to address risk or to strengthen supporting or coping mechanisms. The caremap did not consider the implications of Mr Zdravkovic's location or give consideration to inviting his family to attend ACDT case reviews

(although this is thought to be beneficial to detainees as the people who know them best can provide vital insight and information about their risk of self-harm and suicide).

73. We note that Care UK's Root Causes Analysis Investigation Report dated 17 July 2017, was critical of the lack of involvement of healthcare staff in the ACDT process and it identified a systemic problem in the interface between the ACDT documentation and the use of the SystmOne journal by healthcare staff. This contributed to inconsistent recording and/ or the omission of information across the two sets of records. This issue was evident in Mr Zdravkovic's case when a nurse made an entry in Mr Zdravkovic medical records on 7 April, where she recorded that the level of staff observations (following the case review on the same day) was one hourly observation during the day and four conversations at night. In fact, the observations set out during the ACDT case review were one conversation in the morning, one in the afternoon and one in the evening and four random observations overnight.

74. Healthcare staff did not always adequately record their input in the ACDT process in Mr Zdravkovic's medical records, which was unclear. For example, two nurses did not make any entries in Mr Zdravkovic's medical records following their involvement in ACDT case reviews on 26 and 27 March.

75. Our investigation found that most of the staff we interviewed at The Verne had not received recent training on mental health issues or suicide and self-harm prevention and monitoring. DSO 06/2013 and DSO 03/2016, require staff to undertake mental health awareness training, which should be refreshed annually, to assist them in identifying those detainees who may be at risk of self-harm or suicide. DSO 06/2008, Assessment Care in Detention and Teamwork, highlights the need for all staff who are in contact with detainees to receive adequate training on ACDT monitoring and suicide and self-harm prevention. The Verne needs to arrange and facilitate this training.

76. In April 2014, we published a Learning Lessons Bulletin on risk factors in self-inflicted deaths. We identified that staff often place too much weight on how a prisoner or detainee presents, rather than risk factors. The bulletin highlighted that they will often withhold the extent of their distress from staff and evidence of risk should be fully balanced against how the person presents. We also found that staff too rarely considered that drug related issues (and this should include the availability of drugs at the residential units) made prisoners or detainees more vulnerable and could increase their risk of suicide.

77. Staff at The Verne should have been more alert to all of Mr Zdravkovic's risk factors for suicide and self-harm before making decisions that affected his suicide and self-harm monitoring. We make the following recommendation:

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, they need to ensure that staff:

- **Have a clear understanding of their responsibilities and the need to consider all known risk factors of detainees when determining their**

risk of suicide or self-harm, including information from previous suicide and self-harm procedures and records.

- **Set a frequency of ACDT observations, which relates directly to the detainee's level of risk.**
- **Properly complete and update ACDT caremaps with realistic and achievable goals and clear actions to address all risk factors.**
- **Consider involving the detainee's family in the ACDT process when appropriate and record this in the ACDT plan.**
- **Undertake ACDT and Mental Health awareness training.**

Use of the Care and Separation Unit (CSU)

78. The Verne's local CSU policy incorporates suicide and self-harm prevention national instructions, and stipulates that the centre can only separate (that is, segregate) detainees on an open ACDT in exceptional circumstances where all other options have been tried and considered inappropriate. An operational manager should set out clearly the other options considered in a 'Defensible Decision to Segregate a Detainee on an open ACDT'. The Verne's CSU policy also states that detainees are to be separated only for reasons of security or safety or good order or discipline. Separation in a detainee's own interests is normally only considered when there are reasons for believing that the detainee is known or suspected to be at risk of assault. The aim is to return the detainee to their normal location and regime as soon as possible and the purpose is to ensure detainees feel safe and supported in normal accommodation and assist them to integrate well with other detainees.

79. On 5 April, officers moved Mr Zdravkovic to the CSU under Rule 40 of the Detention Centre Rules 2001 (removal from association, where it appears necessary in the interest of security or safety) after an incident in the chapel where he was also assaulted by another detainee. Staff involved in the incident described that Mr Zdravkovic became aggressive, shouted at them and started to kick them with his legs while possibly under the influence of NPS.

80. After being located temporarily in the CSU, pending the health screening, he self-harmed. A nurse began ACDT monitoring for him and assessed his suitability for segregation. She noted his self-harm event and recorded that Mr Zdravkovic could possibly have underlying mental health issues. She told the investigator that, despite this, she assessed that the CSU was a suitable location for Mr Zdravkovic because he would have less opportunity to self-harm, would be better monitored and would be more supported than in other locations. We believe that this reasoning is at odds with the stated purpose of the CSU.

81. The Head of Residence & Safety completed the 'Defensible Decision to Segregate a Detainee on an open ACDT'. She wrote that there were 'no alternative options for Mr Zdravkovic due to his heightened risk and unpredictable mood'. She told the investigator that she had possibly been referring to his risk of violence to others rather than his risk of suicide and self-harm in the defensible decision form. However, she said that she would have considered his risk factors for suicide and self-harm in order to decide whether there were better alternative options for him.

82. The Head of Residence & Safety said that she favoured the CSU for Mr Zdravkovic's own safety, as much as for the safety of other detainees and that the only other option available was sending him to a residential unit. She said that, although the use of the CSU is a last resort, detainees who are on ACDT or who have mental health problems could end up in the CSU if they are considered to fall under Rules 40 and 42 of the Detention Centre Rules 2001 (temporary confinement, for refractory or violent detained person) or if they need additional support such as constant watch. She said that sometimes people who are on ACDT monitoring also can be violent or refractory and for security reasons or medical reasons need additional supervision. A CM told the investigator that detainees on ACDT procedures or with mental health issues are often located in the CSU to better manage their risk factors.

83. We are concerned about this approach. In June 2015, we published a Learning Lessons Bulletin examining cases where prisoners and detainees who were at risk of suicide and self-harm were also segregated. We highlighted that segregating such prisoners or detainees often heightens their vulnerability. We also said that it is essential, when such situation occurs in exceptional circumstances, that ACDT procedures are followed correctly.

84. In its most recent annual report for the year to December 2016, the Independent Monitoring Board expressed concern about the numbers of detainees with serious mental health problems located in the CSU at The Verne, many of who were on ACDT monitoring. It said that it could take some time (often weeks) before they could be assessed and relocated to more suitable accommodation. HM Inspectorate of Prisons found during their inspection of March 2015 that the use of the CSU was high and criticised its use for segregating detainees with mental health issues due to a lack of suitable accommodation.

85. The Verne has no inpatient healthcare facility. We recognise that the Centre's options for holding Mr Zdravkovic's safely were limited. Nevertheless, we do not accept the apparent assumption among staff at The Verne that the restrictive regime of the CSU makes it an appropriate setting for detainees at risk of suicide and self-harm and with suspected mental health issues. In our view, such detainees should not be located in the CSU other than in the most exceptional circumstances, such as when they pose a clear risk to the security of the establishment or the safety of others. We make the following recommendation:

The Centre Manager should ensure that detainees assessed as at risk of suicide, self-harm, or with mental health issues, are only held in the care and separation unit when all other options have been considered and the reasons for their unsuitability fully documented.

Clinical care

86. Detention Services Operating Standards state that IRCs must provide to all detainees the same range and quality of services as the public receives from the National Health Service. IRCs must provide primary care services for the observation, assessment, and management and care of detainees with mental healthcare needs.

87. The clinical reviewer found that Mr Zdravkovic's mental health referrals and assessments were adequate and that the medical, psychiatric and substance misuse care that he received at The Verne was equivalent to that which he could have expected to receive in the community. Healthcare staff offered Mr Zdravkovic support to deal with his drug and alcohol problems but he did not want to engage with any substance misuse services apart from Alcoholics Anonymous. Staff did not overlook the possibility of an emerging mental illness, in light of Mr Zdravkovic's his NPS use at The Verne.

NPS

88. We are concerned about the prevalence of NPS in The Verne and their effect on the behaviours and health of those taking them, including an association with suicide and self-harm. In July 2015, we published a Learning Lessons Bulletin about deaths associated with the use of NPS. It identified the need for better awareness of the dangers of NPS, the need for an effective drug supply and demand reduction strategy and better monitoring by drug treatment services.

89. Mr Zdravkovic admitted to taking NPS at The Verne, which affected his behaviour and prompted thoughts of self-harm and suicide. HM Inspectorate of Prisons found strong evidence of detainees using NPS at The Verne during their inspection of March 2015, but there was no drugs strategy to counter this at the time.

90. The Verne has since developed a drug reduction strategy (last updated in February 2016) which recognises the increase in the use of NPS at the centre and the need for more targeted interventions (such as the use of security intelligence and dogs to detect NPS). However, the availability of NPS, continues to be a problem at The Verne and its strategy does not appear to have been effective in tackling NPS. In its most recent annual report for the year to December 2016, The Verne's Independent Monitoring Board identified the availability of NPS as a serious concern. We believe that The Verne should do more to make staff aware of the dangers of NPS and do all it can reduce the availability of these substances. We make the following recommendation:

The Centre Manager should ensure there are effective supply and demand reduction strategies to reduce the availability of new psychoactive substances, and that staff are vigilant for signs of their use and are briefed about how to respond when a detainee appears to be under the influence of such substances.

Emergency Response

91. DSO 09/2014, Medical Emergency Response Codes, contains mandatory instructions for efficiently communicating the nature of a medical emergency, ensuring staff take the relevant equipment to the incident and that there are no delays in calling an ambulance. It clearly states that staff must be made aware of, and understand, this order and their responsibilities during medical emergencies. This Detention Service Order requires removal centres to have a two-level code system, which differentiates between a blood injury and all other injuries, usually code red and code blue.

92. When the night patrol officer entered the toilet area on 8 April and found Mr Zdravkovic hanging, he did not call an emergency code blue. He told the investigator that he panicked. A nurse told the investigator that although healthcare staff heard the radio call and went immediately to Mr Zdravkovic's unit, the absence of a clear code call, created confusion about the appropriate equipment to take to the scene.

93. The Verne's local protocol states that the control room should call an ambulance automatically as soon as any emergency code is radioed. After the night patrol officer found Mr Zdravkovic's unresponsive, there was a further delay of at least five minutes before an ambulance was called. We cannot say how much this delay affected the outcome for Mr Zdravkovic; however, it might be crucial to the outcome in other emergencies in the future. We make the following recommendation:

The Centre Manager should ensure that all staff are made aware of and understand DSO 09/2014 and their responsibilities during medical emergencies as outlined in the local Medical Emergency Response Code Protocol so that staff efficiently communicate the nature of a medical emergency, and there is no delay in calling, directing or discharging ambulances.

The Verne's actions following Mr Zdravkovic's death

94. The Head of Residence & Safety provided the investigator with an action plan responding to the recommendations that the South West Area Safer Custody Lead made following Mr Zdravkovic's death and another recent death at The Verne (this death was not a self-inflicted death). The action plan set out tasks including a review of the centre's drug strategy, a provision for information and staff awareness on the dangers of NPS and ACDT training, and measures to improve staff use of medical emergency response codes. We welcome the action plan and hope that together with addressing our recommendations in this report, it will lead to improved care for detainees at The Verne.

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