

### Action Plan

## Responding to Recommendations in the Prison and Probation Ombudsman Investigation Report into the Death of Mr Prince Kwabena Fosu a detainee at Harmondsworth Immigration Removal Centre on 30 October 2012.

Recommendation	Person to complete & Timescale	Action to be taken	Action status
<p><b>1. The Director of Home Office Immigration Enforcement should:</b></p> <p><b>a. ensure that Home Office staff employed in contracted out IRCs properly understand their role and the importance of acting independently, and are properly trained to carry out this function; and</b></p>	<p>Director of Detention and Escorting Services</p>	<p>Following the publication of Detention Services Order (DSO) 02/2017 Removal from Association (DC Rule 40) and Temporary Confinement (DC Rule 42), a comprehensive clarification note was sent to all IRC suppliers and Detention and Escorting Services staff by the Head of Detention Operations, and training was delivered by Home Office Business Embedded Trainers to all staff working in IRCs, including Immigration Enforcement, supplier and Healthcare staff, and IMB members. Training is on-going and continues to be delivered as a refresher, and for all new supplier staff.</p> <p>An internal paper-based review of compliance with the DSO on Rule 40 and 42 was conducted in February 2018 and disseminated internally in April 2018 with a number of key recommendations made to both Detention and Escorting Services staff and suppliers.</p> <p>The DSO on Rule 40 and 42 is currently being revised as part of the standard 2-year review cycle for all DSOs. This review will include consideration of the findings of the paper-based compliance review. A training package for all IRC staff will be developed to support the implementation of the revised DSO once published in the summer. In addition, a follow up review of compliance with the requirements detailed in the new Rule 40/42</p>	<p>Complete and ongoing</p>

<p><b>b. conduct an investigation into the way in which staff exercised their responsibilities in reviewing Mr Fosu's continued temporary confinement, with a view to taking disciplinary action if necessary, and inform the Ombudsman of the outcome;</b></p>		<p>DSO will be undertaken 6 months after publication.</p> <p>The role of the Home Office Compliance team based in every IRC is clear regarding the compliance and monitoring of this area and has improved significantly since October 2012. Management of DC Rule 40 and Rule 42 in centres is a focus of all suppliers and Detention and Escorting Services senior management.</p> <p>The Director of Detention and Escorting Service has commissioned an internal review of the policies and procedures in place at the time of Mr Fosu's death, whether those policies and procedures were complied with and whether any Home Office staff disregarded or otherwise acted in a way contrary to such guidance or the Civil Service code.</p>	<p>Ongoing</p>
<p><b>2. The Centre Manager and Head of Healthcare should ensure that staff manage detainees temporarily confined under Rule 42 in line with national guidelines, including that:</b></p> <p><b>a. an appropriate member of healthcare staff completes a health screen within two hours of relocation under Rule 42, to assess whether there are any health reasons not to confine the detainee;</b></p> <p><b>b. a multidisciplinary team reviews the</b></p>	<p>Centre Manager and Head of Healthcare</p>	<p>The requirement for guidance on Rules 40 and 42 to be closely followed has been reinforced with a programme of training for all IRC staff. This has allowed for the following actions to be carried forward:</p> <p>Healthcare staff complete a risk/health screening within two hours of relocation, to review the detainee and ensure a risk assessment is undertaken. This is recorded on the DC Rule 42 documentation and on SystmOne.</p> <p>Multi-disciplinary team reviews carried out at least every 24hrs for detainees held on DC Rule 42 including</p>	<p>Complete</p>

<p><b>temporary confinement every 24 hours to consider whether the temporary confinement remains necessary, whether there are any health reasons to advise against continuing confinement, and to agree plans to end the temporary confinement and return the detainee to association;</b></p> <p><b>c. staff offer all activities and regime to which the detainee is entitled, record whether the detainee participates in the activity and any reasons, if given, why they do not; ensure that the multidisciplinary team are aware of any refusals; and make appropriate referrals; and</b></p> <p><b>d. detainees who are undertaking a dirty protest are provided with a mattress and bedding.</b></p>		<p>Contractor operational staff, Home Office staff, and healthcare staff. In addition, detainees on DC Rule 42 are visited daily by a doctor. This daily multi-disciplinary team review determines whether there are any reasons why they should not be held on DC Rule 42.</p> <p>All detainees on DC Rule 42 have paperwork in place detailing the regime that is offered and whether the detainee has accepted or declined the offered regime. This is in line with the published Detention Services Order and monitored daily by both supplier and Home Office staff. This also includes all visitors to the detainee within the unit both of a statutory nature and any other visit.</p> <p>Detainees on dirty protests have access to a mattress. Bedding is available to detainees on dirty protest subject to other risk assessed behaviour such as the risk of self-harm through formation of ligatures using bedding. Anti-ligature clothing is available for detainees at high risk of self-harm whilst in DC Rule 42 including for detainees on dirty protest.</p> <p>During a visit to a detainee in DC Rule 42, Healthcare staff ensure that the detainees needs are being met and treated with dignity and respect. Any concerns are reported to the Head of Healthcare</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p>
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<p><b>3. The Director of Home Office Immigration Enforcement should issue national guidance on the circumstances in which a detainee can be held in unfurnished accommodation, including that:</b></p> <ul style="list-style-type: none"> <li><b>a. unfurnished accommodation must only be used for the shortest possible time and only to hold very violent or refractory detainees;</b></li> <li><b>b. the use of unfurnished accommodation must be authorised by managers from HOIE and the IRC and must be reviewed at least every 24 hours; and</b></li> <li><b>c. an appropriate member of healthcare staff must assess whether there are any health reasons not to place the detainee in unfurnished accommodation; and</b></li> <li><b>d. a copy of the guidance is sent to the Ombudsman.</b></li> </ul>	<p>Director of Detention and Escorting Services</p>	<p>Instructions on the circumstances in which a detainee can be held in unfurnished accommodation will be incorporated into a revised version of the DSO 2/2017 following engagement with key stakeholders, including the PPO by July 2019, to provide them with an opportunity to input into a revised version of the DSO, ahead of publication in the summer.</p>	<p>Ongoing</p>
<p><b>4. The Director of Home Office Immigration Enforcement Centre Manager should refer various Doctors to the General Medical Council for failing to see or speak to Mr Fosu or to assess his wellbeing.</b></p>	<p>Director of Detention and Escorting Services</p>	<p>The Director of Detention and Escorting will refer various Doctors to the GMC's 'Fitness to Practice' division.</p>	<p>Ongoing</p>

<p><b>5. The Centre Manager and Head of Healthcare should ensure that all staff are aware of the circumstances in which a mental health referral is appropriate.</b></p>	<p>Centre Manager and Head of Healthcare</p>	<p>Across the department, Home Office staff are routinely reminded of their responsibility to consider the potential vulnerability of people when making decisions. All staff are provided with mental health training on their initial training course, which includes learning on the indicators that may raise mental health concerns, and how to make a referral to the mental health team. Additional mental health training has been provided to Home Office, Contractor, and CNWL staff by NHS England.</p>	<p>Complete</p>
<p><b>6. The Centre Manager and Head of Healthcare should ensure that doctors working at the Centre:</b></p> <p><b>a. have a full understanding of their role;</b></p> <p><b>b. see and speak to detainees in Elm Unit in order to satisfy themselves that they are in good physical and mental health.</b></p>	<p>Head of Healthcare</p>	<p>All healthcare staff to be reminded of the Rule 42 policy and their roles within this.</p> <p>Copy of the policy to be sent to all staff and discussed at internal staff meetings to raise awareness.</p> <p>All Rule 42 documentation to be completed and entries made in SystemOne</p> <p>All visits to the CSU and to detainees on DC Rule 42 are recorded on the detainees DC Rule 42 booklet. All reviews undertaken by any healthcare professional is recorded on both the DC Rule 42 documentation and an entry made in SystemOne. A Health Records audit is undertaken every 6 months, which will be used as a check that detainees have been personally assessed by members of the healthcare team.</p>	<p>June 2019</p> <p>Complete</p>

<p><b>7. The Centre Manager and Head of Healthcare should ensure that detainees refusing food or fluids are managed in line with national guidelines.</b></p>	<p>Centre Manager and Head of Healthcare</p>	<p>All detainees on food and fluid refusal are now managed in line with the published Detention Services Order, which was subject to a full review in 2017. There are processes in place to monitor those detainees who have taken contractor provided meals and those who have not.</p>	<p>Complete</p>
		<p>Those detainees who have missed contractor provided meals for 48 hrs or more are placed on the missed meals log. They are highlighted to the Home Office and to the healthcare team and are seen by healthcare on a daily basis. Monitoring of food and fluid intake is maintained by operational staff and they remain under this monitoring until their health declines to a point where they are required to be admitted to healthcare or when they are witnessed consuming food.</p>	<p>Complete</p>
		<p>Daily reports on all detainees on food and fluid refusal are shared with the contractor, healthcare, and with the Home Office which include updates on the detainee's physical wellbeing. Particularly high risk cases of food/fluid refusal will be considered at multi-team meetings of Home Office and supplier staff, and decisions made as to the best course of action given the needs of the individual.</p>	<p>Complete</p>
		<p>All healthcare staff to be given a copy of the Food and Fluid Policy to ensure they are aware of their responsibilities and the requirements of the policy.</p>	<p>June 2019</p>
<p>The DSO on food and fluid refusal (03/2017) is currently being reviewed and the revised guidance will be shared with the PPO, IMB and HM Inspectorate of Prisons and Probation for input.</p>			

<b>8. The Centre Manager should ensure that staff complete and record Rule 42 welfare checks in line with local and national policy, and satisfy themselves at each check that the detainee is breathing and does not need immediate medical assistance.</b>	Centre Manager	All detainees on DC Rule 42 are managed in line with DC Rules and Detention Services Order to ensure that the welfare of the detainee is maintained throughout. This includes the requirement for regular observations, the need for which has been emphasised to all IRC staff.	Complete
<b>9. The Centre Manager should ensure that staff complete an emergency access plan for all detainees temporarily confined on Rule 42 who are undertaking a dirty protest.</b>	Centre Manager	The protocols for entering a room in an emergency does not change for detainees on dirty protest as opposed to any other detainee held on DC Rule 42 and will be dependent on the behaviour of the detainee. Staff will wear appropriate protective clothing.  In a medical emergency all staff are aware that safety and the preservation of life is paramount.	Complete  Complete
<b>10. The Centre Manager should ensure that all staff are made aware of and understand their responsibilities during medical emergencies, including that they enter rooms as quickly as possible in a life-threatening situation.</b>	Centre Manager	Staff have been regularly reminded of responsibilities during a medical emergency including the processes of how to ensure an appropriate rapid response by healthcare by the use of code red and code blue radio calls. They have also received first aid training and are aware of the location of defibrillators within the centre.	Complete