

SERVICE IMPROVEMENT PLAN

UNANNOUNCED INSPECTION OF YARLS WOOD IMMIGRATION REMOVAL CENTRE

Inspected during 13 APRIL – 1 MAY 2015

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 & G4S					
5.1	<p>Rule 35 reports should provide objective professional assessments – for example, commenting on the consistency between injuries and alleged methods of torture, and on evidence of PTSD. Case owner replies should carefully address all relevant factors in reviewing ongoing detention.</p> <p>Rape should be considered a form of torture. (S40)</p>	<p>Accepted</p> <p>Partially Accepted</p>	Ongoing	<p>It is already the case that Rule 35 reports should be based on and provide objective professional assessments.</p> <p>The Home Office is exploring with NHS England the possibility of developing bespoke training for IRC doctors on the identification and assessment of torture.</p> <p>The Home Office is also working to improve the Rule 35 report and response templates, to support their better completion and thus improve the Rule 35 process overall.</p> <p>Home Office detention policy requires that individuals for whom there is independent evidence of torture are not normally detained. This would include women who had suffered rape as an instrument of torture. Rape may often feature as an aspect of or as a result of trafficking, the victims of which are also normally considered unsuitable for detention.</p>	Within 6 months
Main Recommendation – To the Centre Manager & G4S					
5.2	<p>Robust local governance processes should be in place in health care to monitor the effectiveness of the service and ensure the safety of detainees, including effective incident reporting and management, clinical audits, regular governance meetings attended by all service providers and effective service user engagement. (S43)</p>	Accepted	Ongoing	<p>(G4S) The first Integrated Governance Meeting has taken place, Serco is participating in the appropriate tri-partite governance meetings and meetings have been scheduled for the rest of the year. This meeting will review incidents, clinical audits, and complaints and any other matters relating to safety and quality. Comments and complaints made by service users will be reviewed at this meeting. Additional ways of engaging service users are under review and discussion.</p>	
Main Recommendations – To the Centre Manager					
5.3	<p>The whistle-blowing policy should be reviewed and staff should be given unambiguous reassurance they would be supported if they raised concerns. Work should be done to understand and address any concerns staff have about the policy. (S37)</p>	Accepted	Ongoing	<p>The local whistle blowing policy will be removed and staff will be advised to adhere to the Serco wide whistle blowing policy. Staff will be briefed on policy and provided with appropriate reassurances enabling them to speak up in confidence.</p> <p>The wider policy will be readvertised by promoting whistle blowing during team briefings using posters and through refresher training. This will be reinforced in the Yarls Wood Staffing Newsletter, at least quarterly, and annually during refresher training.</p>	6 Months
5.4	<p>There should be a strict time limit on the length of detention and caseworkers should act with diligence and expedition. (S38)</p>	<p>Reject (time limit)</p> <p>Accepted (caseworkers acting with diligence and expediency)</p>	Ongoing	<p>Caseworkers are required to work with diligence and expedition to ensure individuals are detained for no longer than is reasonable to achieve the purpose of their detention. An arbitrary time limit on the length of detention would not be appropriate as what constitutes a reasonable period is highly case-specific.</p>	

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5.5	Detainees with enduring mental health illnesses should not be detained and pregnant detainees should only be detained in the most exceptional circumstances. The continued detention of pregnant women should be considered in line with the Home Office's published policy on the detention of pregnant women. (S39)	Accepted	Ongoing	Those suffering from serious mental illness which cannot be satisfactorily managed in detention are normally considered suitable for detention only in very exceptional circumstances. The Home Office commissioned the Tavistock Institute to review the operation of the policy and has accepted, in full or part, all the recommendations made in the report, which was published in February. It is expected that the policy will operate more effectively once the recommendations, along with any additional ones accepted from the ongoing wider independent review of detainee welfare, are fully implemented. The Home Office is clarifying its guidance on the detention of pregnant women to reinforce the correct implementation of this policy in future. Where detention of such individuals is exceptionally appropriate and is being utilised as a last resort, clear removal plans will be in place and the specific issues of each case will kept under consideration each time detention is reviewed.	Within 6 months (for clarification of guidance on pregnant women)
5.6	Staffing levels should be adequate to enable staff to meet the needs of detainees consistently in a decent and respectful manner. More female staff should be recruited urgently to ensure that at least 60% of staff in direct contact with women detainees are also women. (S41)	Accepted	Ongoing	Measures are in place to increase numbers of female DCO staff. By the end of July 2015 an additional 11 female DCOs will start work as a result of a recent recruitment initiative. Ratios of female staff will exceed 50%. Serco will continue to drive recruitment in the coming months with an emphasis on recruiting female officers to achieve 60%. A new recruitment campaign will begin in September 2015.	12 Months
5.7	Male staff should never enter women's rooms unless invited to do so, except in cases of emergency. (S42)	Accepted	Complete	Other than in emergencies staff are not allowed to enter any residents' room (female or male) without following the correct procedure. e.g. knock and wait, announce themselves as a female or male officer and wait to be given instruction when entering the room. This will be reinforced amongst the entire staff group and regular audits will be conducted to ensure the practice is being adhered to. Measures are also being taken to reduce the number of occasions that staff have to enter any residents room – i.e. the removal of routine room searching.	6 Months
Recommendations – To the Home Office					
Safeguarding Children					
5.8	All detainees who say they are children should undergo a Merton compliant age assessment by social services. (1.59)	Accepted	Completed and Ongoing	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. Our policy is not to detain children or those who age is disputed. A claim is disputed where there is little or no evidence of age and there is doubt about whether an individual is a child, as claimed. Where new information comes to light which indicates that a person who is being treated as an adult and is being held in detention may be under 18, the Home Office would release the individual to the local authority at the earliest safe opportunity for a Merton and further case law compliant age assessment.	Complete
5.9	The best interests of children should be fully considered in decisions about the detention of a primary carer and should be set out in the detainee's case file. (1.61)	Accepted	Completed and Ongoing	The best interests of children are considered in all immigration decisions pursuant to our obligations under s.55 Borders, Citizenship and Immigration Act 2009. In all cases where a person is detained, including at end of custodial sentence or re-detention of a non-detained Foreign National Offender, the decision to detain must be authorised by a senior manager where detention would separate a mother from her child/children. Specific analysis regarding the impact upon a child/children if the person being detained is their primary carer is factored into all decisions.	Complete

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5.10	When an age dispute case leaves social services care, the Home Office should treat them as a missing person. (1.62)	Accepted	Completed and Ongoing	The Home Office does not treat an individual as an adult when there is doubt about whether they are an adult or a child. When there is doubt they will be treated as a child whilst the outcome of a local authority, case law compliant, age assessment is awaited. As with any child, if a person provisionally treated as a child goes missing from local authority care, the local authority will initiate the missing person's process. This includes immediately notifying the UK Missing Persons Bureau, the Police and subsequently the Home Office. Upon notification, the Home Office will immediately initiate its own missing children process.	Complete
Legal Rights					
5.11	All detainees should receive copies of bail summaries by 2pm on the working day before their bail hearing. (1.98)	Accepted	Completed and Ongoing	Bail summaries are sent to the POU by 12pm the working day prior to any hearing, as out in guidance. The POU is then required to serve copies of the bail summaries by 2pm the same day, in order for the detainee and their representatives to have adequate time to prepare.	Complete
Casework					
5.12	The Home Office should keep a central record of the number of pregnant women detained. (1.111)	Accepted	Ongoing	Management information on the number of women who have disclosed their pregnancy will now be recorded centrally.	
Recommendation – To the Home Office & Escort Contractors					
Escort Vehicles & Transfers					
5.13	Detainees should not be subject to long delays before transfer to Yarl's Wood, and should never be transported during the night unless this is for urgent operational reasons. (1.4)	Accepted	Completed	Tascor, the escorting supplier, operates a 24/7 escorting service that covers a wide range of activity. The Home Office and Tascor will always attempt to minimise journey times making the best use of the resources available. This may require the collection of detainees from multiple locations. Though this can lead to an extended journey time it can reduce the overall length of time detainees are waiting for transport. The Home Office and the escort contractor seek to avoid routine night time transfers. All proposed moves consider the impact on the care and welfare of individual detainees, including the time and length of the move. Although overnight moves are avoided where possible, moves sometimes have to be conducted during the night; factors which may lead to a night-time move include high numbers of time-specific priority moves such as taking detainees to flights, court appearances, embassy appointments, medical appointments.	N/A
Recommendation – To the Home Office & Centre Manager					
5.14	Both the Home Office and Serco should keep a central record of women who have dependent children living in the UK. (1.60)	Partially Accepted Rejected	Completed	Reception staff ask arrivals if they have dependent children in the community and record this. The centre will notify Social services according to an agreed protocol Those being detained for removal from the UK, including Foreign national offenders (both female and male) are required to inform the Home Office of issues relevant to consideration of removal or deportation, including whether they have dependent children. If the individual discloses that they have dependent children this will be taken into consideration in both the removal/deportation and detention process. Individual caseowners would have a record of this on the case file and it would also be recorded on the CID. It is not accepted that a separate central record be created	6 Months

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Recommendations – To the Centre Manager					
Early Days in Detention					
5.15	The reception process should be completed as quickly as possible, and detainees moved swiftly to the residential units. (1.13)	Accepted	Ongoing	New contract requires residents to be moved through reception within 3 hours. A baggage x-ray machine will be introduced to make the reception process quicker. A full review will be carried out of the staffing requirement in reception for a 24hr period and resources deployed accordingly to ensure residents are processed more speedily. The review of the reception process will establish what parts can be transferred and undertaken on the induction unit. It will be ensured that the staff routinely working in reception are experienced and have appropriate skills and knowledge to achieve a quicker process. A resident greeter role will be introduced to reception to assist with the process.	6 Months
5.16	Detainees should have access in reception to written information about the centre in a range of languages. (1.14)	Accepted	Ongoing	The information / literature provided to residents on reception will be reviewed and it will be translated into the 12 main languages.	6 Months
5.17	Newly arrived women should be screened by female nurses in reception. (1.15)	Accepted Subject to Resources	Ongoing	As far as possible, female nurses will undertake the initial screen. The questions asked at reception are being reviewed to ensure that they do not cover issues which are unnecessary at the initial screening interview, especially if undertaken by a male nurse.	
5.18	Night-time welfare checks should be fully explained to detainees in a language they understand, and they should be conducted by staff of the same gender. (1.16)	Accepted (explain night time checks) Accepted Subject to Resources (conducted by same gender staff)	Ongoing	The night-time welfare check procedure will be included in the written information provided to all residents on arrival (in all languages) and this process will be reiterated verbally by the member of staff. If telephone translation is required, this procedure will be communicated in reception. Interpreting services to be used if required. Female members of staff will be used to complete night time checks for female residents, and male officers will carry out checks on male residents, however in exceptional circumstances (same gender officer unavailable) it may be necessary to use an officer of a different gender. Night time checks are carried out during the first night in custody to reassure new residents and ensure their welfare needs are met.	6 Months
5.19	Induction should be thorough and take place on the day following reception and key information should be given to detainees in accessible, written formats. (1.17)	Accepted	Ongoing	A full review of the induction process and literature will be conducted to ensure it is relevant and up to date. All inductions completed will be recorded on an induction log. This will be monitored by the Duty Director weekly and spot checks will be completed for quality purposes.	12 Months
Bullying & Violence Reduction					
5.20	Detainees' negative perceptions of safety should be investigated as a priority and action taken to address the findings. (1.29)	Accepted	Not Started	A resident's survey will be conducted to explore negative perceptions of safety within the Centre. Feedback will be reviewed and appropriate action taken to address the findings. With effect from October 2015, residents will be invited to take part in focus groups which will be held monthly, exploring their perceptions of safety. Exit questionnaires will also be implemented with the recently appointed greeter role assisting residents to complete the discharge questionnaire.	6 Months
5.21	Violence reduction measures should be robust. They should set clear targets to change behaviour and support victims, include formal interventions to address behaviour, and be underpinned by good quality behaviour logs. (1.30)	Accepted	Ongoing	A full review of the violence reduction procedure and the violence reduction investigation booklets will be conducted. A comprehensive review of the Violence Reduction Investigation (VRI) strategy is currently being undertaken across all of Serco's custodial establishments, findings will be rolled out with actions to ensure a more robust system is in place.	6 Months

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5.22	There should be a safer detention strategy and action plan specific to the needs of Yarl's Wood detainees, which is informed by robust data and analysis, including detainee surveys. (1.31)	Accepted	Ongoing	The Safer Detention lead, Serco, will review and update the Safer Detention Strategy. Data Collection/Trend Analysis will be improved and reported in Safer Detention meetings and Senior Management Team (SMT) Meetings. Violence Reduction Investigation (VRI) actions will be added onto the continuous improvement plan to evidence progress. The Resident Survey will be developed to incorporate detailed questions regarding safety and the survey will be translated into the 12 main languages. Surveys will be carried out at least 6 monthly from October 2015.	6 Months
Self Harm & Suicide Prevention					
5.23	ACDTs should not be opened without an assessed self-harm risk. They should identify coping strategies and set meaningful targets. (1.44)	Accepted	Ongoing	The guidance requiring residents always being placed on ACDT following food or fluid refusal is being reviewed. Quality of Care Maps to be improved – and a refresher on coping strategy/ACDT management for all Detention Custody Managers.	12 Months
5.24	Male staff should not undertake constant supervision of female detainees. (1.45)	Accepted Subject to Resources	Ongoing	A new policy will be developed and implemented regarding constant supervision. It will be ensured that constant supervisions are carried out by female officers and only in exceptional circumstances – i.e. severe pressure on female staffing levels would a male member of staff be utilised for a constant supervision.	12 Months
5.25	Detainees at risk of self-harm should have support from trained peer supporters and specialist community groups such as the Samaritans. (1.46)	Accepted	Ongoing	The use of peer supporters has previously been rejected due to length of stay of residents and the training needed. The training needs for residents to take up this role will need to be reviewed and consideration of the impact on their own well being be taken into account before a decision is made concerning whether the use of peer supporters will be appropriate. Local Samaritans link is established but due to resourcing issues locally the national link will be pursued.	12 months
5.26	Individual counselling should be available to promote safety and address personal crisis. (1.47)	Partially Accepted	Ongoing	G4S are commissioned to provide a full primary mental health care service, which includes talking therapies. In addition to this, G4S offer group sessions to support mental well-being while detained, with outcomes such as better sleep. NHS England has offered support to Yarl's Wood Befrienders, which has a role in supporting mental well-being and is also exploring support of other groups whose roles can support this.	
Safeguarding (Protection of Adults at Risk)					
5.27	Links should be made with the local safeguarding adults' board and the director of adult social services. (1.51)	Accepted	Completed and Ongoing	A meeting was held on 3 rd July with Bedford Borough Council Safeguarding Vulnerable Adults Team and links have been made concerning relevant areas, including training, domestic abuse, and drug and alcohol abuse. An agreement has been reached for BBCSVAT to deliver safeguarding awareness training, date to be confirmed.	6 Months
5.28	Safeguarding adults training should be delivered to all staff, and should include raising awareness of trafficking, torture and the national referral mechanism. (1.52)	Accepted	Completed and Ongoing	A meeting took place on 3 rd July 2015 with Bedford Borough Council Safeguarding Vulnerable Adults Team to discuss training. Fast Track to deliver training to staff on trafficking. The organisation 'Poppy' have also agreed to provide human trafficking training for staff which is CPD accredited.	6 Months
Safeguarding Children					
5.29	Detainee custody officers and all other relevant staff should have regular safeguarding children training. (1.58)	Accepted	Ongoing	Contact has been made with the Independent Chair and Business Manager at Bedford Borough Council Safeguarding Children's Board to discuss specialist safeguarding children training input. A meeting took place in July 2015.	12 Months

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Security					
5.30	Room searches should be intelligence led rather than routine, and male staff should not search women's rooms. (1.72)	Accepted (intelligence led room searching) Partially Accepted (gender specific staff)	Ongoing	A policy change request has been agreed with the Home Office requesting all room searches be intelligence led, a formal change request notice is to be submitted. Female staff members will be involved in searching resident's rooms. and only in exceptional circumstances will male staff be utilised.	6 Months
5.31	Closed visits should be held in sight, but out of hearing of an officer. They should only be imposed when there is evidence that a detainee has abused visits and there should be monthly reviews of the related intelligence. (1.73)	Accepted	Complete	Practice of using 'Supervised Visits' has ceased. Closed Visits will only be used in exceptional circumstances and all visits in the main hall will take place out of the earshot of staff.	Complete
The Use of Force & Single Separation					
5.32	Governance of the use of force should be substantially strengthened to provide assurance that force is always used proportionately and as a last resort. (1.88)	Accepted	Ongoing	Quarterly Use of Force/Control and Restraint meetings will be initiated and Terms of Reference developed. Relevant data on the use of force will be captured and analysed accordingly. Serco will continue to share the data with the HO and the IMB, and recommendations will be implemented.	12 Months
5.33	Detainees should be separated for the shortest possible period, particularly in temporary confinement. (1.89)	Accepted	Completed	Residents will be held in Removal from Association and Temporary Confinement in accordance with DC Rules 40 and 42 and in agreement with HOIE. Continual review of each case will be conducted at the appropriate management levels and a manager will review Temporary Confinement at least hourly	6 Months
5.34	Male staff should not supervise female detainees who have removed their clothes. (1.90)	Accepted (Subject to Resources)	Ongoing	Male members of staff do supervise single separation of women, however if there is information to indicate that a female resident is likely to remove her clothes during a period in single separation then a female member of staff will be used. If a female removes her clothes while being supervised by male staff, then the male staff member will be replaced by a female member of staff as soon as possible.	6 Months
Casework					
5.35	Detainees should wait no longer than 24 hours to see a GP for a rule 35 assessment. (1.112)	Partially accepted	Ongoing	All applications for R35 assessment will be triaged within 24 hours to ensure clinical priorities are observed.	
Residential Units					
5.36	Detainees should have access to communal areas in their units at any time. (2.6)	Accepted	Complete	The regime at the centre has been changed and all unit association rooms now remain open on all units 24 hours a day.	Complete
5.37	Detainees on Crane unit should be provided with kettles in their rooms. (2.7)	Accepted	Complete	All residents are provided with a shared kettle in their room unless otherwise indicated by a risk assessment that this is a safeguarding issue. Kettles are held in stock and replaced when needed.	Complete

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Staff – Detainee Relationships					
5.38	Staff should receive training which equips them to fulfil their role and to recognise and respond appropriately to the particular vulnerabilities of a female detainee population. This should include training on cultural awareness and the specific backgrounds and experiences of detainees. (2.19)	Accepted	Ongoing	Training manager will contact appropriate community agencies to establish what training is available to meet the needs of the population. An appropriate training programme will be developed and implemented for future initial and refresher training courses.	12 Months
5.39	The long-term resident scheme should be consistently implemented with all eligible detainees. (2.20)	Accepted	Ongoing	A Long Term Resident Scheme is in place – Detainee Custody Managers will ensure the scheme is consistently implemented. Consistent Implementation will be measured by monthly meetings coordinated by the Head of Residence and any issues will be escalated to the Duty Director on a daily basis.	6 Months
Equality & Diversity					
5.40	Strategic planning for diversity should consider the specific needs of the population at Yarl's Wood, set objectives and clearly set out how these will be achieved. (2.24)	Accepted	Not started	A survey of the population will be undertaken every 6 months to identify the resident's needs. Following analysis of the survey results an action plan will be developed, implemented, and monitored by the Head of Residence and Regimes.	12 Months
5.41	Diversity monitoring should facilitate the identification and investigation of trends in detainee outcomes across all the protected characteristics. (2.25)	Accepted	Not started	Methods for capturing data to cover all of the protected characteristics will be identified and incorporated into Monthly/Annual Equality Action Team Reports. This will report on all resident outcomes. Analysis of the data will inform Serco allocation of resources to facilities and services within the centre.	12 Months
5.42	The low number of reported discrimination incidents should be investigated and the findings acted on. (2.26)	Accepted	Ongoing	The policy will be promoted. New advertisements will be used. The policy will also be a standing agenda item in the Residents Information Activity Committee (RIAC) meetings and staff awareness will be increased through briefings and training. DIRF form is being translated into the top 12 languages.	6 Months
5.43	Specific forums should be established for detainees across all protected characteristics, numbers permitting. (2.32)	Accepted	Ongoing	An additional protected characteristic will be added onto each monthly Equality Action Team (EAT) meeting. With effect from August 2015.	6 Months
5.44	The under-reporting of disabilities should be investigated and addressed by the centre, and paid carer roles should be introduced. (2.33)	Accepted	Ongoing	The feasibility of bringing in paid carer roles will be reviewed and implemented accordingly if appropriate. A review to be carried out to establish how disabilities have been under reported and appropriate action will be taken if necessary. The Equalities Action Team will lead and will review progress at their monthly meetings.	12 Months
5.45	The specific needs of young adults should be investigated and acted on as necessary. (2.34)	Accepted	Ongoing	A survey will be completed for 18-21 year olds in order to establish their specific needs and requirements whilst in detention. An action plan will be developed and findings acted on accordingly. Surveys will be carried out at annually as a minimum.	12 Months
5.46	Pregnant women should receive care and support equivalent to that in the community. (2.35)	Accepted	Ongoing	Together with G4S, NHS England is reviewing the ante natal care pathway operated by G4S and Bedford Hospital to assure its effectiveness and that women detainees receive the same care as in community.	

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Faith & Religious Activity					
5.47	The reasons for the poor perception of men's ability to see a religious leader of their own faith should be investigated and the findings acted on. (2.41)	Accepted	Ongoing	The religious leaders timetable will be reviewed and adapted to ensure all male residents have the opportunity to access their own religious leader at least weekly and a contact record will be maintained.	6 Months
Complaints					
5.48	The reasons for the increase in complaints, particularly against staff, should be investigated through consultation with detainees, and prompt action should be taken to address the findings. (2.48)	Accepted	Not started	A trend analysis of complaints will be undertaken and the findings will be acted upon accordingly. The findings will be presented to the senior management team through the monthly report. The Safer Detention Survey, to be carried out at six monthly intervals, will include a section for residents to report concerns about staff.	6 Months
5.49	Complaints responses should be in the same language in which they were submitted and staff answering complaints should speak to the detainee in person as part of their investigation. (2.49)	Rejected		DSO 03/2011 sets out the process for handling complaints about detention and states that residents may complain in their own language but the response will only be given in English. Verbal interpretation can be used to explain the contents of replies to detainees who do not understand English.	
5.50	With the exception of medical in confidence issues, the centre should be aware of all complaints made to ensure managers have a good understanding of detainee concerns. (2.50)	Accepted	Ongoing	An MOU is currently being drafted with NHS England to ensure that this information on complaints is made available to the Home Office; who will share this information where appropriate with the centre contractor.	6 Months
Health Services					
5.51	All health staff should have regular documented clinical supervision, mandatory training and relevant professional development, including chronic condition management, nurse assessment and torture awareness. Doctors should receive training to complete Rule 35 reports effectively. (2.63)	Accepted	Ongoing	Clinical Supervision policy has been issued. Clinical Supervision will become an embedded part of individual healthcare workers annual appraisal and support the forthcoming NMC Revalidation Process. Revised annual appraisal is being developed to meet revalidation criteria. All healthcare staff will have annual appraisals and individualised learning plans which will reflect the mandatory, service specific and elective training The G4S training schedule is under revision to ensure compliance with NHS standards and revalidation.	6 months
5.52	Health staff should have access to and use a full range of pertinent policies and procedures which accurately reflect the environment, including communicable disease management and information governance. (2.64)	Accepted	Complete	All policies are available on line via the G4S Management Information System. The management system enables staff to access core policies. Hard copies of policies will be made available for those who are unable to access the management system due to them being Third Party staff and therefore no having G4S email accounts. It is clearly stated on hard-copies that on-line access is the preferred source as it is the most up to date. All staff are required to sign to acknowledge they have read the policies.	Complete
5.53	All clinical environments should only be accessible to health staff, comply with infection control standards and provide adequate privacy for detainees. (2.65)	Accepted	Ongoing	A cleaning program (deep cleaning) has been implemented to ensure NHS standards are achieved and maintained. Agreement has been reached with Serco that access to clinical environments will be restricted to clinical staff only. A strict protocol will be introduced to ensure that all access to healthcare is controlled and restricted to relevant personnel only. Privacy issues will be resolved through modifications to the current accommodation, and the use of additional rooms in the centre.	6 Months

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5.54	Ambulances should be automatically requested when the emergency code is called. (2.66)	Accepted	Complete	The emergency code response procedure as stipulated in the relevant Detention Services Order 09/2014 is now in place and staff are fully competent in it. As a minimum exercises will be carried out annually. Additionally whenever an ambulance is called to the centre, a senior manager will review the procedure and identify any lessons to be learned.	Complete
5.55	Detainees should be able to complain about all health services through a single confidential well understood system and receive a reply within the agreed time frame. (2.67)	Accepted	Complete	Complaints slips and confidential envelopes are available to detainees to make confidential complaints. All complaints are managed within the accepted timeframe, and response to complaints is monitored by NHS England.	Complete
5.56	Detainees should have prompt access to nurse assessment clinics with trained staff who can provide appropriate treatment using evidence-based assessment algorithms to ensure consistency. (2.79)	Accepted	Ongoing	Primary care clinics have been reviewed and revised. Evidence-based algorithms are being introduced.	6 months
5.57	Detainees with life-long conditions should be cared for within an agreed care pathway and receive regular reviews which generate an evidence-based care plan managed by staff who are appropriately trained and supervised. (2.80)	Accepted	Complete	Primary care clinics have been reviewed and revised. Pathways for many common long term conditions have been adopted, and patients with long term conditions are offered appointments in appropriate clinics. All staff are covered by G4S's policies and protocols including supervision and training.	Complete
5.58	A clear care pathway for women who are pregnant should be agreed between the community midwifery service, health provider and the centre, which includes training for staff and prompt referral for specialist advice when potential complications in pregnancy are reported. (2.81)	Accepted	Ongoing	The midwives from Bedford Hospital attend weekly and provide care plans for pregnant women. Clinical Guidelines have been published to all staff to support the clinical decision making process in respect of potential complications during pregnancy. Compliance with the clinical guidelines will be audited using an agreed audit tool. There is a well established relationship with the local Early Pregnancy Unit (EPU) at Bedford Hospital. There is a satisfactory operational liaison between G4S and Bedford Hospital. The ante-natal care pathway will be reviewed and discussed with Bedford Hospital and a review completed by end August 2015.	31/08/2015
5.59	The enhanced care unit should be underpinned by clear protocols and risk assessments agreed by the partnership board, and detainees who are admitted should receive adequate individual care planned support to ensure their safety and well being. (2.82)	Accepted	Complete	There is no Care Quality Commission registration for this accommodation. NHS England has written to Home Office stating that this accommodation must be considered normal location and not for clinical use. The Home Office has issued a notice to centre staff stating that this accommodation should be considered as normal location.	Complete
5.60	Medication should be prescribed, administered, recorded and stored in compliance with local procedures and all requisite professional standards, and detainees should receive medication promptly. (2.95)	Accepted	Ongoing	A full review of the pharmacy provision and administration of medications is underway and a comprehensive action plan will be produced following the visit of a Pharmacy Adviser for NHS England. The issues require changes to the accommodation which are fairly extensive and are being led by Serco. An additional room is being adapted and equipped to allow dispensing to take place securely and with appropriate arrangements for privacy and confidentiality. NHS Patient Group Directives will be adopted (to allow nurse prescribing of some medicines under a clear, clinically supervised arrangement) and training for staff has been identified. This will enable detainees to be prescribed for these medicines promptly i.e. without having to wait to see a GP.	31/10/2015

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UNANNOUNCED INSPECTION OF YARLS WOOD IMMIGRATION REMOVAL CENTRE

Inspected during 13 APRIL – 1 MAY 2015

Ref	HMCIP Recommendation	Accepted / Partially Accepted / Accepted Subject to Resources / Rejected	Progress	Action Taken / Proposed	Expected Completion Within [6 / 12 / 18 months]
5.61	Medicine management should be overseen by regular on-site pharmacist visits, compliance audits and an effective medicines management committee. (2.96)	Accepted	Ongoing	These issues are included in the review of pharmacy provision. A pharmacy technician has been recruited to work on site to support in the development of medicines management changes.	
5.62	Nurses should be able to supply an appropriate range of over-the-counter and prescribed medications to avoid unnecessary detainee consultations with the GP. (2.97)	Accepted	Ongoing	NHS Patient Group Directives will be adopted (to allow nurse prescribing of some medicines under a clear, clinically supervised arrangement) and training for staff has been identified. This will enable detainees to be prescribed for these medicines promptly i.e. without having to wait to see a GP.	
5.63	All dental equipment should be appropriately serviced and maintained and this should be recorded. (2.101)	Accepted	Complete	A contract is now in place to service and maintain all dental equipment assets. The company responsible carried out a service of the equipment in June 2015.	Complete
5.64	Detention staff should all receive regular mental health awareness training which reflects the cultural diversity and specific needs of detainees, so that they can identify and support detainees with mental ill health. (2.106)	Accepted	Ongoing	Centre Manager to liaise with Home Office, NHS England and other Centre Managers to ensure that suitable Mental Health Awareness training that meets the needs of the population and is consistent with the MH training delivered across the immigration estate is delivered.	12 Months
5.65	Detainees should have timely access to a full range of multidisciplinary care-planned support which meets their needs, including community liaison and the care programme approach. (2.107)	Accepted	Ongoing	G4S will work with Serco to look at the introduction of Supported Living Plans and propose to introduce to the members of the Safer Detention Team in July 2015 and to the Partnership Board in September 2015.	
Substance Misuse					
5.66	Detainees requiring treatment for substance misuse should receive consistent care within an agreed local evidence-based care pathway including discharge planning. (2.110)	Accepted	Ongoing	2 staff have now completed the RCGP Level 1 training. Pathway for the clinical care and management of substance misusers is under development and to be presented to September partnership board meeting.	31/10/2015
Services					
5.67	Detainees should be able to work in the main kitchen cooking food. (2.118)	Accepted Subject to Resources	Ongoing	A review of the qualifications and training requirements will be undertaken by the Catering Manager that would allow residents to work in the kitchen and what resource is required to achieve this.	12 Months
5.68	The menu should include more culturally diverse options to reflect the detainee population. (2.119)	Accepted	Ongoing	A full review of the menu will be undertaken by the Catering Manager to ensure it is sufficiently culturally diverse for the centre's population.	6 Months

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5.69	The electronic menu ordering system should be in a variety of languages. (2.120)	Accepted	Ongoing	All kiosks are currently having menus/information translated into 12 languages. The ATM Kiosks in place across the centre enable residents to operate independently wherever possible. Examples of tasks that residents can complete through the Kiosks include: menu ordering; booking visits; making requests and complaints; personal account queries; access Centre information, including Reception/Induction, House Rules, and Activity Bookings. All functions on the Kiosks will be available in the top 12 Languages used within the Centre. This ensures that important information is available to all residents at the click of a button and in a language they can understand. In addition, by empowering residents to manage their own affairs through the kiosks staff are relieved of a significant administrative burden, enabling them to focus on supervising and interacting pro-actively with residents.	6 Months
5.70	The cultural kitchens should offer additional sessions. (2.121)	Accepted Subject to Resources	Not started	A full review of the activities provision will be undertaken with a view to increasing the number of Cultural Kitchen sessions.	12 Months
Activities					
5.71	Activities should be promoted effectively throughout the centre to ensure that clear information and advice are provided and that all detainees understand how to participate. (3.8)	Accepted	Not started	An information zone will be developed within the vicinity of the new Central Post Room; this will be used to promote activities and a resident advisory service.	6 Months
5.72	Managers should analyse attendance data and survey results regularly to evaluate the effectiveness of activities in meeting the learning and therapeutic needs of all detainees. (3.9)	Accepted	Not started	Attendance data and survey results will be evaluated at six month intervals to ensure the needs of residents are met and that agencies/activities that are identified by residents will be integrated into the timetable.	12 Months
5.73	The quality of English lessons for speakers of other languages should be improved through use of a wider range of learning resources. (3.17)	Accepted	Not started	Academic literature will be refreshed and new software will be supplied to be accessed by residents via the IT services. Lesson plans will be established prior to sessions, outlining requirements and expected attainment. Individual learning plans will be created, reviewed, and completed in line with residents needs.	12 Months
5.74	The centre should provide up-to-date computer-based learning resources which detainees can use independently. (3.18, repeated recommendation 3.15)	Accepted	Not started	Links with local library to be developed to access a wider range of resources for residents use. Contact other centres to identify suitable computer based learning for residents from basic to intermediate level.	12 Months
5.75	There should be effective monitoring of the quality of education. Monitoring and analysis of attendance at education classes and fitness activity should be thorough. (3.19)	Accepted	Not started	Review monitoring of education. Monitoring of attendance to be enhanced – to include time spent in session, learning outcomes/activity undertaken. . New individual lessons plan will be created for every individual participating in education , this will be reviewed at the Activities meeting A feasibility study will be conducted to see whether biometrics can be used in each activity area to capture data, this will be analysed to inform future provision.	6 Months
5.76	The quantity of meaningful, interesting paid work and education should be increased for the more able detainees and those who stay longer. (3.23)	Accepted	Ongoing	Increase paid work opportunities to include – shop/market/religious affairs/kitchen/buddies/carers/post room/arts and crafts. Serco offer a minimum f 67 paid work opportunities. In addition, male employment on the family unit will be reviewed within 6 months as a minimum.	12 Months

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5.77	Detainees should not be prevented from taking up work because of non-compliance with the Home Office. (3.24)	Rejected		Non-compliance with immigration procedures is a requirement of eligibility for engaging in paid work opportunities is in accordance with Detention Service Order 1/2013 – Paid Work.	
5.78	The book stock should reflect up-to-date literary publications. (3.29)	Accepted	Not started	Regimes Manager to review and source literary publications. Local links with Bedford Borough Council Library services will be established to provide up to date publications and negotiate a replenishment cycle.	6 months
5.79	Suitable facilities should be provided for outdoor sports and games. (3.36)	Accepted Subject to Resources	Not started	The Pitch/Court Markings will be repainted on existing outdoor sports pitch and new outdoor recreation equipment to be sourced.	12 Months
Welfare					
5.80	The welfare service should be adequately resourced and available seven days a week. All new arrivals should be seen promptly to assess immediate needs and all detainees being discharged should be seen to assist with outstanding needs. (4.5)	Accepted	Ongoing	A full-time DCO will be the dedicated, Welfare Officer. A support team of 6x DCO will provide cover during periods of holiday, sick leave and training. Also based in the Welfare Office will be 2 full-time Welfare Advocacy Officers from Hibiscus. A member of the Activities Team will provide 3 hours of basic welfare support from the Library at the weekends.	6 Months
Visits					
5.81	Substantial food should be available for purchase by visitors. (4.11)	Accepted	Ongoing	Catering Manager to ensure that hot and cold food will be available to all visitors in the visits hall. Fridge and microwave facilities to be made available.	6 Months
5.82	Subject to risk assessment, detainees should have access to Skype and social media. (4.19)	Reject		<p>The provision of internet access in IRCs is an important means of helping detainees to remain in contact with family, friends and legal representatives and to prepare for removal.</p> <p>The Home Office are taking action to standardise internet access across the detention estate to prevent misuse or access to inappropriate material and ensure parity of access for detainees. This includes work with the voluntary sector to develop a 'white list' of legitimate websites including news, education, employment and legal, which detainees in Yarl's Wood and all other IRCs can access; development of a new Detention Service Order setting out requirements for access and monitoring/audit; and strengthening our approach to ensure detainees cannot access prohibited websites including social media.</p> <p>There are no plans to enable detainees to access to social media or Skype.</p>	
Removal & Release					
5.83	Appropriate information about destination countries for detainees being removed and local community support organisations for detainees being released should be provided to those requiring it. (4.28)	Accepted Subject to Resources	Ongoing	Serco will provide all Detainees with assistance to include domestic and/or business issues in the UK in preparation for their removal from the country. Serco's welfare service will provide advice, advocacy, assistance and support on voluntary returns and reintegration in home countries; assistance with community resettlement and reintegration for those released into the UK and general domestic welfare issues. Serco will partner with Hibiscus Initiatives to help us deliver the Welfare Service. Hibiscus are a specialist welfare and advocacy charitable organisation and one of the UK's leading organisations supporting foreign nationals involved in the criminal justice or immigration system.	6 Months

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5.84	All detainees requiring it should be provided with the financial means to reach their final destination safely. (4.29)	Accepted	Ongoing	Anyone being removed (even non-escorted) are eligible for the hardship fund held by Tascor staff as they are accompanied by escorts to the plane.	
5.85	Detainees should be seen by health care staff before their discharge date to facilitate effective preparation for release or removal, including malarial prophylaxis, travel vaccinations and community liaison. (4.30)	Partially accepted	Ongoing	A protocol is in use which states the process for managing the discharge of a detainee. All detainees will be seen if there is adequate time/notice available for this to happen. In the absence of a consultation, written information will be provided giving health advice. A leaflet has been produced which gives advice and information about how to access healthcare after leaving the centre. Detainees are offered a copy of their medical record to provide to any healthcare service which they use in future.	
5.86	Links with a broader range of community organisations should be developed, including gender specific services. Centre staff should work closely with these organisations to address the support needs of detainees who have experienced abuse, rape, violence or other forms of exploitation. (4.31)	Accepted	Ongoing	Partnership links will be developed with community organisations such as the local Safeguarding Board and the Befrienders. Community stakeholder event to be held at the centre in November 2015 and agencies representing the needs of all residents to be invited, in an effort to develop effective partnerships.	6 Months