

SERVICE IMPROVEMENT PLAN

UNANNOUNCED INSPECTION OF HARMONDSWORTH IMMIGRATION REMOVAL CENTRE

Inspected 2 – 20 OCTOBER 2017

| Ref | HMCIP Recommendation | Accepted / Partially Accepted / Accepted Subject to Resources / Rejected | Progress | Action Taken / Proposed | Expected Completion Within [6 / 12 / 18 months] |
|--|---|--|-----------------------|---|---|
| Main Recommendation – To the Home Office and Immigration Minister | | | | | |
| 5.1 | There should be a time limit on the length of detention. (S38, repeated recommendation 1.71) | Rejected | | <p>Any decision to detain, or maintain the detention of an individual, requires a realistic prospect of their removal within a reasonable period of time. Published Home Office policy requires that detention is used sparingly and for the shortest period necessary. Regular reviews of an individual's detention are undertaken to ensure that it remains lawful, and in accordance with the Government's adults at risk in immigration detention policy. Individuals can apply to Immigration Judges at any time for release on bail, and the new provisions in schedule 10 of the Immigration Act 2016 ensure that individuals (other than foreign national offenders) are referred automatically for consideration of bail after four months in detention and thereafter at four monthly intervals. Home Office officials will work with any detainee at any time to end their detention if they decide to leave the UK voluntarily.</p> <p>In light of these safeguards, the Government believes that the introduction of an artificial and arbitrary time limit on immigration detention would serve only to encourage individuals who have failed to leave the UK voluntarily, to refuse to comply with immigration processes until they reach the point at which they have to be released from detention, and therefore frustrate their removal from the UK.</p> | |
| Main Recommendation – To the Home Office and Centre Manager | | | | | |
| 5.2 | Rule 35 reports should provide full objective professional assessments and consent from the detainee to the release of their medical records. Templates should not refer to a prison number. All reports should be passed promptly from health care to the Home Office. When a doctor declares a detainee unfit for detention, the detainee should be released unless there are exceptional circumstances, documented on file and explained in writing to the detainee, their legal representatives and the doctor. (S39) | Partially Accepted | Ongoing | <p>Current guidance on Rule 35 specifically asks the doctor to make an assessment of the impact of detention on the detainee, including the likely impact of ongoing detention, which would be likely to refer to any mental and/or physical health problems, including PTSD, arising from the concerns that the detainee may have been a victim of torture. The policy (as previously set out in EIG 55.10) that a person with independent evidence should normally be detained only in very exceptional circumstances was replaced on 12 September 2016 by the new "adults at risk in immigration detention" policy. That policy strikes the right balance between protecting vulnerable individuals and maintaining effective and proportionate immigration control. On receipt of a Rule 35 report, the detention of the individual concerned will be continued only when the immigration considerations in their case outweigh the vulnerability considerations.</p> <p>Since the inspection in October 2017 the Rule 35 procedure within Healthcare has been reviewed to ensure that it is compliant with legal requirements. This is due to be reviewed again to ensure that the processes are robust and that healthcare is following this. The Home Office monitors compliance against this.</p> <p>The case management system, System1, used by Healthcare in the IRC, works across prisons as well. The issue with documentation automatically produced by System1 referring to prison terminology for detainees has been flagged to the national implementation team and is being taken forward as part of their development programme. Wherever possible changes to the System1 templates will be taken forward between now and March 2018. However, hard-coded elements of System1 will remain until NHS Digital and the national implementation team have negotiated this work with the provider of System1.</p> | <p>Ongoing</p> <p>Completed</p> <p>April 2018</p> |
| Main Recommendations – To the Centre Manager | | | | | |
| 5.3 | Thorough reception interviews should take place in private, with professional interpreting when required. All identified detainee needs and risks should be communicated to first night staff so that can provide relevant additional support and information on the first night unit to allay detainee apprehensions. (S36) | Accepted | Completed and Ongoing | <p>The reception area has been redesigned to enable a more relaxed detainee experience.</p> <p>A fully equipped private interview room is now available to allow confidential screenings to take place. Care & Custody will ensure that all detainees are made aware of this on arrival and will put in place measures to review the reception process to ensure this happens.</p> <p>The centre has access to telephone interpreting facilities and all reception staff are being trained to utilise this service. Care & Custody have implemented a new dashboard on the centre's Detainee Management System (DMS) displaying the telephone interpreting contact details to ensure they are prominent to staff</p> <p>Further modifications have been made to the DMS to ensure the comprehensive recording of information about individual detainees (vulnerabilities and risks) including equality, disability, vulnerability, security, self-harm and suicide prevention and personal evacuation plans. A further review on the effective sharing of this information between the reception and induction unit is being undertaken.</p> | <p>Completed</p> <p>3 months</p> <p>3 months</p> <p>Completed and Ongoing</p> |

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| 5.4 | The centre should investigate and address the main reasons that detainees feel unsafe, and also address deficiencies in the practice, management and governance of its violence reduction and suicide and self-harm prevention work. There should be appropriate staffing levels, training and capability to ensure detainees feel safe and are well supported in all aspects of their life in Harmondsworth. (S37) | Accepted | Completed and Ongoing | <p>A Safer Community Manager has been appointed and is now in post.</p> <p>Staff at the centre must complete compulsory classroom based annual training on topics including security, health and safety, equality and diversity and safer community.</p> <p>Care & Custody will identify restorative justice techniques best practice from other detention environments and plan how this can be implemented at Heathrow IRC.</p> <p>Care & Custody are arranging additional training courses for staff run by the mental health charity MIND to enable more sessions to be completed.</p> <p>A review of the Welfare Surgery and the services it provides will be undertaken to identify improvements that can be made for detainees. This will include detainee and other stakeholder feedback.</p> <p>A review of all local safeguarding and violence reduction policies will be undertaken to improve cross department working.</p> <p>A safety survey with detainees has been completed and the results used to develop an action plan for implementation.</p> | <p>Completed</p> <p>Completed and Ongoing</p> <p>3 months</p> <p>3 months</p> <p>3 months</p> <p>3 months</p> <p>Completed and Ongoing</p> |
| 5.5 | The centre should take immediate action to raise and maintain standards of repair, cleanliness and hygiene to an acceptable level across the centre. All bedrooms, showers and toilets should be well ventilated. Bedrooms should be properly furnished. Detainees should be given adequate clothing, footwear and bedding. Managers should take all necessary measures to eradicate bed bugs and other pests promptly and permanently. (S40) | Accepted | Completed and Ongoing | <p>Weekly inspections to review cleanliness and other defects with the centre's fixtures and fittings have been introduced by Care & Custody and are being conducted in conjunction with onsite Home Office staff.</p> <p>Care & Custody residential managers have implemented weekly graffiti checks of all bedrooms which are supported by monthly graffiti checks by the centre's Head of Residence.</p> <p>Bedroom accommodation in two affected units has been deep cleaned and treated for bedbugs. Measures to eradicate these and other pests have been increased to three on site visits each week leading to reductions in pest numbers. All beds and storage areas have been replaced, rooms re-painted and facilities management issues rectified and are now back in use.</p> <p>Care & Custody will further investigate the replacement of wooden beds within the newer accommodation at the centre as part of planned refurbishment work.</p> <p>The provision of clothing and footwear has been reviewed and stocks have been increased to better meet demand.</p> | <p>Completed and Ongoing</p> <p>Completed and Ongoing</p> <p>Completed and Ongoing</p> <p>6 months</p> <p>Completed</p> |
| 5.6 | Detainees should be able to access a wide range of appropriate activities and education that meet their needs and help keep them positively occupied and active during the day, promoting their mental and physical well-being. (S41) | Accepted | Completed and Ongoing | <p>Additional education courses have been developed and are being rolled out. This includes accredited courses in barbering and food hygiene. The role of the centre's education and events co-ordinator has been expanded to increase and promote the range of detainee activities and education opportunities.</p> <p>More resources are being made available to detainees to use independently outside of the centre's scheduled activities programme.</p> <p>A new role for a painter/decorator tutor has been advertised and will provide full-time accredited training. Wider vocational training for paid activities will be expanded and embedded for where appropriate.</p> | <p>Completed and ongoing</p> <p>6 months</p> <p>6 months</p> |

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| Recommendations – To the Home Office | | | | | |
| Safeguarding (Protection of adults at risk) | | | | | |
| 5.7 | Detainees who are at particular risk of harm should only be maintained in detention in exceptional circumstances. The reasons for maintaining detention should be clearly documented and explained to the detainee. (1.33) | Partially Accepted | Ongoing | <p>The Home Office accepts that the reasons for maintaining detention should be clearly communicated to all detainees. This is currently delivered through the service of a monthly progress report. An audit will shortly be carried out on this process to ensure that appropriate reports are being produced and they are understood by detainees.</p> <p>The reason for partially accepting this recommendation is that all decisions on the detention of vulnerable individuals are governed by the adults at risk in immigration detention policy, rather than focus on 'exceptional circumstances' for those at particular harm. Vulnerable individuals are detained (or their detention continued) only when the immigration considerations that apply in their particular case outweigh the vulnerability considerations.</p> | 6 months |
| Casework | | | | | |
| 5.8 | Casework decisions should be made quickly and with due care. (1.71, repeated recommendation 1.72) | Accepted | Completed and Ongoing | <p>All casework decisions are expected to be made within appropriate timeframes and in accordance with published guidance. Case progression is monitored by casework commands and mandatory reviews are documented within Detention and Case Progression Reviews which are subsequently signed off by operational managers.</p> <p>To ensure that cases are progressed swiftly and detention maintained appropriately the following interventions have been/are being implemented:</p> <p>In January 2017, a dedicated resource within Criminal Casework quality checked Rule 35 reports. This included training caseowners on background policy and how to appropriately draft Rule 35 responses.</p> <p>In April 2017, a Detention Transformation team was set up within Criminal Casework which have been responsible for the following:</p> <p>Overseeing the Adults at Risk Policy within Criminal Casework, and informing caseowners through training in May 2017 and communications from policy experts.</p> <p>In July 2017, Case Progression Panels were introduced within Criminal Casework. These are now a regular feature and ensure that all detained cases over 12 months are reviewed by a panel with business experts and Criminal Casework senior managers. Over 200 cases have been reviewed.</p> <p>This process will shortly be expanded to include sampling of cases at 6 months; i.e. the Detention Review and monthly report to detainees; this will begin in March 2018.</p> <p>In January 2018, measures were introduced to better liaise with prisons to facilitate more removals direct from prison.</p> <p>In Spring 2018, a new process will be introduced to assess cases referred to Criminal Casework to put them on to an appropriate pathway for quicker decisions with regular monitoring to ensure case progression.</p> | <p>Completed in October 2017</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>From Spring 2018</p> |

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| Recommendations – To the Home Office and Escorting Contractor | | | | | |
| Escort Vehicles & Transfer | | | | | |
| 5.9 | Detainees should not be subject to long delays before transfer to Harmondsworth, and transfers should not occur overnight unless there are urgent operational reasons. (1.4) | Rejected | | Home Office operational requirements necessitate the movement of detainees during the night as well as the day. However, efforts are made to minimise inter-site transfers at night where possible. The Home Office and its contractors attempt to keep waiting times for transfer as short as possible. | |
| Recommendations – To the Home Office and Centre Manager | | | | | |
| Safeguarding (Protection of adults at risk) | | | | | |
| 5.10 | There should be a single comprehensive list identifying detainees considered at risk of harm. (1.32) | Accepted | Completed and Ongoing | The Home Office currently provides each IRC supplier with details of all the detainees identified as adults at risk (AAR) who are resident in their individual centres on a weekly basis. This helps minimise any discrepancy between the local IRC records and the AAR management information recorded on the Home Office Casework Information Database (CID). Processes are in place to ensure that Home Office case workers are promptly notified of adults identified by IRC staff as being at risk or at increased risk. Where an individual's risk level increases due to factors external to the IRC this is notified to IRC staff on a weekly basis by the Home Office and CID is also updated. Detention and Escorting Services will introduce auditing and dip testing processes to ensure recording systems managed by the Home Office and suppliers contain consistent information on detainees identified as AAR and their individual risk levels. Care & Custody has updated their Detainee Management System (DMS) to include a mandatory field for completion by staff on detainee vulnerability. Home Office centre staff will be given access to the DMS system and will receive training from Care & Custody to improve information sharing and to ensure that the information held is correct. Multi disciplinary team meetings will be held weekly to review all detainees identified as AAR levels 2 and 3. A review will be undertaken by Care & Custody of the current weekly complex case MDT meetings undertaken by the local Home Office pre departure team and how this can be enhanced to ensure information sharing. | 3 months Completed and Ongoing 3 months |
| The Use of Force and Single Separation | | | | | |
| 5.11 | Detainees should only be separated on the basis of risk and harm, and only as long as that risk continues. Managers should ensure that it is not used punitively. (1.56) | Accepted | Completed and Ongoing | The use of separation is undertaken by Care & Custody in accordance with the provisions set out in Detention Services Order 02/2017. Care & Custody have implemented a training programme for managers to ensure that the provisions of DSO 2/2017 are understood and that staff are aware of how to correctly complete the relevant associated documentation. | Completed 3 months |

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| Recommendations – To the Centre Manager | | | | | |
| Early Days in Detention | | | | | |
| 5.12 | Staff should be aware of the location of all new detainees so that there can be regular enhanced checks of their welfare on their first night. (1.13) | Accepted | Completed and Ongoing | <p>New arrivals to Harmondsworth are located in the centre's induction unit and are moved off this unit as soon as practicable after their induction to the centre is completed. This practice will ensure that no new arrival is placed directly into the general population without the benefit of a suitable induction.</p> <p>Detainees identified on the Detainee Management System (DMS) as requiring first night checks will have these undertaken by the most appropriate member of staff. The DMS system now provides staff with system notifications to ensure that those detainees requiring checks are flagged and easily identifiable.</p> <p>Care & Custody will review best practice across the wider immigration detention estate to establish improved first night processes where applicable.</p> | <p>Completed and Ongoing</p> <p>Completed and Ongoing</p> <p>6 months</p> |
| 5.13 | All new arrivals should receive a thorough and multidisciplinary induction to the centre that involves detainee peer mentors. (1.14) | Accepted | Ongoing | The induction documentation provided to detainees by Care & Custody is being formally reviewed to ensure that it is comprehensive and meets detainees' needs. This will include introducing additional information on faith provision, catering, paid activities, healthcare provision and the role of the Home Office. | 3 months |
| Self-Harm and Suicide Prevention | | | | | |
| 5.14 | Detainees on constant watch should be placed at the highest level of the Home Office adults at risk policy, and the decision to detain them should be reviewed promptly. (1.26) | Rejected | | The adults at risk in immigration detention policy contains a list of "indicators" of risk. This list does not include being "on constant watch" and there are no plans for it to do so. If an individual on constant watch falls within the scope of one of the indicators of risk set out in the policy then their case will be considered in line with the policy, including consideration of the level of evidence-based risk into which they fall. | |
| 5.15 | There should be local investigations into all serious acts of self-harm and near-misses, and resulting learning points should inform the suicide and self-harm strategy. (1.27) | Accepted | Ongoing | Local policies are being updated and implemented to reflect the appointment of a new Safer Community Manager. Lessons learned as a result of near misses will be published to all employees via notices to staff and will be discussed at the monthly Safer Community meeting. | 3 months |
| 5.16 | Assessment, care in detention and teamwork (ACDT) assessment interviews should be completed rigorously, case reviews should be multidisciplinary with use of professional interpreting where necessary, and staff should record meaningful observational entries. (1.28) | Accepted | Completed and Ongoing | <p>All managers have been written to formally about the ACDT review process and multi disciplinary team style of review. The availability of telephone interpreting services and their contact details is clearly signposted to staff on the Care & Custody DMS.</p> <p>Additional mechanisms will be put in place to monitor and report on the monthly use of telephone interpreting. The quality of ACDT assessments and documentation will be subject to increased management checks to ensure that improvements are being delivered.</p> | <p>Completed</p> <p>3 months</p> |

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| Safeguarding (Protection of adults at risk) | | | | | |
| 5.17 | Centre staff should understand and be confident in using the national referral mechanism and whistleblowing procedures. (1.34) | Accepted | Completed and Ongoing | <p>Whistle blowing</p> <p>Care & Custody now widely advertise the organisation's Whistle Blowing hotline and has implemented a confidential 'Speak Up' service which is an employee directed initiative for confidential reporting to the centre manager. In January 2018 Professional Standards meetings commenced with external criminal agencies to share best practice.</p> <p>A multi-lingual 'Speak Up' confidential service will be advertised on all computers accessed by detainees enabling detainees to email the deputy centre manager with any concerns.</p> <p>A staff culture action plan has been developed and is now in place</p> <p>Central and North West London NHS Foundation Trust (CNWL) Whistleblowing Policy is in place and available to all staff however staff are encouraged to inform their line manager in supervision/ reflective practice sessions of any concerns. CNWL run a number of listening events for staff to provide feedback on concerns</p> <p>National Referral Mechanism (NRM)</p> <p>All Home Office staff based at the centre will receive refresher briefing on the importance and use of the NRM.</p> <p>All CNWL employed staff (both substantive and bank) undertake Safeguarding Training at Level 2 for clinical roles and Level 1 for admin roles. Training compliance is monitored and if compliance is below 95% staff are performance managed against this requirement. Agency staff must provide assurance that they have completed this training which is monitored by the temporary staffing team.</p> <p>Safeguarding and Serious Incidents are reported on Datix locally and where appropriate the national STEIS reporting system in line with the NHS's Incident Reporting Framework. STEIS incidents would be reviewed by NHS England commissioners and Nursing directorates.</p> <p>Care Quality meetings are being developed within the IRC. There are directorate meetings held monthly within CNWL. Minutes will be available for both meetings</p> <p>The Clinical Quality Review Group meetings held quarterly are chaired by NHSE and CNWL jointly; safeguarding and other serious incidents are discussed at these meetings. Home Office representatives are members of this group. The Clinical Quality Review Group minutes are also formally shared with the IRC Partnership Board.</p> <p>All safeguarding referrals are reviewed centrally by the Lead Nurse and Safeguarding Lead.</p> | <p>Completed</p> <p>3 months</p> <p>Completed and Ongoing</p> <p>April 2018</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>April 2018</p> <p>Ongoing</p> <p>Ongoing</p> |
| Safeguarding Children | | | | | |
| 5.18 | All detainees who say they are children should undergo a Merton-compliant age assessment by social services. (1.38, repeated recommendation 1.37) | Rejected | | <p>The Home Office is bound by section 55 of the Borders, Citizenship and Immigration Act 2009 which places the Secretary of State under a statutory duty to make arrangements to safeguard and promote the best interests of children and it is Home Office policy to not detain children or those who age is disputed.</p> <p>Age dispute cases are managed in line with Detention Services Order 14/2012 'Care and Management of Age Dispute Cases'.</p> | |
| 5.19 | All staff should have up-to-date safeguarding children training. (1.39, repeated recommendation 1.36) | Accepted | Completed and Ongoing | All staff undergo appropriate safeguarding awareness training which is refreshed on an annual basis. | Completed and Ongoing |

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| Security | | | | | |
| 5.20 | Detainees should be able to live in a more open environment, and security restrictions should be proportionate to the risks posed. Detainees should not be locked into cells at night. (1.45) | Partially Accepted | Ongoing | <p>Building on a previously undertaken regime review, a further review will be undertaken to ascertain how an even more open environment can be created.</p> <p>Operational procedures during night state vary throughout the Home Office immigration detention estate and are dependent on the physical layout of each centre and how this layout impacts the delivery of services to the detainees, as well as the size and the composition of each centre's population. The security and safety of individual removal centres, the detainees held in them and the staff of the centres rely on these operational procedures. Local protocols for managing the night state are assessed against the type and size of the detained population, the geography and physical configuration of the site and the needs of the detainees.</p> <p>The management of IRCs during night state and the restrictions imposed on detainees' movements during the night are currently under review.</p> <p>The Home Office is currently assessing the impact of the timings of night state on detainees, as well as any impact identified against relevant protected characteristics under the Equality Act 2010. New operational guidance applicable to all immigration removal centres on the management of night state is being developed.</p> | 6 months 3 months |
| 5.21 | Security meetings should be attended by representatives from a range of departments, and should analyse security information thoroughly to inform strategy and give direction to staff. (1.46) | Accepted | Ongoing | The current format for the security meeting is under review; a new format will be agreed and put in place. This will incorporate input from the Home Office security team. | 3 months |
| 5.22 | The application of handcuffs without individual and properly evidenced risks to justify it should cease. (1.47) | Accepted | Completed and Ongoing | <p>Care & Custody have issued instructions to the duty manager team and duty shift manager team setting out the expectations in the relevant Home Office Detention Services Order and local operating policy regarding application of restraints.</p> <p>Monthly monitoring on the use of restraints will be undertaken and shared with the Home Office and the centre's Independent Monitoring Board (IMB)</p> | Completed Completed and Ongoing |
| 5.23 | There should be a coordinated centre-wide approach to substance supply and reduction, including detailed and regularly monitored action plans. (1.48, repeated recommendation 1.47) | Accepted | Completed and Ongoing | <p>An enhanced searching programme has been implemented in the centre of employees and other staff and visitors accessing the site. This includes the use of trained sniffer dogs during large scale exercises.</p> <p>A revised drug strategy plan will be implemented and monitored via the monthly security meetings. Greater involvement in activities and information sharing with stakeholders including Central North West London NHS Foundation Trust and the charity Phoenix Futures will be developed to improve preventative activities.</p> | Completed and Ongoing 3 months |
| The Use of Force and Single Separation | | | | | |
| 5.24 | Detainees should only be separated on the basis of risk and harm, and only as long as that risk continues. Managers should ensure that it is not used punitively. (1.56) | Partially accepted | Completed and Ongoing | <p>The use of separation is undertaken by Care & Custody in accordance with the provisions set out in Detention Services Order 02/2017 about removal from association and temporary confinement.</p> <p>Care & Custody have implemented a training programme for managers to ensure that the provisions of DSO 2/2017 are understood and that staff are aware of how to correctly complete the relevant associated documentation.</p> | Completed Ongoing |

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| 5.25 | Detainees should not be routinely strip searched on relocation to the separation unit. This should only be done on the basis of an individual risk assessment. (1.57) | Accepted | Completed and Ongoing | <p>Full searches are conducted in accordance with Home Office operational guidance which allows them to be used only when there is evidence or intelligence to suggest that a detainee may be attempting to hide an illicit item about his or her person. Full searches must be authorised by the centre manager and communicated to the Home Office manager on site.</p> <p>A revised instruction has been issued to all Care & Custody duty shift managers to reflect this guidance and to ensure that all authorisations for full searches are recorded, giving details of the reason for the search and if anything was found. These records are made available to Home Office Immigration Enforcement on request.</p> <p>Instances where a full search has been approved and undertaken will be discussed at the regular security meeting and any trends/ learning points disseminated to the senior management team and duty shift managers to ensure continuous improvement</p> <p>There will be a specialised focus on training the duty shift managers and staff working in the care and separation unit (CSU to ensure that the risk assessment approach is consistent.</p> | <p>Completed</p> <p>3 months</p> <p>6 months</p> |
| Equality and diversity | | | | | |
| 5.26 | The equality, diversity and inclusion strategy should be delivered systematically, with particular attention to staff training, consultation with detainees from protected groups and effective equality monitoring that is followed by action to address disparities. (2.16) | Accepted | Completed and Ongoing | <p>External training for equality, diversity and inclusion (EDI) champions and for trainers are taking place during February/March 2018 to ensure a sufficient numbers of trainers are available to deliver mandatory initial training courses and refresher training for staff. An EDI annual refresher training schedule has been developed for all staff.</p> <p>Minuted consultation meetings with detainees from protected groups are taking place monthly during 2018 and findings/actions distributed to the management group and brought to the quarterly diversity meeting for discussion.</p> <p>Equality monitoring has been increased with the leaders of each equality, diversity and inclusion strand now taking responsibility to ensure that detainees falling within the protected characteristics are flagged up and that safeguards/good practice is followed and any concerns addressed.</p> <p>Further analysis to be done of regimes activities and paid activities to identify any disparities for protected groups.</p> | <p>March 2018</p> <p>Completed and ongoing</p> <p>Completed and ongoing</p> <p>April 2018</p> |
| 5.27 | Professional translation and interpreting services should be used in all cases where confidentiality or accuracy is required. (2.23) | Accepted | Completed and Ongoing | <p>Care & Custody have implemented a new dashboard on the centre's Detainee Management System (DMS) displaying the telephone interpreting contact details to ensure they are prominent to staff</p> <p>Care & Custody will review the site for requirement of dual use handsets for landlines.</p> <p>CNWL to carry out an audit of the use of interpreter services to ensure that the needs of the changing population are met.</p> <p>All staff undertake Equality and Diversity training which is monitored monthly.</p> <p>Additional training to be arranged with the Equality and diversity lead for CNWL.</p> <p>CNWL to review all literature to ensure availability in a variety of languages and a variety of locations.</p> | <p>Completed and ongoing</p> <p>May 2018</p> <p>June 2018</p> <p>Ongoing</p> <p>July 2108</p> <p>September 2018</p> |

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|---------------------------------------|--|--|-----------------------|--|--|
| 5.28 | Detainees with disabilities should be able to access all relevant services and facilities, with detailed support plans for those who need them. (2.24) | Accepted | Ongoing | <p>Care & Custody will undertake an equality impact assessment of the on site facilities to identify any access/requirements issues and improvements needed.</p> <p>A review of centre access has been scheduled to be completed by the projects facilities manager and the EDI manager in Harmondsworth to ensure detainees with disabilities have physical access to all relevant services and facilities.</p> <p>Changes are being implemented on the Care & Custody detainee management system to flag newly arriving detainees with a disability to enable them to be readily identified, contacted and evaluated to ensure care plans cover individual needs including, where appropriate, difficulties with accessing facilities. This information will be accessible to all staff to raise awareness and ensure support. .</p> <p>To compliment this, CNWL is developing a healthcare assessment tool to highlight detainees with disabilities enabling them to work with Care & Custody to agree a joint care plan.</p> | <p>3 month</p> <p>March 2018</p> <p>April 2018</p> <p>May 2018</p> |
| 5.29 | Services to support the needs of gay and bisexual detainees should be better resourced and promoted throughout the centre. (2.25) | Accepted | Completed and Ongoing | <p>Following a meeting with the UK Lesbian and Gay Immigration Group (UKLGIG) on 11 January 2018 regular access to visit detainees at the centre has been agreed. UKLGIG's contact details and information about the service they provide has been made more prominent within the centre. Further training of staff as EDI champions is being provided so that more staff can take on a support role for detainees with protected characteristics.</p> <p>Members of the Care & Custody senior management team have taken on roles as EDI leads for different protected characteristics. The lead for sexual orientation is focussing on the improvement of support services to the LGBTI community within Heathrow IRC including the development of new partnerships with external providers.</p> | <p>Completed and ongoing</p> <p>1 month (March 18)</p> <p>6 months (August 18)</p> |
| Faith & Religious Activity | | | | | |
| 5.30 | The centre should investigate and, if appropriate, take action on the perception of some detainees that they are unable to see a religious leader of their faith. (2.29) | Accepted | Ongoing | <p>Care & Custody will review how communication can be improved between detainees and faith leaders during non-regime times and will ensure that the requirements of the different religious groups represented in the centre to practice their faiths are provided e.g. access to religious texts / items and access to a faith leader.</p> <p>The head of faith provision will arrange group sessions with detainees and discussions following religious services to investigate the perception that some detainees are unable to see a religious leader of their faith.</p> | <p>3 months</p> <p>6 months</p> |
| Complaints | | | | | |
| 5.31 | Managers should investigate and address the low level of detainee confidence in the complaints system. (2.35) | Accepted | Completed and Ongoing | <p>The centre is fully compliant with the published Detention Services Order on complaints and ensures that its complaint system is transparent and audited internally and externally.</p> <p>Detainee perception to be investigated by the Performance Manager.</p> <p>Care & Custody will commence a 'whistle blowing' link for detainees via PC desktops.</p> | <p>Completed</p> <p>6 months</p> <p>3 months</p> |

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| Health services | | | | | |
| 5.32 | Health care workforce plans should ensure there are sufficient regular and skilled frontline staff to deliver commissioned services. (2.45) | Accepted | Ongoing | <p>Recruitment events have taken place leading to a number of new appointments and additional events are planned for the remainder of the year. To ensure appropriate staffing levels, the use of bank staff has increased and usage is monitored weekly.</p> <p>Use of consistent/regular agency staff</p> <p>Mandatory training is closely monitored and monthly reports produced</p> <p>CNWL and NHS England are working together to review the service model at the IRC and this is now approaching the public consultation stage. The new model will look to improve access to primary and mental healthcare across the Heathrow estate, increasing the availability of the service outside of core hours, and to address some of the areas with highest workforce vacancies by reviewing the skill mix of the service.</p> <p>NHS England will also be extending the Risk Management Programme to IRC Heathrow in 2018/19. This programme has been rolled out to London prisons successfully and looks to increase staff skills and competencies – particularly focusing on minimising avoidable harm and self-inflicted injuries – through the conducting of a baseline audit within each establishment and creation of a bespoke staff training programme.</p> | <p>Ongoing</p> <p>March 2018</p> <p>September 2018</p> |
| 5.33 | Health services should engage with detainees to understand their perceptions of health care and respond actively to legitimate concerns. (2.46) | Accepted | Completed and Ongoing | <p>The centre's patient co-ordinator hosts weekly detainee drop in sessions where concerns can be raised and feedback is given on previous issues</p> <p>Healthcare staff are to increase the use of the friends and family test (FFT), a NHS standard patient feedback tool which will be monitored monthly.</p> <p>Healthcare information leaflet to be updated to ensure that changes within healthcare and the service model are communicated to all detainees.</p> <p>Meetings are held with detainees using interpreters if required following the receipt of a complaint to discuss, where possible, a satisfactory resolution.</p> <p>A patient Survey was carried out in 2017 and Harmondsworth scored 70% which indicates that there is some positivity from detainees about healthcare.</p> | <p>Ongoing</p> <p>April 2018/ongoing</p> <p>September 2018</p> <p>Ongoing</p> <p>Completed</p> |
| 5.34 | Emergency equipment should be appropriately located, and responses to emergencies should be fully recorded and evaluated to ensure that the protocols are followed. (2.47) | Accepted | Ongoing | <p>A review is to be carried out with the Trust Resuscitation Lead and Offender Care Lead Nurse to highlight alternative locations in the centre for emergency equipment and to discuss recommendations with Care & Custody</p> <p>All medical emergencies are recorded on the NHS DATIX system (electronic incident reporting system) and a review undertaken by senior managers/lead nurse. These incidents may also be reported on STEIS (serious incident reporting framework) in line with the NHS's serious incident framework. Incidents reported on STEIS will be formally investigated by CNWL in line with the NHS's serious incident framework and in certain cases an independent clinical review will be commissioned.</p> | <p>April 2018</p> <p>Ongoing</p> |
| 5.35 | Medicines should be held and administered securely and safely, with sufficient detention staff to ensure consistent supervision of medicine queues, and better arrangements to reduce the possible theft of medicines. (2.59) | Accepted | Ongoing | <p>Since the inspection all medication cabinets are locked when not in use and the medication hatch is only open to allow the administration of medication. Adherence to this is being monitored by the lead pharmacist. The presence of detainee custody officers has been increased during medication administration times and monitored by the lead pharmacist with any issues discussed at the weekly local delivery board.</p> <p>Modifications to the medication hatch are being considered to ensure that there is restricted access to the dispensary from the hatch area.</p> | <p>Ongoing</p> <p>March 2018</p> |

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| 5.36 | The mental health service model, staffing profile, skills mix and therapeutic approaches should ensure there is the capacity and capability to meet the mental health needs of detainees. (2.68) | Accepted | Ongoing | <p>The mental health service provision within the IRC is designed to be equivalent to primary care mental health care offered in the community. This is in line with the Home Office's Adults at Risk Policy – on the expectation that people with known serious mental health conditions will not be detained. However, the service model has been designed to ensure that the needs of detainees whose condition deteriorates whilst in detention or who enter detention with a previously unidentified mental health need can be met. There is currently a reduced model in place to meet these needs and additional resource has been identified to ensure that there is parity of esteem with both primary care and mental health services in the community. This has been agreed in principle by NHS England; a final decision is subject to formal public consultation.</p> <p>The proposed new model will increase the Mental Health Team capacity and enable extended hours and 24 hour input to the Enhanced Care Unit at Colnbrook to be offered which will provide additional resource to Harmondsworth.</p> <p>Prior to the implementation of the new model CNWL and NHS England have already agreed the following service improvements:</p> <ul style="list-style-type: none"> • A Consultant Psychiatrist been appointed and commenced on 1st February 2018. The consultant will take on overall clinical responsibility for mental health services within the centre. • Phoenix Futures have recruited to all vacancies and now offer a comprehensive psycho-social support offer to both mental health and substance misuse patients. • Psychology team has an additional Band 7 post and they offer a key part of a stepped care model for Mental Health support within the IRCs alongside Phoenix Futures and the wider mental health team | April 2018 |
| Substance misuse | | | | | |
| 5.37 | The substance misuse team should routinely see detainees on their induction to promote the services provided. (2.72) | Accepted | Completed and Ongoing | <p>Phoenix Futures have recruited to fill all vacancies on the substance misuse team and start dates will be arranged once all necessary security checks have been completed .Once all staff are in post there will be daily attendance by the substance misuse team at the Care & Custody induction that detainees receive. At induction all detainees are given information about healthcare which includes information about substance misuse services</p> <p>Phoenix Futures offer a comprehensive psycho-social support to both mental health and substance misuse patients. This is monitored through the monthly CNWL performance monitoring process.</p> <p>All detainees identified as using illicit drugs or on prescribed opiate substitution therapy are referred to the substance misuse service for further assessment.</p> <p>All detainees with past history of drug use and those who are willing to become drug free are signposted to Phoenix Futures for psychosocial support that includes relapse prevention.</p> <p>Any incidents of illicit drug use and NPS are referred to Phoenix Futures and the Substance misuse team for review.</p> | <p>June 2018</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> |

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| Services | | | | | |
| 5.38 | Detainees should have significantly more access to an expanded cultural kitchen. (2.77) | Accepted Subject to Resources | Ongoing | Care & Custody are developing a proposal seeking additional funding from the Home Office to expand the current cultural kitchen provision. | 6 months |
| Activities | | | | | |
| 5.39 | Data on activities should be analysed fully to identify trends in the use of all facilities and participation by different groups of detainees, and this information should be used to improve participation in activities, including better planning and promotion to attract higher interest and attendance. (3.6) | Accepted | Completed and Ongoing | Care & Custody are conducting an analysis of activities and are implementing new measures to ensure better communication and promotion of activities. As part of this review the detainee magazine published by the centre is being reviewed and improved. Activities are discussed at the detainee consultative committee and upcoming events are promoted. | 3 months Ongoing |
| 5.40 | New arrivals should receive activities information and documents in a language they can understand, and have their English language needs assessed during induction. (3.7) | Partially accepted | Completed and Ongoing | The translation of induction information provided to detainees is under review The new centre compact with house rules and internet compact is being translated into 17 languages. | 6 months Ongoing |
| 5.41 | Managers should ensure that the needs of English for speakers of other languages (ESOL) learners can be met through activities. (3.15) | Accepted | Ongoing | ESOL is to be further incorporated into the vocational training courses to ensure detainees can participate in education, training, paid work and in activities regardless of their ESOL needs. Further on-line training for ESOL learners is being sourced and promoted. | 3 months |
| 5.42 | There should be a training and development plan that enables tutors who are not sufficiently well qualified to deliver good quality and effectively planned activities, and to support effective management by the activities manager. There should be quality assurance checks to ensure that teaching is high quality. (3.16) | Accepted | Ongoing | The Care & Custody head of regimes is developing a training and development plan which includes provisions to improve education delivery standards through training for tutors. Quality assurance checks are being reviewed and will result in a new assurance programme being rolled out. | 3 months |
| 5.43 | Access to work should be through a fair recruitment process, and detainees should not be prevented from working by the Home Office. (3.19, repeated recommendation 3.17) | Rejected | | Paid activities in detention are provided to occupy detainees' time, to give them the opportunity to earn extra money before they depart from the UK, and for some types of activity (e.g. in food hygiene) to offer training and certification which detainees can use in the future. DSO 01/2013 sets out the Home Office policy for eligibility to engage in voluntary paid activities opportunities. In accordance with the guidance, those detainees who are not actively engaging with the resolution of their immigration case may be prevented from participating in paid activities. Examples of this engagement are a refusal to complete emergency travel document application forms, failure to attend an interview without good reason, disruptive behaviour either in the centre or during attempts to remove them; but not exercising a legal challenge to an immigration decision (e.g. submitting an appeal, applying for bail, seeking a Judicial Review). In June 2017 the Home Office undertook a review of the policy and of the rates of paid activities. The findings of this review are under consideration and will inform the revision of the current guidance to ensure a consistent approach is taken by all centres. | |

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| 5.44 | The library should be overseen by qualified and experienced staff who can ensure that appropriate reading materials are offered to detainees, and the library area should be better used for the information and recreational needs of different groups of detainees. (3.22) | Partially Accepted | Ongoing | DCO officers have had basic training in library duties which Care and Custody consider suitable. Care & Custody will review the current provision and reading material available to detainees and enhance these within 6 months | 6 months |
| 5.45 | The gym should be supervised by appropriately qualified staff, and gym equipment should be kept safe. (3.25) | Accepted | Completed and Ongoing | Gym equipment in Harmondsworth has been serviced and a quarterly service plan is now in place. All Physical education instructors are appropriately qualified and further members of the regimes team are being trained to ensure that all supervising staff are trained even if covering breaks or sickness. | Completed and ongoing 6 months |
| 5.46 | There should be stronger links between the gym and health care to ensure that gym instructors receive the relevant information about detainees' levels of fitness and suitability for physical exercise. The gym should offer activities to help detainees improve their health, such as smoking cessation. (3.26) | Accepted | Ongoing | Healthcare review all new arrivals for their fitness to attend the gym as part of the Triage/First reception process. Gym staff can refer for a further review if concerns are raised about the level of fitness. A physical fitness questionnaire will be devised and implemented - permission will be requested from the detainee to share this information if deemed unfit. However the detainee can still choose to use the gym even if advice is given to the contrary. Joint work is carried out with healthcare and the gym in relation to weight management and health promotion which will include smoking cessation in line with Public Health England requirements. Courses on nutrition and fitness programmes are offered in the gym. | Ongoing Ongoing June 2018 Ongoing 12 months |
| Visits | | | | | |
| 5.47 | A range of refreshments, including healthy options, should always be available to visitors. (4.7, repeated recommendation 4.14) | Accepted | Ongoing | Care & Custody has recently completed a refurbishment of the visits hall including a new refreshments kiosk. This will provide visitors and detainees with refreshments, including healthy options. Final actions are being completed before becoming active. | 3 months |
| 5.48 | Detainees should be able to make video calls and access social networking sites, subject to individual risk assessment. (4.13) | Rejected | | A new Detention Services Order (04/2016) on access to the internet was published in May 2016. The provision of internet access is an important means of helping detainees to remain in contact with family, friends and legal representatives and to prepare for removal. The Home Office is undertaking an initial scoping exercise on the use of Skype for detainee contact with families abroad; although there are no plans to enable detainees to access social media. | |
| Communications | | | | | |
| 5.49 | Detainees should be able to print documents confidentially. (4.14) | Accepted Subject to Resources | Ongoing | Care & Custody will work with the Home Office and the Home Office Security Team to provide/ replicate the confidential printing services that are in place across the estate in line with Home Office policy. | Ongoing |

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| Removal and Release | | | | | |
| 5.50 | The practice of taking reserve detainees for overseas escort charter flights should cease. (4.20, repeated recommendation 4.29) | Rejected | | <p>The practice of informing individuals that they were on a reserve list for a charter flight ceased in early 2017. The Home Office can receive legal challenges at any point up until the point of removal that may result in removal action being suspended. To counter that, likely attrition rates are forecasted and the number of bookings capped when required, meaning it is unusual for flights to have unused reserves.</p> <p>In the unlikely event that this were to happen, we would seek to prioritise the return such individuals as quickly as possible on the next charter or on a scheduled flight.</p> <p>We have a responsibility to deliver value for money to the taxpayer and maximising the use of charter flights is an important part of this.</p> <p>It is therefore necessary to overbook flights to ensure they are fully utilised as cases can be lost to legal attrition, medical or other procedural barriers.</p> | |