

D1527**Client ID: 10549090****Patient Record**

D1527		NHS Number:	
Date of Birth	DPA 16:35 (23 y)	Gender	Male
Place of Birth	UNKNOWN		
Marital Status	Single person	Ethnic Origin	DPA ethnic category 2001 census
Language	Main spoken language Arabic (XaG5p)	English Speaker	Yes

Contact Details

Current Home Address	DPA	13 Dec 2016 -
No Fixed Abode		16 Nov 2016 - 13 Dec 2016

Registration Details

Registration Date	04 Apr 2017	Date of Removal	15 Jun 2017
PDS Registered Practice		Usual Branch	Gatwick Immigration Removal Centre
Dispensing	N	Pharmacy	None

Attendance Record**Last 12 Months (Total)**

Appointments	0 (28)	Attendance	0 (24)	0% (85%)
Visits	0 (0)	DNAs	0 (4)	0% (14%)

Journal

Sensitive/Irrelevant

Sensitive/Irrelevant

Prisoner does not feel like Self Harming or Suicide (Y0903)
 Prisoner has stayed in a psychiatric hospital (YX017)
 Prisoner has received medication for mental health problems (YX019)

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Mr **D1527** (10549090)
DPA

Prisoner has not tried to harm themselves (outside prison) (Y09fa)

Prisoner has tried to harm themselves (outside prison) (YX021)

Sensitive/Irrelevant

No medical/ psychiatric report required (Y08d9)

Sensitive/Irrelevant

Sensitive/Irrelevant

Sensitive/Irrelevant

07 Dec 2016 10:42 Surgery: MILES, Verity (Mrs) (Manager) Entered at: HMP Highdown

Language barrier - speaks Arabic, asked me to get an interpreter to discuss concerns- rebook for another day with language lin and access to a phone.

13 Dec 2016 07:59 Surgery: POULTER, Jacqueline (Admin/Clinical Support Access Role) Entered at: HMP Highdown

Medically fit for court appearance (XaXU8)

Discharged from primary healthcare team (XaKHz)

Sensitive/Irrelevant

Medical condition comments (Y2578) - states fit for court

Sensitive/Irrelevant

13 Dec 2016 17:08 Surgery: EKWURUKE, Ogonnava (Staff Nurse) Entered at: HMP Belmarsh

Sensitive/Irrelevant

Has not received medication for mental health problems (Y08e6)

No (Y0428)

Health care services information leaflet given (XaLMh)

No immediate action required (YX027)

Does not have a psychiatric nurse or care worker (Y08e4)

Sensitive/Irrelevant

Prisoner has not received treatment from a psychiatrist outside prison: no (Y09ce)

Has not stayed in a psychiatric hospital (Y08e2)

No (Y0428)

At risk state (Xa1qc) 2 - History of self harm: Yes

Previous management on ACCT: No

History of Mental illness / engagement with Mental Health Services: Yes

Sensitive/Irrelevant

Persistent thoughts of self harm AND / OR stated intentions to act on those thoughts at present, or over the past 4 weeks: No

Sensitive/Irrelevant

Comment note (Xalg6) - Patient states he has no history of self harm but the documentation on his not indicated that he attempted to hang himself and also headbutted the wall in 2015 whilst in police custody.

No (Y0428)

Impressions of the prisoners behaviour and mental state (YX023) - Seem calm, relaxed with good eye contact.

Sensitive/Irrelevant

Yes (Y0427) - States he has history of depression

Sensitive/Irrelevant

Consultation (Xa1qL) - Seen in FNC, transferred from HMP Highdown, states he is fit and well, Denies any suicidal ideation. Noticed that patient attempted self harm whilst in police custody in 2015 but he denies having any self harm inclination. States he gets depressed sometimes but has not been on any medication. Has good eye contact during interview.

Past medical history (14...) - States he was taking antidepressant but stopped last year.

Actions (Xa1UI) - Referred to the MHT and GP. Advised to speak to the nurse if he feels low.

No immediate risk, but situation will need to be reviewed regularly (Y4578)

Sensitive/Irrelevant

Referral to mental health team (Xa1Pw)

Sensitive/Irrelevant

H/O: mental health problem (YA741)

Sensitive/Irrelevant

At risk state (Xa1nc) 19... Presentation: Orientated, Contented

Sensitive/Irrelevant

Previous Mental Health History: Seen by a Psychiatrist in past 2 Years: No Medication or Follow up

Sensitive/Irrelevant

Self Harm: Minor self Harm in the past Year or Serious Self Harm in the past 2 Years

Sensitive/Irrelevant

No thoughts of deliberate self harm (Xaluw)

Comment note (Xalg6) - Denied any history of self harm, but his FME note indicates that he was head butting the wall in police station in 2015 as well as attempted hanging.

H/O: risk factor NOS (14OZ.) - Nil of note.

Patient aware of referral (Y1637)

Self-harm (X766J)

Reason for referral (XalpS) - Patient was seen in FNC, states he has history of Depression and was on medication which he stopped before coming to prison last year. States that he was having counselling outside. Patient looks well kept, communicating well with good eye contact.

121 / 71 mmHg

Sensitive/Irrelevant

13 Dec 2016 17:39

Surgery: MCALLISTER, Jonathan (Dr) (Clinical Practitioner Access Role) Entered at: HMP Belmarsh

History: Seen in FNC - smiling and talking and laughing with fellow prisoners - did not want to see me but encouraged ++ - he came in, denied any suicidal thoughts or plans and said past hx of attempted banging head and hanging were false and he was ok. he does not appear a risk, good English

Plan: also wants emollient.

Sensitive/Irrelevant

Sensitive/Irrelevant

14 Dec 2016 09:40 | Surgery: TOSEAFA, Donald (Admin/Clinical Support Access Role) Entered at: HMP Belmarsh

Referral In to Gatwick Immigration Removal Centre for In Reach: Ended on 20 Dec 2016 14:50

With the Following Intervention(s)

Referral back to GP

Status Update for In Reach Referral In: On Waiting List

Sensitive/Irrelevant

Consultation (Xa1qL)

Discussed in MH referral meeting on the 20/12/2016

examination - Patient does not appear to have had any previous contact with mental health services, he was in HMP highdown from 16/11/16 but never had contact with Inreach or any mental health professional, was not referred for mental health assessment.

According to the referral, he has history of depression and has been on antidepressant in the past but stopped last year.

First time in prison, states he was having counselling outside.

Plan: GP Appointment, Prison care

Sensitive/Irrelevant

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D1527

(10549090)

DPA

Did not attend (Xa1kG)

Sensitive/Irrelevant

30 Jan 2017 19:09	Surgery: JOEL, Olubukola (Mrs) (Nurse Access Role) Entered at: HMP Belmash
Temperature (X75Xk) 36.5 C Pulse rate (X773s) 86 bpm Respiratory rate (X774f) 17 breaths/min Pulse oximetry (X77cx) 99 % Consultation (Xa1qL) - At 19:00, this evening this patient presented himself to me in the treatment room complaints of chest pain. Actions (Xa1UI) - Vital signs checked and recorded was within normal range. ECG done need review and Paracetamol 500mg x 2 given. On call Dr informed about the patient. 133 / 84 mmHg	
30 Jan 2017 20:06	Surgery: MCALLISTER, Jonathan (Dr) (Clinical Practitioner Access Role) Entered at: HMP Belmash
History: Asked to see on HB4 at 19:30 - Chest pain - un-readable ECG by nurse - Obs stable, known to me from FNC - hx anxiety and self harm - from Egypt, not smiling as previously, little eye contact, SOB, intermittent sharp chest pain, funny feelings in stomach, stressed, tearful, thoughts about suicide and self harm Diagnosis: transfer to ward on HC for observation Sensitive/Irrelevant Custom script: Printed On Mon 30 Jan 2017 20:08 By Dr Jonathan McAllister	
30 Jan 2017 20:30	Surgery: ANYIMBA, Ifeoma (Miss) (Staff Nurse) Entered at: HMP Belmash
Informed consent given for treatment (XaXHK) Modified early warning score (XaRFY) 0 - Temperature °C: 36.1-37.4 Systolic BP: 100-139 Diastolic BP: 60-89	

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Mr **D1527** (10549090)
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pulse: 60-99
 Respiratory rate (breaths/minute): N/A
 Pulse Oximetry Saturations: >94-100%
 Levels of Consciousness: Alert (A)

Self-harm (X766J)
 Mental health disorder (E....)
 Temperature (X75Xk) 36.8 C
 Pulse rate (X773s) 89 bpm
 Pulse oximetry (X77cx) 98 %
 General observation of patient (Xa1bt)

Received a phonecall from Dr McAllister to admit **D1527** due to chest pains which he thinks is related to anxiety. Seen on admission. Appeared low in mood and tearful on occasion.

From Egypt. Previously in HMP Highdown. Told me that this is his first time in prison. I asked why he is low in mood and he told me that he is upset being in prison. Said he is going to court in 3 months. Said he is also upset because he has not spoken to his family in 4 years. Said his family are not in the UK.

Told me that he has Depression. Not clear if he is known to any mental health service.

Said he has previous history of self harming.

I asked if he had any thoughts or intent to self harm and he said no but clearly appeared very upset and withdrawn. Limited eye contact. Bowing down with low tone of voice. I explained that I would locate him in the ward where he can be monitored. No reports of having any chest pains.

I opened an ACCT due to his presentation and he is currently on Ward 1 Bed 1.

Reason for attendance (Y4548)

On admission appeared low in mood. Tearful on one occasion.

Told me that he tried to kill himself in 2015 by taking some tablets.

I asked about current thoughts or plans to self harm and he denied having any.

Other note (XalgC) - Previous history of self harming

Reason for attendance (Y4548) - Did not present with any management problems

Reason for attendance (Y4548)

History of Depression. I asked if he is known to any mental health service and he told me that he has been to Croydon hospital but it is not clear if this is for his mental or physical health.

Did not present with any psychotic behaviour.

Speech was normal in tone and rate

Open ACCT (YA213)

Admission to ward (XaAMw) - Ward 1

Reason for attendance (Y4548) - Reports no physical health issues.

No (Y0428)

136 / 85 mmHg

Inpatient Admission - Mental Health Care Plan Created

Inpatient Admission - Mental Health Instruction: - Orientate Patient to the ward and allocate primary nurse

- Inform Patient of Inpatient Regime

- Check Vital Signs of Patient and record accordingly and report any abnormal findings to the nurse in charge

- Patient to be seen within 72 hours by Psychiatrist, to be seen weekly in the ward round to plan a care pathway

- Nursing staff to monitor DSH attempts, ACCT document to be opened if necessary

- Patient to be seen by GP within 72 hours regarding any physical health issues they may have, patient is able to see GP Monday-Friday AM if needed

- ECG, Blood and UDS to be done within 72 hours

Inpatient Admission - Mental Health Instruction: - Nurse to encourage medication compliance, if patient is refusing nursing staff to offer 1:1 to establish any reasons for refusal and to discuss medication importance

- Nurse to encourage daily 1:1 with allocated nurse and this is to be recorded via SystmOne daily.

- Nursing staff to encourage patient to engage with daily activities on the unit

- Nursing staff to monitor and act accordingly any patient who is expressing violent, aggressive or challenging behaviour. Working together with officers on the unit, patients unlock status should be reviewed daily.

- Nursing staff to monitor diet and fluid intake and record via SystmOne

Inpatient Admission - Mental Health Visiting Frequency: Visit every 3 days

Inpatient Admission - Mental Health Review next due on 02 Feb 2017 21:06

30 Jan 2017 22:41	Surgery: ANYIMBA, Ifeoma (Miss) (Staff Nurse) Entered at: HMP Belmarsh
30 Jan 2017 22:41	Surgery: ANYIMBA, Ifeoma (Miss) (Staff Nurse) Entered at: HMP Belmarsh
31 Jan 2017 05:02	Surgery: ANYIMBA, Ifeoma (Miss) (Staff Nurse) Entered at: HMP Belmarsh

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Other note (XalgC)

[Sensitive/Irrelevant] medication was offered but he declined. Said he does not know what it is. I explained what the medication was for and offered to give him a leaflet on it but he declined.

He was later seen interacting well with another patient on the ward and appeared cheerful in mood. He appeared asleep from 00:20hrs.

Other note (XalgC) - none

31 Jan 2017 10:38	Surgery: FOSTER, Luke (Mr) (Clerical Access Role) Entered at: HMP Belmarsh
31 Jan 2017 11:46	Inpatients, Surgery: DALY, Rachel (Dr) (Psychiatrist) Entered at: HMP Belmarsh

Sensitive/Irrelevant

(Future dated medication 01 Feb 2017)

Ended 04 Apr 2017 Patient Deducted

Custom script: Printed On Tue 31 Jan 2017 11:47 By Dr Rachel Daly

31 Jan 2017 11:50	Inpatients, Surgery: DALY, Rachel (Dr) (Psychiatrist) Entered at: HMP Belmarsh
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Outcome (XalXy) -

[Sensitive/Irrelevant]

[Sensitive/Irrelevant]

low but no self harm plan query psychosis guarded wants to go back to 4 told him im starting antidepressant and hes needs assessment start [Sensitive/Irrelevant]

Yes (Y0427)

Inpatient stay (XaBV3)

Seen by forensic psychiatrist (XaATF)

Sensitive/Irrelevant

01 Feb 2017 18:02	Surgery: CHITEME, Michael (Mr) (Nurse Access Role) Entered at: HMP Belmarsh
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Other note (XalgC) - He is eating and drinking ok. No dietary issues there.

Other note (XalgC) - [D1527]'s mental state appears relatively settled. It appears that he does not really understand why he is in healthcare. When I had a 1:1 with him, he said that he needs to go back to the house block where his friends are. It was noted that he has been refusing his medication and when asked why, he said that he does not need it. He insisted that there is nothing wrong with him and if he agrees to take it, its an admission that I am not well.

Other note (XalgC) - He has been fine. No management problems as such besides declining his medication.

Other note (XalgC) - His selfcare is good as he is able to look after his personal hygiene without assistance.

Other note (XalgC) - He reported that he is sleeping ok although last night was difficult with the buzzing noise from the alarm.

Other note (XalgC) - He has not complained of any physical health problems.

Other note (XalgC) - See earlier notes

Other note (XalgC) - No significant issues to note

Other note (XalgC) - None

Other note (XalgC) - None

Other note (XalgC)

Denied any self harm thoughts

Denied any suicidal thoughts.

01 Feb 2017 22:41	Surgery: ANYIMBA, Ifeoma (Miss) (Staff Nurse) Entered at: HMP Belmarsh
01 Feb 2017 22:41	Surgery: ANYIMBA, Ifeoma (Miss) (Staff Nurse) Entered at: HMP Belmarsh
02 Feb 2017 05:17	Surgery: ANYIMBA, Ifeoma (Miss) (Staff Nurse) Entered at: HMP Belmarsh

Other note (XalgC)

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Mr [D1527] [10549090]

DPA

Sensitive/Irrelevant

02 Feb 2017 16:55 Surgery: JEBODA, Regina (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh

Other note (XalgC)

Mr. **D1527** appeared settled in his presentation.

He was offered his 13:00 hours prescribed medication **Sensitive/Irrelevant** but declined. Said he does not need any medication.

Other note (XalgC) - None reported

Other note (XalgC) - None displayed

Other note (XalgC) - Food and fluid intake observed. He collected his meals from the hot plate.

Other note (XalgC) - He is self care, appeared reasonably cleaned

Other note (XalgC) - No new risk identified

Other note (XalgC) - Appeared pleasant when approached

Other note (XalgC)

He denied any thoughts to self harm and suicidal ideation

Overview Notes (Y0028) - Remains on an open ACCT

Physical violence: no (Y094b)

Other note (XalgC) - Refused medication

No (Y0428)

Other note (XalgC) - Declined offer of ward activities

Other note (XalgC) - Had 1:1 with Mr. **D1527** through his cell hatch he was lying in bed at the time but sat up in bed. I asked about his well being. Reported he was fine and did not express any concerns. He was offered his 13:00 hours prescribed medication **Sensitive/Irrelevant** but declined. Said he does not need any medication. He spent most of his time in his cell sleeping.

At risk of DSH - deliberate self harm (XaluV)

03 Feb 2017 05:21 Inpatients, Surgery: CHINAKIDZWA, Elizabeth (Mrs) (Staff Nurse) Entered at: HMP Belmarsh

Other note (XalgC) - **D1527** was asleep from the start of the shift and through the night.

Other note (XalgC) - None

03 Feb 2017 12:10 Surgery: ADEMILUYI, Olufunke (Staff Nurse) Entered at: HMP Belmarsh

03 Feb 2017 12:10 Surgery: ADEMILUYI, Olufunke (Staff Nurse) Entered at: HMP Belmarsh

03 Feb 2017 19:16 Surgery: ADEMILUYI, Olufunke (Staff Nurse) Entered at: HMP Belmarsh

Other note (XalgC) - calm and settled

Other note (XalgC) - good

Other note (XalgC) - good

Other note (XalgC) - appears to be clean

Other note (XalgC) - none on the shift

Other note (XalgC)

Appears settled and calm in his mental state he has been refusing his prescribed medication.

This evening staff observed him banging his cell he was found lying on the floor faced down, staff went to see him he was alright, breathing fully alert his respiratory **Sensitive/Irrelevant**.

He was seen by Doctor Daly the plan was to keep him in Health Care for the week end which he was not happy about he wanted to go back to the house probably upset because he is staying at the HC for the week end.

Nurses and two SO one officer went to see him spoke to through the hatch by then he was up sitting on his bed, he was re-assured, and to press the buzzer if he need to speak to the staff.

At a point he used a tissue the block the little window on the hatch he has been told that it not allowed he need to be visible for the staff check his well being and safety.

Other note (XalgC) - He declined.

Other note (XalgC) - none.

Other note (XalgC) - He did not express self harm

Other note (XalgC) - none reported

Other note (XalgC) - none

Sensitive/Irrelevant

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Mr. **D1527** **10549090**

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Sensitive/Irrelevant

05 Feb 2017	Inpatients, HMP Prison: JITTA, Skeete (Sister/Charge Nurse) Entered at: HMP Belmarsh	Entered: 05 Feb 2017 08:01
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F213 - Report of injury to inmate to Inpatients

05 Feb 2017 05:34	Inpatients, Surgery: CHINAKIDZWA, Elizabeth (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
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Other note (XalgC)

D1527 pressed his cell bell around 21.00hrs, asked for pain killers and a bandage for his wrist. I ask what happened he said nothing covering his wrist with a towel. I only saw a glance of a single scratch, not sure how big and how deep but not bleeding. He refused to talk about it. F213SH was completed. Not sure when he self-harmed and the object used. I gave him a **Sensitive/Irrelevant** aiming to see the cut but it did not help. He applied the dressing, and continued watching tv.

Around 23.30hrs he pressed his cell bell asked for sleeping tablets, I told him that he was not on night medication. He said, "I refused my afternoon medication, can I have it now. Told him it was not possible he has to wait for the prescribed time, but I will book you to be seen by the Psyches on Monday. Thus when he handed me a noose. He refused to discuss where he got it from. Oscar team were informed. 00.15hrs he was strip searched. Everything was removed from his cell including tv and kettle. He was given anti-ligature bedding. His ACCT was reviewed. He was placed on Intermittent observations every 30 minutes until next review.

Other note (XalgC) - Self harmed on his wrist.

05 Feb 2017 10:40	Inpatients, Surgery: JITTA, Skeete (Sister/Charge Nurse) Entered at: HMP Belmarsh
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No (Y0428)

H/O: deliberate self harm (XaF9U)

Yes (Y0427) - observations during the day remain hourly, night time observations reduced to hourly observations, as he is in anti tear bedding and has very little in his cell at present.

Multidisciplinary review (XaQfp)

Mr Holt case manager

D1527

Officer Hidson

S. Jitta (CN)

Overview Notes (Y0028)

D1527 was not very forthcoming with information about why he made the noose, and said he had cut his wrists last night. Said he does not like being in the healthcare, wants to return to the main prison wing, said he does not need to take medication as there is nothing wrong with him. Said his only regret was coming to the healthcare, said he was initially told it would only be for 24 hours, but more than a week later he is still here. Denied having current thoughts to hurt himself at present, however would not engage in providing details, said he would take medication and not try to self harm if he were returned to the main prison wing.

Explained to **D1527** that engaging with staff would be beneficial to him in that it would enable us to know, how he is feeling and areas which we may be able to provide support, encouraged him to think about this, suggested to him that his current course of action was not helping him and serves only to cause concern. Suggested he should endeavour to take his medication and if he wanted could discuss this with the psychiatrist. He reluctantly showed me both wrists, skin not broken however mark around his wrists indicate he had tied something around them tightly recently.

Low suicide risk (XaleX)

Referral to nurse (Xa1dg)

Other note (XalgC) - handed nurse torn piece of bed sheet, he had made a knot at one end

Thoughts of deliberate self harm (Xalux)

Mental health assessment (XaLYN)

Medication In Possession Status: Not in possession - Ended: CHITEME, Michael (Mr) (Nurse Access Role) Entered at: HMP Belmarsh on 06 Feb 2017

05 Feb 2017 13:44	Inpatients, Surgery: RAMPERSAD, David (Mr) (Staff Nurse) Entered at: HMP Belmarsh
05 Feb 2017 13:44	Surgery: RAMPERSAD, David (Mr) (Nurse Access Role) Entered at: HMP Belmarsh
05 Feb 2017 16:10	Inpatients, Surgery: JITTA, Skeete (Sister/Charge Nurse) Entered at: HMP Belmarsh

Other note (XalgC) - tied a piece of torn bedsheet together, also tied something around his wrist tightly so it left a mark but did not break the skin

Other note (XalgC)

D1527 asked to speak with a nurse. His account is as follows.

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States he is actually from Syria, however left Syria when he was about 10 years old and went to Egypt with a cousin. He did not feel able at this point to provide details of why he left Syria, noted tears welling up in his eyes, I explained to **D1527** that it was okay if he did not feel comfortable at this point to speak as it was the first time we had met. He went on to say he and his cousin lived in Egypt for about 5 years before they decided to come to the UK via Italy. Said he lost contact with his cousin while in the boats making the crossing and has not seen him since. States he has finger prints in Italy but he always intended to come to the UK having been told that it was better. Came to the UK via lorry with others and was taken to the police station, said he was frightened because there were so many police around him, he at first said he was from Syria, but he said other people said he was from Egypt so he decided to say he was from Egypt. Said he has 3 different date of births, said his real date of birth is **DPA** said his prison date of birth is **DPA** and the social service date of birth is **DPA**. Has lived in the UK for about 3 years, had an asylum claim but thinks it was rejected. Presents as not being certain about what is going to happen.

States this is the first time he is in prison, had seen a solicitor at court, but does not have a lawyer currently, not sure how to get one, due to return to court in March. States he was charged with rape, said the person was known to him. In terms of coming to the healthcare, said he felt anxious and panicky, he reluctantly said that this was because he thought about his family in Syria, has lost contact with them does not know if they are alive does not know what to do. said he was also thinking about them last night, though he accepts that his course of action did not help his case.

D1527 said he wanted to return to the houseblock, said there was more to do there, had been to education, and the gym, said he was more interested in education as he wants to learn to read.

At present asked if he could have the TV returned, was informed that not for tonight, however he will be seen tomorrow for review and the decision will be made during the review. He said he understands this and said he will be okay and wont try to hurt himself.

From the conversation, it would appear that **D1527** would require assistance to finding a solicitor, also getting in contact with the services such as the red cross to perhaps help with finding his family. I said i would contact induction when i am next on duty to obtain more advice on the matter. **D1527** said he was grateful for this.

06 Feb 2017	Inpatients, Surgery: JITTA, Skeete (Sister/Charge Nurse) Entered at: HMP Belmarsh
Ongoing review (Xalpj)	
06 Feb 2017 06:09	Inpatients, Surgery: CHINAKIDZWA, Elizabeth (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
Other note (XalgC) - D1527 had a settled night. He was nursed on hourly observations as per his ACCT requirement. No concerns.	
Other note (XalgC) - None	
06 Feb 2017 12:17	Surgery: ADEMILUYI, Olufunke (Staff Nurse) Entered at: HMP Belmarsh
06 Feb 2017 12:17	Surgery: ADEMILUYI, Olufunke (Staff Nurse) Entered at: HMP Belmarsh
06 Feb 2017 14:56	Surgery: CHITEME, Michael (Mr) (Nurse Access Role) Entered at: HMP Belmarsh

Mental health assessment (XalYN)

Suicide risk: no (Y094e)

At risk of DSH - deliberate self harm: no (Y09a3)

Other note (XalgC) - Reported that he is sleeping well.

Other note (XalgC) - His selfcare is good and no issues to note.

No further action required (Y0488)

Low suicide risk (XaleX)

Yes (Y0427)

Overview Notes (Y0028)

Mr **D1527** was seen this afternoon for his ACCT review. He came into the room smiling. He said that he feels much better than he was last few days. He was asked what had changed but could not put his finger to anything. He engaged well throughout the interview but not keeping a good eye contact. Went over the recent event where a noose was found in his cell and he said that it was under his mattress.

Mr **D1527** denied any thoughts of self harm today. He denied any suicidal ideas or thoughts. Asked what he would do differently if he felt low, he said he is now taking medication and will talk to staff. He was reminded that staff are here 24/7 and hence he should talk to someone about anything.

He was informed that according to yesterday conversation with the SO, if there was no incidents in the last 24hrs, he would get a TV. So it was agreed that he can have his TV back and he can have normal bedding in his cell. He was reminded that if there are further incidents, then he would have broke the trust between staff and will lose everything he has in his cell and the journey for him to move from healthcare will take longer. He was happy with this and was told that his observations during the day will be reduced but remain the same during the day.

Multidisciplinary review (XaQfp)

At risk of DSH - deliberate self harm: no (Y09a3)

No (Y0428)

Open ACCT (YA213)

At risk of DSH - deliberate self harm: no (Y09a3)

Other note (XalgC) - Seen in ACCT review. SEE entry.

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Other note (XalgC) - Exercise in the yard
 Other note (XalgC) - None in the last 24 hrs.
 Unknown (X90UG)
 No (Y0428)
 Other note (XalgC)

Mr. **D1527** was seen this afternoon for his ACCT review. He came into the room smiling. He said that he feels much better than he was last few days. He was asked what had changed but could not put his finger to anything. He engaged well throughout the interview but not keeping a good eye contact. Went over the recent event where a noose was found in his cell and he said that it was under his mattress.

Mr. **D1527** denied any thoughts of self harm today. He denied any suicidal ideas or thoughts. Asked what he would do differently if he felt low, he said he is now taking medication and will talk to staff. He was reminded that staff are here 24/7 and hence he should talk to someone about anything.

He was informed that according to yesterday conversation with the SO, if there was no incidents in the last 24hrs, he would get a TV. So it was agreed that he can have his TV back and he can have normal bedding in his cell. He was reminded that if there are further incidents, then he would have broke the trust between staff and will lose everything he has in his cell and the journey for him to move from healthcare will take longer. He was happy with this and was told that his observations during the day will be reduced but remain the same during the day.

Other note (XalgC) - Mr. **D1527** said that he is eating and drinking ok.

Other note (XalgC) - Appears to be in a good mood. Joined the others to go for exercise in the yard. He reported that he is sleeping ok.

Other note (XalgC)

Denied any thoughts of self harm.

Denied any suicidal thoughts

Other note (XalgC) - None

Sensitive/Irrelevant

07 Feb 2017 05:23	Surgery: ANYIMBA, Ifeoma (Miss) (Staff Nurse) Entered at: HMP Belmarsh
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Other note (XalgC)

D1527 was banging at his door at the start of the shift. He was asked the reason for doing this but he would not say so. He was advised not to cover his face with a blanket so as to be monitored during the night and he said he would block his hatch despite being told he is being observed regularly during the night. He requested for painkillers at 22:00hrs and 1g of paracetamol administered. He showed me superficial scratches on his left wrist and marks on his neck. Said this was from the incident of self harming yesterday and requested to see the GP. Told he would be booked to see the GP. He returned to bed. He was nursed on hourly observations as per his ACCT requirement. No concerns.

07 Feb 2017 11:59	Surgery: ADEMILUYI, Olufunke (Staff Nurse) Entered at: HMP Belmarsh
07 Feb 2017 11:59	Surgery: ADEMILUYI, Olufunke (Staff Nurse) Entered at: HMP Belmarsh
07 Feb 2017 15:55	Surgery: VALYDON, Kevin (Mr) (Health Professional Access Role) Entered at: HMP Belmarsh

History: Inpatient Ward Round

Presents:

Dr Daly

Suraj Persand

Kevin Valydon

Skeete Jitta

Chris Sings - HCC manager

Brett Scott - Supervising officer

Was inquisitive about the nature of this meeting, stated he 'doesn't like it here', like the HB more. Was told he would be on IPU 'only for a night'. He stated he found shredded bedsheet under his bed and gave it to officers? Denied any voices, stated looking at the wall painting he sees a garden, could not translate in English the colour.

Reported everything 'is fine'. **Sensitive/Irrelevant** not worried of court case. Not taking tablets regularly, he doesn't think he needs the tablets. Stated was upset on HB.

Plan: Plans:

Good behavioural plan in place before considering discharge to HB.

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Mr. **D1527** (10549090)

DPA

08 Feb 2017 05:07	Surgery: ANYIMBA, Ifeoma (Miss) (Staff Nurse) Entered at: HMP Belmarsh
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Other note (XalgC)

D1527 has been calm and settled and slept throughout the night. Hourly observation maintained all night.

Other note (XalgC) - none

Sensitive/Irrelevant

08 Feb 2017 12:00	Surgery: BHEENICK, Vishal (Mr) (Staff Nurse) Entered at: HMP Belmarsh
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08 Feb 2017 12:00	Surgery: BHEENICK, Vishal (Mr) (Nurse Access Role) Entered at: HMP Belmarsh
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08 Feb 2017 15:48	Surgery: BUKOYE, Oluyinka (Admin/Clinical Support Access Role) Entered at: HMP Belmarsh
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Other note (XalgC) - He complied with his prescribed medication., there was no new Physical health issue identified during the shift.

Other note (XalgC) - I had 1-1 conversation with Mr **D1527** in the association session today He appeared calm settled in mood. He stated He has been fine , He has no issue to discuss. Mr **D1527** still on ACCT, all the ACCT entries maintained. At the time of the conversation his mood and mental state appeared relatively calmer. He denied the thought of self-harm or suicide.

Other note (XalgC) - None

Other note (XalgC) - None displayed.

Other note (XalgC) - He ate and drank well and his fluid intake was very good. In all meal time He collected his meal from the hot plate.

Other note (XalgC) - There was no new risk identified during the shift.

Other note (XalgC) - He attends to his personal care and dressed appropriately.

Other note (XalgC) - There was no presentation of challenging behaviour observed or reported during the shift. He interacted well with other inmates during association session, no concern.

Other note (XalgC) - He settled and slept well.

08 Feb 2017 18:17	Inpatients, Surgery: BHEENICK, Vishal (Mr) (Staff Nurse) Entered at: HMP Belmarsh
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Other note (XalgC) - None

Other note (XalgC) - Around 18.00hrs Mr **D1527**, pressed the cell bell. Complained of feeling weak and shortness of breath couple of hours ago, however reported that he was fine whilst taking to him. Believes it might be due too low sugar level, as he felt better after eating. Requested to be seen by the GP. GP appointment booked.

08 Feb 2017 19:25	Inpatients, Surgery: BHEENICK, Vishal (Mr) (Staff Nurse) Entered at: HMP Belmarsh
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Pulse oximetry (X77cx) 98 %

Respiratory rate (X774f) 20 breaths/min

BM stix glucose level (XM1Vx) 5.3 mmol/L

Modified early warning score (XaRFY) 1 - Temperature °C: N/A

Systolic BP: 140-169

Diastolic BP: 60-89

pulse: 60-99

Respiratory rate (breaths/minute): 12-20

Pulse Oximetry Saturations: >94-100%

Levels of Consciousness: Alert (A)

Other note (XalgC) - Around 19.15hrs he pressed the cell bell again, felt weak, stated " it might be low sugar level".

Vital signs were monitored, which were within normal range. MEWS score:1.(slightly raised diastolic)

BGM:5.3mmols. He was not observed to be sweating, clammy or shaking. He was encouraged to drink plenty of water and have some rest. He was reassured that he has been booked to be seen by the GP on Friday, however if he continues to feel weak or shortness of breath do not hesitate to call staff attention, which he agreed.

Other note (XalgC) - None

Temperature (X75Xk) 36.9 C

Pulse rate (X773s) 77 bpm

142 / 86 mmHg

08 Feb 2017 20:49	Surgery: ANYIMBA, Ifeoma (Miss) (Staff Nurse) Entered at: HMP Belmarsh
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Inpatient Admission - Mental Health Review next due on 08 Mar 2017 20:57

09 Feb 2017	Inpatients, HMP Prison: JITTA, Skeete (Sister/Charge Nurse)	Entered: 09 Feb 2017 17:49
	Entered at: HMP Belmarsh	

Reviews to Inpatients

09 Feb 2017 05:09	Surgery: ANYIMBA, Ifeoma (Miss) (Staff Nurse) Entered at: HMP Belmarsh
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Other note (XalgC) - none

Other note (XalgC)

D1527 has been calm and settled in mood. Said he feels better and is happy that he has a TV. He watched TV and

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Mr **D1527** (10549090)**DPA**

09 Feb 2017 11:48	Surgery: JITTA, Skeete (Sister/Charge Nurse) Entered at: HMP Belmarsh	
09 Feb 2017 11:48	Surgery: JITTA, Skeete (Admin/Clinical Support Access Role) Entered at: HMP Belmarsh	
09 Feb 2017 14:37	Inpatients, Surgery: DALY, Rachel (Dr) (Psychiatrist) Entered at: HMP Belmarsh	
Seen by forensic psychiatrist (XaATE)		
Inpatient stay (XaBV3)		
No (Y0428)		
Outcome (XaIXy) - very stable no evidence of depression no selfharm ideas can be disruptive for welfare visit fit for discharge		
09 Feb 2017 14:59	Surgery: ADEMILUYI, Olufunke (Staff Nurse) Entered at: HMP Belmarsh	
No (Y0428)		
Other note (XalgC) - two weeks		
Other note (XalgC) - Settled and calm in behaviour happy to go back to the house block		
Other note (XalgC) - Presentation of self harm		
Discharged from inpatient care (8HE2.)		
Other note (XalgC) - single cell		
Open ACCT (YA213)		
Other note (XalgC) - House block four		
Other note (XalgC) - YES		
Other note (XalgC) - Nursing staff to continue to assess and monitor his mental state every day.		
Comment note (Xalg6)		
Nurse (XaBrW)		
Follow up (Xaljm)		
Other note (XalgC) - Mr S. Persand		
Other note (XalgC) - Two		
Other note (XalgC) - Unknown		
Single cell (Y4745)		
Other note (XalgC) - Mr Eaton		
No (Y0428)		
09 Feb 2017 16:13	Surgery: DEAN, Alice (Miss) (Nurse Access Role) Entered at: HMP Belmarsh	
Referral In to Gatwick Immigration Removal Centre for Primary Intermediate Mental Health: Ended on 04 Apr 2017 00:00		
With the Following Intervention(s)		
Transferred - in custody		
Status Update for Primary Intermediate Mental Health Referral In: On Waiting List		
09 Feb 2017 17:53	Inpatients, Surgery: JITTA, Skeete (Sister/Charge Nurse) Entered at: HMP Belmarsh	
No (Y0428)		
H/O: deliberate self harm (XaF9U)		
Yes (Y0427)		
Multidisciplinary review (XaQfp)		
D1527		
Dr Daly		
SO Eaton		
S jitta		
Overview Notes (Y0028)		
denied current thoughts to hurt himself agreed to continue to take medication, happy to return to houseblock		
was informed he would be followed up by Dr Daly in the outpatients, also will receive a welfare visit from the CPN		
Low suicide risk (XaleX)		
No further action required (Y0488)		
Other note (XalgC) - none		
At risk of DSH - deliberate self harm: no (Y09a3)		
Mental health assessment (XaIYN)		
Medication In Possession Status: Not in possession - Ended: JEBODA, Regina (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh on 22 Mar 2017		
10 Feb 2017 10:38	Surgery: FOSTER, Luke (Mr) (Clerical Access Role) Entered at: HMP Belmarsh	
10 Feb 2017 13:00	Surgery: EKWURUKE, Ogonnaya (Staff Nurse) Entered at: HMP Belmarsh	Entered: 10 Feb 2017 19:55
10 Feb 2017 19:54	Surgery: EKWURUKE, Ogonnaya (Staff Nurse) Entered at: HMP Belmarsh	
11 Feb 2017 13:40	Surgery: JOEL, Olubukola (Mrs) (Staff Nurse) Entered at: HMP Belmarsh	

11 Feb 2017 13:40	Surgery: JOEL, Olubukola (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
11 Feb 2017 15:47	Surgery: JOEL, Olubukola (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh

At risk of DSH - deliberate self harm: no (Y09a3)

Low suicide risk (XaleX)

No (Y0428)

Multidisciplinary review (XaQfoL.....)

Overview Notes (Y0028) - Mr **D1527** had ACCT review today, he appeared bright and pleasant in mood engaged well with SO on duty. No abnormal or unusual behaviour observed throughout the session. He maintained good eye contact throughout. He denies any current suicidal ideation. He stated that he would like to work and SO reassured him about him get a job.

No further action required (Y0488)

Mental health assessment (XaLYN)

Unknown risk of deliberate self harm (Xalv0)

12 Feb 2017 15:54	Surgery: ODESOLA, Bolanle (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
12 Feb 2017 15:55	Surgery: ODESOLA, Bolanle (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
13 Feb 2017	Surgery: CHITEME, Michael (Mr) (Nurse Access Role) Entered at: HMP Belmarsh

Ongoing review (Xalpj)

13 Feb 2017 16:24	Surgery: JOEL, Olubukola (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
13 Feb 2017 16:24	Surgery: JOEL, Olubukola (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
13 Feb 2017 18:52	Surgery: JOEL, Olubukola (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh

Consultation (Xa1qL) - Seen today in the treatment room complaints of headache and back pain.

Temperature (X75Xk) 36.4 C

Actions (XaUI) - Temperature checked was 36.4 and **Sensitive/Irrelevant** given was encouraged to drink more fluid.

14 Feb 2017 12:14	Surgery: JOEL, Olubukola (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
14 Feb 2017 12:14	Surgery: JOEL, Olubukola (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
14 Feb 2017 15:46	Surgery: FOSTER, Luke (Mr) (Clerical Access Role) Entered at: HMP Belmarsh

History: Patient discussed in the MH referral meeting on the 14/02/2017 present were Dr Hothi Donald, Alice, George, Pompee, Tracy and the London veteran service

Examination: Patient does not appear to have had any previous contact with mental health services, he was in HMP highdown from 16/11/16 but never had contact with Inreach or any mental health professional, was not referred for mental health assessment.

According to the referral, he has history of depression and has been on antidepressant in the past but stopped last year.

First time in prison, states he was having counselling outside.

Plan: OPA with Dr Daly 20/03/2017

14 Feb 2017 16:01	Surgery: NWABUDIKE, Anthony (Dr) (Doctor) Entered at: HMP Belmarsh
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Problem: Mixed anxiety and depressive disorder (X00Sb)

History: Palpitations (XE0qv) for last 3-4 months, almost every other day, lasts usually for one hour, associated ? type of sensation in his lower limbs but not in upper limbs or face. During this time, patient says that he feels scared and feels that something bad will happen. His breathing is not fast at this time. He says that he has had it in the past but not as defined and clear cut as now. no chest pain during attacks.

He was seen on 31/01/17 by psychiatrist and started on citalopram. he refused ECG appointment but I have been able to convince him today to have another go at getting an ECG.

Pmhx: nil,

Drughx: Started citalopram 10 days ago. He used this in the community in the past. He says that he does not know why he is on this tablet, he thinks that it is for depression or stress.

Allergyhx: NKDA

Examination: dressed in casual clothing, makes good eye contact, spoke with normal speed and tone of speech, ? little insight, no evidence of formal thought disorder, not suicidal today.

Diagnosis: 1. Mixed anxiety and depressive disorder (X00Sb) (New Episode)

Plan: 1. continue citalopram as prescribed by psychiatrist, 2. Book for ECG

Mixed anxiety and depressive disorder (X00Sb) (Ongoing Episode)

Mixed anxiety and depressive disorder (X00Sb)

15 Feb 2017	HMP Prison: FOSTER, Luke (Mr) (Administrator) Entered at: HMP Belmarsh	Entered: 21 Feb 2017 11:38
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ECG to HMP Belmarsh

15 Feb 2017	Surgery: FOSTER, Luke (Mr) (Administrator) Entered at: HMP Belmarsh	Entered: 21 Feb 2017 11:38
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ECG - general (321..) (New Episode)

15 Feb 2017 18:59	Surgery: HESS-WILLIAMS, Rosemary (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
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Mr **D1527** (10549090)

DPA

15 Feb 2017 18:59	Surgery: HESS-WILLIAMS, Rosemary (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
16 Feb 2017 10:38	Surgery: CHOY, Ngai (Mr) (Nurse Access Role) Entered at: HMP Belmarsh

Consultation (Xa1qL) - Sensitive/Irrelevant he has given his consent. Understands the benefit and side effect of: Sensitive/Irrelevant Exp 07/2017

16 Feb 2017 11:34	Surgery: CHOY, Ngai (Mr) (Nurse Access Role) Entered at: HMP Belmarsh
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16 Feb 2017 11:37	Surgery: CHOY, Ngai (Mr) (Nurse Access Role) Entered at: HMP Belmarsh
16 Feb 2017 15:12	Surgery: BULGER, Gerard (Dr) (Clinical Practitioner Access Role) Entered at: HMP Belmarsh

History: Assured his with his ECG. His description of his palpitations is of normal tachycardia. Mild blepharitis and also spots face. Court case in March

Examination: Mild blepharitis and acne like rash beard area.

Diagnosis: ECG

Plan: Assured and treat his spots. i think just one week Ok as seems acute deelopment.

Sensitive/Irrelevant

Custom script: Printed On Thu 16 Feb 2017 15:20 By Dr Gerard Bulger

16 Feb 2017 15:16	Surgery: HESS-WILLIAMS, Rosemary (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
16 Feb 2017 15:16	Surgery: HESS-WILLIAMS, Rosemary (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
17 Feb 2017	Surgery: JOEL, Olubukola (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh

Ongoing review (Xalpj)

17 Feb 2017 14:56	Surgery: HESS-WILLIAMS, Rosemary (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
17 Feb 2017 14:56	Surgery: HESS-WILLIAMS, Rosemary (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
17 Feb 2017 19:35	Surgery: HESS-WILLIAMS, Rosemary (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
17 Feb 2017 19:35	Surgery: HESS-WILLIAMS, Rosemary (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
17 Feb 2017 20:55	Surgery: HESS-WILLIAMS, Rosemary (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh

Close ACCT (Y0804) - Post closure on the 28/2/17

No (Y0428)

Multidisciplinary review (XaQfp) - Acct reviewed by SO on duty and the nurse of ths house block

Overview Notes (Y0028) - Mr D1527 was pleasant in moods and interacted well through the meeting, stated he had no thoughts of self harm when asked.

Mental health assessment (XaLYN)

No further action required (Y0488)

Low suicide risk (XaleX)

Suicide risk: no (Y094e)

18 Feb 2017 16:59	Surgery: JOEL, Olubukola (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
18 Feb 2017 16:59	Surgery: JOEL, Olubukola (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
19 Feb 2017 15:43	Surgery: JOEL, Olubukola (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
19 Feb 2017 15:43	Surgery: JOEL, Olubukola (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
20 Feb 2017 15:06	Surgery: HESS-WILLIAMS, Rosemary (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
20 Feb 2017 15:06	Surgery: HESS-WILLIAMS, Rosemary (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
21 Feb 2017 10:27	Surgery: FOSTER, Luke (Mr) (Clerical Access Role) Entered at: HMP Belmarsh
21 Feb 2017 12:12	Surgery: JOEL, Olubukola (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
21 Feb 2017 12:13	Surgery: JOEL, Olubukola (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
22 Feb 2017 16:24	Surgery: JOEL, Olubukola (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
22 Feb 2017 16:24	Surgery: JOEL, Olubukola (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
23 Feb 2017 12:24	Surgery: JOEL, Olubukola (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
23 Feb 2017 12:24	Surgery: JOEL, Olubukola (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
23 Feb 2017 13:01	Surgery: OWUSU-LANE, Thomas (Mr) (Admin/Clinical Support Access Role) Entered at: HMP Belmarsh

Sensitive/Irrelevant

24 Feb 2017 13:50	Surgery: JOEL, Olubukola (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
24 Feb 2017 13:50	Surgery: JOEL, Olubukola (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
25 Feb 2017 12:59	Surgery: HESS-WILLIAMS, Rosemary (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
25 Feb 2017 12:59	Surgery: HESS-WILLIAMS, Rosemary (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
26 Feb 2017 15:37	Surgery: HESS-WILLIAMS, Rosemary (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
26 Feb 2017 15:37	Surgery: HESS-WILLIAMS, Rosemary (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
26 Feb 2017 19:09	Surgery: Unknown Staff Member Entered at: HMP Belmarsh

Diagnosis Marked in Error:

14 Dec 2016 09:29, Adult health screening administration (9OC..),

27 Feb 2017 12:08	Surgery: JOEL, Olubukola (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
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Mr D1527 (10549090)

DPA

27 Feb 2017 12:08	Surgery: JOEL, Olubukola (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
28 Feb 2017	Surgery: HESS-WILLIAMS, Rosemary (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh

Ongoing review (Xalpj)

28 Feb 2017 19:12	Surgery: JOEL, Olubukola (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
28 Feb 2017 19:13	Surgery: JOEL, Olubukola (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
01 Mar 2017 14:21	Surgery: HESS-WILLIAMS, Rosemary (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
01 Mar 2017 14:21	Surgery: HESS-WILLIAMS, Rosemary (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
02 Mar 2017 14:54	Surgery: HESS-WILLIAMS, Rosemary (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
02 Mar 2017 14:54	Surgery: HESS-WILLIAMS, Rosemary (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
03 Mar 2017 12:44	Surgery: HESS-WILLIAMS, Rosemary (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
03 Mar 2017 12:44	Surgery: HESS-WILLIAMS, Rosemary (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
04 Mar 2017 14:11	Surgery: JOEL, Olubukola (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
04 Mar 2017 14:11	Surgery: JOEL, Olubukola (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
05 Mar 2017 13:38	Surgery: JOEL, Olubukola (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
05 Mar 2017 13:38	Surgery: JOEL, Olubukola (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
06 Mar 2017 13:22	Surgery: JOEL, Olubukola (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
06 Mar 2017 13:22	Surgery: JOEL, Olubukola (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
07 Mar 2017 15:30	Surgery: OSHI-OJURI, Adefunmilola (Pharmacist) Entered at: HMP Belmarsh

(P) Sensitive/Irrelevant

(Future dated medication 29 Mar 2017)

Stopped 08 Apr 2017 End of course by CHAUDHARY, Saeed (Dr)

Custom script: Printed On Tue 07 Mar 2017 15:30 By Adefunmilola Oshi-Ojuri

07 Mar 2017 15:32	Surgery: JOEL, Olubukola (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
07 Mar 2017 15:32	Surgery: JOEL, Olubukola (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
08 Mar 2017 14:54	Surgery: HESS-WILLIAMS, Rosemary (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
08 Mar 2017 14:54	Surgery: HESS-WILLIAMS, Rosemary (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
09 Mar 2017 11:39	Surgery: COLQUHOUN, Lee (Clerical Access Role) Entered at: HMP Belmarsh
10 Mar 2017 11:30	Surgery: JOEL, Olubukola (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh

Sensitive/Irrelevant

11 Mar 2017 11:29	Surgery: MKIZE, Tandile (Miss) (Staff Nurse) Entered at: HMP Belmarsh	
11 Mar 2017 11:30	Surgery: MKIZE, Tandile (Miss) (Staff Nurse) Entered at: HMP Belmarsh	
13 Mar 2017 11:14	Surgery: COLQUHOUN, Lee (Clerical Access Role) Entered at: HMP Belmarsh	
13 Mar 2017 15:18	Surgery: JOEL, Olubukola (Mrs) (Staff Nurse) Entered at: HMP Belmarsh	
13 Mar 2017 15:19	Surgery: JOEL, Olubukola (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh	
14 Mar 2017 18:33	Surgery: JOEL, Olubukola (Mrs) (Staff Nurse) Entered at: HMP Belmarsh	
14 Mar 2017 18:33	Surgery: JOEL, Olubukola (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh	
15 Mar 2017 11:42	Surgery: MKIZE, Tandile (Miss) (Staff Nurse) Entered at: HMP Belmarsh	
15 Mar 2017 11:44	Surgery: MKIZE, Tandile (Miss) (Staff Nurse) Entered at: HMP Belmarsh	
16 Mar 2017 11:13	Surgery: OGBEIWI, Terry (Mr) (Staff Nurse) Entered at: HMP Belmarsh	
16 Mar 2017 11:13	Surgery: OGBEIWI, Terry (Mr) (Nurse Access Role) Entered at: HMP Belmarsh	
17 Mar 2017 18:33	Surgery: THOMAS, Juliette (Staff Nurse) Entered at: HMP Belmarsh	
17 Mar 2017 18:33	Surgery: THOMAS, Juliette (Staff Nurse) Entered at: HMP Belmarsh	
18 Mar 2017 13:33	Surgery: JOEL, Olubukola (Mrs) (Staff Nurse) Entered at: HMP Belmarsh	
18 Mar 2017 13:33	Surgery: JOEL, Olubukola (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh	
19 Mar 2017 15:32	Surgery: JOEL, Olubukola (Mrs) (Staff Nurse) Entered at: HMP Belmarsh	
19 Mar 2017 15:32	Surgery: JOEL, Olubukola (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh	
20 Mar 2017	Surgery: JEBODA, Regina (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh	Entered: 22 Mar 2017 16:53

Open ACCT (YA213)

20 Mar 2017 11:41	Surgery: MKIZE, Tandile (Miss) (Staff Nurse) Entered at: HMP Belmarsh	
	Actions (Xa1UI) - ACCT opened at 11:53 and constant supervision recommended with immediate effect. Wing SO and discipline staff notified .Hotel 99 was in HB4 I informed her and she spoke to Health care and Duty Governor. Consultation (Xa1qL) - Presented himself in medical room to collect his medication and expressed a significant statement that he wants to kill himself asking to be seen by the Psychologist On interview appeared very depressed also mentioned that he has been thinking about this the whole night ,given a chance is determined to kill himself .He also expressed auditory hallucinations commanding him to kill him self also rated his suicide to 9/10	
20 Mar 2017 11:50	Surgery: MKIZE, Tandile (Miss) (Staff Nurse) Entered at: HMP Belmarsh	Entered: 20 Mar 2017 11:54
20 Mar 2017 12:11	Surgery: OYEFARA, Adebola (Mrs) (Admin/Clinical Support Access Role) Entered at: HMP	

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Mr: D1527 (10549090)

Confidential: Personal Data

DPA

	Belmarsh
<p>History: Informed by HB4 nurse that a prisoner presented with a very low mood and stated that he has been struggling with thoughts of killing himself overnight.</p> <p>Plan: ACCT was opened by the HB nurse. I contacted in-patient and the SO on duty said there is no vacant cell for constant watch.</p> <p>Victor 2 Gov. Puuh was informed and he arranged that D1527 will be taken to HB3 anti-ligature cell and he will be reviewed this afternoon.</p> <p>HB4 SO was informed of this plan.</p>	
20 Mar 2017 14:45	Inpatients, Surgery: ADEMILUYI, Olufunke (Staff Nurse) Entered at: HMP Belmarsh
<p>Self-harm (X766J)</p> <p>Open ACCT (YA213)</p> <p>Mental health disorder (E....)</p> <p>Referred by member of Primary Health Care Team (Xa079)</p> <p>Prisoner constant watch commenced (Xaaek)</p> <p>Reason for attendance (Y4548) - He did not raised any concerns with physical health.</p> <p>Reason for attendance (Y4548)</p> <p>He did not present with any psychotic behaviour during the assesement however, appears he did not remember what happens to him in HB 3.</p> <p>The reason for admission into the health care was his behaviour was very bizzare, he was shouting and screaming</p> <p>Admission to ward (XaAMw)</p> <p>Informed consent given for treatment (XaXHK)</p> <p>Referral In to Gatwick Immigration Removal Centre for Triage: Ended on 26 Mar 2017 18:56</p> <p>With the Following Intervention(s)</p> <p>Treatment Complete</p> <p>Status Update for Triage Referral In: Receiving Care</p>	
20 Mar 2017 15:08	Surgery: MKIZE, Tandile (Miss) (Staff Nurse) Entered at: HMP Belmarsh
<p>Pulse rate (X773s) 128 bpm</p> <p>Temperature (X75Xk) 37.2 C</p> <p>Pulse oximetry (X77cx) 99 %</p> <p>Actions (XaIUl) - Duty doctor, Nursing Managers , Duty Governor ,Osca1 , discipline staff hotel 99 and all available medical staff staff attended to the code.He was examined by GP ,Vital signs checked and recorded but refused to have his blood glucose levels done .Paramedics called and arrived at 14:00.Patient refused any medical intervention with paramedics.He remained on constant observation in HB3</p> <p>Consultation (Xa1qL) - General alarm in HB4 at about 13:01 for a patient who became agitated when told that he need to be walked to to HB3 for constant supervision.As the patient was un co-operative screaming refusing to go ,he was hand cuffed and escorted to HB3.On the way to HB3 ,he has been crying on top of his voice.He was spoken to by discipline staff to calm down with failure. Code blue announced by Comms via the radio for a patient observed to be sweating hyperventilating appeared as if is having a panic attack.He continued crying conitnuosly refusing to respond verbally</p> <p>135 / 87 mmHg</p>	
20 Mar 2017 15:54	Surgery: ADEMILUYI, Olufunke (Staff Nurse) Entered at: HMP Belmarsh
<p>Patient consented to sharing of information (Y3358)</p> <p>General practitioner (YX039)</p> <p>Patient consented to sharing of information (Y3358)</p> <p>Patient consented to sharing of information (Y3358)</p> <p>Patient consented to sharing of information (Y3358)</p> <p>Informed consent for national audit (XaJrB)</p> <p>Patient consented to sharing of information (Y3358)</p> <p>Patient consented to sharing of information (Y3358)</p> <p>Prisoner constant watch commenced (Xaaek) - Prisoner constant watch commenced 20/3/2016</p> <p>Admission to ward (XaAMw) - Admitted into the health care with the thought of self harm 20/3/2017</p> <p>Informed consent given for treatment (XaXHK)</p> <p>Mental health disorder (E....)</p> <p>Self-harm (X766J)</p> <p>Open ACCT (YA213)</p> <p>General observation of patient (Xa1bt)</p> <p>D1527 is a 20 years old man from Egypt background, known to the Health care unit discharged six weeks ago from the HEALTH INTO ONE OF THE HOUSE BLOCK weeks history self harm, diagnosed of depression currently on; Sensitive/irrelevant daily which has not been compliance with his prescribed medication. He denial any thought /self harm he appeared to be angry and upset because he said he requested to see a psychologist in the HB, He</p>	

maintained good eye contact with normal volume of tone of voice.

I explained to him that he will be on constant watch with opened ACCT where he will be monitored very closely 24hrs by member of staff he took it on board.

Reason for attendance (Y4548) - His behaviour was appropriate.

Other note (XalgC) - Risk of self harm with on going asesement.

Reason for attendance (Y4548) - He denial any physical health issues and did not raised any concerns, however, he said he had a chest pain some time ago he has felt better now.

Reason for attendance (Y4548)

Reported he has thought of killing himself over night and has been hearing voices telling him to kill himself, that was the main reason why he was admitted into the health care.

Sleep is alright he said he sleeps well.

Reported good appetite

Manageable when he arrived

He has been placed on ACCT and Constant Watch at the moment.

Plan: To see the Consultant at the ward round meeting 21.03.2017

Reason for attendance (Y4548)

He denial self harm, he did not present any form of aggressive behaviour during the asesement.

Sensitive/Irrelevant

20 Mar 2017 15:59

Surgery: MCALLISTER, Jonathan (Dr) (Clinical Practitioner Access Role) Entered at: HMP Belmash

Tue 28 Apr 2020 09:47
Confidential: Personal Data

Mr **D1527** 10549090
DPA

History: CODE BLUE at 13:50 - arrived on scene - HCA present - lying left side panting and dribbling, refuses to open eyes, responds to trap pinch and continued panting - almost like panic attack/ tantrum - has just been restrained and brought to constant watch at HB3 - Obs stable BP=143/87, pulse=130, sats=99% on 15litres oxygen via reservoir, refused blood sugar - he stopped panting and pulse went down to 90 and sats remained 98% on air. Initially refused to go to HC but he is high risk of suicide and will need to go to HC - LAS was here but he refused all help. walked to HC.

Sensitive/Irrelevant

21 Mar 2017 10:14	Surgery: DALY, Rachel (Dr) (Clinical Practitioner Access Role) Entered at: HMP Belmarsh
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Yes (Y0427)

Outcome (XaIXy) - return to inpatients guarded says slept ok says mood ok denies suicidal thoughts plan let settle review later on constancy obs

Inpatient stay (XaBV3)

Seen by forensic psychiatrist (XaATE)

21 Mar 2017 10:50	Surgery: COLQUHOUN, Lee (Clerical Access Role) Entered at: HMP Belmarsh
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21 Mar 2017 14:25	Surgery: RAJAGOPAL, Elaine (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
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Other note (XalgC) - I went to see Mr **D1527** at his cell door this afternoon and he was sleeping in bed. He remains on constant watch. Staff reported he ate well today and asked for more because he did not eat yesterday. No other concerns raised.

Other note (XalgC) - Remains on constant watch.

Sensitive/Irrelevant

21 Mar 2017 17:21	Inpatients, Surgery: RAMPERSAD, David (Mr) (Staff Nurse) Entered at: HMP Belmarsh
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IS DUE FOR DEPORTATION (MADE THREATS TO SELF HARM) Care Plan Created

IS DUE FOR DEPORTATION (MADE THREATS TO SELF HARM) Instruction: LOCATE IN A SAFE ENVIRONMENT (HEALTH CARE)

MONITOR HIS WHEREABOUTS IN HIS CELL FOR HIS SAFETY.

DUE TO THE REASON OF SELF HARM (DEPORTATION) COMMENCE HIM ON CONSTANT OBSERVATION.

EXPLAIN TO HIM HIS DEPORTATION SHOULD BE DISCUSSED WITH HIS SOLICITOR AND HIS PROBATION OFFICER.

IS DUE FOR DEPORTATION (MADE THREATS TO SELF HARM) Instruction: INFORM HIM WHEN HE GETS THOUGHTS TO SELF HARM TO INFORM STAFF

IS DUE FOR DEPORTATION (MADE THREATS TO SELF HARM) Instruction: STAFF TO UPDATE AND MAINTAIN ACCURATE ENTRIES IN HIS ACCCT DOCUMENT AND CLINICAL RECORDS

IS DUE FOR DEPORTATION (MADE THREATS TO SELF HARM) Instruction: ASSESS RISK ON A DAILY BASIS
IS DUE FOR DEPORTATION (MADE THREATS TO SELF HARM) Notes: Original sub-category: Threats to self harm Deportation Issues

IS DUE FOR DEPORTATION (MADE THREATS TO SELF HARM) Review next due on 30 Mar 2017 17:31

21 Mar 2017 21:18	Inpatients, Surgery: BHEENICK, Vishal (Mr) (Staff Nurse) Entered at: HMP Belmarsh
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INTERMITTENT WATCH - 5 Observations Hourly

20/03/2017- Mr **D1527** has been admitted to healthcare inpatients on a Constant Watch from HB3, originally from HB4. Due to low in mood and expressed thoughts of deliberate self-harm and suicidal ideation. Care Plan Created

INTERMITTENT WATCH - 5 Observations Hourly

20/03/2017- Mr **D1527** has been admitted to healthcare inpatients on a Constant Watch from HB3, originally from HB4. Due to low in mood and expressed thoughts of deliberate self-harm and suicidal ideation. Instruction: -Staff (Nursing / Discipline) observing Mr **D1527** whilst he remains on constant watch will offer him opportunities to ventilate his thoughts and feelings through meaningful engagement.

-Mr **D1527** will be managed as per ACCT protocol, regular reviews will be facilitated and discussions recorded in ACCT document and on System One.

-MDT to review management plan and medication regime.

-Primary/Associate Nurse to meet with Mr **D1527** to offer 1:1 session to assess his mental state and to encourage medication adherence.

-Vital signs to be monitored and documented on MEWS chart on daily basis and to liaise with GP when necessary

-Food and Fluid intake to be monitored and any concerns regarding dietary intake should be reported to GP

-F213 Datix and observation book to be completed after any self-harm or suicidal attempts.

Tue 28 Apr 2020 09:47

Confidential: Personal Data

Mr **D1527** (10549090)

DPa

Regular monitoring of Wound Management.

-Staff to ensure that Mr [D1527]'s ACCT document accompanies him to other department and an entry is made.

(Deleted 23 Mar 2017 00:31)

INTERMITTENT WATCH - 5 Observations Hourly

20/03/2017- Mr [D1527] has been admitted to healthcare inpatients on a Constant Watch from HB3, originally from HB4. Due to low in mood and expressed thoughts of deliberate self-harm and suicidal ideation. Notes: Original category: ACCT Assessment Care in Custody and Teamwork \

INTERMITTENT WATCH - 5 Observations Hourly

20/03/2017- Mr [D1527] has been admitted to healthcare inpatients on a Constant Watch from HB3, originally from HB4. Due to low in mood and expressed thoughts of deliberate self-harm and suicidal ideation. Review next due on 24 Mar 2017 21:50

22 Mar 2017	Surgery: JEBODA, Regina (Mrs) (Staff Nurse) Entered at: HMP Belmash	Entered: 22 Mar 2017 16:07
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Reviews to HMP Belmash

22 Mar 2017	Surgery: EWEJE, Waheed (Mr) (Admin/Clinical Support Access Role) Entered at: HMP Belmash	Entered: 23 Mar 2017 11:31
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Prisoner constant watch ended (XaaeL)

22 Mar 2017 06:17	Inpatients, Surgery: BHEENICK, Vishal (Mr) (Staff Nurse) Entered at: HMP Belmash
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Other note (XalgC) - None

Other note (XalgC)

Remains on Constant Watch

Mr [D1527] believes that he is going to be taken to the airport in the morning for deportation. Complained that he has not been able to contact his solicitor and requested to be seen by the local immigration staff. He retired to bed around 23.00hrs and appeared to have slept throughout the night. Body movement and breathing were noted during checks. Did not express current thoughts of deliberate self-harm or suicidal ideation.

22 Mar 2017 10:23	Surgery: FOSTER, Luke (Mr) (Clerical Access Role) Entered at: HMP Belmash
22 Mar 2017 13:02	Surgery: CHITEME, Michael (Mr) (Practice Nurse) Entered at: HMP Belmash
22 Mar 2017 13:03	Surgery: CHITEME, Michael (Mr) (Nurse Access Role) Entered at: HMP Belmash
22 Mar 2017 14:10	Surgery: JEBODA, Regina (Mrs) (Nurse Access Role) Entered at: HMP Belmash

Other note (XalgC) - Food and fluid intake maintained on this shift

Other note (XalgC)

Mr [D1527] was awake during handover from the night staff and responded to staff greetings by nodding his head positively. He appeared a bit anxious early part of the shift that he was unsure of his immigration situation as reported and reassured that his concerns would be action by the day staff.

He appeared more calmer and relaxed as the shift progressed.

Seen by the immigration case worker in the association room this mid morning (CS) who explained his current situation that he is held in Healthcare by the Prison but of the Immigration matter because he came into the country illegally. Mr [D1527] said he wants to go to the immigration centre. Ms Smith (case worker) further explained that he cannot go at the moment because the centre would not accept him while he is still on the ACCT and on constant watch observation. Said she would arrange another visit with her colleague to visit him next week Monday 27.03.17 to check the situation with his observation level and take it from there, which he appears to have taken this information well.

He adhered with his afternoon prescribed medication.

Other note (XalgC) - None reported

Other note (XalgC) - He attended to his personal hygiene and clean set of prisons clothes given.

Other note (XalgC) - No new risk identified during this shift

Other note (XalgC) - Interacted and engaged well with

Other note (XalgC) - None displayed as the time of writing this report.

Overview Notes (Y0028) - Remains on an open ACCT on constant watch. currently attending is ACCT review meeting.

No (Y0428)

Other note (XalgC) - On intermittent observations 5 obs per hour

Physical violence: no (Y094b)

Other note (XalgC)

- He attended to his personal hygiene (shower)

- C/W staff RA) escorted him to the library with others patients/prisoners in the company of (DS) but did not take any book out.

- He did his prayers in his cell as observed

- Went to exercise yard with peers

- He played 3 pool games with DS x2 and OS x1 appeared to have enjoyed the pool games

Tue 28 Apr 2020 09:47

Confidential: Personal Data

Mr [D1527] (10549090)

DPA

Other note (XalgC) - He denied any thoughts to want to hurt himself and has no current thoughts to self harm.

At risk of DSH - deliberate self harm (XaluV)

Other note (XalgC)

He has been compliance and engaged well with staff.

ACCT Review outcome: Observation level has been reduced from C/W to intermittent observations 5 obs per hour.

Now relocated to North Wing single cell 18.

He spent most of his time in the unit activities and has have been very productive.

22 Mar 2017 16:12	Surgery: JEBODA, Regina (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
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Low suicide risk (XaleX)

At risk of DSH - deliberate self harm: no (Y09a3)

At risk of DSH - deliberate self harm: no (Y09a3)

Risk assessment (Ua1P1)

No further action required (Y0488)

Overview Notes (Y0028)

People Present at the ACCT Case Review meeting:

Governor Beurridge - Duty Governor

E. Edwards - Safer Custody officer

M Holt - SO HCC In-patient Unit

M Chitame - HCC in-Patient Charge Nurse

D1527 - Patient/Prisoner

Outcome

The outcome of the record of case review have been scanned on S1 - under Communications and Letters

Multidisciplinary review (XaQfp) - Yes

Yes (Y0427) - Reduced from C/W to intermittent - 5 observations per hour

No (Y0428)

Open ACCT (YA213)

Medication In Possession Status: Not in possession - Ended: JITTA, Skeete (Sister/Charge Nurse) Entered at: HMP Belmarsh on 23 Mar 2017

22 Mar 2017 16:50	Surgery: JEBODA, Regina (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
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H/O: deliberate self harm (XaF9U)

No further action required (Y0488)

Suicidal thoughts (1BD1.)

Low suicide risk (XaleX)

Thoughts of deliberate self harm (Xalux)

Constant observation (Ua1N6) - Yes

Mental health care and treatment planning (XaZvF) - Yes

Prisoner constant watch ended (XaaeL)

23 Mar 2017	HMP Prison: EWEJE, Waheed (Mr) (Health Care Support Worker) Entered at: HMP Belmarsh	Entered: 23 Mar 2017 11:26
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Reviews to HMP Belmarsh

23 Mar 2017	Surgery: JEBODA, Regina (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
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Ongoing review (Xalpj)

23 Mar 2017 00:25	Inpatients, Surgery: BHEENICK, Vishal (Mr) (Staff Nurse) Entered at: HMP Belmarsh
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INTERMITTENT WATCH - 5 Observations Hourly

20/03/2017- Mr **D1527** has been admitted to healthcare inpatients on a Constant Watch from HB3, originally from HB4. Due to low in mood and expressed thoughts of deliberate self-harm and suicidal ideation. Instruction: -Staff (Nursing / Discipline) observing Mr **D1527** whilst he remains on intermittent watch will offer him opportunities to ventilate his thoughts and feelings through meaningful engagement.

-Mr **D1527** will be managed as per ACCT protocol, regular reviews will be facilitated and discussions recorded in ACCT document and on System One.

-MDT to review management plan and medication regime.

-Primary/Associate Nurse to meet with Mr **D1527** to offer 1:1 session to assess his mental state and to encourage medication adherence.

-Vital signs to be monitored and documented on MEWS chart on daily basis and to liaise with GP when necessary

-Food and Fluid intake to be monitored and any concerns regarding dietary intake should be reported to GP

-F213 Datix and observation book to be completed after any self-harm or suicidal attempts.

Regular monitoring of Wound Management.

-Staff to ensure that Mr **D1527** is ACCT document accompanies him to other department and an entry is made.

INTERMITTENT WATCH - 5 Observations Hourly

20/03/2017- Mr **D1527** has been admitted to healthcare inpatients on a Constant Watch from HB3, originally from

HB4. Due to low in mood and expressed thoughts of deliberate self-harm and suicidal ideation. Review next due on 23 Apr 2017 00:27

23 Mar 2017 06:28	Inpatients, Surgery: BHEENICK, Vishal (Mr) (Staff Nurse) Entered at: HMP Belmarsh
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Other note (XalgC) - None

Other note (XalgC)

Remains on intermittent watch- 5 observations hourly

Mr. **D1527** retired to bed around 23.00hrs and appeared to have slept throughout the night. Body movement and breathing were noted during checks. Did not express current thoughts of deliberate self-harm or suicidal ideation.

23 Mar 2017 10:08	Surgery: FOSTER, Luke (Mr) (Clerical Access Role) Entered at: HMP Belmarsh
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23 Mar 2017 11:26	Surgery: EWEJE, Waheed (Mr) (Admin/Clinical Support Access Role) Entered at: HMP Belmarsh
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Open ACCT (YA213)

H/O: deliberate self harm (XaF9U)

Yes (Y0427)

Multidisciplinary review (XaQfp)

Mr eaton

Dr Daly

Mr S. Jitta

Mr. **D1527**

Overview Notes (Y0028)

ACCT facilitated on 23.03.17

ACCT review scanned on S1

Low suicide risk (XaleX)

Risk assessment (Ua1P1)

No further action required (Y0488)

Thoughts of deliberate self harm (Xalux)

Suicidal thoughts (1BD1.)

23 Mar 2017 11:35	Surgery: CHINAKIDZWA, Elizabeth (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
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23 Mar 2017 11:53	Surgery: CHINAKIDZWA, Elizabeth (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
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23 Mar 2017 12:51	Inpatients, Surgery: DALY, Rachel (Dr) (Psychiatrist) Entered at: HMP Belmarsh
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Outcome (XaXy) - SEEN IN ACCT REVIEW ALL STABLE MOOD GOOD FELT ISSUE WAS WITH OFFICERS NOT SUICIDE NO SELFHARM IDEAS HAPPY TO GO TO DETENTION CENTRE ALL STABLE REVIEW ON MONDAY RE DISCHARGE

Yes (Y0427)

Seen by forensic psychiatrist (XaATE)

Inpatient stay (XaBV3)

23 Mar 2017 14:46	Surgery: EWEJE, Waheed (Mr) (Admin/Clinical Support Access Role) Entered at: HMP Belmarsh
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Other note (XalgC) - There was no presentation of any challenging behaviour observed or reported during the shift. He interacted appropriately with peers on association.

Other note (XalgC) - He ate and drank well and his fluid intake was very good. In all meal time He collected his meal from the hot plate.

Other note (XalgC) - I had 1-1 conversation with **D1527** today He appeared calm settled in mood. He stated He has been fine, He has no issue to discuss. **D1527** still on ACCT, at the time of the conversation his mood and mental state appeared relatively calmer. He denied any thought of self-harm or suicide ideation.

Other note (XalgC) - He attends to his personal care and dressed appropriately.

Other note (XalgC) - There was no new risk identified during the shift.

Other note (XalgC) - He had a settled night he stated and also the night staff entries confirmed that.

Other note (XalgC) - He interacted with staff but very minimal and only when asking him questions.

Other note (XalgC) - None

Other note (XalgC) - None displayed during this shift.

Other note (XalgC) - He complied with his prescribed medication., there was no new Physical health issue identified or report during the shift.

Other note (XalgC) - None displayed.

23 Mar 2017 15:22	Inpatients, Surgery: JITTA, Skeete (Sister/Charge Nurse) Entered at: HMP Belmarsh
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No (Y0428)

H/O: deliberate self harm (XaF9U)

Yes (Y0427) - 4 observations including one conversation during the day Hourly observations at night

Multidisciplinary review (XaQfp)

Mr Eaton, senior officer

Mr **D1527** patient

Dr Daly Psychiatrist

S. Jitta Charge nurse

Overview Notes (Y0028)

Tue 28 Apr 2020 09:47

Confidential: Personal Data

Mr **D1527** (10549090)
DPA

Subjectively

D1527 was happier in himself, felt it was a mis understanding which led to him being restrained and brought to the healthcare. Said he was trying to say that he did not want to move to HB3 because he has problems there but felt that the staff at the time mis understood what he was saying. Has since been informed that he wont be deported straight from prison, but there is a process which the immigration authorities need to follow. Said he was informed his next move is likely to be an immigration detention centre. Denies having current thoughts or intent to hurt himself, feels he would be better able to manage on the main wings, asked for a tv and kettle, these were agreed as part of the review.

Objectively

Good eye contact engaged well, smiling relaxed in manner was able to speak clearly about the events which led to his admission and how he feels now.

Low suicide risk (XaleX)

No further action required (Y0488)

Risk assessment (Ua1P1)

At risk of DSH - deliberate self harm: no (Y09a3)

Medication In Possession Status: Not in possession - Ended: JITTA, Skeete (Sister/Charge Nurse) Entered at: HMP Belmarsh on 26 Mar 2017

23 Mar 2017 19:34	Surgery: PERSAND, Surajsing (Mr) (Health Professional Access Role) Entered at: HMP Belmarsh
Referral In to Gatwick Immigration Removal Centre for Inpatient support: Ended on 27 Mar 2017 11:22	
With the Following Intervention(s)	
Treatment Complete	
Status Update for Inpatient support Referral In: Receiving Care	

24 Mar 2017 06:07	Inpatients, Surgery: BHEENICK, Vishal (Mr) (Staff Nurse) Entered at: HMP Belmarsh
Other note (XalgC) - None	
Other note (XalgC)	
Remains on an ACCT - 4 observations & 1 conversation daily and hourly at night.	
Mr D1527 retired to bed around 23.00hrs and appeared to have slept throughout the night. Body movement and breathing were noted during checks. Did not express current thoughts of deliberate self-harm or suicidal ideation.	

24 Mar 2017 17:17	Surgery: RAJAGOPAL, Elaine (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
24 Mar 2017 17:18	Surgery: RAJAGOPAL, Elaine (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
24 Mar 2017 18:36	Inpatients, Surgery: CHITEME, Michael (Mr) (Practice Nurse) Entered at: HMP Belmarsh

Other note (XalgC) - Mr **D1527** has kept a low profile today. He attended the Sensitive/Irrelevant this afternoon. He went to the yard for exercise and fresh air. He spent some time in association and complied with all his prescribed medication. He remains on ACCT on normal observations. No behaviour issues noted

Other note (XalgC) - He has not complained of any physical health issues.

Other note (XalgC) - None observed

Other note (XalgC) - Has been appropriate in behaviour

Other note (XalgC) - His selfcare is good and has been practising his religion.

Other note (XalgC) - Eating and drinking ok.

Other note (XalgC) - He said that he was fine and no issues to talk about. He said that he is happy with the care he is getting here.

Other note (XalgC) - No significant issues

Other note (XalgC) - No expression of suicidal thoughts or any thoughts to self harm.

Other note (XalgC)

Exercise

Association.

25 Mar 2017 05:28	Surgery: ANYIMBA, Ifeoma (Miss) (Staff Nurse) Entered at: HMP Belmarsh
Other note (XalgC) - none	
Other note (XalgC) - Mr D1527 has been calm and settled. He watched T.V in bed and slept throughout the night.	
No concerns expressed.	

25 Mar 2017 13:00	Surgery: ADEMILUYI, Olufunke (Staff Nurse) Entered at: HMP Belmarsh	Entered: 25 Mar 2017 14:02
25 Mar 2017 14:02	Surgery: ADEMILUYI, Olufunke (Staff Nurse) Entered at: HMP Belmarsh	
25 Mar 2017 14:03	Surgery: ADEMILUYI, Olufunke (Staff Nurse) Entered at: HMP Belmarsh	
25 Mar 2017 19:50	Surgery: ADEMILUYI, Olufunke (Staff Nurse) Entered at: HMP Belmarsh	

Other note (XalgC) - He said he is eating and drinking adequate fluids intake.

Other note (XalgC) - Appears to be calm and settled in his mood complied with his prescribed medication he did not present any form of psychotic features on the ward.

Other note (XalgC) - No concerns raised

Other note (XalgC) - Calm in his behaviour

Other note (XalgC) - Appears to be clean

Other note (XalgC) - No new risk

Tue 28 Apr 2020 09:47

Confidential: Personal Data

Mr **D1527** (10549090)**DPA**

Other note (XalgC) - He said he slept well last night

Other note (XalgC) - None displayed

At risk of DSH - deliberate self harm (XaluV)

Other note (XalgC) - None

Other note (XalgC) - Minimal interaction with peers he said he has no concern with his care he is receiving from HC

Other note (XalgC) - He said he has no intention of self harming

Other note (XalgC)

Observed him watching television in the lounge.

Attended exercise

26 Mar 2017	Inpatients, HMP Prison: JITTA, Skeete (Sister/Charge Nurse) Entered at: HMP Belmarsh	Entered: 26 Mar 2017 15:07
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Reviews to Inpatients

26 Mar 2017	Surgery: EWEJE, Waheed (Mr) (Admin/Clinical Support Access Role)	Entered at: HMP Belmarsh
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Ongoing review (Xalpj)

26 Mar 2017	Inpatients, Surgery: JITTA, Skeete (Sister/Charge Nurse)	Entered at: HMP Belmarsh
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Ongoing review (Xalpj)

26 Mar 2017 05:20	Surgery: ANYIMBA, Ifeoma (Miss) (Staff Nurse)	Entered at: HMP Belmarsh
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Other note (XalgC) - Mr D1527 watched T.V in bed. He has not slept all night.

Other note (XalgC) - none

26 Mar 2017 13:00	Surgery: ADEMILUYI, Olufunke (Staff Nurse)	Entered at: HMP Belmarsh
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26 Mar 2017 13:36	Surgery: ADEMILUYI, Olufunke (Staff Nurse)	Entered at: HMP Belmarsh
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26 Mar 2017 14:15	Inpatients, Surgery: JITTA, Skeete (Sister/Charge Nurse)	Entered at: HMP Belmarsh
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No (Y0428)

H/O: deliberate self harm (XaF9U)

Yes (Y0427) - one conversation and 3 observation entries per day five observation entries at night

Referral to mental health team (XalPw) - referred for a welfare visit as D1527 would still be on an open ACCT on discharge.

Referral to nurse (Xa1dg)

Other note (XalgC)

attends to self care independently.

was casually dressed in prison clothing, clean and tidy

Low suicide risk (XaleX)

At risk of DSH - deliberate self harm: no (Y09a3)

Main spoken language English (XaG5t)

Language interpreter (XaBJs) - no

Open ACCT (YA213)

Referral to mental health team (XalPw) (New Episode)

Multidisciplinary review (XaQfp)

SO Fenton

CN Jitta

D1527

Overview Notes (Y0028)

D1527 said he will hopefully speak with his immigration case worker tomorrow, feels more reassured that he will not be put on a plane and deported. Does not have any objections to being transferred to an immigration detention centre. Denies having thoughts or intent to hurt himself, stated he has a cell saved for him on houseblock 4 and he gets on well with his cellmate. I was able to confirm this with the houseblock bubble officer. Observations reviewed and reduced.

ACCT Case review scanned to system1

Consent obtained (Y001d)

Reason for referral (XalPS) - for discharge from the healthcare to HB4 on an open ACCT. Please consider a welfare visit

Other note (XalgC) - remains on an ACCT document but denies having thoughts or intent to hurt himself

Physical violence: no (Y094b)

No (Y0428)

No (Y0428)

H/O: risk factor (14O..)

was admitted to the healthcare on the 20/03/17 on a constant observation. Was restrained on the houseblock in an attempt to relocate him to another houseblock, it is recorded that D1527 made a statement to kill himself. Since being in the healthcare, was able to reflect and no longer feels this way.

He did not want to move to HB3 as he said he had conflict there, felt this was not being taken into account at the

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Mr D1527 (10549090)

DPa

time.

Was anxious that he would be deported without a fair opportunity to have his case heard, now reassured that this is not likely to happen.

Other note (XalgC) - none

Risk assessment (Ua1P1)

Treatment given (8BC..) - currently takes anti depressant medication and has been compliant with this

Other note (XalgC) - said he has been attending exercise and association with others.

Other note (XalgC)

said he was eating well,

noted to be collecting his meals as provided

Other note (XalgC) - polite, interacts well with others on exercise.

Other note (XalgC)

D1527 said he was sleeping well

During interview was alert, did not present as being tired

Other note (XalgC)

said he felt fine in himself, denies having thoughts or intent to hurt himself. Hopes to be able to speak with his objectively

relaxed in manner, engaged readily, good eye contact, no indication to suggest low mood

Other note (XalgC) - denies having thoughts or intent to hurt himself

Other note (XalgC) - none displayed toward others

Other note (XalgC) - no physical health issues identified

Medication In Possession Status: Not in possession

26 Mar 2017 15:01	Surgery: ADEMILUYI, Olufunke (Staff Nurse) Entered at: HMP Belmarsh
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26 Mar 2017 18:55	Surgery: JITTA, Skeete (Admin/Clinical Support Access Role) Entered at: HMP Belmarsh
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Status Update for Triage Referral In: Discharged From Care

Status Update for Triage Referral In: Discharged From Care

27 Mar 2017 06:39	Surgery: ANYIMBA, Ifeoma (Miss) (Staff Nurse) Entered at: HMP Belmarsh
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Other note (XalgC) - Mr **D1527** watched T.V in bed and slept from 03:00hrs.

Other note (XalgC) - none

27 Mar 2017 10:45	Surgery: RAMPERSAD, David (Mr) (Nurse Access Role) Entered at: HMP Belmarsh
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Other note (XalgC) - Is for deportation

Other note (XalgC) - Has been settled in mood compliant with the regime, eating and drinking adequately No thoughts or plans to self harm

Other note (XalgC) - N/ A

No (Y0428)

Single cell (Y4745)

Other note (XalgC)

Made threats to self harm expressed suicidal thoughts

Other note (XalgC) - HOUSE BLOCK

Other note (XalgC) - WEST WING

Open ACCT (YA213)

No (Y0428)

Other note (XalgC) - 7 days

Other note (XalgC) - To be Idpone on the house block

Follow up (Xaljm)

Other note (XalgC) - He said he knows he is for deportation and wants to go to the detention cell

Discharged from inpatient care (8HE2.)

Other note (XalgC) - Staff to monitor his mood and behaviour ,be aware is for deportation

27 Mar 2017 10:59	Inpatients, Surgery: DALY, Rachel (Dr) (Psychiatrist) Entered at: HMP Belmarsh
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Mental health review follow-up (XaMJ8)

Inpatient stay (XaBV3)

Seen by forensic psychiatrist (XaATE)

Yes (Y0427)

Outcome (XalXy) - very well stable taking meds ready for discharge for welfare visit and and opd

27 Mar 2017 11:00	Inpatients, Surgery: DALY, Rachel (Dr) (Psychiatrist) Entered at: HMP Belmarsh
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27 Mar 2017 11:16	Surgery: PERSAND, Surajsing (Mr) (Health Professional Access Role) Entered at: HMP Belmarsh
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Status Update for Inpatient support Referral In: Discharged From Care

27 Mar 2017 11:22	Surgery: PERSAND, Surajsing (Mr) (Health Professional Access Role) Entered at: HMP Belmarsh
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Status Update for Inpatient support Referral In: Discharged From Care

27 Mar 2017 11:33	Surgery: FOSTER, Luke (Mr) (Clerical Access Role) Entered at: HMP Belmarsh
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Mr **D1527** (10549090)

DPA

27 Mar 2017 14:45	Inpatients, Surgery: RAMPERSAD, David (Mr) (Staff Nurse) Entered at: HMP Belmarsh
<p>Other note (XalgC) - Has been compliant with the regime</p> <p>Other note (XalgC) - Adequate diet taken at meal time</p> <p>Other note (XalgC) - No concerns at present</p> <p>Other note (XalgC) - No immediate concerns</p> <p>Other note (XalgC) - Remains on an open A C C T</p> <p>Other note (XalgC)</p> <p>Has been settled in mood no paranoia or delusional beliefs expressed ,</p> <p>Seen by the psychiatrist and is discharged to the house block</p> <p>Other note (XalgC) - No acts of self harm observed or reported since his admission</p> <p>Other note (XalgC) - Has been discharged to the house block (4) this morning medication handed over to the house block nurse</p> <p>Other note (XalgC) - No health issues identified</p> <p>Other note (XalgC) - None observed none reported</p>	
27 Mar 2017 16:50	Surgery: ODESOLA, Bolanle (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
27 Mar 2017 16:50	Surgery: ODESOLA, Bolanle (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
28 Mar 2017 11:17	Surgery: THOMAS, Juliette (Staff Nurse) Entered at: HMP Belmarsh
28 Mar 2017 11:17	Surgery: THOMAS, Juliette (Staff Nurse) Entered at: HMP Belmarsh
28 Mar 2017 15:23	Surgery: FOSTER, Luke (Mr) (Clerical Access Role) Entered at: HMP Belmarsh
<p>History: Patient discussed in the MH referral meeting on the 28/03/2017 present were Kevin Valydon, Donald Tosefa, Sunita Arjune, Dr Hothi Dr Daly Leah Alexander and Luke Foster</p> <p>Examination: Patient discharged from Inpatient unit back to houseblock</p> <p>Plan: Inreach to assess for welfare visit and OPA dr daly on the 24/04/2017</p>	
29 Mar 2017 08:29	Surgery: THOMAS, Juliette (Staff Nurse) Entered at: HMP Belmarsh
29 Mar 2017 11:04	Surgery: TOSEFA, Donald (Admin/Clinical Support Access Role) Entered at: HMP Belmarsh
<p>Seen by member of prison inreach mental health team (XaP7x)</p> <p>Outcome (XaIXy)</p> <p>Seen for welfare visit on houseblock 4, on entering the spur I observed him sitting interacting with two other Prisoners on association, the only private place to see him was in his cell as his cell mates were not in his cell, for safety reasons I made sure the "The bolt is shoot" and in the right place. Good eye contact, good rapport, interacted well, nil evidence of him being depressed. Said he wanted to talk to mental health because he has a lot of issues relating to the fact that he cannot go back to Egypt, asked why, he was unable to give any details. Said he is waiting for his solicitor to come and see him. I explained to him that Mental Health Team does not deal with immigration issues and that he should talk to his legal team. Said he has no travel document and he does not know how immigration intend to deport him to Egypt. He however did not present with any form of distress regarding this issue. Said his appetite is good, sleep is fair but sometimes he gets nightmares about his deportation, nil evidence of thought disorder, denies any self harm or suicide ideation, speech was spontaneous and coherent, normal in volume rate, tone and rhythm I encouraged him to talk to his legal team who are the best people to advise him on his immigration issue.</p> <p>I also explained to him that, this is a welfare visit and it will only be once, i will not come and see him again. I informed him that if any concerns arises in course of the period, he should talk to the houseblock nurse, meanwhile he will have an outpatient appointment with the psychiatrist at some point.</p> <p>Outpatient (Ua0WZ)</p>	
29 Mar 2017 15:19	Surgery: DHAWAN, Jitin (Dr) (Clinical Practitioner Access Role) Entered at: HMP Belmarsh
<p>Sensitive/irrelevant (Future dated medication 30 Mar 2017)</p> <p>Custom script: Printed On Wed 29 Mar 2017 15:19 By Dr Jitin Dhawan</p>	
29 Mar 2017 19:26	Surgery: MKIZE, Tandile (Miss) (Staff Nurse) Entered at: HMP Belmarsh
29 Mar 2017 19:26	Surgery: MKIZE, Tandile (Miss) (Staff Nurse) Entered at: HMP Belmarsh
30 Mar 2017 10:31	Surgery: FOSTER, Luke (Mr) (Clerical Access Role) Entered at: HMP Belmarsh
30 Mar 2017 16:05	Surgery: THOMAS, Juliette (Staff Nurse) Entered at: HMP Belmarsh
30 Mar 2017 16:05	Surgery: THOMAS, Juliette (Staff Nurse) Entered at: HMP Belmarsh
31 Mar 2017	Inpatients, Surgery: JITTA, Skeete (Sister/Charge Nurse) Entered at: HMP Belmarsh
Ongoing review (Xalpj)	
31 Mar 2017 15:38	Surgery: ODESOLA, Bolanle (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
31 Mar 2017 15:38	Surgery: ODESOLA, Bolanle (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
31 Mar 2017 16:03	Surgery: ODESOLA, Bolanle (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh

Open ACCT (YA213)

Yes (Y0427) - no

No (Y0428)

Multidisciplinary review (XaQfp)

Overview Notes (Y0028)

Denied any active suicidal thought/act to hurt self. Appeared anxious and spoke in a low tone voice. Seen in HtREATMENT ROOM AND SATED THAT HE FEELS FRIGHTENED AROUND THE so BECAUSE HE WAS PART OF THE TEAM THAT RESTRAIN HIM.

Spoe about Visual Hallucinations of blood and nightmares

Referral to mental health team (XaIPw)

Risk assessment (Ua1P1)

No further action required (Y0488)

At risk of DSH - deliberate self harm: no (Y09a3)

At risk of DSH - deliberate self harm: no (Y09a3)

Low suicide risk (XaleX)

01 Apr 2017 14:04	Surgery: JOEL, Olubukola (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
01 Apr 2017 14:04	Surgery: JOEL, Olubukola (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
02 Apr 2017 15:52	Surgery: JOEL, Olubukola (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
02 Apr 2017 15:52	Surgery: JOEL, Olubukola (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
03 Apr 2017 10:29	Surgery: FOSTER, Luke (Mr) (Clerical Access Role) Entered at: HMP Belmarsh
03 Apr 2017 13:54	Surgery: JOEL, Olubukola (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
03 Apr 2017 13:54	Surgery: JOEL, Olubukola (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
04 Apr 2017 07:46	Surgery: EKWURUKE, Ogonnaya (Staff Nurse) Entered at: HMP Belmarsh

Custom script: Re-printed On Tue 04 Apr 2017 07:47 By Ogonnaya Ekwuruke

04 Apr 2017 15:13	Surgery: JOEL, Olubukola (Mrs) (Staff Nurse) Entered at: HMP Belmarsh
04 Apr 2017 15:13	Surgery: JOEL, Olubukola (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
04 Apr 2017 15:27	Surgery: FOSTER, Luke (Mr) (Clerical Access Role) Entered at: HMP Belmarsh

History: Patient discussed in the mh referral meeting on the 04/04/2017 present were Dr Reena, Dr Hothi Dr Daly, Dr Faisal, Joe Nyarko-Yeboah, Alice Dean, Tracy Abberline, Donald Tosefa, Kevin Valdon and Luke Foster

Examination: Seen during ACCT Review, Appeared quiet and spoke in a low tone voice, however denied any active suicidal thoughts/self harm act. Claim to be experiencing nightmares and Visual hallucinations of blood. Felt anxious around the SO who was part of the team that restrain him. Kindly review. Has been seen by Donald and awaiting outpatient appt.

Plan: OPA on the 15/05/2017 with Dr Daly

04 Apr 2017 19:26	Surgery: O'DOHERTY, Lyn (Staff Nurse)
SystemOne Incoming Record Sharing consent changed to: Not asked - Record shared	

04 Apr 2017 19:26	Surgery: O'DOHERTY, Lyn (Staff Nurse)
SystemOne Outgoing Record Sharing consent changed to: No	

04 Apr 2017 19:26	Surgery: O'DOHERTY, Lyn (Staff Nurse)
04 Apr 2017 19:26	Surgery: Unknown Staff Member

Sensitive/Irrelevant

04 Apr 2017 19:26	Surgery: O'DOHERTY, Lyn (Staff Nurse)
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History: Quiet on admission and on ACDT for suicide threats - 3 obs per hour. S/B DCM s and for single occ room until review. No current thoughts of self harm or suicide. RMN referral made and given slip to attend MO appt tmrw. Observation of appearance of skin (Ua1c1) - some superficial self harm cuts on arms

Never (Y4062) - denies

Health related observations about the prisoners physical appearance (YX010) - no current issues

Has no outstanding hospital/ Doctors appointments (Y07f8)

Unknown (X90UG)

Not disabled (Y3416)

Prisoner has tried to harm themselves (outside prison) (YX021) - say she took overdose of tablets ? name and was hospitalised

Prisoner has a psychiatric nurse or care worker in the community : no (Y09d1)

Prisoner has tried to harm themselves (in prison) (YX020)

Fit for normal location, work and any cell occupancy (YX035) - DCO says he will be single occ tonight

Impressions of the prisoners behaviour and mental state (YX023) - appears quiet compliant but would not elaborate

Sexual orientation not given - patient refused (XaWSA)

Prisoner has been in prison before (YX004) - Transferred from HMP Belmarsh

Adult male (Y3072)

No known allergies (1151.)

Medical/psychiatric report not required: no (Y09cb)

Fit to attend gym (XaKkp)

Born in Egypt (XaG3S)

Health information received from outside source (YX002)

Speaks English well (13Z67)

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Mr **D1527** (10549090)
DPA

Main spoken language Arabic (XaG5p)

Sensitive/Irrelevant

Has not stayed in a psychiatric hospital (Y08e2)

No suicidal thoughts (Xa1J7)

Emotional state observations (Ua16B) - appears quiet -reluctant to talk much

Has not received medication for mental health problems (Y08e6) - says he was taking antidepressant which states did not help

Prisoner has not received treatment from a psychiatrist outside prison: no (Y09ce)

Open F2052SH (YX033) - suicide threats

Referral for mental health assessment (XaLNF)

Prisoners alcohol intake week before custody (YX013) 0 Units / Week

No thoughts of deliberate self harm (Xaluw)

Non-smoker (Ub0oq)

122 / 81 mmHg

Referral to Mr: **D1527**

Client ID Amendment - Prison number changed from 'A7556DW' to '10549090'

Medication In Possession Status: Not in possession

04 Apr 2017 20:13	Surgery: O'DOHERTY, Lyn (Staff Nurse)
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History: No medication handed over on admission.

05 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 07 Apr 2017 11:21
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Prescription or Medication details to Unknown

05 Apr 2017 09:11	Surgery: FOSTER, Luke (Mr) (Clerical Access Role) Entered at: HMP Belmarsh
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05 Apr 2017 15:20	Surgery: CHAUDHARY, Saeed (Dr) (Clinical Practitioner Access Role)
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History: Pt mentions has been on antidepressants in the past, mentions has had mental health issues in the past, looking at notes was previously on **Sensitive/Irrelevant** Issued the same adn advised to see Mental health team, not actively suicidal. review by RMN.**Sensitive/Irrelevant**

Stopped 18 Apr 2017 End of course by CHAUDHARY, Saeed (Dr)

Custom script: Printed On Wed 05 Apr 2017 15:24 By Dr Saeed Chaudhary

06 Apr 2017	Surgery: ODESOLA, Bolanle (Mrs) (Nurse Access Role) Entered at: HMP Belmarsh
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Ongoing review (Xalpj)

06 Apr 2017 14:16	Surgery: PARR, Emily (Miss) (Staff Nurse)
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06 Apr 2017 14:16	Surgery: PARR, Emily (Miss) (Nurse Access Role)
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Sensitive/Irrelevant

07 Apr 2017 16:48	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)
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History: ACDT review

Examination: Seen on wing with DCM H Attwater.

Would not maintain eye contact. Not happy that he has had to wait a couple of days for his medication to arrive.

Is frustrated regarding his immigration status.

Not sleeping well but makes sure he does not sleep during the day. Finds night time hard as during the day he can

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Mr: **D1527** 10549090**DPA**

occupy himself.

Plan: Observation levels to continue.

08 Apr 2017 14:18	Surgery: PARR, Emily (Miss) (Staff Nurse)
08 Apr 2017 14:18	Surgery: PARR, Emily (Miss) (Nurse Access Role)
08 Apr 2017 14:19	Surgery: PARR, Emily (Miss) (Staff Nurse)
08 Apr 2017 14:20	Surgery: PARR, Emily (Miss) (Nurse Access Role)
08 Apr 2017 15:27	Surgery: CHAUDHARY, Saeed (Dr) (Clinical Practitioner Access Role)
09 Apr 2017 16:42	Surgery: DAINES, Havva (Miss) (Health Professional Access Role)

History: Seen him at HCC

Examination: Had superficial cut on his left wrist, washed with soap, no need stitches, applied mapore dressing

Plan: He is on ACDT, come back to HCC if any concerns.

09 Apr 2017 19:35	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)
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History: Written by RGN Morley

Came to collect IP medication. Explained and signed for.

09 Apr 2017 19:37	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)
09 Apr 2017 22:48	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)

History: Headache (XE0rh)

Plan: Paracetamol 1gr given by officer on the wing at 14:35

10 Apr 2017 14:06	Surgery: FELTON, Jacqueline (Mrs) (Community Pharmacy Assistant)
10 Apr 2017 14:06	Surgery: FELTON, Jacqueline (Mrs) (Healthcare Assistant)
11 Apr 2017 10:59	Surgery: BATCHELOR, Donna (Miss) (Nurse Access Role)

History: complaining of coughing for 5/7 days feeling wheezy when lying down struggling to sleep requesting rule 35

Examination: there was incident on bus back in Egypt where he was nearly killed, he claims a knife was used he states several scars. claims also beaten with stick

states was by family members

also that **Sensitive/Irrelevant** he will be persecuted if he returns back

Plan: requesting to see M/O

pre rule 35 appointment given

11 Apr 2017 12:50	Brook House - Healthcare, Surgery: NURSE, Brook House	Entered: 12 Apr 2017 01:35
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Did not attend for Session appointment with Brook House Nurse

Did not attend (Xa1kG)

Reminder/Alert: Did not attend for Session appointment with Brook House Nurse.

Please inform the patient that if they cannot attend an appointment in the future they should inform staff so that it can be cancelled ASAP. - Priority: Normal

11 Apr 2017 14:19	Surgery: BATCHELOR, Donna (Miss) (Staff Nurse)
11 Apr 2017 14:19	Surgery: BATCHELOR, Donna (Miss) (Nurse Access Role)
12 Apr 2017 12:00	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)

History: ACDT review

Examination: Seen on wing with DCM H Attwater.

Feeling physically better since **Sensitive/Irrelevant**

Has had a pre assessment for rule 35 and has a mental health appointment this afternoon.

is eating and drinking and has not self harmed since last review.

Plan: Observation levels reduced to 4hourly with one conversation daily.

Next review set for 15/4/17

12 Apr 2017 15:13	Surgery: MCNAUGHT-DOWD, Dahlia (Mrs) (Mental Health Nurse)
12 Apr 2017 15:13	Surgery: MCNAUGHT-DOWD, Dahlia (Mrs) (Nurse Access Role)
12 Apr 2017 15:26	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)

History: RMN

Examination: Came for his mental health appointment, however had a doctor appointment at same time.

It was felt that doctor appointment more important.

To come to talking therapies afterwards and either get another appointment or been seen if there is a cancellation.

12 Apr 2017 15:35	Surgery: OOZEERALLY, Husein (Dr) (Clinical Practitioner Access Role)
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History: 5 days cough non productive

R35: Arabic.

In Egypt, he has he was **Sensitive/Irrelevant** He was kept for two days without food and he was tortured for 2 days. His partner was killed. He says that it was a family of his partner that tortured him. This was not reported to police.

Sensitive/Irrelevant

Examination: T37.0 98% in air p85
 chest clara.
 red orophaynx
 Plan: R35 tomorrow
 URTI. conservative Mx only
 O/E - pulse rhythm regular (2431.)
 Pulse rate (X773s) 84 bpm
 125 / 75 mmHg

12 Apr 2017 18:02	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)
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History: RMN

Examination: Seen for assessment.

Presented as low in mood and tearful at times. Blunted affect with poor eye contact and quietly spoken. Signs of anxiety but not agitation present.

No visible signs of psychosis or thought disorder.

History-

Sensitive/Irrelevant had a partner. When this became knowledge to his partners family, they killed his partner who was 16 years old and threatened to kill him.

They tortured him. Put a knife to his neck and stated that they wanted to kill him slowly.

Did not elaborate on how he escaped, but made his way to Italy. He was aged 14 at the time.

When asked if he was in contact or had family back home, declined to comment.

Arrived in UK 3 years ago and has been in prison but the charges were dropped. Is worried that they will send him back to prison.

Has friends in UK but no family.

Presenting mental health issues-

Presents as depressed and is on medication but has not taken for last 2 days. Advised to set alarm on his phone to remind him to collect from health care.

Superficially self harmed at the weekend. Given elastic bands and advised on how to use them.

States he has active thoughts to kill himself. Has a plan to hang via his bed sheets. Kicking over the chair so that he dies.

Informed that Oscar 1 would have to be informed about his disclosure. Was not happy as he does not wish to be watched, just wants to die.

Worked on positive forward thinking.

Sleep-

Sleeps for about 4 hours a night and does look visibly tired. States he has nightmares which wake him.

Appetite-

He eats, does not appear to have lost weight.

Activities-

Tries to keep himself busy by playing pool and is busy with his case.

Immigration issues-

Has a solicitor but is not sure what they are doing.

Advised to contact to find out.

Plan: Oscar 1 informed regarding his disclosure of suicidal ideation.

Rule 35 appointment booked for 13/4/17

Mental health follow up session booked for 13/4/17 at 18.30

13 Apr 2017 09:42	Surgery: OOZEERALLY, Husein (Dr) (Clinical Practitioner Access Role)
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Problem: [V]Victim of torture (XaLQe)

History: Arabic.

P0027797

I clarified the account from yesterday.

Manner of torture:

He says that he was tied up and attacked with a knife on the first day. He was then deprived of food for the remainder of the time and beaten with fists to his face and body. They would sometimes use wood and sticks.

He has difficulty sleeping. He occasional has memories of what has happened in the past but his feeling relate to his experiences, as well as the immigration case. He says there are two issues. He says he was seeing mental health team regularly before detainment and is currently on antidepressants.

He says he tried to kill himself in Belmarsh prison and he does not regret doing this. He has met with mental health team at the IRC and given a plan of how he plans to kill himself. He says he has negative thoughts every day and tried to end life 3 days ago. He is now currently on ACDT.

Plan: R35 done

[V]Victim of torture (XaLQe)

Clinical Letter to Mr: **D1527**

[V]Victim of torture (XaLQe)

13 Apr 2017 14:09	Surgery: O'DOHERTY, Lyn (Staff Nurse)
13 Apr 2017 14:10	Surgery: O'DOHERTY, Lyn (Staff Nurse)
13 Apr 2017 18:23	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)

History: RMN

Examination: Seen for follow up support.

Mood continues to be very low, minimal eye contact and quietly spoken.

Is tired and states he feels physically unwell but not unwell, found it hard to describe.

Discussed the symptoms of depression and how to try to overcome them.

Encouraged to ventilate his thoughts and feelings but was a little guarded.

He was negative in his outlook and could not be persuaded to alter his view point on life.

States he is not sleeping well and his mood and thoughts are worse at night. Wakes around 10 times nightly.

Feel he needs an increase in his antidepressant medication or addition of hypnotic.

He still holds suicidal thoughts but has managed not to act on them.

Has a visit from a friend on Monday.

Continue to monitor on a daily basis.

Plan: Doctor appointment booked for 18/4/17.

RMN to monitor daily due to concerns.

Oscar 1 was informed yesterday regarding these concerns.

14 Apr 2017 14:22	Surgery: MORLEY, Melissa (Miss) (Staff Nurse)
14 Apr 2017 14:22	Surgery: MORLEY, Melissa (Miss) (Staff Nurse)
14 Apr 2017 18:37	Surgery: MCNAUGHT-DOWD, Dahlia (Mrs) (Nurse Access Role)

History: Went to B wing to see Mr: **D1527** after he was presented as being very low in mood when seen for his review with K. Churcher (RMN) yesterday. He was seen talking with another detainee, smiles appropriately upon seeing me. Said "hello miss". Went to his room with him, said he OK and denies he had any concerns at the time. There was no suicidal thought or self harm ideation reported. Was just finished having his dinner when seen.

15 Apr 2017 14:19	Surgery: PARR, Emily (Miss) (Staff Nurse)
15 Apr 2017 14:19	Surgery: PARR, Emily (Miss) (Nurse Access Role)
15 Apr 2017 18:24	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)

History: RMN

Examination: Did not attend his mental health appointment. No reason given.

Plan: Further appointment offered for 20/4/17 at 2.30

16 Apr 2017 14:16	Surgery: O'DOHERTY, Lyn (Staff Nurse)	
16 Apr 2017 14:16	Surgery: O'DOHERTY, Lyn (Staff Nurse)	
17 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 18 Apr 2017 09:33

General Letter to Unknown

17 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 18 Apr 2017 09:33
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report of injury to detainee

17 Apr 2017 19:37	Surgery: MCNAUGHT-DOWD, Dahlia (Mrs) (Nurse Access Role)
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History: Was on My way to A wing to see a detainee when I saw Mr: **D1527** walking along the corridor with a friend.

He did appears very upset, was stopped and asked if he was OK. Said he has not been having a good day, was

questioned about his feeling, but did not appears as though he wish to say much. Was reminded he had promised

that he would speak to officer or someone at healthcare whenever he has any concern, said he does not wish to

speak to anyone. D. Roffey (DCM) was informed.

17 Apr 2017 21:06	Surgery: MAKUCKA, Mariola (Miss) (Nurse Access Role)
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History: medication

Examination: Seen detainee in HC on medication time exp[ained that he has **Sensitive/irrelevant** img to be take at lunch

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Mr: **D1527** (10549090)

DPA

time not at night

advice if want to change time to come on clinic time to talk with nurse or will be book to see DR

Detainee took his card and went off

17 Apr 2017 22:44	Surgery: MAKUCKA, Mariola (Miss) (Nurse Access Role)
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History: SOB, Depressed mood (XE0re)

Examination: Seen in his room at approx 22.00 as detainee complaining if SOB .

Vital signs check sat [Sensitive/Irrelevant]

Detainee complaining of poor sleep and states that is forgetting things.

Do not remember to come for his medication and too attend RMN app ?

While had conversation with him express that self-harm today afternoon -cut his left upper arm .

3 superficial cut mark observed -do not required dressing.

When ask about any self harm or suicidal thought express that do not know .Oscar 1 inform.

Detainee is on ACDT and 2 hrl obs .

Has RMN app tomorrow afternoon and advice him to come

Found on his table box of [Sensitive/Irrelevant] dated 07/04/17 1 capsules only was taken .When asked why was not taken this ATX states taht was better and do not want to continue?

18 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 20 Apr 2017 08:21
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Prescription or Medication details to Unknown

18 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 19 Apr 2017 13:38
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General Letter to Unknown

18 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 19 Apr 2017 13:38
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Rule 35 response

18 Apr 2017 05:09	Surgery: MAKUCKA, Mariola (Miss) (Nurse Access Role)
18 Apr 2017 11:55	Surgery: MCNAUGHT-DOWD, Dahlia (Mrs) (Nurse Access Role)

History: ACDT Review

Attends Mr. **D1527** review with H. Attwater in B wing office. Appears very low in mood, mumbled at times when answering questions. Said he spoke with his solicitor and he said nothing is going on at the moment. so he just has to wait. Asked, what would we say if he tells us that he sent to prison wrongfully and taken here after? Says he doesn't know if he is feeling low after he was questioned about his feelings.

It was reported that Mr. **D1527** wasn't taken his prescribed medication for the past 3 days, because he states that he can't remember to go for his medication. Was advised to used the alarm on his mobile phone to remind himself of when he needs to go to healthcare for his medication, staff will also remind him whenever his medication is due. Said he will do this.

Encouraged to continue socialising, as he was seen doing so with other detainees before his review by wing officers and to seek help whenever he has any concern.

There was no active/current suicidal thoughts or self harm ideation reported.

Has appointment for his medication to be reviewed this afternoon.

Plan: Hourly Observation.

ACDT review on the 19/04/17

18 Apr 2017 13:41	Surgery: BATCHELOR, Donna (Miss) (Staff Nurse)
18 Apr 2017 13:41	Surgery: BATCHELOR, Donna (Miss) (Nurse Access Role)
18 Apr 2017 15:23	Surgery: CHAUDHARY, Saeed (Dr) (Clinical Practitioner Access Role)

History: Patient mentions has been depressed and low in mood but not really taking medications . Advised patient to take meds. moved to evening and also added sleeping tabs to help. review if not improving.

[Sensitive/Irrelevant]

Stopped 27 Apr 2017 End of course by OOZEERALLY, Husein (Dr)

[Sensitive/Irrelevant]

Custom script: Printed On Tue 18 Apr 2017 15:30 By Dr Saeed Chaudhary

18 Apr 2017 23:15	Surgery: MAKUCKA, Mariola (Miss) (Staff Nurse)	
18 Apr 2017 23:16	Surgery: MAKUCKA, Mariola (Miss) (Nurse Access Role)	
18 Apr 2017 23:16	Surgery: MAKUCKA, Mariola (Miss) (Nurse Access Role)	
19 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 19 Apr 2017 13:21

General Letter to Unknown

19 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 19 Apr 2017 13:22
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Refusing food (X767f) (Ongoing Episode)

Tue 28 Apr 2020 09:47
Confidential: Personal Data

Mr. **D1527** (10549090)
DPA

19 Apr 2017 08:39	Surgery: NEWLANDS, James (Mr) (Nurse Access Role)	
History: Refusing food (X767f)		
Examination: Seen this morning on day 1 of food refusal.		
Did not want to engage in conversation with me or allow me to complete physical health checks.		
BRAG rating; Green		
Plan: Continue to monitor as required.		
19 Apr 2017 22:03	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	
19 Apr 2017 22:04	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	
19 Apr 2017 22:04	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	
20 Apr 2017 20:32	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	
20 Apr 2017 20:33	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	
20 Apr 2017 20:33	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	
21 Apr 2017 15:02	Surgery: MCNAUGHT-DOWD, Dahlia (Mrs) (Nurse Access Role)	
History: Retrospect: Did not attend his mental health appointment on the 20/04/17, further appointment has been given for the 21/04/17 at 16:30. He has been informed.		
21 Apr 2017 17:51	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)	
History: RMN		
Examination: Arrived for his appointment 20 minutes late, despite being called.		
Would not maintain eye contact.		
His visitor did not come yesterday and he stated he did not know why. When asked if he had spoken to them he changed the subject.		
Stated his social worker has not picked up his clothes for him, not sure if this was the visitor he was expecting.		
Home office have not released him despite receiving his rule 35. It was explained that often if there is a risk that he may harm himself they will not release as detention is a safer place for him.		
He then stated he just wants to die. Does not matter if in here, outside or in another country.		
When asked why he wanted to die he could not answer.		
Was encouraged to future plan and think of all the things he wanted to achieve, but remained very negative.		
Oscar 1 informed.		
Plan: Follow up session booked for 22/4/17 at 18.30		
21 Apr 2017 20:34	Surgery: O'DOHERTY, Lyn (Staff Nurse)	
21 Apr 2017 20:34	Surgery: O'DOHERTY, Lyn (Staff Nurse)	
21 Apr 2017 20:34	Surgery: O'DOHERTY, Lyn (Staff Nurse)	
22 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 24 Apr 2017 09:19
General Letter to Unknown		
22 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 24 Apr 2017 09:19
Refusing food (X767f) (Ongoing Episode)		
22 Apr 2017 10:10	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)	
History: Refusing food (X767f) Day 1		
Examination: Seen on wing.		
States he is drinking water but does not feel like eating.		
Declined to have his physical observations completed.		
Plan: BRAG rating Green		
22 Apr 2017 10:58	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)	
History: ACDT review		
Examination: Seen on wing with DCM H Attwater.		
Continues to non communicative with only monosyllabic answers.		
Hard to gauge mood as presenting as low, with poor eye contact at his reviews. But observed at other times in communal areas playing pool and laughing with fellow detainees.		
Continues to state that there is no point in anything.		
Plan: Continue on hourly observations with mealtime observations on top.		
Review 23/4/17		
22 Apr 2017 18:44	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)	
History: RMN		
Examination: Did not attend his mental health appointment despite seeing me at the time of the appointment by the shop.		
He smiled and joined the queue for the shop.		
He was observed laughing and joking with fellow detainees		
Plan: follow up appointment booked for 27/4/17 at 11.30		
22 Apr 2017 20:33	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	

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Confidential: Personal Data

Mr D1527 10549090

DPA

22 Apr 2017 20:33	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	
22 Apr 2017 20:34	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	
23 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 24 Apr 2017 09:28

General Letter to Unknown

23 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 24 Apr 2017 09:28
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Refusing food (X767f) (Ongoing Episode)

23 Apr 2017 09:16	Surgery: NEWLANDS, James (Mr) (Nurse Access Role)	
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History: Refusing food (X767f)

Examination: Seen this morning on the wing to complete physical health checks on day 2 of refusing food. He declined to have any observations done or engage in conversation.

BRAG rating; Amber

Plan: Continue to monitor as required.

23 Apr 2017 19:33	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	
23 Apr 2017 19:33	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	
23 Apr 2017 20:19	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	
23 Apr 2017 22:24	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	

History: 22:20 Officer asked us to see this detainee as he will not communicate with them. When arrived detainee said he has headaches but declined to have any painkillers, that he can not sleep and the [Sensitive/Irrelevant] that was prescribed for him does not help him much and would like something stronger. Advised him to attend to his RMN appointments. Also mentioned that sometimes he hears voices that tell him what to do. Did not want to give me any further informations.

Examination: O/E - blood pressure reading (246..)128/75 mmHg, O/E - pulse rate (242..) 78 bpm,

Plan: Dr appointment booked.

24 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 25 Apr 2017 08:13
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General Letter to Unknown

24 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 24 Apr 2017 10:23
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General Letter to Unknown

24 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 25 Apr 2017 12:42
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ACDT on

24 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 24 Apr 2017 10:23
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Refusing food (X767f) (Ongoing Episode)

24 Apr 2017 00:21	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	
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History: Attended first response as room colleague was concerned as Mr [D1527] has cut himself. When arrived detainee has declined to show us his arms and did not want to speak with anybody. Was keep on saying live me alone, I don't want to speak with anybody! Asked him he still has headache and if he wants any painkillers and he declined, informed him that I booked a Dr appointment for tomorrow and he replied he does not want to see any Dr. Oscar 1 explained to him that if he does not let us see him he will have to be moved in an Observation room. Eventually, detainee agreed to show us his arms and we notice 2 superficial cuts on his left wrist. When asked why he did this said he does not know. Declined any other medical interventions. Oscar 1 took the decision to move the detainee to E Wing.

24 Apr 2017 01:04	Surgery: WADE, Katherine (Miss) (Healthcare Assistant)	
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[Sensitive/Irrelevant]

24 Apr 2017 09:11	Surgery: NEWLANDS, James (Mr) (Nurse Access Role)	
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History: Refusing food (X767f)

Examination: Seen this morning on E wing to complete physical health checks on day 3 of refusing to eat.

He did not want to engage in conversation with me or allow me to complete physical health checks.

BRAG rating; Amber

Plan: Continue to monitor as required.

24 Apr 2017 13:26	Surgery: OOZEERALLY, Husein (Dr) (Clinical Practitioner Access Role)	
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History: [Sensitive/Irrelevant]

24 Apr 2017 13:40	Surgery: OOZEERALLY, Husein (Dr) (Clinical Practitioner Access Role)	
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History: See in E wing.

When I entered the room, he was asked if any medical issues, he has said there are none.

24 Apr 2017 22:15	Surgery: MAKUCKA, Mariola (Miss) (Nurse Access Role)
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History: ACDT & constant supervision

Examination: Seen on E wing room 1 as detainee is place on constant supervision.

Offered his night medication but detainee refused sttaes will not take any medication until will not return to normal wing

24 Apr 2017 22:15	Surgery: MAKUCKA, Mariola (Miss) (Nurse Access Role)
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25 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 26 Apr 2017 08:38
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General Letter to Unknown

25 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 25 Apr 2017 14:29
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General Letter to Unknown

25 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 26 Apr 2017 08:46
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General Letter to Unknown

25 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 26 Apr 2017 08:46
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rule 40

25 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 26 Apr 2017 08:38
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report of injury to detainee

25 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 25 Apr 2017 14:30
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Refusing food (X767f) (Ongoing Episode)

25 Apr 2017 10:15	Surgery: OOZEERALLY, Husein (Dr) (Clinical Practitioner Access Role)
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History: Seen in E wing.

Room 1

declined to be spoken to whilst on e Wing

25 Apr 2017 11:55	Surgery: MCNAUGHT-DOWD, Dahlia (Mrs) (Nurse Access Role)
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History: Refusing food (X767f)Day 4

Was laying in bed covered with his duvet. Refused physical observation....Claims he had not eaten or drank for several days. However, officer on constant supervision confirms that Mr: **D1527** drank and ate yesterday. Was advised to drink fluid.

Brag Rating = Amber

25 Apr 2017 18:51	Surgery: BUSS, Joanne (Miss) (Staff Nurse)
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Examination: placed on rule 40 constant supervision as he refused to return to E wing..

called to E wing at approx 19.00

constant watch.

had placed a ligature around his neck. removed by staff

staff trying to engage with him.

RMN Dalia tried to engage with him with minimal effect.

put mobile phone battery in his mouth which he later removed battery removed from his room.

went to toilet and attempted to self strangulate.

angry and not engaging with staff.

hands removed from his neck by staff.

salivating ++

unable to take any observations

visual obs resps 16

slight redness noted on his neck.

20.00 got up and walked around room

taken a small drink

restless.

constant watch continues

not engaging with staff.

Plan: pls review later this evening

25 Apr 2017 22:00	Surgery: MAKUCKA, Mariola (Miss) (Staff Nurse)
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25 Apr 2017 22:00	Surgery: MAKUCKA, Mariola (Miss) (Nurse Access Role)
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Confidential: Personal Data

Mr **D1527** (10549090)

DPA

25 Apr 2017 23:00	Surgery: MAKUCKA, Mariola (Miss) (Nurse Access Role)	Entered: 26 Apr 2017 00:41
Overview Notes (Y0028)		
Seen on E wing room 7 as detainee asking for sleeping tablets . Explained that his Sensitive/Irrelevant finish 23/04/17 .		
Is place on DR list as he wish to get sleeping tablets .		
2x Paracetamol given at 23.00 for neck pain .		
Detainee was on the phone , complied with medication , provide good eye contact .		
Observed redness mark on both side neck but skin intact.		
Detainee on constant supervision		
26 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 26 Apr 2017 10:52
General Letter to Unknown		
26 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 26 Apr 2017 13:04
General Letter to Unknown		
26 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 26 Apr 2017 13:04
Refusing food (X767f) (Ongoing Episode)		
26 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 26 Apr 2017 10:52
notes printed		
26 Apr 2017 10:36	Surgery: OOZEERALLY, Husein (Dr) (Clinical Practitioner Access Role)	
History: Seen in E wing.		
He says he feels well today and no medical problems.		
I believe he presented with challenging behaviour overnight but settled and later became cooperative		
26 Apr 2017 12:24	Surgery: MCNAUGHT-DOWD, Dahlia (Mrs) (Nurse Access Role)	
History: Refusing food (X767f) (Ongoing Episode) DAY 5		
Was laying in bed, refused physical intervention. Currently on Constant Supervision, refused to engage when seen re food refusal.		
Brag Rating = Amber.		
26 Apr 2017 19:16	Surgery: MCNAUGHT-DOWD, Dahlia (Mrs) (Nurse Access Role)	
History: ACDT REVIEW		
Attended by D. Roffey, B. Gabriel, D. Haughton and myself. Said he will kill himself because he rather to die here than to be sent back to Egypt . Says he is not looking for release because they are not going to release him . Was asked what can we do to support him, replied by saying he doesn't want anything because there is something coming up, States that nothing is good for him		
He said he does not know if he will hurt himself while he was questioned about his thoughts. To remain on Constant supervision.		
26 Apr 2017 22:37	Surgery: MAKUCKA, Mariola (Miss) (Staff Nurse)	
26 Apr 2017 22:37	Surgery: MAKUCKA, Mariola (Miss) (Nurse Access Role)	
27 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 28 Apr 2017 09:14
Prescription or Medication details to Unknown		
27 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 02 May 2017 10:54
Prescription or Medication details to Unknown		
27 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 02 May 2017 08:33
General Letter to Gatwick Immigration Removal Centre		
27 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 27 Apr 2017 09:19
General Letter to Unknown		
27 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 27 Apr 2017 09:19
Refusing food (X767f) (Ongoing Episode)		
27 Apr 2017 08:52	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)	
History: Refusing food (X767f) Day 6		
Examination: Seen on wing.		
Engaged despite being woken.		
Does not feel like eating but is drinking tea and coffee with milk and sugar.		

Declined to have any physical observations completed.

Plan: BRAG rating Amber

27 Apr 2017 10:28	Surgery: OOZEERALLY, Husein (Dr) (Clinical Practitioner Access Role)
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History: Seen in E wing.

on ACDT.

He wishes to talk today and says to me that he is having difficulty sleeping though it is noted that he had to be awoken to have this conversation.

He says he has night mares at night and would like sleeping tablets.

He does not feel the current medication is helping

Plan: I have asked him to continue engagement with MHT and I have increased his dose of citalopram

Sensitive/Irrelevant

Stopped 02 May 2017 End of course by OOZEERALLY, Husein (Dr)

Custom script: Printed On Thu 27 Apr 2017 10:31 By Dr Husein Oozeerally

27 Apr 2017 13:43	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)
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History: ACDT - Constant review

Examination: Seen on wing with Duty director M Brown, DCM D Roffey.

States he has no thoughts of self harm at this time.

Would like help to get a visit from his friend as they are having difficulty getting an answer when phoning.

M. Brown agreed to book this if details given to herself.

Would also like a new battery for his phone as old one no longer works after he put it in his mouth.

Keen to go back to general wing and association in centre.

Agreed he can have afternoon association until next review.

Plan: Observation levels reduced to hourly.

27 Apr 2017 18:02	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)
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History: RMN

Examination: Seen on wing. Playing pool, socialising and smiling with fellow detainees.

Gave the contact details of his friend to officer to help arrange a visit.

Requested that he be seen tomorrow as he was enjoying himself at the time, with his friends.

Plan: Support session to be rebooked for 28/4/17

27 Apr 2017 20:41	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)
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27 Apr 2017 20:42	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)
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Sensitive/Irrelevant

28 Apr 2017 14:15	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)
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History: RMN

Examination: Seen for review.

Is now back to general wing and appeared more responsive and brighter in mood. Had just been to

Thinks that he has a visit on Wednesday from a friend.

Is not happy that he was not prescribed more sleeping medication. The rationale behind this and the increase of his citalopram was discussed.

Plan: Follow up support appointment 5/5/17 at 3.30

28 Apr 2017 15:01	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)
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History: ACDT review

Examination: Seen in talking therapies with DCM S Farrell.

States that everything is fine and declined to elaborate.

Stating what ever you ask it is fine.

He has a new battery for his phone and is happy to be back on a normal wing.

Plan: Observation levels to continue on hourly and reviewed on 30/4/17

28 Apr 2017 23:07	Surgery: SIHLALI, Nombulelo (Mrs) (Staff Nurse)
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28 Apr 2017 23:07	Surgery: SIHLALI, Nombulelo (Mrs) (Nurse Access Role)
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29 Apr 2017 20:50	Surgery: SIHLALI, Nombulelo (Mrs) (Staff Nurse)
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29 Apr 2017 20:51	Surgery: SIHLALI, Nombulelo (Mrs) (Nurse Access Role)
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30 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 02 May 2017 10:22
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General Letter to Unknown

30 Apr 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 02 May 2017 10:22
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Refusing food (X767f) (Ongoing Episode)

30 Apr 2017 09:10	Surgery: NEWLANDS, James (Mr) (Nurse Access Role)
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History: Refusing food (X767f)

Examination: Seen this morning on the wing to complete physical health checks on day 1 of refusing food. He

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Mr **D1527** (10549090)
DPA

declined to have any physical health checks done however said that the reason he was not eating is because he is not hungry. States he is drinking fluids on a regular basis.

BRAG rating; Green

Plan: Continue to monitor as required.

30 Apr 2017 20:42	Surgery: SIHLALI, Nombulelo (Mrs) (Staff Nurse)
30 Apr 2017 20:42	Surgery: SIHLALI, Nombulelo (Mrs) (Nurse Access Role)

Sensitive/Irrelevant

01 May 2017 10:02	Surgery: MCNAUGHT-DOWD, Dahlia (Mrs) (Nurse Access Role)
History: Refusing food (X767f) (Ongoing Episode)Day 2 Seen laying in bed, refused physical observation, refused to engage. Said he does not want to talk to me. Brag Rating = Amber.	

01 May 2017 14:26	Surgery: OOZEERALLY, Husein (Dr) (Clinical Practitioner Access Role)
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Sensitive/Irrelevant

He says he is not eating due to appetite, he says he is is drinking.

Sensitive/Irrelevant

	Role)	
General Letter to Unknown		
02 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 02 May 2017 08:27
General Letter to Unknown		
02 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 02 May 2017 10:27
Refusing food (X767f) (Ongoing Episode)		
02 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 02 May 2017 10:16
Refusing food (X767f) (Ongoing Episode)		
02 May 2017 09:44	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)	
History: Refusing food (X767f) Day 3		
Examination: Seen on wing.		
States he ate some dates and drank fizzy drinks and water yesterday.		
Declined to have his physical observations completed.		
Plan: BRAG rating Amber		
02 May 2017 14:41	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)	
History: Dr Belda. Seen at the mental health office with RMNs		
Examination: Complains of vomiting blood (it seems ground coffee) and some abdominal pain. He also complains of headaches and formication in his legs. His sleep pattern is disturbed as he keeps waking up through the night. His appetite is poor.		
[D1527] described clear intrusive memories and vivid imagery of the tragedy which he was the victim of. He has not spoken openly about it today.		
He explained that he came to the UK 3 years and 4 months ago seeking asylum and at the time he was 15 years old. He said that he was sent to prison for an offence that he did not commit and that eventually it was demonstrated that he was no guilty, but he was still sent here.		
He does not feel that life is worth living and he has had 3 attempts on his life, 2 by hanging and 1 by cutting (?more self-harm than suicide).		
Mr [D1527] could not identify any protective factors.		
Diagnosis: PTSD F43.1. He might also have hyponatremia secondary to Citalopram (he is on 40mg of Citalopram a day which he says is not benefitting him). Citalopram could also increase bleeding.		
Plan: Reduce Citalopram to 20mg and initiate Mirtazapine 15mg nocte. After 6 days stop Citalopram and increase Mirtazapine to 30mg nocte. Mirtazapine more appropriate for PTSD and his symptom profile. Blood test for U&Es, FBC and coagulation profile. GP to be informed of his bleeding (not clear if hematemesis) as it could be due to ulcer.		
02 May 2017 15:05	Surgery: OOZEERALLY, Husein (Dr) (Clinical Practitioner Access Role)	
History: Spoke to Karen C who has said we will be stopping citalopram over the next few weeks and starting mirtazapine..		
also BT to check Na level		
Mirtazapine 15mg orodispersible tablets - 28 tablets - 1 tablet - admin times: 19:45 (Oral)		
Stopped 03 May 2017 End of course by OOZEERALLY, Husein (Dr)		
Citalopram 20mg tablets - 28 tablets - 1 tablet - admin times: 08:30 (Oral) (Future dated medication 03 May 2017)		
Stopped 03 May 2017 End of course by OOZEERALLY, Husein (Dr)		
Custom script: Printed On Tue 02 May 2017 15:08 By Dr Husein Oozeerally		
02 May 2017 20:30	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	
02 May 2017 20:30	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	
03 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 03 May 2017 09:01
General Letter to Unknown		
03 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 08 May 2017 14:27
Prescription or Medication details to Unknown		
03 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 03 May 2017 09:01
Refusing food (X767f) (Ongoing Episode)		
03 May 2017 08:29	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)	

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Confidential: Personal Data

Mr D1527 10549090

DPA

History: Refusing food (X767f) Day 4

Examination: Seen on wing .

States he ate bread yesterday and continues to drink regularly.

Declined to have his physical observations completed.

Plan: Brag rating Amber.

03 May 2017 08:40	Surgery: OWENS, Eavan (Healthcare Assistant)
History: Came to clinic for blood test as requested by Dr Belda. I took venous blood after verbal consent was given. Failed first time access from right arm at ACF site. Good first time access from left arm at ACF site. 1 x gold and 1 x purple bottle correctly labelled and sent to hospital. Detainee requesting for morning medication to be changed to afternoon/evening. Admin task sent to doctor.	

Sensitive/Irrelevant

03 May 2017 14:20	Surgery: LITTLE, Raymond (Mr) (Staff Nurse)
03 May 2017 14:20	Surgery: LITTLE, Raymond (Mr) (Nurse Access Role)
03 May 2017 22:29	Surgery: SIHLALI, Nombulelo (Mrs) (Staff Nurse)
03 May 2017 22:29	Surgery: SIHLALI, Nombulelo (Mrs) (Nurse Access Role)
04 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)
	Entered: 05 May 2017 07:15

General Letter to Unknown

04 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 04 May 2017 09:54
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General Letter to Unknown

04 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 09 May 2017 15:25
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Results to Unknown

04 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 05 May 2017 10:26
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General Letter to Unknown

04 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 04 May 2017 09:48
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General Letter to Unknown

04 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 05 May 2017 07:15
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report of injury to detainee

04 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 09 May 2017 15:25
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blood results

04 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 04 May 2017 09:48
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Refusing food (X767f) (Ongoing Episode)

04 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 05 May 2017 10:27
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rule 40

04 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 04 May 2017 09:54
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Refusing food (X767f) (Ongoing Episode)

04 May 2017 08:45	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)
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History: Refusing food (X767f) day 5

Examination: Seen on wing.

States he has eaten small amounts of food and is drinking water.

Declined to have his physical observations completed.

Tue 28 Apr 2020 09:47

Confidential: Personal Data

Mr **D1527** (10549090)
DPA

Plan: BRAG rating Amber.

04 May 2017 14:22	Surgery: DAINES, Havva (Miss) (Staff Nurse)
04 May 2017 14:22	Surgery: DAINES, Havva (Miss) (Health Professional Access Role)
04 May 2017 18:08	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)

History: Healthcare

Examination: C&R removal from D to Ewing after coming off the netting, witnessed at 17.30.

Mr. **D1527** was examined at 17.45.

Has a small scratch on the inside of his left wrist. did not want a plaster and wound was not bleeding.

Stated he was O.K.

Form 213 completed, given to Oscar 1 and safer community.

04 May 2017 21:11	Surgery: SIHLALI, Nombulelo (Mrs) (Staff Nurse)
04 May 2017 21:11	Surgery: SIHLALI, Nombulelo (Mrs) (Nurse Access Role)
04 May 2017 22:38	Surgery: SIHLALI, Nombulelo (Mrs) (Nurse Access Role)

History: 22.25hrs called by oscar 1 Andy to review constant, spoken to detainee and is no longer on constant

Examination: Remain on R 40 and is happy in wing advised if he has any issues to speak to officers and not to jump to the net again which he understand.

05 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 05 May 2017 10:18
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General Letter to Unknown

05 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 05 May 2017 10:18
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Refusing food (X767f) (Ongoing Episode)

05 May 2017 09:09	Surgery: MCNAUGHT-DOWD, Dahlia (Mrs) (Nurse Access Role)
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History: Refusing food (X767f) (Ongoing Episode) Day 5

Mr. **D1527** was awake in bed when visited following food refusal referral. Refused physical observation, declined to say when he had last drank.

Brag Rating = Amber.

05 May 2017 16:00	Surgery: BATCHELOR, Donna (Miss) (Staff Nurse)
05 May 2017 16:00	Surgery: BATCHELOR, Donna (Miss) (Nurse Access Role)
05 May 2017 19:51	Surgery: MCNAUGHT-DOWD, Dahlia (Mrs) (Nurse Access Role)

History: Did not attend his mental health appointment, was later seen socialising with friends opposite the barber shop on A wing. Further appointment given for the 13/05/17 at 11:00, slip has been sent.

05 May 2017 20:30	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)
05 May 2017 20:32	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)
06 May 2017 08:31	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)

History: Refusing food (X767f) (Ongoing Episode) Day 7

Examination: Seen on wing.

Documented and states he ate and drank yesterday.

Declined to have his physical observations completed.

Plan: BRAG rating Green

06 May 2017 14:00	Surgery: PARR, Emily (Miss) (Staff Nurse)	
06 May 2017 14:03	Surgery: PARR, Emily (Miss) (Nurse Access Role)	
06 May 2017 20:20	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	
06 May 2017 20:22	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	
07 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 08 May 2017 13:41

General Letter to Unknown

07 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 08 May 2017 13:41
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Refusing food (X767f) (Ongoing Episode)

07 May 2017 13:51	Surgery: MCNAUGHT-DOWD, Dahlia (Mrs) (Nurse Access Role)
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History: Refusing food (X767f) (Ongoing Episode) Day 7

Seen on C wing this morning following food refusal referral. Was laying awake in bed, refused physical observation.

Said " everything is OK", refused to engage further.

Brag Rating = Amber

07 May 2017 13:56	Surgery: DAINES, Havva (Miss) (Staff Nurse)
07 May 2017 13:56	Surgery: DAINES, Havva (Miss) (Health Professional Access Role)
07 May 2017 20:40	Surgery: O'DOHERTY, Lyn (Staff Nurse)
07 May 2017 20:41	Surgery: O'DOHERTY, Lyn (Staff Nurse)
08 May 2017 14:44	Surgery: MORLEY, Melissa (Miss) (Staff Nurse)

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Mr. **D1527** (10549090)**DPA**

08 May 2017 14:45	Surgery: MORLEY, Melissa (Miss) (Staff Nurse)
08 May 2017 17:23	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)

History: ACDT review

Examination: Seen in talking therapies with DCM B Shadbolt.

States he has no current thoughts to self harm and is happy now that he is off of E Wing.

Is waiting to hear from Home office about an appeal his solicitor has put in.

Is still having problems sleeping. Encouraged not to sleep during the day and keep himself busy.

Plan: Observation levles to continue and review on 11/5/17

08 May 2017 17:28	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)
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History: RMN

Examination: Requested to see RMN after ACDT review.

Feels he is having problems with anger. Gets angry very quickly and sometimes it feels as if he is on the outside looking down on himself.

Tried to show diagrammes regarding how anger effects us but is unable to read.

Also feels that his flashbacks happen for no reason and wanted to understand why.

Explored possible triggers.

Session had to be cut short as this was not a booked session and next person was waiting .

Plan: Follow up appointment made for 13/5/17

08 May 2017 20:04	Surgery: MAKUCKA, Mariola (Miss) (Staff Nurse)	
08 May 2017 20:05	Surgery: MAKUCKA, Mariola (Miss) (Nurse Access Role)	
08 May 2017 20:55	Surgery: CHRISTIAN, Hannah (Miss) (Healthcare Assistant)	Entered: 09 May 2017 04:29

No further action required (Y0488)

Patient requested treatment (8M4..)

Paracetamol 500mg soluble tablet (di22.) - 1gr

Time (Xa0cj) - 20.55

Unit (X8001) - given by wing officers for headache

09 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 09 May 2017 16:02
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General Letter to Unknown

09 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 09 May 2017 16:02
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Refusing food (X767f) (Ongoing Episode)

09 May 2017 09:15	Surgery: MCNAUGHT-DOWD, Dahlia (Mrs) (Nurse Access Role)
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History: Refusing food (X767f) (New Episode) Day 1

Seen laying awake in bed, refused physical observation. He also refused to say when he has last drank fluid, However, an empty water bottle was seen on the table by his bedside. Said " I am fine".

Brag Rating = Amber.

09 May 2017 20:26	Surgery: SIHLALI, Nombulelo (Mrs) (Staff Nurse)
09 May 2017 20:26	Surgery: SIHLALI, Nombulelo (Mrs) (Nurse Access Role)
10 May 2017 01:21	Surgery: SIHLALI, Nombulelo (Mrs) (Nurse Access Role)

History: 01.35hrs called to wing to see detainee , on arrival was sitting in bed looks low in mood

Examination: According to him he had a dream and saw a freind covered in blood.

Diagnosis: Also stating that he has flash back of what he has done before .Has no thought of self harm, he also stated that sleeping tablet is not effective , advised to come to walk in clinic to make an appointment for m/o

Plan: To be seen again by RMN today.

Sensitive/Irrelevant

10 May 2017 20:25	Surgery: O'DOHERTY, Lyn (Staff Nurse)	
10 May 2017 20:25	Surgery: O'DOHERTY, Lyn (Staff Nurse)	
10 May 2017 23:00	Surgery: CHRISTIAN, Hannah (Miss) (Healthcare Assistant)	Entered: 11 May 2017 06:17

No further action required (Y0488)

Patient requested treatment (8M4..)

Paracetamol 500mg soluble tablet (di22.) - 1gr

Time (Xa0cj) - 23.00

Unit (X8001)

11 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 11 May 2017 11:17
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Confidential: Personal Data

Mr D1527 10549090

DPA

	Role)	
General Letter to Unknown		
11 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 11 May 2017 11:17
Refusing food (X767f) (Ongoing Episode)		
11 May 2017 08:36	Surgery: NEWLANDS, James (Mr) (Nurse Access Role)	
History: Refusing food (X767f) (New Episode)		
Examination: Seen this morning on Day 1 of refusing food to complete physical health checks, however did not wish to engage in conversation or have any physical health checks done. He did say that he was drinking on a regular basis.		
BRAG rating; Green		
Plan: Continue to monitor as required.		
11 May 2017 20:11	Surgery: MAKUCKA, Mariola (Miss) (Staff Nurse)	
11 May 2017 20:11	Surgery: MAKUCKA, Mariola (Miss) (Nurse Access Role)	
12 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 12 May 2017 10:27
General Letter to Unknown		
12 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 12 May 2017 10:27
Refusing food (X767f) (Ongoing Episode)		
12 May 2017 09:23	Surgery: MCNAUGHT-DOWD, Dahlia (Mrs) (Nurse Access Role)	
History: Refusing food (X767f) (Ongoing Episode) Day 2		
Seen laying in bed awake, refused physical observation. He also refused to say when he had last eaten or drank.		
Brag Rating = Amber		
12 May 2017 19:58	Surgery: MAKUCKA, Mariola (Miss) (Staff Nurse)	
12 May 2017 20:00	Surgery: MAKUCKA, Mariola (Miss) (Nurse Access Role)	
13 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 15 May 2017 09:07
General Letter to Unknown		
13 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 15 May 2017 09:07
Refusing food (X767f) (Ongoing Episode)		
13 May 2017 08:49	Surgery: DANKWAA-AKOWUAH, Nana (Miss) (Admin/Clinical Support Access Role)	
13 May 2017 09:00	Surgery: DANKWAA-AKOWUAH, Nana (Miss) (Admin/Clinical Support Access Role)	
13 May 2017 09:10	Surgery: DANKWAA-AKOWUAH, Nana (Miss) (Admin/Clinical Support Access Role)	
13 May 2017 20:33	Surgery: SIHLALI, Nombulelo (Mrs) (Staff Nurse)	
13 May 2017 20:34	Surgery: SIHLALI, Nombulelo (Mrs) (Nurse Access Role)	
14 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 15 May 2017 09:49
General Letter to Unknown		
14 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 15 May 2017 09:49
Refusing food (X767f) (Ongoing Episode)		
14 May 2017 08:29	Surgery: NEWLANDS, James (Mr) (Nurse Access Role)	
History: Refusing food (X767f) (Ongoing Episode)		
Examination: Seen this morning to complete physical health checks on Day 4 of refusing to eat.		
However he did not wish to engage in conversation with me or allow any physical health checks to be done.		
BRAG rating; Amber.		
Plan: Continue to monitor as required.		
14 May 2017 09:24	Surgery: DANKWAA-AKOWUAH, Nana (Miss) (Admin/Clinical Support Access Role)	
Referral to Mr: D1527		
14 May 2017 22:17	Surgery: SIHLALI, Nombulelo (Mrs) (Staff Nurse)	
14 May 2017 22:17	Surgery: SIHLALI, Nombulelo (Mrs) (Nurse Access Role)	
15 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 15 May 2017 10:57
General Letter to Unknown		
15 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 15 May 2017 10:57

Refusing food (X767f) (Ongoing Episode)

15 May 2017 08:39	Surgery: NEWLANDS, James (Mr) (Nurse Access Role)	
History: Refusing food (X767f) (Ongoing Episode)		
Examination: Seen this morning on C wing to complete physical health checks on day 6 of refusing food. Informed me that he was okay however did not want any physical health checks to be done		
BRAG rating: Amber		
Plan: Continue to monitor as required.		
15 May 2017 10:35	Surgery: DOCTOR, Tinsley House	Entered: 15 May 2017 11:09
Did not attend for Session appointment with Tinsley House Doctor.		
Did not attend (Xa1kG)		
Reminder/Alert: Did not attend for Session appointment with Tinsley House Doctor.		
Please inform the patient that if they cannot attend an appointment in the future they should inform staff so that it can be cancelled ASAP. - Priority: Normal		
15 May 2017 18:00	Brook House - Healthcare, Surgery: DOCTOR, Brook House	Entered: 16 May 2017 04:36
Did not attend for GP ADMIN appointment with Brook House Doctor.		
Did not attend (Xa1kG)		
Reminder/Alert: Did not attend for GP ADMIN appointment with Brook House Doctor.		
Please inform the patient that if they cannot attend an appointment in the future they should inform staff so that it can be cancelled ASAP. - Priority: Normal		
15 May 2017 20:02	Surgery: SIHLALI, Nombulelo (Mrs) (Staff Nurse)	
15 May 2017 20:06	Surgery: SIHLALI, Nombulelo (Mrs) (Nurse Access Role)	
16 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 16 May 2017 11:10
General Letter to Unknown		
16 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 16 May 2017 11:10
Refusing food (X767f) (Ongoing Episode)		
16 May 2017 04:00	Surgery: CHRISTIAN, Hannah (Miss) (Healthcare Assistant)	Entered: 17 May 2017 01:48
Sensitive/Irrelevant		
No further action required (Y0488)		
Unit (X8001)		
Patient requested treatment (8M4..)		
Time (Xa0cj) - 04.00		
16 May 2017 09:39	Surgery: MCNAUGHT-DOWD, Dahlia (Mrs) (Nurse Access Role)	
History: Refusing food (X767f) (Ongoing Episode) Day 6 as stated on Security Handover.		
Was laying awake in bed, Refused to have physical observation done, Said "I am fine, don't worry".		
Brag Rating = Amber.		
16 May 2017 09:55	Surgery: MORLEY, Melissa (Miss) (Staff Nurse)	
History: States should be taking Sensitive/Irrelevant was previously taking ?		
States needing to see the RMN urgently.		
Plan: MO appt made for tomorrow to discuss medications.		
16 May 2017 10:00	Surgery: MORLEY, Melissa (Miss) (Staff Nurse)	
Referral to Mr D1527		
16 May 2017 11:50	Surgery: MCNAUGHT-DOWD, Dahlia (Mrs) (Nurse Access Role)	
History: Retrospect;		
Did not attend his mental health review appointment 13/05/17, another appointment has been given for the 17/05/17 at 16:30. Slip was sent.		
16 May 2017 11:58	Surgery: MCNAUGHT-DOWD, Dahlia (Mrs) (Nurse Access Role)	
16 May 2017 20:49	Surgery: PAYNTER, Christopher (Mr) (Staff Nurse)	
16 May 2017 20:50	Surgery: PAYNTER, Christopher (Mr) (Staff Nurse)	
16 May 2017 23:57	Surgery: CHRISTIAN, Hannah (Miss) (Healthcare Assistant)	Entered: 17 May 2017 01:46
No further action required (Y0488)		
Patient requested treatment (8M4..)		
Sensitive/Irrelevant		
Time (Xa0cj) - 23.57		
Unit (X8001)		
17 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 17 May 2017 07:38
General Letter to Unknown		
17 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 17 May 2017 13:41

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Confidential: Personal Data

Mr **D1527** (10549090)**DPA**

	Role)	
General Letter to Unknown		
17 May 2017	Surgery: CHRISTIAN, Hannah (Miss) (Healthcare Assistant)	Entered: 17 May 2017 01:57
No further action required (Y0488)		
Patient requested treatment (RMA...)		
Sensitive/Irrelevant		
Time (Xa0cj) - 00.00		
Unit (X8001)		
17 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 17 May 2017 13:42
Refusing food (X767f) (Ongoing Episode)		
17 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 17 May 2017 07:38
mental health referral form		
17 May 2017 08:43	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)	
History: Refusing food (X767f) (Ongoing Episode) Day 7		
Examination: Seen on wing.		
States he did not eat yesterday but did drink water. Not feeling like eating but said he would try today.		
Declined to have his physical observations completed.		
Plan: BRAG rating Amber		
17 May 2017 09:24	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)	
History: ACDT review		
Examination: Seen in talking therapies with DCM C Donnelly.		
Refused to state if he had eaten or not.		
States he does not want to apply for bail now and wishes to spend his life at Brook house.		
Declined to have his physical observations completed again.		
Plan: Observation levels decreased to mealtime observations during the day and 2 observations at night.		
Review in a weeks time.		
17 May 2017 15:28	Surgery: CHAUDHARY, Saeed (Dr) (Clinical Practitioner Access Role)	
History: Patient came to see m. There is confusion over whether he needs to be on 2 antidepressants or 1.		
Advised needs to see RMN, due to see today and then can decide.		
17 May 2017 16:28	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)	
History: RMN		
Examination: Seen for follow up session.		
Ventilated at length about his detention, his thoughts and feelings.		
Expressed concern regarding his anger and how quickly he can be provoked.		
Feels that the medication is not helping. Discussed the reason it was changed and looked at possible increase in		
Sensitive/Irrelevant to help with his mood.		
Feels that detention is making him mentally unwell. reassured that he is under stress and that this is a normal reaction.		
Requested GP increase medication.		
Plan: Follow up appointment booked for 20/5/17 at 16.30		
17 May 2017 20:08	Surgery: PAYNTER, Christopher (Mr) (Staff Nurse)	
17 May 2017 20:08	Surgery: PAYNTER, Christopher (Mr) (Staff Nurse)	
18 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 18 May 2017 11:35
General Letter to Unknown		
18 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 19 May 2017 08:05
Prescription or Medication details to Unknown		
18 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 18 May 2017 11:35
Refusing food (X767f) (Ongoing Episode)		
18 May 2017 09:23	Surgery: MCNAUGHT-DOWD, Dahlia (Mrs) (Nurse Access Role)	
History: Refusing food (X767f) (Ongoing Episode) Day 7		
Was awake in bed when seen on C wing, declined physical observation. Said "I am fine, thank you". Claims he has been drinking fluid.		
Brag Rating = Amber.		
18 May 2017 10:13	Surgery: CHAUDHARY, Saeed (Dr) (Clinical Practitioner Access Role)	
Sensitive/Irrelevant		

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Mr **D1527** (10549090)
DPA

Custom script: Printed On Thu 18 May 2017 10:15 By Dr Saeed Chaudhary

18 May 2017 20:11	Surgery: SIHLALI, Nombulelo (Mrs) (Staff Nurse)	
18 May 2017 20:13	Surgery: SIHLALI, Nombulelo (Mrs) (Nurse Access Role)	
18 May 2017 23:46	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	Entered: 19 May 2017 02:41

Nurse: referred to (XM1Sz)

Sensitive/Irrelevant

Time (Xa0cj) - 23:46

Unit (X8001) - Officer on the wing

19 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 19 May 2017 12:45
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General Letter to Unknown

19 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 19 May 2017 12:45
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Refusing food (X767f) (Ongoing Episode)

19 May 2017 09:33	Surgery: MCNAUGHT-DOWD, Dahlia (Mrs) (Nurse Access Role)	
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History: Refusing food (X767f) (Ongoing Episode) Day 8

Was awake in bed, declines physical observation. Said he ate chocolate and drank juice on the 18/05/17.

He was educated about the importance of him eating and drinking.

Brag Rating = Amber.

19 May 2017 20:36	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	
19 May 2017 20:36	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	
20 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 22 May 2017 08:21

General Letter to Unknown

20 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 22 May 2017 08:21
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Refusing food (X767f) (Ongoing Episode)

20 May 2017 09:02	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)	
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History: Refusing food (X767f) (Ongoing Episode) Day 9

Examination: Seen on wing. was not happy as had just had an officer coming to ask him the same questions.

Therefore he declined to answer the questions and declined to have his physical observations completed.

Plan: BRAG rating Amber

Sensitive/Irrelevant

20 May 2017 17:19	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)	
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History: RMN

Examination: Did not attend his mental health appointment.

No reason given.

Plan: Further appointment offered for 21/5/17 at 11.30

20 May 2017 20:19	Surgery: MAKUCKA, Mariola (Miss) (Staff Nurse)	
20 May 2017 20:20	Surgery: MAKUCKA, Mariola (Miss) (Nurse Access Role)	
20 May 2017 23:50	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	Entered: 22 May 2017 00:51

Sensitive/Irrelevant

No further action required (Y0488)

Patient requested treatment (8M4..) - headache

Unit (X8001)

Time (Xa0cj) - 23:50

21 May 2017 01:07	Surgery: MAKUCKA, Mariola (Miss) (Nurse Access Role)	
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History: Headache (XE0rh)

Plan: 2x Paracetamol given by officer 19/05/17 at 23.48

21 May 2017 01:10	Surgery: MAKUCKA, Mariola (Miss) (Nurse Access Role)	
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History: Headache (XE0rh)

Plan: 2x Paracetamol given by officer 20/05/17 at 09.05 and 19.30

21 May 2017 08:24	Surgery: NEWLANDS, James (Mr) (Nurse Access Role)	
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History: Refusing food (X767f) (Ongoing Episode)

Examination: Seen this morning on C wing to complete physical health checks on day 10 of refusing food. He declined to have these done stating that he was okay and well.

Tue 28 Apr 2020 09:47

Confidential: Personal Data

Mr: **D1527** 105490901**DPA**

BRAG rating; Amber

Plan: Continue to monitor as required.

21 May 2017 11:31	Surgery: NEWLANDS, James (Mr) (Nurse Access Role)
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History: RMN appointment

Examination: Did not attend with no reason given.

Plan: New appointment arranged for 28/05/2017 at 11:00, appointment slip sent to the wing.

21 May 2017 15:10	Surgery: WISE, Denise (Mrs) (Healthcare Assistant)	Entered: 23 May 2017 02:02
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Paracetamol 500mg soluble tablet (di22.)

No further action required (Y0488)

Patient requested treatment (8M4..) - HEADACHE

Unit (X8001)

Time (Xa0cj) - 15.10

21 May 2017 19:55	Surgery: MAKUCKA, Mariola (Miss) (Staff Nurse)
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21 May 2017 19:56	Surgery: MAKUCKA, Mariola (Miss) (Nurse Access Role)
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21 May 2017 23:45	Surgery: WISE, Denise (Mrs) (Healthcare Assistant)	Entered: 23 May 2017 02:09
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Unit (X8001)

Time (Xa0cj) - 23.45

Paracetamol 500mg soluble tablet (di22.)

Patient requested treatment (8M4..)

No further action required (Y0488)

22 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 22 May 2017 08:52
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General Letter to Unknown

22 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 22 May 2017 08:52
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Refusing food (X767f) (Ongoing Episode)

22 May 2017 08:28	Surgery: NEWLANDS, James (Mr) (Nurse Access Role)
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History: Refusing food (X767f) (Ongoing Episode)

Examination: Seen this morning to complete physical health checks on day 11 of food refusal. Declined to have these done and said that he did not want healthcare to come into his room about this. Advised that as long as he was refusing to eat we had a duty of care to offer him physical health checks whether he accept to have these done was his decision.

Plan: Continue to monitor as required.

22 May 2017 19:50	Surgery: SIHLALI, Nombulelo (Mrs) (Staff Nurse)
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22 May 2017 19:51	Surgery: SIHLALI, Nombulelo (Mrs) (Nurse Access Role)
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22 May 2017 21:25	Surgery: WISE, Denise (Mrs) (Healthcare Assistant)	Entered: 23 May 2017 02:24
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Time (Xa0cj) - 21.25

No further action required (Y0488)

Patient requested treatment (8M4..)

Paracetamol 500mg soluble tablet (di22.)

Unit (X8001)

23 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 23 May 2017 09:12
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General Letter to Unknown

23 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 23 May 2017 09:12
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Refusing food (X767f) (Ongoing Episode)

23 May 2017 08:16	Surgery: NEWLANDS, James (Mr) (Nurse Access Role)
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History: Refusing food (X767f) (Ongoing Episode)

Examination: Seen on the wing this morning to complete physical health check which he refused to have done and did not want to engage in conversation with me.

BRAG rating; Amber

Plan: Continue to monitor as required.

23 May 2017 12:50	Surgery: OOZEERALLY, Husein (Dr) (Clinical Practitioner Access Role)
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History: Attended C wing to speak to patient with HCA Eavan

Food and fluid refusal.

We asked if we could enter to room and he said he did not want us to enter.

We were unable therefore to engage regard advanced directive.

23 May 2017 15:40	Surgery: WISE, Denise (Mrs) (Healthcare Assistant)	Entered: 23 May 2017 23:34
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Unit (X8001)

Tue 28 Apr 2020 09:47

Confidential: Personal Data

Mr **D1527** (10549090)
DPA

Time (Xa0cj) - 15.40

Paracetamol 500mg soluble tablet (di22.)

Patient requested treatment (8M4..)

No further action required (Y0488)

23 May 2017 19:40	Surgery: WISE, Denise (Mrs) (Healthcare Assistant)	Entered: 23 May 2017 23:34
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Unit (X8001)

Time (Xa0cj) - 19.40

Paracetamol 500mg soluble tablet (di22.)

Patient requested treatment (8M4..)

No further action required (Y0488)

23 May 2017 20:41	Surgery: SIHLALI, Nombulelo (Mrs) (Staff Nurse)	
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23 May 2017 20:42	Surgery: SIHLALI, Nombulelo (Mrs) (Nurse Access Role)	
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24 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 24 May 2017 11:32
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General Letter to Unknown

24 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 24 May 2017 11:32
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Refusing food (X767f) (Ongoing Episode)

24 May 2017 09:06	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)	
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History: Refusing food (X767f) (Ongoing Episode) Day 14

Examination: Seen on wing. Declined to engage. Hand visible, waving me away.

Unable to gain consent for physical observations to be completed.

Plan: BRAG rating Amber

24 May 2017 14:55	Brook House - Healthcare, Surgery: DOCTOR, Brook House	Entered: 24 May 2017 15:16
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Did not attend for GP1 appointment with Brook House Doctor.

Did not attend (Xa1kG)

Reminder/Alert: Did not attend for GP1 appointment with Brook House Doctor.

Please inform the patient that if they cannot attend an appointment in the future they should inform staff so that it can be cancelled ASAP. - Priority: Normal

24 May 2017 20:06	Surgery: SIHLALI, Nombulelo (Mrs) (Staff Nurse)	
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24 May 2017 20:09	Surgery: SIHLALI, Nombulelo (Mrs) (Nurse Access Role)	
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24 May 2017 23:57	Surgery: OMORAKA, Edward (Mr) (Mental Health Nurse)	
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Detainee was given 1g of paracetamol by his wing officer at 23.06 for headache

25 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 25 May 2017 10:20
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General Letter to Unknown

25 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 25 May 2017 10:20
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Refusing food (X767f) (Ongoing Episode)

25 May 2017 00:01	Surgery: OMORAKA, Edward (Mr) (Mental Health Nurse)	
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Detainee was given 1g of paracetamol on 24/5/17 by his wing officer at 12.08 for headache

25 May 2017 00:06	Surgery: OMORAKA, Edward (Mr) (Mental Health Nurse)	
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Detainee was given 1g of paracetamol on 24/5/17 by his wing officer at 19.45 for headache

25 May 2017 08:16	Surgery: JITTA, Skeete (Mental Health Nurse)	
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Overview Notes (Y0028) - Recorded as declined

Overview Notes (Y0028)

Attended Room 208 on C Wing with the aim of conducting the food/fluid assessment.

However, **D1527** declined intervention, said he did not want to see healthcare

25 May 2017 08:38	Surgery: JITTA, Skeete (Mental Health Nurse)	
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Overview Notes (Y0028) - Due to Mr **D1527** recorded as being on food/fluid refusal for 15 days it was advised that a supported living plan is activated to identify and provide additional support, however he declined to engageOverview Notes (Y0028) - Informed practice manager Wells that **D1527** had declined to engage, was advised that the plan could not be opened if he had declined to engage

25 May 2017 11:00	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	Entered: 26 May 2017 03:12
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Unit (X8001)

Time (Xa0cj) - 11:00

Paracetamol 500mg soluble tablet (di22.) - 1gr

Patient requested treatment (8M4..) - headache

No further action required (Y0488)

Tue 28 Apr 2020 09:47

Confidential: Personal Data

Mr **D1527** 10549090**DPA**

25 May 2017 12:30	Surgery: CHAUDHARY, Saeed (Dr) (Clinical Practitioner Access Role)	
History: Went to C wing to do Advanced directive, Home office present. Pt not in room, put call out and patient not responded. Agreed to try again tomorrow.		
25 May 2017 15:15	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	Entered: 26 May 2017 02:58
No further action required (Y0488)		
Patient requested treatment (8M4..) - headache		
Paracetamol 500mg soluble tablet (di22.) - 1gr		
Time (Xa0cj) - 15:15		
Unit (X8001)		
25 May 2017 20:50	Surgery: SIHLALI, Nombulelo (Mrs) (Staff Nurse)	
25 May 2017 20:51	Surgery: SIHLALI, Nombulelo (Mrs) (Nurse Access Role)	
25 May 2017 20:55	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	Entered: 26 May 2017 03:07
Unit (X8001)		
Time (Xa0cj) - 20:55		
Paracetamol 500mg soluble tablet (di22.) - 1gr		
Patient requested treatment (8M4..) - headache		
No further action required (Y0488)		
26 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 26 May 2017 09:10
General Letter to Unknown		
26 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 05 Jun 2017 11:43
General Letter to Unknown		
26 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 05 Jun 2017 11:43
Refusing food (X767f) (Ongoing Episode)		
26 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 26 May 2017 09:11
Refusing food (X767f) (Ongoing Episode)		
26 May 2017 08:57	Surgery: HERBERT, Anne (Mrs) (Staff Nurse)	
History: Refusing food (X767f) (Ongoing Episode)		
Examination: Seen on the wing in the company of an officer.		
He initially sat up in bed, however on introduction, he laid himself back down into bed and declined any interventions.		
Therefore, unable to fully assess.		
BRAG Amber.		
26 May 2017 20:29	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	
26 May 2017 20:30	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	
26 May 2017 23:16	Surgery: OMORAKA, Edward (Mr) (Nurse Access Role)	
26 May 2017 23:17	Surgery: OMORAKA, Edward (Mr) (Mental Health Nurse)	
Detainee was given paracetamol 1g by his wing officer at 04.00 and 12.25 respectively for headache.		
27 May 2017 08:44	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)	
History: Refusing food (X767f) (Ongoing Episode) Day 17		
Examination: Seen on wing. Ate dinner last night and took his Ramadan box.		
Declined to have his physical observations completed.		
Plan: BRAG rating Green		
27 May 2017 23:34	Surgery: OMORAKA, Edward (Mr) (Mental Health Nurse)	
27 May 2017 23:34	Surgery: OMORAKA, Edward (Mr) (Nurse Access Role)	
28 May 2017 10:43	Surgery: NEWLANDS, James (Mr) (Nurse Access Role)	
History: RMN appointment		
Examination: Did not attend with no reason given.		
Plan: New appointment arranged for 02/06/2017 at 15:30, appointment slip sent to the wing.		
28 May 2017 23:20	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	
28 May 2017 23:20	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	
29 May 2017 22:24	Surgery: SIHLALI, Nombulelo (Mrs) (Staff Nurse)	
29 May 2017 22:24	Surgery: SIHLALI, Nombulelo (Mrs) (Nurse Access Role)	
30 May 2017 22:44	Surgery: SIHLALI, Nombulelo (Mrs) (Staff Nurse)	
30 May 2017 22:45	Surgery: SIHLALI, Nombulelo (Mrs) (Nurse Access Role)	
30 May 2017 22:45	Surgery: SIHLALI, Nombulelo (Mrs) (Nurse Access Role)	

History: 22.15hrs went to give him his medication, when i arrived he was still praying.

Examination: I explained to his friend that i should give his medication and he is ment to finish to pray.

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Mr **D1527** (10549090)

DPA

Diagnosis: When he finished to pray he started shouting and telling me that i should go to other detainees and come back or i should leave his medication sothat he can take them later

Plan: I explained that by 21,45hrs i should start the medication and after 22.00hrs he should have finished praying and i explained to him that other detainees are also waiting which he stated that he does not care and i mexplained to him i wont wait for him after 22.00hrs to finish praying he was very rude.

31 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 15 Jun 2017 09:50
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General Letter to Unknown

31 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 15 Jun 2017 09:51
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General Letter to Unknown

31 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 15 Jun 2017 09:51
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General Letter to Unknown

31 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 15 Jun 2017 09:49
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General Letter to Unknown

31 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 15 Jun 2017 09:49
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General Letter to Unknown

31 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 15 Jun 2017 09:50
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General Letter to Unknown

31 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 15 Jun 2017 09:52
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General Letter to Unknown

31 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 15 Jun 2017 09:48
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General Letter to Unknown

31 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 15 Jun 2017 09:47
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General Letter to Unknown

31 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 15 Jun 2017 09:47
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General Letter to Gatwick Immigration Removal Centre

31 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 15 Jun 2017 09:52
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General Letter to Unknown

31 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 15 Jun 2017 09:53
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General Letter to Unknown

31 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 15 Jun 2017 09:54
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General Letter to Unknown

31 May 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 15 Jun 2017 09:47
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solicitor letter

31 May 2017 22:31	Surgery: SIHLALI, Nombulelo (Mrs) (Staff Nurse)	
31 May 2017 22:31	Surgery: SIHLALI, Nombulelo (Mrs) (Nurse Access Role)	
01 Jun 2017 22:10	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	
01 Jun 2017 22:10	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	
02 Jun 2017 15:37	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)	

History: RMN

Examination: Did not attend his mental health appointment.

This is the forth appointment not attended therefore discharged from case load.

Plan: To self refer if required.

02 Jun 2017 21:21	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	
02 Jun 2017 21:21	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	

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Mr **D1527** (10549090)
DP

04 Jun 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 04 Jun 2017 15:36
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General Letter to Unknown

04 Jun 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 04 Jun 2017 15:36
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mental health referral

04 Jun 2017 03:25	Surgery: PERSAUD, Armanath (Other Community Health Service)
04 Jun 2017 03:25	Surgery: PERSAUD, Armanath (Other Community Health Service)
04 Jun 2017 21:40	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)
04 Jun 2017 21:41	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)
05 Jun 2017 22:45	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)
05 Jun 2017 22:45	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)
06 Jun 2017 21:24	Surgery: OMORAKA, Edward (Mr) (Mental Health Nurse)
06 Jun 2017 21:24	Surgery: OMORAKA, Edward (Mr) (Nurse Access Role)
07 Jun 2017 13:26	Surgery: CHAUDHARY, Saeed (Dr) (Clinical Practitioner Access Role)

Sensitive/Irrelevant

Stopped 10 Jun 2017 End of course by CHAUDHARY, Saeed (Dr)

Custom script: Printed On Wed 07 Jun 2017 13:27 By Dr Saeed Chaudhary

07 Jun 2017 23:09	Surgery: SIHLALI, Nombulelo (Mrs) (Staff Nurse)
07 Jun 2017 23:09	Surgery: SIHLALI, Nombulelo (Mrs) (Nurse Access Role)
07 Jun 2017 23:09	Surgery: SIHLALI, Nombulelo (Mrs) (Nurse Access Role)
08 Jun 2017 19:30	Surgery: OMORAKA, Edward (Mr) (Mental Health Nurse)
08 Jun 2017 19:31	Surgery: OMORAKA, Edward (Mr) (Nurse Access Role)
08 Jun 2017 23:57	Surgery: OMORAKA, Edward (Mr) (Nurse Access Role)
09 Jun 2017 23:18	Surgery: MAKUCKA, Mariola (Miss) (Staff Nurse)
09 Jun 2017 23:19	Surgery: MAKUCKA, Mariola (Miss) (Nurse Access Role)
09 Jun 2017 23:19	Surgery: MAKUCKA, Mariola (Miss) (Nurse Access Role)
10 Jun 2017 12:36	Surgery: CHAUDHARY, Saeed (Dr) (Clinical Practitioner Access Role)
10 Jun 2017 23:04	Surgery: SIHLALI, Nombulelo (Mrs) (Staff Nurse)
10 Jun 2017 23:04	Surgery: SIHLALI, Nombulelo (Mrs) (Nurse Access Role)
11 Jun 2017 22:32	Surgery: OMORAKA, Edward (Mr) (Mental Health Nurse)
11 Jun 2017 22:32	Surgery: OMORAKA, Edward (Mr) (Nurse Access Role)
12 Jun 2017 16:56	Surgery: NEWLANDS, James (Mr) (Nurse Access Role)

History: RMN

Examination: Requested an appointment which was made for today, slip was given to

D1527

However did not attend his appointment.

Plan: No further appointments have been made.

12 Jun 2017 22:33	Surgery: SIHLALI, Nombulelo (Mrs) (Staff Nurse)
12 Jun 2017 22:33	Surgery: SIHLALI, Nombulelo (Mrs) (Nurse Access Role)
13 Jun 2017 18:51	Surgery: MCNAUGHT-DOWD, Dahlia (Mrs) (Nurse Access Role)

History: Saw Mr **D1527** following request from M. Wells (Practice Manager), Pleasant and appropriate on approach. He was orientated to time, date and place. He appears calm and settled in his mental state.

He complained that he is tired of being here and he want to be release. Said he has been waiting on Immigration for the past 3 months and he is still here, he further complained that his mind is always busy, his concentration is poor and he is forgetful. He did not appears to be suffering from poor concentration at the time of his appointment. h he was paying close attention to questions asked and was communicating effectively. Did not appears to be suffering from any thought disorder, psychotic or depressive disorder.

His main concern at to time was that he want to be release, said "my main problem is that I want to be get out of here", "I want to be release because I have never been good here"

Said Immigration had asked him to sign for them to get access to his medical record, was questioning me as to whether I think he should have sign or not. He was told that I couldn't give him an answer so he is to talk to his solicitor about same. Said he has already done so.

Said he gets on well with other detainee, but sometimes he rather stay inside his room.

Confirmed he has been eating and drinking, but his appetite fluctuates.

Sensitive/Irrelevant

Denies suicidal thought and self harm ideation.

Said he will return to healthcare whenever he need to see a mental health nurse.

said he will return to healthcare when ever he need to see a mental health nurse:		
13 Jun 2017 20:17	Surgery: SIHLALI, Nombulelo (Mrs) (Staff Nurse)	
13 Jun 2017 20:17	Surgery: SIHLALI, Nombulelo (Mrs) (Nurse Access Role)	
14 Jun 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 14 Jun 2017 12:42

General Letter to Unknown

14 Jun 2017 13:41	Surgery: CHAUDHARY, Saeed (Dr) (Clinical Practitioner Access Role)
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Sensitive/Irrelevant

Stopped 15 Jun 2017 Sentence Ended by WINGERT, Janina (Mrs)

Custom script: Printed On Wed 14 Jun 2017 13:43 By Dr Saeed Chaudhary

14 Jun 2017 13:50	Surgery: PARR, Emily (Miss) (Nurse Access Role)
14 Jun 2017 23:20	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)
14 Jun 2017 23:20	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)
15 Jun 2017 21:32	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)
22 Jun 2017 11:49	Surgery: FELTON, Jacqueline (Mrs) (Healthcare Assistant)

Sensitive/Irrelevant

22 Aug 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 29 Aug 2017 11:25
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General Letter to Unknown

22 Aug 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 29 Aug 2017 11:25
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medical consent form

08 Sep 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 13 Sep 2017 07:28
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General Letter to Gatwick Immigration Removal Centre

08 Sep 2017	Surgery: BOWERS, Mary (Ms) (Admin/Clinical Support Access Role)	Entered: 13 Sep 2017 07:28
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request medical records

12 Sep 2017 13:31	Surgery: BOWERS, Mary (Ms) (Clerical Access Role)
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notes printed for solicitor

28 Apr 2020 09:35	Surgery: ROOKE, Nicola (Information Officer Access Role)
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Medication**Sensitive/Irrelevant**

Sensitive/Irrelevant

Repeat Templates

Sensitive/Irrelevant

Drug Sensitivities

No information recorded

Allergies

Sensitive/Irrelevant

Problem Substances

No information recorded

Recalls

No information recorded

Reminders

24 May 2017	Did not attend for GP1 appointment with Brook House Doctor. Please inform the patient that if they cannot attend an appointment in the future they should inform staff so that it can be cancelled ASAP.	Normal Priority
Expires 16 Aug 2017		
15 May 2017	Did not attend for GP ADMIN appointment with Brook House Doctor. Please inform the patient that if they cannot attend an appointment in the future they should inform staff so that it can be cancelled ASAP.	Normal Priority
Expires 08 Aug 2017		
15 May 2017	Did not attend for Session appointment with Tinsley House Doctor. Please inform the patient that if they cannot attend an appointment in the future they should inform staff so that it can be cancelled ASAP.	Normal Priority
Expires 07 Aug 2017		
11 Apr 2017	Did not attend for Session appointment with Brook House Nurse. Please inform the patient that if they cannot attend an appointment in the future	Normal Priority

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Mr **D1527** **10549090**
DPA

they should inform staff so that it can be cancelled ASAP.

Expires 05 Jul 2017

Vaccinations**Sensitive/Irrelevant****Summary**

CS = Chronic Summary MS = Major Summary OS = Minor Summary S = Unspecified Summary NE = New Episode OE = Ongoing Episode

Sensitive/Irrelevant

13 Dec 2016	At risk state (Xa1qc)	2	S
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Sensitive/Irrelevant

13 Dec 2016	H/O: mental health problem (YA/41)		S
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Sensitive/Irrelevant

13 Dec 2016	No thoughts of deliberate self harm (Xaluw)		S
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13 Dec 2016	Self-harm (X766J)		S
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Sensitive/Irrelevant

29 Mar 2017	Seen by member of prison inreach mental health team (XaP7x)		S
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Pathology Results**Sensitive/Irrelevant****Active Problem: Mixed anxiety and depressive disorder (X00Sb) (14 Feb 2017 - Ongoing)**

14 Feb 2017	<p>Problem: Mixed anxiety and depressive disorder (X00Sb)</p> <p>H: Palpitations (XE0qv) for last 3-4 months, almost every other day, lasts usually for one hour, associated ? type of sensation in his lower limbs but not in upper limbs or face. During this time, patient says that he feels scared and feels that something bad will happen, His breathing is not fast at this time. He says that he has had it in the past but not as defined and clear cut as now. no chest pain during attacks.</p> <p>He was seen on 31/01/17 by psychiatrist and started on Sensitive/Irrelevant he refused ECG appointment but I have been able to convince him today to have another go at getting an ECG.</p> <p>Pmhx: nil,</p> <p>Drughx: Started Sensitive/Irrelevant 10 days ago. He used this in the community in the past. He says that he does not know why he is on this tablet, he thinks that it is for depression or stress.</p> <p>Allergyhx: NKDA</p> <p>E: dressed in casual clothing, makes good eye contact, spoke with normal speed and tone of speech, ? little insight, no evidence of formal thought disorder, not suicidal today.</p> <p>D: 1. Mixed anxiety and depressive disorder (X00Sb) (New Episode)</p> <p>P: 1. continue Sensitive/Irrelevant as prescribed by psychiatrist, 2. Book for ECG</p>
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Active Problem: [V]Victim of torture (XaLQe) (13 Apr 2017 - Ongoing)

13 Apr 2017	Problem: [V]Victim of torture (XaLQe)
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Tue 28 Apr 2020 09:47

Confidential: Personal Data

Mr D1527 10549090

DPA

	<p>H: Arabic. P0027797</p> <p>I clarified the account from yesterday.</p> <p>Manner of torture:</p> <p>He says that he was tied up and attacked with a knife on the first day. He was then deprived of food for the remainder of the time and beaten with fists to his face and body. They would sometimes use wood and sticks.</p> <p>He has difficulty sleeping. He occasional has memories of what has happened in the past but his feeling relate to his experiences, as well as the immigration case. He says there are two issues. He says he was seeing mental health team regularly before detainment and is currently on antidepressants. He says he tried to kill himself in Belmarsh prison and he does not regret doing this. He has met with mental health team at the IRC and given a plan of how he plans to kill himself. He says he has negative thoughts every day and tried to end life 3 days ago. He is now currently on ACDT.</p> <p>P: R35 done</p>
13 Apr 2017	Clinical Letter to Mr: D1527
Letter Type	Clinical Letter
Letter To	D1527
Letter From	Gatwick Immigration Removal Centre

Inactive Problems

No information recorded

Care Plans

30 Jan 2017	Inpatient Admission - Mental Health (Inpatient)	Reviewed: 08 Feb 2017
<p>Care Goal: To monitor and assess individuals mental state</p> <p>Reviewed: 08 Feb 2017, Continuing with care: Mr. D1527 has been more settled in mood since his admission. During conversation with staff he has said that he wants to be moved to the Houseblock and was informed this would be dependent on his behaviour. He told staff that he has no intention to self harm. He was prescribed Sensitive/irrelevant but has been refusing it on most occasions. He was given a TV today which he was pleased with. He has not exhibited any self harming behaviour.</p> <p>Review Due: 08 Mar 2017 20:57</p> <p>1) - Orientate Patient to the ward and allocate primary nurse</p> <ul style="list-style-type: none"> - Inform Patient of Inpatient Regime - Check Vital Signs of Patient and record accordingly and report any abnormal findings to the nurse in charge - Patient to be seen within 72 hours by Psychiatrist, to be seen weekly in the ward round to plan a care pathway - Nursing staff to monitor DSH attempts, ACCT document to be opened if necessary - Patient to be seen by GP within 72 hours regarding any physical health issues they may have, patient is able to see GP Monday-Friday AM if needed - ECG, Blood and UDS to be done within 72 hours <p>2) - Nurse to encourage medication compliance, if patient is refusing nursing staff to offer 1:1 to establish any reasons for refusal and to discuss medication importance</p> <ul style="list-style-type: none"> - Nurse to encourage daily 1:1 with allocated nurse and this is to be recorded via SystmOne daily. - Nursing staff to encourage patient to engage with daily activities on the unit - Nursing staff to monitor and act accordingly any patient who is expressing violent, aggressive or challenging behaviour. Working together with officers on the unit, patients unlock status should be reviewed daily. - Nursing staff to monitor diet and fluid intake and record via SystmOne 		
20 Mar 2017	Inpatient Admission - Physical Health (Inpatient)	Reviewed:
<p>Care Goal: to monitor patients physical health on admission to Inpatients</p> <p>Review Due: 21 Mar 2017 16:55</p>		

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Confidential: Personal Data

Mr: **D1527** (10549090)
DPA

- 1) Reason For Admission
- 2) - Orientate Patient to the ward & Allocate primary nurse
 - Inform Patient of Inpatient Regime
 - Check Vital Signs of Patient and record Accordingly and report any abnormal findings to the nurse in charge
 - Liase with GP in regards to treatment plan
 - ECG, Blood and UDS to be done if necessary
 - Patient to be given opportunity to be seen by GP Monday - Friday AM
 - Nurse to encourage medication compliance
 - Nurse to document Via systmOne daily activivites presentation & Behaviour including any issues that may arise
 - Nursing staff to liase with GP if any physical health issues arise
 - Nursing staff to monitor diet and fluid intake

21 Mar 2017	IS DUE FOR DEPORTATION (MADE THREATS TO SELF HARM) (Mental health assessment, Original Sub-Category Degraded - See Care Plan Note)	Reviewed:
-------------	--	-----------

Care Goal: TO MINIMISE RISK TO SELF HARM

Original sub-category: Threats to self harm Deportation Issues

Review Due: 30 Mar 2017 17:31

- 1) LOCATE IN A SAFE ENVIRONMENT (HEALTH CARE)
MONITOR HIS WHEREABOUTS IN HIS CELL FOR HIS SAFETY.
DUE TO THE REASON OF SELF HARM (DEPORTATION) COMMENCE HIM ON
CONSTANT OBSERVATION .
EXPLAIN TO HIM HIS DEPORTATION SHOULD BE DISCUSSED WITH HIS SOLICITOR
AND HIS PROBATION OFFICER .
- 2) IFORM HIM WHEN HE GETS THOUGHTS TO SELF HARM TO INFORM STAFF
- 3) STAFF TO UPDATE AND MAINTAIN ACCURATE ENTRIES IN HIS A C C T
DOCUMENT AND CLINICAL RECORDS
- 4) AESS RISK ON A DAILY BASIS

21 Mar 2017	INTERMITTENT WATCH - 5 Observations Hourly 20/03/2017- Mr D1527 has been admitted to healthcare inpatients on a Constant Watch from HB3, originally from HB4. Due to low in mood and expressed thoughts of deliberate self-harm and suicidal ideation. (Original Category Degraded - See Care Plan Note, Original Sub-Category Degraded - See Care Plan Note)	Reviewed: 23 Mar 2017
-------------	---	-----------------------

Care Goal: To maintain Mr **D1527** safety as per open ACCT

Original category: ACCT Assessmeny Care in Custody and Teamwork \

Reviewed: 23 Mar 2017, Continuing with care: Mr **D1527** had his ACCT plan / Constant Watch reviewed on
22/03/17, he is now being nursed on Intermittent Watch -5 observations hourly.

Review Due: 23 Apr 2017 00:27

- 1) -Staff (Nursing / Discipline) observing Mr **D1527** whilst he remains on intermittent watch
will offer him opportunities to ventilate his thoughts and feelings through meaningful
engagement.
-Mr **D1527** will be managed as per ACCT protocol, regular reviews will be facilitated and
discussions recorded in ACCT document and on System One.
-MDT to review management plan and medication regime.
-Primary/Associate Nurse to meet with Mr **D1527** to offer 1:1 session to assess his mental
state and to encourage medication adherence.
-Vital signs to be monitored and documented on MEWS chart on daily basis and to liaise
with GP when necessary
-Food and Fluid intake to be monitored and any concerns regarding dietary intake should be
reported to GP
-F213 Datix and observation book to be completed after any self-harm or suicidal attempts.
Regular monitoring of Wound Management.
-Staff to ensure that Mr **D1527** s ACCT document accompanies him to other department
and an entry is made.

Social Services Contacts

No information recorded

Tue 28 Apr 2020 09:47

Confidential: Personal Data

Mr **D1527** (10549090)
DPA

Admissions

No information recorded

Communications

No information recorded

Tue 28 Apr 2020 09:47
Confidential: Personal Data

D1527

(10549090)

DPA

Scanned Documents

19 Dec 2016 Consent Form to HMP Belmarsh

Letter Type Consent Form
Letter To HMP Belmarsh
Letter From HMP Belmarsh

Greenwich Prisons - Consent to share Information 2

Patient
Name: **D1527** Prison Number: A7556DW
Address: **DPA** Date of Birth: **DPA**
Telephone: Mobile Tel.:
Done By
Name: Date:

Consent to Share Information

Consent to Share Information **Oxleas NHS**
NHS Foundation Trust

In order to be able to treat you safely and efficiently it is sometimes necessary for us to share clinical information about you with other agencies involved in your medical care. You can be assured that any such share of information would be on a strict 'need to know' basis. We recognise that some clinical information may be of a more private nature and have the facility to exclude this from any information share agreements.

Please indicate your consent to information sharing by ticking the appropriate box below.

*Share information
Tick one ☒ Patient consented to sharing of information
☐ No consent for electronic record sharing

*Attributable data to NDTMS
Tick one ☒ informed consent for national audit
☐ returned dissent for national audit

Please indicate with whom we may share relevant information by ticking the appropriate boxes below.

General practitioner	<input checked="" type="checkbox"/>	Probation officer	<input checked="" type="checkbox"/>	Other shared care agencies	<input checked="" type="checkbox"/>
Hospital	<input checked="" type="checkbox"/>	Police medical officer	<input checked="" type="checkbox"/>		
Prison hospital	<input checked="" type="checkbox"/>	Criminal justice agency	<input checked="" type="checkbox"/>		
Other healthcare professional	<input checked="" type="checkbox"/>	Social worker	<input type="checkbox"/>		

Notes regarding consent

Signature of patient and date of agreement
Signature

Please print off this document and ask Offender to sign & date then forward the signed copy to Healthcare to be scanned into S1 Record

*Patient consent to share information complete?
Tick one ☒ Patient consented to sh...
☐ Patient consented to sh...

Page 1 of 1

Tue 28 Apr 2020 09:47
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D1527

10549090)

DPA

09 Jan 2017 X Ray Report to HMP Belmash

Letter Type X Ray Report
Letter To HMP Belmash
Letter From HMP Belmash

Radiology Request 2

Patient Name: **D1527** Prison Number: A7556DW
Address: **DPA** Date of Birth: **DPA**
Telephone: Mobile Tel.:
Done By Name: Date:

Page 1

Radiology Request Form Oxleas **NHS**
NHS Foundation Trust

X-Rays

Provisional Diagnosis/Notes: Routine Name of radiographer:

X-Rays Tick one

- ☒ Standard chest X-ray
- ☐ Cervical spine X-ray
- ☐ Thoracic cage X-ray
- ☐ Ankle X-ray
- ☐ Foot X-ray
- ☐ Lumbar spine X-ray
- ☐ Hip X-ray
- ☐ Knee X-ray
- ☐ Shoulder X-ray
- ☐ Hand X-ray
- ☐ Thoracic spine X-ray
- ☐ Pelvis X-ray
- ☐ Soft tissue X-ray
- ☐ Soft tissue X-ray of abdomen

Other X-ray:

Consent
I consent to having X-ray and confirm that I have not had a chest X-ray in the last 6 months

SIGNATURE: **Signature** Date: DD/MM/CCYY

GP Sig: **Signature** Date: 13/12/16

13 Dec 2016 Mrs Mary Elwanuka Page 1 of 1
Confidential: Personal Data

Page 1 of 1

Tue 28 Apr 2020 09:47
Confidential: Personal Data

D1527

(10549090)

DPA

05 Feb 2017	Reviews to Inpatients
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Letter Type Reviews
 Letter To Inpatients
 Letter From Inpatients

	RECORD OF CASE REVIEW	Case Review No.
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Details of case review

Date: 5/2/17	Time: 0950	Location: 4cc
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Details of those invited

Name	Role	How Contributed
	(When Case Manager cannot attend they must explain to the prisoner/young person who is to take their place in the review)	(e.g. attended submitted written report, sent deputy, gave information by phone). State if no contribution made.
M Holt	Case manager	Attended at cell
D1527	Prisoner	
Street	Charge nurse	
off Hudson	Rec off	

Name:	Could not attend Report submitted: YES/NO
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At this review

Level of risk reviewed and is now:	Low <input type="checkbox"/>	Raised <input checked="" type="checkbox"/>	High <input type="checkbox"/>	No Change <input type="checkbox"/>
Problems identified reviewed	Yes <input checked="" type="checkbox"/>			
CAREMAP reviewed	Yes <input checked="" type="checkbox"/> No change			
Frequency of observations, conversations and recording requirements reviewed (if yes, explain reasoning below and state frequency on front cover)	Yes <input checked="" type="checkbox"/> Remain on hourly during day and hourly at night			
WHERE PRISONER/YOUNG PERSON IS DUE TO BE RELEASED (including temporary release) REFLECT PRE-RELEASE ARRANGEMENTS IN CAREMAP				

Summary of review (if ACCT plan is closed, state why)

D1527 will still not interact with us. We are asking him to take meds but he refused. He will not realise that the actions he is taking is stopping him from returning to Res. I think that it is wise to keep the obs quite high for 2 weeks as he is still not settled. His bedding was removed last night and he was given anti-bug bedding which I am going to leave in today. I will review him tomorrow to see if his needs have changed.

CAREMAP Updated: NO

If ACCT remains open Next review: (also note on front cover) Date: 6/2/17	If ACCT closed (see guidance on inside back cover) Post closure interview: Date: (also note on front cover)
--	--

Unit or Case Manager's signature: Signature	Date: 5/2/17
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05 Feb 2017 F213 - Report of injury to inmate to Inpatients

Letter Type

F213 - Report of injury to inmate

Letter To

Inpatients

Letter From

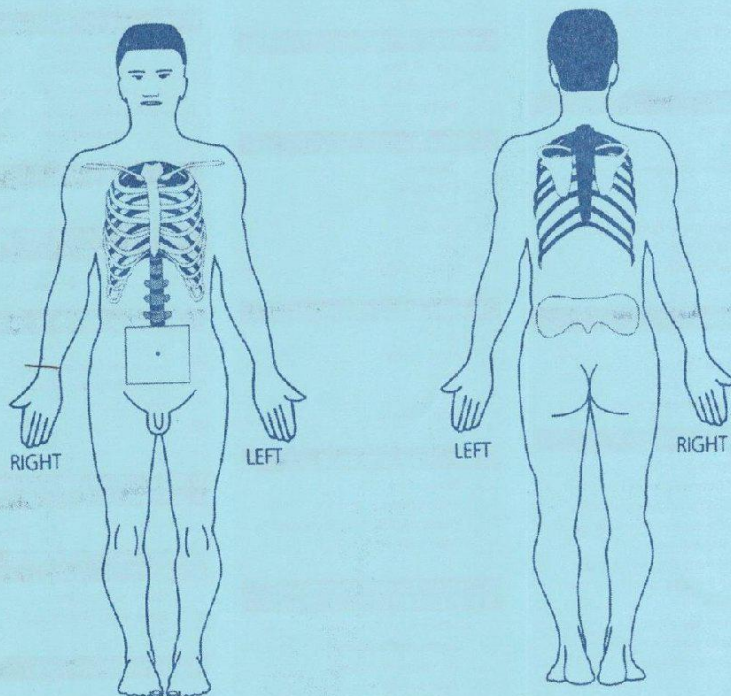
Inpatients

HM PRISON SERVICE		SELF-HARM / ATTEMPTED SUICIDE		F213SH
Questionnaire				
Self harm is any act where a prisoner deliberately harms themselves irrespective of method, or severity of any injury. Noose / ligature making should also be reported.				
Anorexia, Bulimia Nervosa, and food refusal should not be reported on this form.				
HMP: <u>BELMONT</u>		Incident date: <u>04.10.17</u>		
Prisoner name: D1527		Incident time: <u>9.00pm to 21.00 hrs</u>		
Prisoner number: <u>15565W</u>		Incident location: <u>East Wing Cell 13</u>		
		Report completed by: <u>C. G. HINDS</u>		
		Incident witnessed by: <u>Vicor Guepe</u>		
1. Location		5. Ligature Point		11. Self Poisoning / Overdose / Substances / Swallowing
1. <input type="checkbox"/> Ordinary		1. <input type="checkbox"/> Window		1. <input type="checkbox"/> Own medication
2. <input type="checkbox"/> VPU / other protected		2. <input type="checkbox"/> Bed		2. <input type="checkbox"/> Other persons medication
3. <input checked="" type="checkbox"/> Health Care Centre		3. <input type="checkbox"/> Door		3. <input type="checkbox"/> Illegal drugs
4. <input type="checkbox"/> Induction / Reception / 1st Night Centre		4. <input type="checkbox"/> Pipes		4. <input type="checkbox"/> Cleaning materials
5. <input type="checkbox"/> Segregation Unit		5. <input type="checkbox"/> Toilet area		5. <input type="checkbox"/> Razor Blades
6. <input type="checkbox"/> Detox Unit		6. <input type="checkbox"/> Other specify: <u>N/A</u>		6. <input type="checkbox"/> Batteries
7. <input type="checkbox"/> Prison Escort Vehicle		6. Hanging / Self Strangulation method		7. <input type="checkbox"/> Other specify: _____
8. <input type="checkbox"/> Court Cell		1. <input type="checkbox"/> Feet off floor		(Now go to Q13)
9. <input type="checkbox"/> Other specify: _____		2. <input type="checkbox"/> Kneeling or other		12. Type of Burning
2. Cell Type		3. <input type="checkbox"/> Neither of above <u>N/A</u>		1. <input type="checkbox"/> Superficial e.g. cigarette burns
1. <input type="checkbox"/> Ordinary		7. Ligature Type		2. <input type="checkbox"/> Non-superficial e.g. cell or self fire
2. <input type="checkbox"/> Gated		1. <input type="checkbox"/> Bedding		13. Who administered treatment?
3. <input checked="" type="checkbox"/> Safe anti-ligature		2. <input type="checkbox"/> Shoe/laces		Non-Healthcare staff <input type="checkbox"/> Yes <input type="checkbox"/> No
4. <input type="checkbox"/> Time out room		3. <input type="checkbox"/> Towel		Nurse or HCO <input type="checkbox"/> Yes <input type="checkbox"/> No
5. <input type="checkbox"/> Care Suite		4. <input type="checkbox"/> Clothing		Medical Officer <input type="checkbox"/> Yes <input type="checkbox"/> No
6. <input type="checkbox"/> Unfurnished / Strong Box		5. <input type="checkbox"/> Belt		Paramedics / Ambulance <input type="checkbox"/> Yes <input type="checkbox"/> No
7. <input type="checkbox"/> Ward / Dorm		6. <input type="checkbox"/> Other specify: _____		No treatment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. <input type="checkbox"/> Other specify: _____		8. Location of Cuts / Scratches		14. Was resuscitation given?
3. Occupancy		1. <input checked="" type="checkbox"/> Wrist		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
1. <input checked="" type="checkbox"/> Single		2. <input type="checkbox"/> Arms / Legs		15. Were they admitted to Healthcare as an in-patient?
2. <input type="checkbox"/> Double		3. <input type="checkbox"/> Torso		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Already in Healthcare
3. <input type="checkbox"/> Double but alone		4. <input type="checkbox"/> Throat		16. Did they go outside to Hospital?
4. <input type="checkbox"/> Multiple (three or more)		5. <input type="checkbox"/> Other specify: _____		1. <input type="checkbox"/> A & E
4. Self Harm method		9. Type of Instrument Used?		2. <input type="checkbox"/> In-patient (overnight only)
1. <input type="checkbox"/> Hanging (go to Q5)		1. <input type="checkbox"/> Razor		3. <input type="checkbox"/> In-patient (over 24hrs)
2. <input type="checkbox"/> Self Strangulation (go to Q6)		2. <input type="checkbox"/> Broken Glass		4. <input type="checkbox"/> Life Support
3. <input checked="" type="checkbox"/> Cutting / scratches (go to Q6)		3. <input type="checkbox"/> Plastic material e.g. Phonecard		5. <input checked="" type="checkbox"/> No
4. <input type="checkbox"/> Self Poisoning / Overdose (go to Q11)		4. <input type="checkbox"/> Other specify: <u>Not known</u>		17. Was a F2052SH open at the time of incident?
5. <input type="checkbox"/> Burning self (go to Q12)		10. Treatment required following Cut / Scratch		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. <input type="checkbox"/> Swallowing Objects (go to Q11)		1. <input checked="" type="checkbox"/> No treatment		18. When was the last F2052SH closed?
7. <input type="checkbox"/> Head Banging / Wall Punching		2. <input type="checkbox"/> Cleaned and dressed		1. <input type="checkbox"/> Within one month
8. <input type="checkbox"/> Suffocation		3. <input type="checkbox"/> Steri-strips or Sutures		2. <input type="checkbox"/> More than a month ago
9. <input type="checkbox"/> Wound Aggravation		4. <input type="checkbox"/> Other specify: _____		3. <input type="checkbox"/> N/A
10. <input type="checkbox"/> Noose / Ligature making				19. Is a F2052SH open now?
11. <input type="checkbox"/> Other specify below: _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
(Answers 7-11 go to Q13)		(Now go to Q13)		WT010

DPA

Medical Officer's report - To be completed by the Medical Officer

Time and date of examination: 04/02/17 Approximately (22) 21:00hrs
Report: D1527 A7556074 pressed his cell
bell asking for prison killers and a bandage for his wrist. I
tried to explore on what happened he refused to discuss.
instead he tried to come where he self harmed. Refused
to hand in what the object. Not sure how deep or big
the scratch is. He send around the wrist
This took place in his cell. East Wing, Cell 13.



Medical Officer: N. B. CHINAKIDZWA
Signature: Signature (BLOCK CAPITALS)
Date: 04/02/17

WT01C Printed on behalf of ONESONE Solutions by HMP Isle of Wight.

Page 2 of 2

09 Feb 2017	Reviews to Inpatients
Letter Type	Reviews
Letter To	Inpatients
Letter From	Inpatients

Case Review No.

REVIEW PRIOR TO DISCHARGE FROM HEALTHCARE

Details of case review:

Date: 9/2/17	Time: 16.30	Location: HCC
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Details of those attending:

Name	Role (When Case Manager cannot attend, they must explain to the prisoner/young person who is to take their place at the review)	How contributed (e.g. attended, submitted written report, sent deputy, gave information by phone). State if no contribution
I. EATON	HCC S/O	ATTD
K. FITZGERALD	HCC S/O	By telephone Conference
DR DALY	PSYCHIATRIST	ATTD
D1527	PRISONER	ATTD

At this review

Level of risk reviewed and is now:	<input checked="" type="checkbox"/> Low <input type="checkbox"/> Raised <input type="checkbox"/> High <input type="checkbox"/> No Change
Problems identified reviewed	Yes <input checked="" type="checkbox"/>
CAREMAP Reviewed	Yes <input checked="" type="checkbox"/>
Frequency of observations, conversations & recording requirements reviewed (if yes, explain reasoning below and state frequency on front cover)	Yes <input checked="" type="checkbox"/> x3 obs, daily incl conversation x6 obs at night
WHERE PRISONER/YOUNG PERSON IS DUE TO BE RELEASED (Including temporary release) REFLECT PRE-RELEASE ARRANGEMENTS IN CAREMAP	
Location on discharge from Healthcare: H84.	

Summary of review, including significant risk pertinent events during in-patient stay

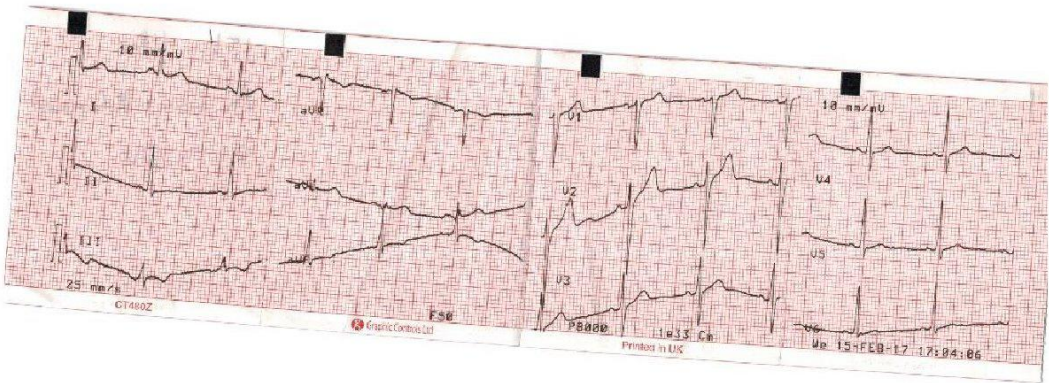
D1527 saw Dr Daly today on this review and displayed a real keenness to return to H84. He has today told us he will get on with his time and he has had a great visit today that went well. He will be followed up by the MHT and Dr Daly and all agree this is a positive step for him especially with the follow CAREMAP Updated: up from the CPN's

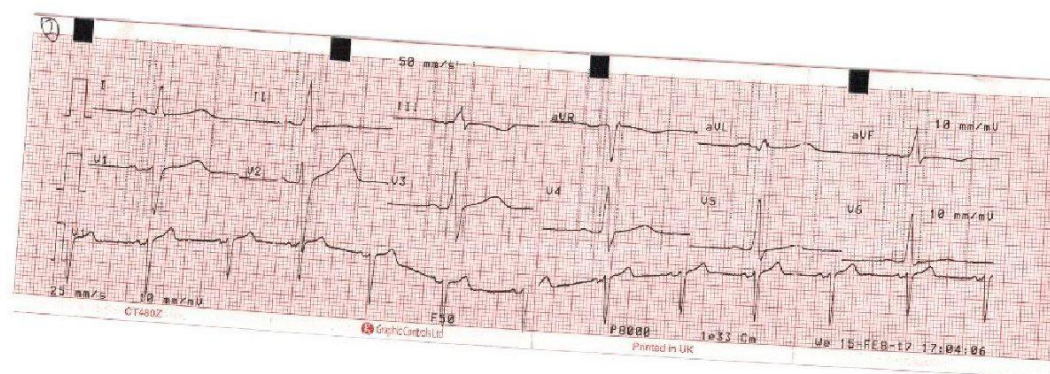
Arrange follow-up healthcare appointment within agreed time-span:

Date of appointment: T.B.A Staff responsible: CPN'S + DR DALY.

Case Manager's Signature: Signature Eaton	Date: 9/2/17
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15 Feb 2017	ECG to HMP Belmarsh
Letter Type	ECG
Letter To	HMP Belmarsh
Letter From	HMP Belmarsh

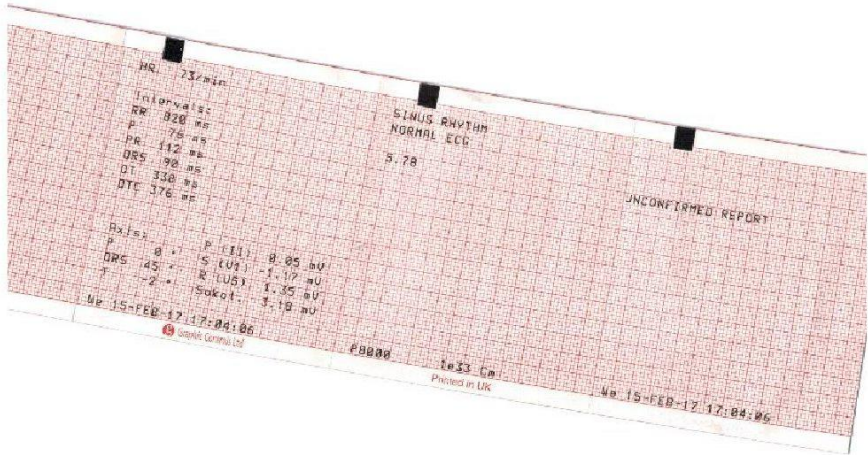




Tue 28 Apr 2020 09:47
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10549090

DPA



22 Mar 2017	Reviews to HMP Belmarsh
Letter Type	Reviews
Letter To	HMP Belmarsh
Letter From	HMP Belmarsh

RECORD OF CASE REVIEW

Case Review No.

Details of case review

Date: 22/3/17	Time: 1405	Location: HCC
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Details of those invited

Name	Role (When case manager cannot attend they must explain to the prisoner/young person who is to take their place in the review)	How Contributed (e.g. attended submitted written report, sent deputy, gave information by phone). State if no contribution made.
Gov Beunridge	D/GOV	Attended
E. Edwards	Safe custody off	
M Holt	HCC SO	
M CHITMB	charge nurse	

D1527	Prisoner	Could not attend Report submitted: YES/NO
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At this review

Level of risk reviewed and is now:	Low <input checked="" type="checkbox"/>	Raised <input type="checkbox"/>	High <input type="checkbox"/>	No Change <input type="checkbox"/>
Problems identified reviewed	Yes <input checked="" type="checkbox"/>			
CAREMAP reviewed	Yes <input checked="" type="checkbox"/>			
Frequency of observations, conversations and recording requirements reviewed (if yes, explain reasoning below and state frequency on front cover)	Yes <input checked="" type="checkbox"/> Intermittent watch 5 written obs an hour			
WHERE PRISONER/YOUNG PERSON IS DUE TO BE RELEASED (including temporary release) REFLECT PRE-RELEASE ARRANGEMENTS IN CAREMAP				

Summary of review (if ACCT plan is closed, state why)

D1527 seems calmer now he interacted well with the team. He stated that he said he was going to kill himself out of frustration over several things including seeing the doctor. He is due to go to Detention Centre and said he wants to go. He has been taken off constant obs and reduced to intermittent to be reviewed tomorrow with a view to further reductions. He want to return to Houseblock 4. He has been moved to a safer cell and the door has been closed.
CAREMAP Updated: NO

If ACCT remains open Next review: (also note on front cover) Date: 23/3/17	If ACCT closed (see guidance on inside back cover) Post-closure interview: Date: (also note on front cover)
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Unit or Case Manager's signature: Signature	Date: 22/3/17
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Page 1 of 1

23 Mar 2017	Reviews to HMP Belmarsh
Letter Type	Reviews
Letter To	HMP Belmarsh
Letter From	HMP Belmarsh

RECORD OF CASE REVIEW

Case Review No.

Details of case review

Date: 23/3/17	Time: 10:00	Location: HCC
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Details of those invited

Name	Role (When Case Manager cannot attend they must explain to the prisoner/young person who is to take their place in the review)	How Contributed (e.g. attended submitted written report, sent deputy, gave information by phone). State if no contribution made.
I. Farrow	Case Manager	ATTD
Dr. Daly	Psychiatrist	ATTD
S. Latta	Nurse	ATTD
D1527	Prisoner	ATTD

Name:	Could not attend Report submitted: YES/NO
-------	--

At this review

Level of risk reviewed and is now:	Low <input checked="" type="checkbox"/>	Raised <input type="checkbox"/>	High <input type="checkbox"/>	No Change <input type="checkbox"/>
Problems identified reviewed	Yes <input checked="" type="checkbox"/>			
CAREMAP reviewed	Yes <input checked="" type="checkbox"/> no change			
Frequency of observations, conversations and recording requirements reviewed (if yes, explain reasoning below and state frequency on front cover)	Yes <input checked="" type="checkbox"/> X 4 obs incl conversation daily Hourly at night			
WHERE PRISONER/YOUNG PERSON IS DUE TO BE RELEASED (including temporary release) REFLECT PRE-RELEASE ARRANGEMENTS IN CAREMAP				

Summary of review (if ACCT plan is closed, state why) D1527 came into the review in a really good mood and was positive. He says all this is a misunderstanding from the HBA and he is now taking his medication correctly. He wants to return to HBA so he can work and associate and go to the gym. The team agree the change in him is really good but we need a few days to see if this remains the same. He will be reviewed again on Sunday 26th and if all is well he can be considered for discharge on Monday 27th. We agreed T.V + kettle can go into the cell to help with CAREMAP updated: his mood and he is pleased with this

If ACCT remains open Next review: (also note on front cover) Date: 26/3/17.	If ACCT closed (see guidance on inside back cover) Post closure interview: Date: (also note on front cover)
--	--

Unit or Case Manager's signature: <u>D1527</u>	Date: 23/3/17
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26 Mar 2017	Reviews to Inpatients
Letter Type	Reviews
Letter To	Inpatients
Letter From	Inpatients

Case Review No.	Case Review No.
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RECORD OF CASE REVIEW

Details of case review

Date: 26.03.17	Time: 14.20	Location: HCC
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Details of those invited

Name	Role (When Case Manager cannot attend they must explain to the prisoner/young person who is to take their place in the review)	How Contributed (e.g. attended submitted written report, sent deputy, gave information by phone). State if no contribution made.
Ms Fenton	Senior Officer	Attended
D1527	Patient	Attended
S. J. J. J.	Charge Nurse	Attended

Name:	Could not attend Report submitted: YES/NO
-------	--

At this review

Level of risk reviewed and is now:	Low	Raised	High	No Change
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems identified reviewed	Yes <input checked="" type="checkbox"/>			
CAREMAP reviewed	Yes <input checked="" type="checkbox"/>			
Frequency of observations, conversations and recording requirements reviewed (if yes, explain reasoning below and state frequency on front cover)	Yes <input checked="" type="checkbox"/> One conversation and 3 Observation entries per day. Five Observation entries at night.			

WHERE PRISONER/YOUNG PERSON IS DUE TO BE RELEASED (including temporary release) REFLECT PRE-RELEASE ARRANGEMENTS IN CAREMAP

Summary of review (if ACCT plan is closed, state why)	D1527
<p>hopefully speak with his immigration case worker tomorrow. Feels more reassured that he will not be put on a plane and deported. Does not have any objections to being transferred to a detention centre. Appetite and sleep are good. Denies having thoughts or intent to hurt himself. Said his cell was saved for him on 18/4 and he gets on well with his cellmate. Was able to confirm that his cell was saved.</p>	

If ACCT remains open	If ACCT closed (see guidance on inside back cover)
Next review: (also note on front cover)	Post closure interview:
Date: 31/03/17	Date: (also note on front cover)

Unit or Case Manager's signature:	Signature	Date: 26.03.17
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05 Apr 2017 Prescription or Medication details to unknown

Letter Type Prescription or Medication details

Letter To

Letter From

Printed by: Dr Saeed Chaudhary Patient name: **D1527**

Gatwick Immigration Removal Centre
Perimeter Road South, London Gatwick Airport, Gatwick, W Sussex, RH6 0PQ
Telephone:

Patient name: **D1527**
Date of birth: **DPA**
Patient age: **DPA**
Prisoner number: **10549090**
Wing: **Brook House - Healthcare**
Landing:
Cell:

Medication Possession Status:
Not in possession

Start date	End date	Allergy or Sensitivity
16 Nov 2016		No known allergies (1151.)
13 Dec 2016		No known allergies (1151.)
04 Apr 2017		No known allergies (1151.)

NOT In Possession Prescriptions

Drug name	Administration dose / time description	Start date	Days duration	Quantity	Printed By	Medication notes	Prescriber name
Citalopram 20mg tablets	1 tablet - admin times: 13:30	07 Apr 2017	28	28 tablets	CHAUDHARY, Saeed (Dr)		CHAUDHARY, Saeed (Dr)

Signed: **Signature**
Date: 05 April 2017

In Possession Medication Received Signatures

Signed: _____ Date: _____ Signed: _____ Date: _____

Signed: _____ Date: _____ Signed: _____ Date: _____

05/04/2017 15:24
NHS Confidential: Personal Data about a Patient
Page 1 of 1

201704050909
Gatwick South
Terminal
Unit 6
05/04/2017
09:40

11/05/2017 09:40
Gatwick South
Terminal
Unit 6
05/04/2017
09:40

Signature

Page 1 of 1

Tue 28 Apr 2020 09:47
Confidential: Personal Data

D1527 (10549090)
DPA

07 Apr 2017	Prescription or Medication details to unknown
Letter Type	Prescription or Medication details
Letter To	
Letter From	

Printed by Dr S Seed Chaudhary

Patient name: **D1527**

Gatwick Immigration Removal Centre
Perimeter Road South, London Gatwick Airport, Gatwick, W Sussex, RH6 0PL
Telephone:

9/9/16

Patient name:	D1527
Date of birth:	DPA
Patient age:	DPA
Prisoner number:	10549090
Wing:	Brook House - Healthcare
Landing:	
Cell:	

Medication Possession Status:
Not in possession

Start date	End date	Allergy or Sensitivity
16 Nov 2016		No known allergies (1151.)
13 Dec 2016		No known allergies (1151.)
04 Apr 2017		No known allergies (1151.)

IN Possession Prescriptions

Drug name	Dose	Start date	Days duration	Quantity	Medication type	Printed By	Possession quantity	Possession interval	Medication notes	Prescriber name
Amoxicillin 500mg capsules	ONE capsule	07 Apr 2017	7	21 capsules	In Possession	CHAUDHARY, Seed (Dr)	21 capsules	7 days		CHAUDHARY, Seed (Dr)

Signed: **Signature**

Date: 07 April 2017

In Possession Medication Received Signatures

Signed: **Signature** Date: Signed: Date:

Signed: Date: Signed: Date:

07/04/2017 11:43
NHS Confidential: Personal Data about a Patient

Page 1 of 2

Signature

8/10/2017 09:07:21
Gatwick Immigration Removal Centre
Unit C
07/04/2017 11:43
11/20/21 Amoxicillin 500mg capsules
- 1151.40

17 Apr 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

OFFICIAL - SENSITIVE

REPORT OF INJURY TO DETAINEE

C/S

..... *BROOK* IRC

Section 1 – Detail of Detainee (To be completed by the Incident Reporting Officer)

Surname: D1527	First Names: D1527	
CID Ref: 10544 040	Date of Birth: DPA	

Section 2 (a) Details of incident (To be completed by the Incident Reporting Officer)

Time and date of incident:	
Place of incident:	
Incident reported by:	
Incident witnessed by:	
Nature of injury:	

**Section 2 (b) Brief report of circumstances in which injury was sustained
(To be completed by the Incident Reporting Officer)**

H
M
S
D

Name (Block capitals):

Signature:

Date:

OFFICIAL – SENSITIVE

G4S – F213 – 17/06/15

/version 02

34

OFFICIAL - SENSITIVE

Section 3 Healthcare's report (To be completed by medical staff)

Time and date of examination: 17/04/17 22.00 B. May

Report: Seen detainee in his room at approx 22.00 on completion of visit of build. Detainee is a HCDT states that self-harm today at knee and at his left upper arm. 3 superficial cuts made observed. Detainee does not remember time when this happened.

2

Front of Body Back of Body

Healthcare:

Medical Staff - Name: (Block capitals)

Signature: [Signature]

Date: 17/04/17

G4S - F213 - 17/06/15

OFFICIAL - SENSITIVE

Version 02

18 Apr 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

19/04/2017 13:35 DPA BROOK HOUSE IRC PAGE 01/04

Home Office

To:	D1527
cc:	
From:	Shane Byrne
Team/Location	Operation Nexus, Liverpool
Tel number:	DPA
Date:	18 April 2017
Pages:	

Dear **D1527**

I am writing to you to acknowledge receipt of a report dated 13 April 2017 provided by the medical practitioner at Brook House IRC Removal Centre notifying us of a special illness or condition. Information contained within the report has been considered carefully and the decision to detain you has been reviewed.

Careful note has been taken of your account, which has been outlined in the Rule 35 report. You claim that whilst living in Egypt you were found ^{Sensitive/irrelevant} and tortured. Your partner was killed. You claim that it was your partner's family that detained you but you were not reported to police. On the first day you were subjected to torture with a knife. You were deprived of food and beaten with fists about the face and body. Sometimes they would use wooden sticks.

On 13 April 2017 the medical practitioner conducted a mental and physical examination of you. They documented that you had scars on your right forearm, right index finger and on your chin. There was further scarring above your right eye brow and a small circular scar on your right ankle.

The medical practitioner noted that you informed he you have difficulty sleeping. On occasion you have memories of what happened in the past but also include your feelings in regards to your immigration case. You have been seeing a mental health team prior to your detention and taking antidepressants. You claim that you tried to kill yourself at HMP Belmarsh and you do not regret doing this. You have met with the mental health team at the detention centre and told them you were planning to kill yourself. You have negative thoughts every day. You are on an open ACDT.

The medical practitioner concluded that it appears your account is credible and that you may be a victim of torture. The scars are consistent with your account. You clearly have mental health problems however he was unsure whether detention was having a deleterious impact upon you as you had tried to harm yourself whilst you were in the community.

Your claim of ill-treatment has been considered in line with the guidance set out in the 'Detention Services Order 9/2016' as well as the 'Adult at Risk' policy. Although under the current policy the definition of torture is that which is outlined by Article 1 of the United Nations Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (UNCAT), for the purposes of this Rule 35 report, the following definition, given in the case of EO & Ors. [2013] EWHC 1236 (Admin), has been applied:

IS.335

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19/04/2017 13:35

DPA

BROOK HOUSE IRC

PAGE 02/04

"Any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed, or intimidating or coercing him or a third person, or for any reason based upon discrimination of any kind."

In relation to your claim of ill-treatment, your account of ill-treatment does meet the above definition of torture. Accordingly, you are regarded an adult at risk under the policy. Your detention has been reviewed and the report carefully considered when determining your suitability for detention under the 'Adult at Risk' policy.

Immigration factors

You claim to have entered the United Kingdom on or around 16 January 2014 by clandestine means being concealed in a lorry. You attended Croydon Asylum Screening Unit on 23 January 2014 and claimed asylum. Your asylum claim was based upon your perceived fear that due to your father's association with the Muslim Brotherhood, you would face persecution from the army if returned to Egypt. You claimed to be 15 years old however this was disputed. You were referred to Social Services.

On 11 February 2014 you attended an asylum screening interview. You were served with illegal entrant paperwork (IS151A).

On 21 March 2014 you were assessed as a minor by Social Services and were given the date of birth of 1 January 1997, making you 17 years old.

Your asylum substantive interview was completed on 10 April 2014. Your asylum was refused on 28 November 2014. You lodged an appeal on 28 December 2014. This appeal was dismissed on 8 October 2015 and your appeal rights were exhausted on 27 October 2015.

On 5 October 2015 you were arrested by police under suspicion **Sensitive/Irrelevant**.

On 7 October 2015 you failed to report to immigration as per your reporting conditions. You were listed as an absconder on 28 January 2016.

On 18 May 2016 you were convicted of failing to surrender to custody at allotted time. You were placed upon conditional bail until 8 June 2016.

On 8 June 2016, you were convicted of **Sensitive/Irrelevant**. You

Sensitive/Irrelevant

You were arrested by police on 14 November 2016 under suspicion **Sensitive/Irrelevant**.

Sensitive/Irrelevant

Sensitive/Irrelevant

An attempt was made to interview you in connection with obtaining an emergency travel document on 22 March 2017 however you refused to comply without receiving instruction from your representatives.

Public protection factors

On **Sensitive/Irrelevant** you were convicted at **Sensitive/Irrelevant**.

Sensitive/Irrelevant You were sentenced to **Sensitive/Irrelevant**.

IS.335

Page 2 of 4

19/04/2017 13:35

DPA

BROOK HOUSE IRC

PAGE 03/04

months and [REDACTED] Sensitive/Irrelevant This offence was committed whilst you were on bail.

On 14 November 2016 you were arrested by police under suspicion [REDACTED] Sensitive/Irrelevant This

Sensitive/Irrelevant

Balancing risk factors against immigration control factors

Careful consideration has been given to balance your wellbeing whilst in detention against the risk of harm to the public and the need to maintain effective immigration control.

It is noted that you claim to have entered the United Kingdom sometime around 16 April 2014 by clandestine means. You claimed asylum on 23 April 2014 and stated that you were 15 years old. On 11 February 2014 you were served with the notice of a person liable for removal (IS151A) as an illegal entrant. You were aged assessed as being a minor on 21 March 2014 with a date of birth of 1 January 1997, making you 17 years old at the time of your claim. You were granted temporary admission.

Your asylum claim was refused and your subsequent appeal dismissed on 8 October 2015. Prior to your appeal being dismissed you stopped reporting to Immigration. You were listed as an absconder on 28 January 2016 and you did not come to light again until 14 November 2016.

You have made no attempt to regularise your stay in the United Kingdom following your dismissed appeal on 8 October 2015. Indeed, it appears that your failure to report to immigration after your appeal was dismissed was motivated by your desire to evade removal.

Sensitive/Irrelevant

Sensitive/Irrelevant

With regard to your Rule 35 report, the medical practitioner accepted that your injuries were consistent with your account you have given and that you may be a victim of torture. The medical practitioner has not made an assessment on whether your continued detention will have a negative impact upon your health although they do state that you attempted self harm whilst in the community.

You have provided the Secretary of State a letter dated 6 April 2017 from Tiago Brando, a counsellor/psychotherapist who works for Compass Project. The letter states that you have accessed them on three separate occasions having been initially referred on 28 July 2014 by your key worker because of their concerns about your inability to manage your emotions. You were offered counselling sessions but struggled to make use of them due to your dissociating with past feelings and issues. You missed two appointments and your case was closed.

You were referred to Compass again on 27 July 2015 but again you struggled with the sessions. You were referred again to Compass following a suicide attempt where you ended up in hospital on 6 November 2015. You were offered weekly counselling sessions since 3 December 2015 however you found it difficult to attend regularly. You had a total of 12 sessions before you were moved to another borough. During your sessions it became apparent that you have difficulties trusting others, difficulties in concentrating, dissociation signs, possible flashbacks and intrusive memories. In his opinion, Mr

IS 335

19/04/2017 13:35 **DPA** BROOK HOUSE IRC PAGE 04/04

Brandie believes that to aid your recovery you need intense and specialist support which can ensure that you are appropriately medicated and compliant with your treatment as well as receiving emotional and therapeutic input and considers it dangerous to keep you detained in a place which does not provide this support.

Having given regard to this letter along with the medical practitioner report it is determined that your needs are and can be managed sufficiently and effectively by the Healthcare Team within the Immigration Removal Centre.

You are currently being monitored by Healthcare due to your open ACDT having made a statement of intent to self harm. You are currently taking antidepressants which are available in the Immigration Removal Centre. Your detention is being maintained in order to affect your removal from the United Kingdom. With that in mind you have an Emergency Travel Document interview scheduled for 30 May 2017 which is within the next 4-5 weeks and your detention is justified in order to ensure your compliance with that interview having demonstrated previously that you are unwilling to comply with reporting conditions.

Conclusion

Therefore when balancing the indicators of vulnerability against the negative immigration factors highlighted above and the imminence of your removal, it is considered that the negative factors outweigh the risks in your particular circumstances. Therefore a decision has been made to maintain your detention.

A copy of this letter has been forwarded to your legal representative, where you have one.

Yours sincerely,

Signature

TMI0
Op Nexus High Harm Team
Immigration Enforcement

IS.335

Page 4 of 4

18 Apr 2017	Prescription or Medication details to unknown
Letter Type	Prescription or Medication details
Letter To	
Letter From	

Printed by Dr Se sed Chaudhary Patient name: **D1527**

Gatwick Immigration Removal Centre
Perimeter Road South, London Gatwick Airport, Gatwick, W Sussex, RH6 0PC.
Telephone:

445

Patient name:	DPA
Date of birth:	DPA
Patient age:	DPA
Prisoner number:	10549090
Wing:	Brook House - Healthcare
Landing:	
Cell:	

Medication Possession	Status:
Not in possession	

17HS ???

Start date	End date	Allergy or Sensitivity
16 Nov 2016		No known allergies (1151.)
13 Dec 2016		No known allergies (1151.)
04 Apr 2017		No known allergies (1151.)

Sensitive/Irrelevant

Signed: **Signature**

Date: 18 April 2017

2017 04 18 0057

In Possession Medication Received Signatures

Signed: _____ Date: _____ Signed: _____ Date: _____

Signed: _____ Date: _____ Signed: _____ Date: _____

18/04/2017 15:30
NHS Confidential: Personal Data about a Patient

Page 1 of 2

201704180057
Gatwick South
Unit 6
11-1055 Prescription
Prescription
21 1623 Clinicogram
21 1623 Clinicogram
21 1623 Clinicogram

Signature

19 Apr 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

HOME
OFFICE/OSCAR 1
COPY ONLY
Annexe C

Food/Fluid Refusal

Name **D1527**

Wing B Room 116

Date of birth **DPA**

Date/time last ate Documented 17/04/17

What did they eat Dinner

Date/time last drank Documented 17/04/17

Weight change from day 1 of refusal Declined

Reason for refusal Did not want to engage in conversation with me.

Seen by Ger/condo RMN.

Date 19/04/17

BRAG RATING (Please circle) B R A **G**

Consent obtained (Please circle) YES/NO **NO**

Copy for Oscar1 and UKBA

Forms issued via Notice To Staff GW27/2012 - Management of Food & Fluid Refusal

Annexe B

~~Food/Fluid Refusal~~

Name D1527

Wing 15 Room 116

CID No: 10549090

Date of birth DPA

Date/ time last ate Documented 17/04/17

What did they eat Dinner

Date/time last drank Documented 17/04/17

What did they eat drink Not Known

Present weight Declined

Weight change from day 1 of Food refusal

Urinalysis Declined

BP _____ BM _____

Reason for refusal Did not want to engage in conversation with me.

Physical Observations:

Skin Appeared Normal

Breath..... No smell Acetone detected

Mobility..... Mobile

Lips/ Mouth..... Appeared normal

Seen by JN/Combs RN

Date 19/04/17

Copy for medical records

Forms issued via Notice To Staff GW27/2012 – Management of Food & Fluid Refusal

Page 2 of 2

22 Apr 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

Annexe B

Food/fluid Refusal

Name D1527

Wing C Room 005

CID No: 10549090

Date of birth DPA

Date/ time last ate Documented 20/4/17

What did they eat Dinner

Date/time last drank States 21/4/17

What did they eat/drink Water

Present weight Declined

Weight change from day 1 of Food refusal
Day 1

Urinalysis Declined

BP _____ BM _____

Reason for refusal Not hungry

Physical Observations:

Skin Intact

Breath No ketones

Mobility fully

Lips/ Mouth moist

Seen by Signature Quader

Date 22/4/17

Copy for medical records

Forms issued via Notice To Staff GW27/2012 - Management of Food & Fluid Refusal

Page 1 of 2

HOME
OFFICE/ OSCAR 1
COPY ONLY
Annexe C

Food/fluid Refusal

Name **D1527**

Wing C Room 005

Date of birth **DPA**

Date/ time last ate Documented 20/4/17

What did they eat Dinner

Date/time last drank States 21/4/17

Weight change from day 1 of refusal Day 1

Reason for refusal Not hungry

Seen by **Signature** Chander

Date 22/4/17

BRAG RATING (Please circle) B R A **G**

Consent obtained (Please circle) YES/NO **YES**

Copy for Oscar1 and UKBA

Form issued via Notice To Staff GW27/2012 - Management of Food & Fluid Refusal

Page 2 of 2

23 Apr 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

TRANSMISSION VERIFICATION REPORT	
DATE, TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE	TIME : 23/04/2017 09:20 NAME : FAX : TEL :

DATE, TIME
 FAX NO./NAME
 DURATION
 PAGE(S)
 RESULT
 MODE

23/04/2017
 DPA
 00:00:00
 11
 OK
 STANDARD
 ECM

HOME
OFFICE/OSCAR 1
COPY ONLY
 Annexe C

Food/fluid Refusal

Name D1527

Wing C Room 0058

Date of birth DPA

Date/time last ate Documented 20.04.17

What did they eat Benner

Date/time last drank Documented 20.04.17

Weight change from day 1 of refusal Declined

Reason for refusal Did not want to engage in conversation or have physical health checks.

Seen by J. McDonald RGN

Date 23/04/17

Annexe B

Food/fluid Refusal

Name D1527 D1527

Wing C Room 005B

CID No: 10549090

Date of birth DPA

Date/ time last ate Documented 20.4.17

What did they eat None

Date/time last drank Documented 20.4.17

What did they eat drink Not Known.

Present weight Declined

Weight change from day 1 of Food refusal

Urinalysis Declined

BP Declined BM

Reason for refusal Not my wish to engage in conversation.

Physical Observations:

Skin Normal

Breath No smell Acetone detected

Mobility Mobile

Lips/ Mouth Normal

Seen by Y. J. J. R. R. R.

Date 23/04/17

Copy for medical records

Forms issued via Notice To Staff GW27/2012 - Management of Food & Fluid Refusal

Page 2 of 3

HOME
OFFICE/OSCAR 1
COPY ONLY
Annexe C

Food/fluid Refusal

Name D1527

Wing Room 005B

Date of birth DPA

Date/time last ate Documented 20.4.17

What did they eat Dinner

Date/time last drank Documented 20.04.17

Weight change from day 1 of refusal Declined

Reason for refusal Did not want to engage in conversation or have physical health checks.

Seen by J. L. O'Connell RGN

Date 23/04/17

BRAG RATING (Please circle) B R A G

Consent obtained (Please circle) YES NO

Copy for Oscar1 and UKBA

Forms issued via Notice To Staff GW27/2012 - Management of Food & Fluid Refusal

24 Apr 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

OFFICIAL - SENSITIVE

G4S

ACDT 'ON' CONSTANT SUPERVISION NOTIFICATION

Name of Detainee	D1527		
CID Ref:	10549090	DOB	DPA
Date/Time when placed on to Constant Supervision	24/04/2017 15:20	Nationality	EGYPT
Brief description of events	Placed his bed sheet around his neck and attempted to ligature. Was removed by staff.		
(Self Harm?)			
Location at time when placed on Constant	E/001		

Completed By	
Print Name	Mr N Ring
Time and Date	15:55 24/04/2017

Distribute copy to,

- Michelle Brown
- JAMES BEGG
- MICHELLE EGGLETON
- Conway Edwards
- Duty Director

SC 2014

OFFICIAL - SENSITIVE

24 Apr 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

Annexe B

Food/Fluid Refusal

Name D1527

Wing E Room 001

CID No: 10549090

Date of birth DPA

Date/ time last ate Documented 20-4-17

What did they eat Breakfast

Date/time last drank Documented 20-4-17

What did they eat/drink Water

Present weight Declined

Weight change from day 1 of Food-refusal

Urinalysis Declined

BP Declined BM Declined

Reason for refusal Did not want to engage in Refusal

Physical Observations:

Skin Appeared Normal

Breath No small Acetone detected

Mobility Mobile

Lips/ Mouth Appeared Normal

Seen by James RAN

Date 24/04/17

Copy for medical records

Forms issued via Notice To Staff GW27/2012 - Management of Food & Fluid Refusal

HOME
OFFICE/OSCAR 1
COPY ONLY
Annexe C

Food/fluid Refusal

Name **D1527**

Wing **E** Room **001**

Date of birth **DPA**

Date/time last ate **Documented 20.04.17**

What did they eat **Dinner**

Date/time last drank **Documented 20.04.17**

Weight change from day 1 of refusal
Declined

Reason for refusal **Did not want to engage in conversation.**

Seen by **Jpr/cmdr RMT**

Date **24/04/17**

BRAG RATING (Please circle) **B R A G**

Consent obtained (Please circle) YES/NO **NO**

Copy for Oscar1 and UKBA

Forms issued via Notice To Staff GW27/2012 - Management of Food & Fluid Refusal

25 Apr 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

OFFICIAL - SENSITIVE

**REPORT OF INJURY
TO DETAINEE**

31001C IRC

Section 1 - Detail of Detainee (To be completed by the Incident Reporting Officer)

Surname: **D1527** First Names: **D1527**
CID Ref: **10549090** Date of Birth: **DPA**

Section 2 (a) Details of incident (To be completed by the Incident Reporting Officer)

Time and date of incident: **25/04/17 14.00**
Place of incident: **31001C**
Incident reported to: **31001C**
Incident Witnessed by: **31001C**
Nature of injury: **31001C**

Section 2 (b) Brief report of circumstances in which injury was sustained
(To be completed by the Incident Reporting Officer)

Name (Block capitals): **31001C**
Signature: **31001C**
Date: **31001C**

G4S - F213 - 17/06/15 OFFICIAL - SENSITIVE Version 02

Page 1 of 2

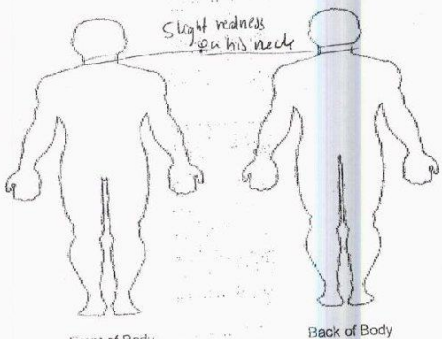
Tue 28 Apr 2020 09:47
Confidential: Personal Data

D1527 **10549090**
DPA


OFFICIAL - SENSITIVE
Section 3 Healthcare's report (To be completed by medical staff)

Time and date of examination: 25/04/17 19.00

Report: Seen on E my room 7 by RBN Mo. Defame head place
a ligature around his neck removed by staff. After that he
went to toilet and attempt to self strangulate - hands removed
from his neck. Slightly redness noted on his neck.




Front of Body Back of Body

Healthcare:
Medical Staff - Name: M. Mawani
(Block capitals)
Signature: 
Date: 25/04/17

G4S - F213 - 17/06/15 OFFICIAL - SENSITIVE Version 02

25 Apr 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	


**Immigration
Enforcement**

MAINTENANCE OF SECURITY AND SAFETY NOTICE
FORM DCFI: REMOVAL FROM ASSOCIATION (DC Rule 40)

**REMOVAL CENTRE:
DETAINEE DETAILS**

Full Name	Date of Birth	Nationality	Port & CID Ref
D1527	DPA	Egypt	ASC/4742212 10549090

REASONS FOR REMOVAL FROM ASSOCIATION (RFA)*
(To be completed by person authorising RFA, should be Immigration Service during working hours)

D1527 been moved to DC Rule 40 for refusing to return to Eden Wing under constant supervision, not complying to any lawful orders given to him from officers.

AUTHORITY FOR INITIAL 24 HOURS RFA (Cases of Urgency)**
Immigration Department or Out of Hours Contractor

Person authorising RFA (Name/Grade)	Signature of person authorising RFA	Date RFA authorised	Time RFA authorised
I Macdonald	Signature	25/04/2017	17:00hrs

1

25 Apr 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

Annexe B

D1527 Food/Fluid Refusal

Name D1527

Wing E Room 001

CID No: 105 490 90

Date of birth DPA

Date/ time last ate Handover: 20/04/17, 24/04/17 *Office states to*

What did they eat Handover: Dinner, Office states - Dinner

Date/time last drank Said he has not been in fluid, days 24/0 *Office*

What did they eat drink Office confirms - water

Present weight Refused

Weight change from day 1 of Food refusal

Urinalysis Refused

BP Refused BM Refused

Reason for refusal Did not say

Physical Observations:

Skin Could not assess covered under duvet

Breath No ketone in breath

Mobility Was laying in bed

Lips/ Mouth Could not assess

Seen by D. Dowd

Date 25/04/17

Copy for medical records

Forms issued via Notice To Staff GW27/2012 - Management of Food & Fluid Refusal

HOME
OFFICE/OSCAR 1
COPY ONLY
Annexe C

Food/Fluid Refusal

Name **D1527** (10549090)
Wing _____ Room **001**
Date of birth **DPA**
Date/time last ate _____
What did they eat _____
Date/time last drank _____
Weight change from day 1 of refusal _____
Reason for refusal _____
Seen by D. Dowd Rmrs
Date 25/04/17
BRAG RATING (Please circle) B R **A** G
Consent obtained (Please circle) YES **NO**
Copy for Oscar1 and UKBA

Refused Physical Intervention

Forms issued via Notice To Staff GV27/2012 -- Management of Food & Fluid Refusal

Page 2 of 2

26 Apr 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

Annexe B

Name D1527 **Food/fluid Refusal** D1527

Wing E Room 001

CID No: 10549090

Date of birth DPA

Date/ time last ate Handover: 20/04/17

What did they eat Dinner

Date/time last drank Unknown

What did they eat drink Unknown

Present weight Refused to be weighed

Weight change from day 1 of Food refusal _____

Urinalysis Refused

BP Refused BM Refused

Reason for refusal Did not say

Physical Observations:

Skin Intact

Breath No ketone in breath

Mobility Fully mobile

Lips/ Mouth Does not appear dehydrated

Seen by D. Dawd

Date 26/04/17

Copy for medical records

Forms issued via Notice To Staff GW27/2012 – Management of Food & Fluid Refusal

HOME
OFFICE/OSCAR 1
COPY ONLY
Annexe C

Food/Fluid Refusal

Name **D1527**

Wing **E** Room **001**

Date of birth **DPA**

Date/time last ate _____

What did they eat _____

Date/time last drank _____

Weight change from day 1 of refusal _____

Reason for refusal _____

Seen by **D. Dowd**

Date **26/04/17**

BRAG RATING (Please circle) B R **(A)** G

Consent obtained (Please circle) YES **(NO)**

Copy for Oscar 1 and UKBA

*Refused Physical exam
ration*

Forms issued via Notice To Staff GV/27/2012 – Management of Food & Fluid Refusal

Page 2 of 2

26 Apr 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

PAID
PRINTED 26/4/17

DAT Account Transaction Receipt
Run on: 25/04/2017 by LIMBACHIAK
Detainee: [REDACTED] 10549090
Port Ref: ASCA742212
CID Reference: (CIDRef)

----- **Protective Marking: OFFICIAL SENSITIVE** -----

Transaction Number: 2283778 Date: 25-Apr-2017 4:28 pm
Type: Manual Debit Value: £10.00


Detainee Signature: As Request
Authorised by OSCAR I Steve Loughton

[REDACTED]

Page 1 of 1

27 Apr 2017	General Letter to Gatwick Immigration Removal Centre
Letter Type	General Letter
Letter To	Gatwick Immigration Removal Centre
Letter From	duncan lewis

From: Duncan Lewis To: Alexander Schymyck Page: 2/2 Date: 4/27/2017 4:49:58 PM


Duncan Lewis

IRC Brook House Healthcare
By fax: **DPA**
And
By e-mail: **DPA**

Correspondence Address:
Spencer House
29 Grove Hill Road
Harrow On The Hill
HA1 3BN
DX 4216 Harrow

t: **DPA**
f: **DPA**
www.duncanlewis.com

Our ref: **D1527** 208890002
Your ref: A1840650

Date: 27 April 2017

Dear Sirs,

NAME OF CLIENT : **D1527**
DOB : **DPA**
NATIONALITY : **Egyptian**
HO REF : **A1848650**

We write on behalf of the above-named client, for whom we are already on record.

We request that you urgently conduct a Rule 35(1) assessment of our client and send a report to the Home Office and to us. He was previously assessed by Dr Oozerrally on 13th April 2017 for a Rule 35(3) Report, which stated that the effect of detention on our client's health was 'unclear'. In light of our client refusing food and stating active suicidal intentions, we request that this assessment is urgently reviewed.

If you have any queries, please contact **Name Irrelevant** by telephone on **DPA**.

Please ensure that you quote our reference number **Name Irrelevant**/A208890002/**D1527** in all correspondence and communications with this office.

Yours faithfully,


Signature
Duncan Lewis

Contracted with the Legal Aid Agency
Duncan Lewis is the trading name of Duncan Lewis (Solicitors) Limited. Regd. Office is Spencer House, 29 Grove Hill Road, Harrow, HA1 3BN. Company Reg. No. 3718422. VAT Reg. No. 718799313. A list of the company's directors is available at the registered office address. Authorised and Supervised by the Solicitors Regulation Authority. Offices throughout London and the UK. A full list can be found on our website. Calls may be recorded for Quality, Security & Training Purposes.

This fax was sent with GFI FaxMaker fax server. For more information, visit: <http://www.gfi.com>


Replied By Email 28/4/17

From: Duncan Lewis To: [Name Irrelevant] Page: 1/2 Date: 4/27/2017 4:49:58 PM


Duncan Lewis
Giving people a voice

Duncan Lewis Fax	
To: [DPA]	Company: IRC Brook House
Fax:	Your Ref: A1848650
From: [Name Irrelevant]	Our Ref: A20889/0002
Date: 27/04/2017 00:00:00	Email: [DPA]
Direct tel:	
Re:	

Duncan Lewis
Spencer House
29 Grove Hill Road
Harrow-On-The-Hill
Middlesex
HA1 3BN
t: [DPA]
f: [DPA]
DX: 4216 Harrow
email: [DPA]
www.duncanlewis.com



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Page 2 of 2

27 Apr 2017 Prescription or Medication details to unknown

Letter Type Prescription or Medication details

Letter To

Letter From

(10)

Printed by Dr Hussein Oozeerally

Patient name: **D1527**

Gatwick Immigration Removal Centre
Perimeter Road South, London Gatwick Airport, Gatwick, W Sussex, RH6 0PQ
Telephone:

Patient name:	D1527
Date of birth:	DPA
Patient age:	DPA
Prisoner number:	10549090
Wing:	Brook House - Healthcare
Landing:	
Cell:	

Medication Possession Status:		
Not in possession		

Start date	End date	Allergy or Sensitivity
16 Nov 2016		No known allergies (1151.)
13 Dec 2016		No known allergies (1151.)
04 Apr 2017		No known allergies (1151.)

Sensitive/Irrelevant

11:50:08 C:\hospitem
20mg 1200 ALNUS -
58.80

Signed: **Signature**

Date: 27 April 2017

In Possession Medication Received Signatures

Signed: Date: Signed: Date:

Signed: Date: Signed: Date:

27/04/2017 10:31
NHS Confidential: Personal Data about a Patient
Page 1 of 1

Page 1 of 1

Tue 28 Apr 2020 09:47
Confidential: Personal Data

D1527

(10549090)

DPA

27 Apr 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

HOME
OFFICE E/OSCAR 1
COPY ONLY
Annexe C

Food/fluid Refusal

Name D1527

Wing E Room 007

Date of birth DPA

Date/time last ate Documented 20/4/17

What did they eat Dinner

Date/time last drank Stated 26/4/17

Weight change from day 1 of refusal Declined

Reason for refusal Unknown

Seen by K. Churcher

Date 27/4/17

BRAG RATING (Please circle) B R **A** G

Consent obtained (Please circle) YES/NO **YES**

Copy for Oscar1 and UKBA

Forms issued via Notice To Staff GN27/2012 - Management of Food & Fluid Refusal

Annexe B

Food/Fluid Refusal

Name **D1527**

Wing E Room 007

CID No: 10549090

Date of birth **DPA**

Date/ time last ate Documented 20/4/17

What did they eat Dinner

Date/time last drank Stated 26/4/17

What did they eat drink Tea + Coffee with milk + Sugar

Present weight Unknown

Weight change from day 1 of Food refusal
Declined

Urinalysis Declined

BP _____ BM _____

Reason for refusal Unknown

Physical Observations:

Skin Intact

Breath No ketones

Mobility fully

Lips/ Mouth moist

Seen by K. Churcher

Date 27/4/17

Copy for medical records

Forms issued via Notice To Staff GW27/2012 - Management of Food & Fluid Refusal

Page 2 of 2

27 Apr 2017	Prescription or Medication details to unknown
Letter Type	Prescription or Medication details
Letter To	
Letter From	

Printed by Dr Husein Oozeerally Patient name: **D1527**

Gatwick Immigration Removal Centre
Perimeter Road South, London Gatwick Airport, Gatwick, W Sussex, RH6 0PQ
Telephone:

Patient name:	D1527
Date of birth:	DPA
Patient age:	DPA
Prisoner number:	10549090
Wing:	Brook House - Healthcare
Landing:	
Cell:	

Medication Possession Status:	
Not in possession	

Start date	End date	Allergy or Sensitivity
16 Nov 2016		No known allergies (1151.)
13 Dec 2016		No known allergies (1151.)
04 Apr 2017		No known allergies (1151.)

NOT In Possession Prescriptions

Sensitive/Irrelevant

Signed: **Signature**
Date: 27 April 2017

In Possession Medication Received Signatures

Signed: Date: Signed: Date:
Signed: Date: Signed: Date:

27/04/2017 10:31
NHS Confidential: Personal Data about a Patient
Page 1 of 1

Page 1 of 1

30 Apr 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

Annexe B

Food/Fluid Refusal
D1527

Name _____

Wing D Room 001

CID No: 10549090

Date of birth DPA

Date/ time last ate Documented 29/04/17

What did they eat Fruit & chips

Date/time last drank Documented 29/04/17

What did they eat/drink Red Bull

Present weight Declined

Weight change from day 1 of Food refusal _____

Urinalysis Declined

BP _____ BM _____

Reason for refusal Says he is not hungry

Physical Observations:

Skin Appeared Normal

Breath No smell Nostrils Detected

Mobility Mobile

Lips/ Mouth Appeared Normal

Seen by GP/Carols Run

Date 30/04/17

Copy for medical records _____

Forms issued via Notice To Staff GW27/2012 – Management of Food & Fluid Refusal

TRANSMISSION VERIFICATION REPORT	
DATE, TIME	30/04 08:25
FAX NO./NAME	08:01:19
DURATION	05
PAGE(S)	OK
RESULT	STANDARD
MODE	ECM

TIME : 30/04/2017 08:27
NAME :
FAX :
TEL :

HOME
OFFICE OSCAR 1
COPY ONLY
Annexe C

Food/fluid Refusal

Name **D1527**

Wing D Room 001

Date of birth **DPA**

Date/ time last ate Documented 29/04/17

What did they eat Knobs & Fruit

Date/time last drank Documented 29/04/17

Weight change from day 1 of refusal Declined

Reason for refusal Says he is not hungry

Seen by Juliano Ryan

Date 30/04/17

Page 2 of 6

HOME
OFFICE/OSCAR 1
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Annexe C

Food/Fluid Refusal

Name **D1527**

Wing D Room 001

Date of birth **DPA**

Date/time last ate Documented 29/04/17

What did they eat Crops & Fruit

Date/time last drank Documented 29/04/17

Weight change from day 1 of refusal Declined

Reason for refusal Says he is not hungry

Seen by Justlands Ryan

Date 30/04/17

BRAG RATING (Please circle) B R A **G**

Consent obtained (Please circle) YES/NO **YES**

Copy for Oscar1 and UKBA

Forms issued via Notice To Staff GW/27/2012 - Management of Food & Fluid Refusal

Page 3 of 6

TRANSMISSION VERIFICATION REPORT	
DATE, TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE	01/05/17 09:27 DPA 0010151 03 OK STANDARD ECM
TIME : 01/05/2017 09:28 NAME : FAX : TEL :	

HOME
OFFICE/ SCAR 1
COPY OF LY
Annexe C

Food/fluid Refusal

Name D1527 (10549090)

Wing D Room 001

Date of birth DPA

Date/ time last ate _____

What did they eat _____

Date/ time last drank _____

Weight change from day 1 of refusal _____

Reason for refusal _____

Seen by D. Bowd Rmn

Date 01/05/17

BRAG RATING (Please circle) B R A G

Refused physical observation
Refused to engage Staff in
doesn't want to talk to me

Annexe B

Name D1527 Food/Fluid Refusal
D1527

Wing D Room 001

CID No: 10549090

Date of birth DPA

Date/ time last ate Handover: 28/04/17

What did they eat Unknown - refused to say, not stated

Date/time last drank Unknown - Refused to say

What did they eat drink Unknown - Refused to say

Present weight Refused

Weight change from day 1 of Food refusal

Urinalysis Refused

BP Refused BM Refused

Reason for refusal Refused to say. Said he does not to talk with me.

Physical Observations:

Skin Refused Covered under his duvet in bed

Breath Refused Could not assess

Mobility Was laying in bed

Lips/ Mouth Could not assess

Seen by D. Dowd

Date 01/05/17

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Annexe C

Food/Fluid Refusal

Name **D1527** (10549090)

Wing **D** Room **001**

Date of birth **DPA**

Date/ time last ate _____

What did they eat _____

Date/ time last drank _____

Weight change from day 1 of refusal _____

Reason for refusal _____

Seen by **D. Dowd Rmn**

Date **01/05/17**

BRAG RATING (Please circle) B R **A** G

Consent obtained (Please circle) YES/NO **NO**

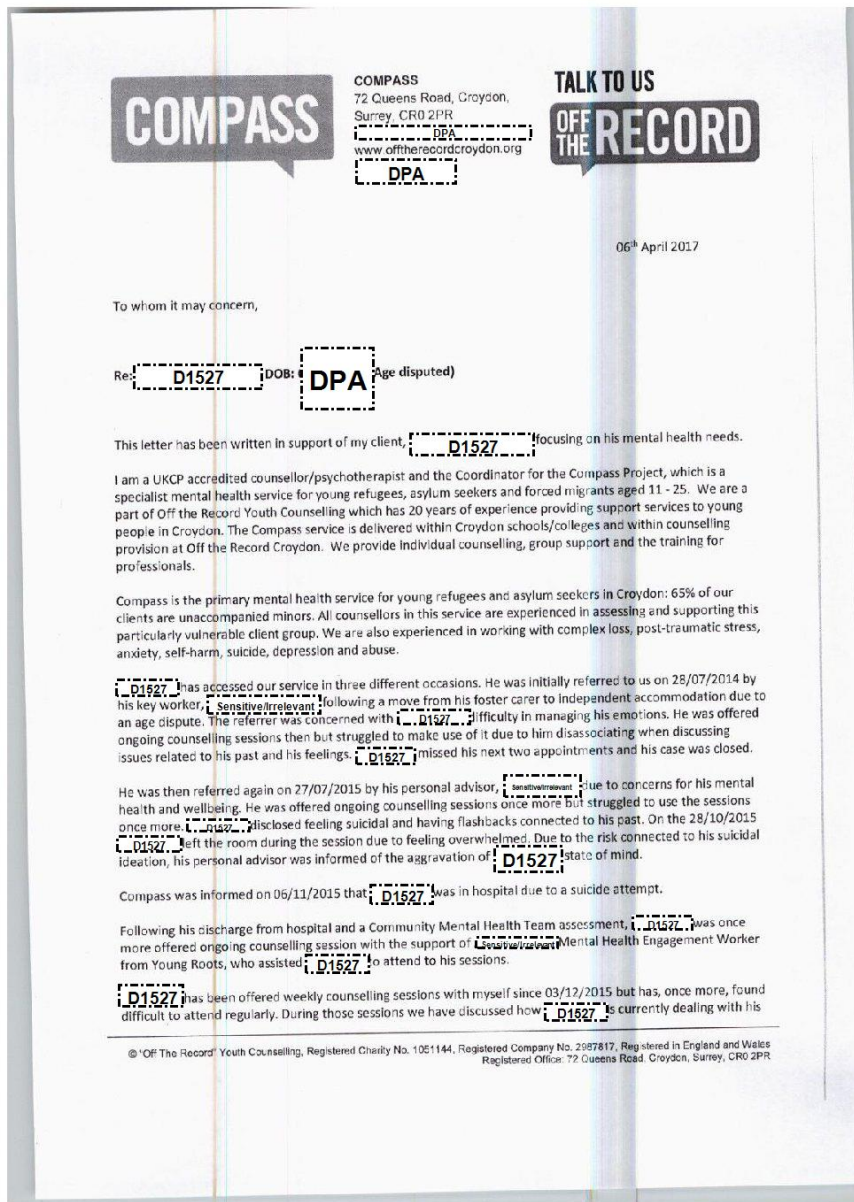
Copy for Oscar and UKBA

*Refused physical observation
Refused to engage
Said he doesn't want
to talk to me*

Forms issued via Notice To Staff GW27/2012 – Management of Food & Fluid Refusal

Page 6 of 6

02 May 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	



Issues and how this is leading those difficulties aggravating. We have tried to explore ways that [D1527] could manage those situations differently, but once more he continued to feel overwhelmed and to dissociate. He attended a total of 12 sessions and through this his mental health continued quite fragile. He displayed difficulties in trusting others, difficulties in concentrating, dissociation signs, possible flashbacks and intrusive memories.

With the support of [REDACTED] from South London Refugee Association, and other professionals [D1527] was moved to a different borough on his request. Unfortunately, there was no follow up on the mental health provision due to the lack of a local specialist service.

It is my professional opinion that [D1527] is a very vulnerable young man who is immensely troubled by his mental health issues including his traumatic life experiences. His low mood, difficulty in concentrating, dissociating process and avoidance behaviour have a direct and extremely negative impact on his ability to access help, engage with services and to maintain his commitments. His shame related to his past as well as his overwhelming feelings make him a very complex case to access as he might be unwilling to share some personal information to professionals he has not established a strong connection with. In my experience in working with other clients with similar backgrounds, those young people present an inability to engage or confront situations that could trigger emotions or memories related to their traumatic past experiences.

I strongly believe that, for his recovery, [D1527] needs intense and specialist support which can ensure that he is appropriately medicated and complying with his treatment as well as receiving the emotional support and therapeutic input he so desperately needs. Keeping this in mind I believe that is extremely dangerous for his young person to be detained in a place that does not provide this support.

Please feel free to contact me if you have any further enquiries.

Yours Sincerely,

Signature

(Name Irrelevant)
Compass Coordinator

Page 2 of 2

Page 2 of 2

02 May 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

Annexe B

Food & Fluid Refusal

Name D1527

Wing D Room 001

CID No: 10549090

Date of birth DPA

Date/ time last ate 01/05/2017

What did they eat Fizzy Drinks, water, dates

Date/time last drank 01/05/2017

What did they eat drink Fizzy Drinks, water, dates

Present weight Unknown

Weight change from day 1 of Food refusal
Day 3

Urinalysis Declined

BP Declined BM Declined

Reason for refusal _____

Physical Observations:

Skin Intact

Breath No Ketones

Mobility Fully mobile

Lips/ Mouth Moist Mouth

Seen by C. Nawemut and K. Churder

Date 2/05/2017

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Forms issued via Notice To Staff GW27/2012 – Management of Food & Fluid Refusal

Page 1 of 2

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Annexe C

Food/fluid Refusal

Name D1527

Wing D Room 001

Date of birth DPA

Date/time last ate 01/05/2017

What did they eat fizzy drinks, water, dates

Date/time last drank 01/05/2017

Weight change from day 1 of refusal Day 3

Reason for refusal Unknown

Seen by C. Nkwema and K. Curdson

Date 2/05/2017

BRAG RATING (Please circle) B R (D) G

Consent obtained (Please circle) YES/NO

Copy for Oscar and UKBA

Forms issued via Notice To Staff GW272012 - Management of Food & Fluid Refusal

Page 2 of 2

02 May 2017 General Letter to unknown

Letter Type General Letter
Letter To
Letter From

TRANSMISSION VERIFICATION REPORT	
DATE, TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE	20/05/2017 08:55 08:00:51 03 OK STANDARD EON

TIME : 02/05/2017 08:57
NAME :
FAX :
TEL :

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Annexe

ISCAR 1

Food/fluid Refusal

Name D1527

Wing D Room 001

Date of birth DPA

Date/time last ate 01/05/2017

What did they eat Fizzy drinks, water, dates

Date/time last drank 01/05/2017

Weight change from day 1 of refusal Day 3

Reason for refusal unknown

Seen by C. Nswema and K. Chudman

Date 21/05/2017

BRAG RATING (Please circle) B R (D) G

Page 1 of 1

03 May 2017	Prescription or Medication details to unknown
Letter Type	DPA
Letter To	
Letter From	

Printed by Dr H Iscin Oozeerally

Patient name: **D1527**

Gatwick Immigration Removal Centre
Perimeter Road South, London Gatwick Airport, Gatwick, W Sussex, RH6 0PC
Telephone:

Patient name:	D1527
Date of birth:	
Patient age:	
Prisoner number:	10549090
Wing:	Brook House - Healthcare
Landing:	
Cell:	

Medication Possessor	Status:
Not in possession	

Start date	End date	Allergy or Sensitivity
15 Nov 2016		No known allergies (1151.)
13 Dec 2016		No known allergies (1151.)
04 Apr 2017		No known allergies (1151.)

NOT in Possession Prescriptions

Medication Prescriber

Sensitive/Irrelevant

Signature

Date: 03 May 2017

In Possession Medication Received Signatures

Signed: _____ Date: Signed: _____ Date: Signed: _____ Date:

03/05/2017 10:01
NHS Confidential: Personal Data about a Patient
Page 1 of 1

Page 2 of 2

03 May 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

Annexe B

Food/fluid Refusal

Name D1527

Wing D Room 001

CID No: 10549090

Date of birth DPA

Date/ time last ate 2/05/2017

What did they eat Bread

Date/time last drank 2/05/2017

What did they eat drink Fizzy Drink

Present weight Declined

Weight change from day 1 of Food refusal
Day 4

Urinalysis Declined

BP Declined BM Declined

Reason for refusal _____

Physical Observations:

Skin Intact

Breath No Ketones

Mobility Fully mobile

Lips/ Mouth Moist

Seen by C. NAWENYA and K. Churder

Date 3/05/2017

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Forms issued via Notice To Staff GW27/2012 – Management of Food & Fluid Refusal

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Annexe C

Food/fluid Refusal

Name D1527

Wing D Room 001

Date of birth DPA

Date time last ate 2/05/2017

What did they eat Bread and Fry drink

Date time last drank 2/05/2017

Weight change from day 1 of refusal Day 4

Reason for refusal Doesn't feel hungry. Food
is nice.

Served by C. Nawanya and K. Chudder

Date 3/05/2017

BEAG RATING (Please circle) B R (A) G


Consent obtained (Please circle) YES/NO (NO)

Copy for Oscar1 and UKBA

Forms issued via Notice To Staff GW277/2012 -- Management of Food & Fluid Refusal

Page 2 of 2

04 May 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	


Home Office

MAINTENANCE OF SECURITY AND SAFETY NOTICE
FORM DCF1: REMOVAL FROM ASSOCIATION (DC Rule 40)

CENTRE:
DETAINEE DETAILS

Full Name	Date of Birth	Nationality	Port Reference
D1527	DPA	EGYPT	ASC/4742212

REASONS FOR REMOVAL FROM ASSOCIATION (RFA)*
(To be completed by person authorising RFA)

Detainee **D1527** has been relocated to Care and Separation Unit on rule 40 after jumping on Delta Wing netting. **D1527** removed himself after approximately 30 minutes, he went to a friends room to calm down. I spoke to **D1527** about his behaviour and the consequences of his actions, he refused to comply with the instructions given. **D1527** is already on an ACDT and has a previous significant history of self harm and suicide attempts, he started to get irate and started to fiddle with his pockets and refused to empty out his pockets or remove his hands. Fearing he potentially had something he could harm himself with or others force was used to prevent this and relocate him to Eden Wing. He was placed into E 008 and watched constantly for a couple of hours after the use of force, A full search was also conducted and nothing was found

Duty Director, Home Office, IMB and Healthcare are aware

AUTHORITY FOR INITIAL 24 HOURS RFA (Cases of Urgency)**

Person authorising RFA (Name/Grade)	Signature of person authorising RFA	Date RFA authorised	Time RFA authorised
S Dix	Signature	04/05/2017	17:45

1

04 May 2017	Results to unknown
Letter Type	Results
Letter To	
Letter From	

Surrey and Sussex HEALTHCARE		PATHOLOGY SERVICE - EAST SURREY BIOCHEMISTRY		TEL: DPA
PATIENT ID: D1527	DOB: D1527	SEX: M	CLINICIAN/REF: Unknown Consultant	
REF: AFX1277829	TEST: DPA	CLINICIAN/REF: Tinsley/Broom House IRC		
CLINICAL DETAILS No coag. sample received				
Sodium	141	mmol/L	(136 - 145)	
Potassium	4.1	mmol/L	(3.5 - 5.1)	
Urea	3.6	mmol/L	(2.1 - 7.1)	
Creatinine	71	umol/L	(62 - 106)	
Estimated GFR	>90 mL/min/1.73m2			
Signature 09/5/17				
SPECIMEN TYPE: Blood	SPECIMEN DATE/TIME: 03/05/2017 11:57	REPORT DATE: 04/05/2017	RUN NUMBER: 18	

04 May 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

TRANSMISSION VERIFICATION REPORT	
DATE, TIME	04/05/2017 08:46
FAX NO./NAME	
DURATION	00:00:46
PAGE(S)	03
RESULT	OK
MODE	STANDARD

TIME : 04/05/2017 08:46
NAME :
FAX :
TEL :

HOME
OFFICE/ SCAR 1
COPY ON -Y
Annexe C

Food/fluid Refusal

Name **D1527**

Wing D Room 001

Date of birth **DPA**

Date/time last ate 3/05/2017

What did they eat Dates

Date/time last drank 3/5/2017

Weight change from day 1 of refusal Day 5

Reason for refusal unknown

Seen by C. Nkwema and K. Chudler

Date 4/05/2017

GRADING (Please circle) B R **(1)** G

Page 1 of 1

Tue 28 Apr 2020 09:47
Confidential: Personal Data

D1527	(10549090)
DPA	

04 May 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

Annexe B

Food/Fluid Refusal

Name D1527

Wing D Room 001

CID No: 10549090

Date of birth DPA

Date/ time last ate 3/05/2017

What did they eat Dates

Date/time last drank 3/05/2017

What did they eat/drink Water

Present weight Declined

Weight change from day 1 of Food refusal
Day 5

Urinalysis Declined

BP Declined BM Declined

Reason for refusal _____

Physical Observations:

Skin Intact

Breath No Ketones

Mobility Fully mobile

Lips/ Mouth Moist

Seen by C. Nwankwo and K. Chude

Date 4/05/2017

Copy for medical records

Forms issued via Notice To Staff GW27/2012 - Management of Food & Fluid Refusal

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Annexe C

Food/fluid Refusal

Name **D1527**

Wing D Room 001

Date of birth **DPA**

Date/time last ate 3/05/2017

What did they eat Dates

Date/time last drank 3/5/2017

Weight change from day 1 of refusal Day 5

Reason for refusal unknown

Seen by C. NAWEMMA and K. Chunder

Date 4/05/2017

BRAG RATING (Please circle) B R **F** G

Consent obtained (Please circle) YES **NO**

Copy for Oscar1 and UKBA

Forms issued via Notice To Staff GW27/2012 - Management of Food & Fluid refusal

Page 2 of 2

04 May 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

OFFICIAL - SENSITIVE

**REPORT OF INJURY
TO DETAINEE**

Beast House IRC

Section 1 - Detail of Detainee (To be completed by the Incident Reporting Officer)

Surname: **D1527** First Name: **D1527**
CID Ref: **10549090** Date of Birth: **DPA**

Section 2 (a) Details of incident (To be completed by the Incident Reporting Officer)

Time and date of incident: **4/5/17 17:30**
Place of incident: **D wing → E wing**
Incident reported by: **K. Churcher**
Incident Witnessed by: **C. Nguzenya**
Nature of injury: **Small scratch to inside of left wrist**

**Section 2 (b) Brief report of circumstances in which injury was sustained
(To be completed by the Incident Reporting Officer)**

**C + R removal from D wing to E wing
after coming off of netting**

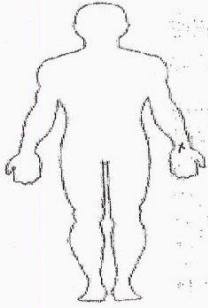
Name (Block letters): **K. Churcher**
Signature: **Signature**
Date: **4/5/17**

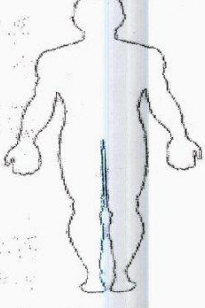
G4S - F213 - 7/08/15 OFFICIAL - SENSITIVE Version 02

OFFICIAL - SENSITIVE
Section 3 Healthcare's report (To be completed by medical staff)

Time and date of examination: 4/5/17 17-45

Report: Seen after planned removal from D Wing
to E wing.
Small scratch visible on inside of left wrist,
no bleeding.
When asked if he had any injuries, stated
"I am fine."

 Front of Body

 Back of Body

Healthcare:
Medical staff - Name: K. Chercher
(Block capitals)
Signature: **Signature**
Date: 4/5/17

G4S - F 13 - 17/05/15 OFFICIAL - SENSITIVE Version 02

05 May 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

TRANSMISSION VERIFICATION REPORT	
TIME : 05/05/2017 08:49 NAME : FAX : TEL :	
DATE, TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE	05/05 08:49 00:00:23 01 OK STANDARD ECN

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Annexe C

Food/fluid Refusal

Name D1527 (10549090)

Wing E Room 008

Date of birth DPA

Date/ time last ate _____

What did they eat _____

Date/ time last drank _____

Weight change from day 1 of refusal _____

Reason for refusal _____

Seen by D. Dwyer (RMH)

Date 05/05/17

BPAC RATING (Please circle) B R (A) G

Refused Physical Observation

Page 1 of 3

Tue 28 Apr 2020 09:47
Confidential: Personal Data

D1527 (10549090)
DPA

Annexe B

Name **D1527** **Food/Fluid Refusal** **D1527**

Wing E Room 008

CID No: 10549090

Date of birth **DPA**

Date/ time last ate Handover: 03.05.17

What did they eat Not mentioned Refused to say

Date/time last drank Unknown - Handover: 03/05/17

What did they eat drink Unknown

Present weight Refused

Weight change from day 1 of Food refusal

Urinalysis Refused

BP Refused BM

Reason for refusal Refused to say

Physical Observations:

Skin intact

Breath No ketone in breath

Mobility Was laying in bed

Lips/ Mouth Does not appear dehydrated

Seen by D. Dowd (RM)

Date 05/05/17

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Annexe C

Food/fluid Refusal

Name **D1527** (10549090)

Wing E Room ODF

Date of birth **DPA**

Date/time last ate _____

What did they eat _____

Date/time last drank _____

Weight change from day 1 of refusal _____

Reason for refusal _____

Seen by D. Dond (RMH)

Date 05/05/17

BRAG RATING (Please circle) B R **A** G

Consent obtained (Please circle) YES **NO**

Copy for Oscar1 and UKBA

Refused Physical Observation

Forms issued via Notice To Staff GW27/2012 - Management of Food & Fluid Refusal

Page 3 of 3

07 May 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

TRANSMISSION VERIFICATION REPORT	
TIME : 05/05/2017 07:44 NAME : FAX : TEL :	
DATE, TIME FAX NO. / NAME DURATION PAGE(S) RESULT MODE	REV/RS 02:44 OUT 00:22 01 OK STANDARD EOM

HOME
OFFICE/ SCAR 1
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Annexe C

Food/fluid Refusal

Name **D1527**

Wing B Room 205

Date of birth **DPA**

Date/ time last ate Documented 5/5/17

What did they eat Lunch

Date/time last drank States 5/5/17

Weight change from day 1 of refusal Declined

Reason for refusal Unknown

Seen by K. Churcher

Date 6/5/17

DECLINING (Please circle) ☐ B ☐ R ☒ G

Annexe B

D1527 Food/Fluid Refusal
D1527 **D1527**

Name _____
Wing C Room 208
CID No: 10549090
Date of birth **DPA**
Date/ time last ate Handover: 06/05/17
What did they eat Dinner
Date/time last drank Unknown - refused to say
What did they eat/drink Claims he is drinking fluid
Present weight Refused
Weight change from day 1 of Food refusal

Urinalysis Refused
BP Refused BM Refused
Reason for refusal Refused
Physical Observations:
Skin Intact
Breath No ketone in breath
Mobility Was lying in bed
Lips/ Mouth Could not assess
Seen by D. Dowd
Date 07/05/17
Copy for medical records _____

Forms issued via Notice To Staff CW27/2012 - Management of Food & Fluid Refusal

Page 2 of 5

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Annexe C

Food/fluid Refusal

Name D1527 (10549090)

Wing C Room 208

Date of birth _____

Date/time last ate _____

What did they eat _____

Date/time last drank _____

Weight change from day 1 of refusal _____

Reason for refusal _____

Seen by D. Dowd

Date 07/05/17

BRAG RATING (Please circle) B R A G

Consent obtained (Please circle) YES NO

Copy for Oscar1 and UKBA

Refused. Physical Distress

Forms issued via Notice To Staff GW27/2012 - Management of Food & Fluid Refusal

Page 3 of 5

HOME
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Annexe C

Food/fluid Refusal

Name D1527

Wing B Room 205

Date of birth DPA

Date/time last ate Documented 5/5/17

What did they eat Lunch

Date/time last drank States 5/5/17

Weight change from day 1 of refusal Declined

Reason for refusal Unknown

Seen by K. Churcher

Date 6/5/17

BRAG RATING (Please circle) B R F G

Consent obtained (Please circle) YES/NO YES

Copy for Oscar1 and UKBA

Forms issued via Notice To Staff GW27/2012 – Management of Food & Fluid Refusal

Annexe B

Food & Fluid Refusal

Name D1527

Wing B Room 205

CID No: 10549090

Date of birth DPA

Date/time last ate Documented 5/5/17

What did they eat Lunch

Date/time last drank States 5/5/17

What did they eat/drink Water

Present weight Declined

Weight change from day 1 of Food refusal
Unknown

Urinalysis Declined

BP _____ BM _____

Reason for refusal Unknown

Physical Observations:

Skin Intact

Breath No ketones

Mobility fully

Lips/ Mouth moist

Seen by K. Churcher

Date 6/5/17

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09 May 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

TRANSMISSION VERIFICATION REPORT	
DATE, TIME FAX NO. / NAME DURATION PAGE(S) RESULT MODE	09/05 08:47 00:00:23 01 OK STANDARD EON
TIME : 09/05/2017 08:47 NAME : FAX : TEL :	
HOME OFFICE/ ISCAR 1 COPY ONLY Annexe C	
Food/fluid Refusal	
Name	D1527 (10549090)
Wing	C Room 208
Date of birth	DPA
Date/ time last ate	
What did they eat	
Date/ time last drank	
Weight change from day 1 of refusal	
Reason for refusal	
Seen by	D. Dowd (RMN)
Date	09/05/17
BAC RATING (Please circle)	B R (A) G

Refused physical observation

Page 1 of 3

Tue 28 Apr 2020 09:47
Confidential: Personal Data

D1527	(10549090)
DPA	

Annexe B

Name **D1527** **Food/Fluid Refusal**
D1527

Wing C Room 208

CID No: 10549090

Date of birth **DPA**

Date/ time last ate Handover = 07/05/17

What did they eat Dinner

Date/ time last drank Unknown - refused to say

What did they eat/drink Unknown

Present weight Refused

Weight change from day 1 of Food refusal

Urinalysis Refused

BP Refused BM Refused

Reason for refusal Did not say

Physical Observations:

Skin intact

Breath No ketone in breath

Mobility Fully mobile was laying in bed

Lips/ Mouth Does not appear dehydrated

Seen by D. Dawd

Date 09/05/17

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Food/fluid Refusal

Name D1527 (10549090)

Wing C Room 208

Date of birth DPA

Date/time last ate _____

What did they eat _____

Date/time last drank _____

Weight change from day 1 of refusal _____

Reason for refusal _____

Seen by D. Dowd (RMN)

Date 09/05/17

BRAG RATING (Please circle) B R (A) G

Consent obtained (Please circle) YES (NO)

Copy for Oscar1 and UKBA

Forms issued via Notice To Staff GW27/2012 – Management of Food & Fluid refusal

Refused physical assessment

Page 3 of 3

11 May 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

Annexe B

Food/Fluid Refusal

Name D1527

Wing C Room 208

CID No: 10549090

Date of birth DPA

Date/ time last ate Documented 09-05-17

What did they eat Dinner

Date/ time last drank 10-05-17

What did they eat/drink Juice

Present weight Declined

Weight change from day 1 of Food refusal ✓

Urinalysis Declined

BP Declined BM Declined

Reason for refusal Just not want to discuss

Physical Observations:

Skin appeared normal

Breath No smell Acetone detected

Mobility Mobile

Lips/ Mouth appeared normal

Seen by James Roun

Date 11/05/17

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Food/fluid Refusal

Name D1527

Wing C Room 208

Date of birth DPA

Date/ time last ate Documented 09/05/17

What did they eat Banana

Date/ time last drank 10-05-17

Weight change from day 1 of refusal Declined

Reason for refusal Did not want to engage in conversation.

Seen by Jo / ando Royal

Date 11.05.17

BRAG RATING (Please circle) B R F G

Consent obtained (Please circle) YES NO

Copy for Oscar1 and UKBA

Forms issued via Notice To Staff GW27/2012 - Management of Food & Fluid refusal

Page 2 of 2

12 May 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

Annexe B

Name D1527 Food/Fluid Refusal
D1527

Wing C Room 208

CID No: 10549090

Date of birth DPA

Date/ time last ate Handover: 09/05/17. refused to say *Detainee*

What did they eat Dinner

Date/time last drank Unknown - Refused to say

What did they eat drink Unknown - Refused to say

Present weight Refused

Weight change from day 1 of Food refusal

Urinalysis Refused

BP Refused BM Refused

Reason for refusal Did not answer
to question asked, Refused to say

Physical Observations:

Skin Intact

Breath No ketone in breath

Mobility Male was laying awake in bed

Lips/ Mouth Does not appear dehydrated

Seen by D. Dowd

Date 12/05/17

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Food/Fluid Refusal

Name D1527 (10549090)

Wing C Room 208

Date of birth DPA

Date/time last ate _____

What did they eat _____

Date/time last drank _____

Weight change from day 1 of refusal _____

Reason for refusal _____

Seen by D. Dowd (RMU)

Date 12/05/17

BRAG RATING (Please circle) B R A G

Consent obtained (Please circle) YES NO

Copy for Oscar1 and UKBA

Refused Physical Water

Forms issued via Notice To Staff GW27/2012 - Management of Food & Fluid - final

Page 2 of 3

TRANSMISSION VERIFICATION REPORT	
DATE, TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE	TIME NAME FAX TEL
	12/05/2017 09:12

DATE, TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE	12/05/2017 09:12 08:08:58 02 OK STANDARD ECM
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Food/Fluid Refusal

D1527 (10549090)

Name _____

Wing C Room 208

Date of birth **DPA**

Date/time last ate _____

What did they eat _____

Date/time last drank _____

Weight change from day 1 of refusal _____

Reason for refusal _____

Seen by D. Dowd (RMN)

Date 12/05/17

BRAG RATING (Please circle) B R **(A)** G

Refused Physical Detention

Page 3 of 3

13 May 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

TRANSMISSION VERIFICATION REPORT	
DATE, TIME	13/05/2017 11:13
FAX NO. / NAME	
DURATION	00:00:33
PAGE(S)	02
RESULT	OK
MODE	STANDARD
	ECN

TIME : 13/05/2017 11:13
NAME :
FAX :
TEL :

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Annexe C

Food/fluid Refusal

D1527 10549090

Name _____

Wing C Room 208

Date of birth _____

Date/ time last ate _____

What did they eat _____

Date/ time last drank _____

Weight change from day 1 of refusal _____

Reason for refusal _____

Seen by D. Dowd (AMN)

Date 13/05/17

(Please circle) B R (H) G

Refused Physical 20

Page 1 of 3

Tue 28 Apr 2020 09:47
Confidential: Personal Data

D1527	(10549090)
DPA	

Annexe B

Name D1527 fluid Refusal D1527

Wing C Room 208

CID No: 10549090

Date of birth DPA

Date/ time last ate Handover: 09/05/17, Refused to say

What did they eat Dinner, Detainee refused to say

Date/ time last drank Unknown - Refused to say

What did they eat drink Unknown - Refused to say

Present weight Refused

Weight change from day 1 of Food refusal

Urinalysis Refused

BP Refused BM Refused

Reason for refusal Did not say

Physical Observations:

Skin Intact

Breath no ketone in breath

Mobility Was laying in bed

Lips/ Mouth Does not appear dehydrated

Seen by D. Dowd

Date 13/05/17

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Food/fluid Refusal

10549090

Name D1527

Wing C Room 208

Date of birth DPA

Date/time last ate _____

What did they eat _____

Date/time last drank _____

Weight change from day 1 of refusal _____

Reason for refusal _____

Seen by D. Dowd (AMN)

Date 13/05/17

BRAG RATING (Please circle) B R A G

Consent obtained (Please circle) YES NO

Copy for Oscar1 and UKBA

Refused physical observation

Forms issued via Notice To Staff GW27/2012 - Management of Food & Fluid : trial

Page 3 of 3

14 May 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

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Annexe C

Food/fluid Refusal

Name D1527

Wing C Room 208

Date of birth DPA

Date/time last ate Documented 09-05-2017

What did they eat Dinner

Date/time last drank Documented 09-05-2017

Weight change from day 1 of refusal /

Reason for refusal Feel not want to engage or allow Physical Health checks to be done

Seen by JW/canolo RMNS

Date 14/05/17

BRAG RATING (Please circle) B R A G

Consent obtained (Please circle) YES NO

Copy for Oscar1 and UKBA

Forms issued via Notice To Staff GWZ/12/2012 - Management of Food & Fluid : refusal

Annexe B

Name **Food/Fluid Refusal**
D1527

Wing C Room 208

CID No: 10549090

Date of birth **DPA**

Date/ time last ate Documented 09-05-2017

What did they eat Dinner

Date/ time last drank Documented 09-05-2017

What did they eat/drink Not known

Present weight Declined

Weight change from day 1 of Food refusal

Urinalysis Declined

BP Declined BM Declined

Reason for refusal Did not want to engage
or attend Physical Health checks to be done

Physical Observations:

Skin Appeared normal

Breath No small Acetone detected

Mobility Mobile

Lips/ Mouth Appeared normal

Seen by Justiniano Rami

Date 14/05/17

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Forms issued via Notice To Staff GVV27/2012 - Management of Food & Fluid Refusal

Page 2 of 2

15 May 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

Annexe B

Name Mr. Food/Fluid Refusal **D1527** **D1527**

Wing C Room 208

CID No: 10549090

Date of birth **DPA**

Date/time last ate Documented 09-05-17

What did they eat None

Date/time last drank Documented 09-05-17

What did they eat/drink Not Known

Present weight Declined

Weight change from day 1 of Food refusal

Urinalysis Declined

BP Declined BM Declined

Reason for refusal Did not want to discuss or have any Physical Health checks done.

Physical Observations:

Skin Appeared Normal

Breath No Small Acreas detected

Mobility Mobile

Lips/ Mouth Appeared normal

Seen by Yusuf Khan RAH

Date 15-5-17

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Annexe C

Food/fluid Refusal

Name D1527

Wing C Room 208

Date of birth DPA

Date/time last ate Documented 09-05-17

What did they eat Dinner

Date/time last drank Documented 09-05-17

Weight change from day 1 of refusal /

Reason for refusal Did not want to discuss at Love my Physical Health checks done.

Seen by Jo Slanek RMN

Date 15-05-17

BRAG RATING (Please circle) B R A G

Consent obtained (Please circle) YES/NO NO

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Form issued via Notice To Staff GW/27/2012 - Management of Food & Fluid Refusal

16 May 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

Annexe B

Name **D1527** / fluid Refusal **D1527**

Wing _____ Room 208

CID No: 10549090

Date of birth **DPA**

Date/ time last ate Handover: 09/05/17 Refused to say.

What did they eat Handover: Dinner Refused to say

Date/time last drank Unknown Refused to say

What did they eat drink Unknown Refused to say

Present weight Refused

Weight change from day 1 of Food refusal _____

Urinalysis Refused

BP Refused BM Refused

Reason for refusal Did not say

Physical Observations:

Skin Intact

Breath No ketone in breath

Mobility Was laying in bed

Lips/ Mouth Does not appear dehydrated

Seen by D. Dowd (RMN)

Date 16/05/17

Copy for medical records _____

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Food/Fluid Refusal

Name **D1527** (10549090)

Wing C Room 208

Date of birth **DPA**

Date/ time last ate _____

What did they eat _____

Date/ time last drank _____

Weight change from day 1 of refusal _____

Reason for refusal _____

Seen by D. Dowd

Date 16/05/17

BRAG RATING (Please circle) B R **(A)** G

Consent obtained (Please circle) YES **(NO)**

Copy for Oscar1 and UKBA

Refused Physical Observa-

Forms issued via Notice To Staff GW27/2012 - Management of Food & Fluid : final

Page 2 of 2

17 May 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

HOME
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Annexe C

Food/fluid Refusal

Name **D1527**

Wing C Room 208

Date of birth **DPA**

Date/time last ate Documented 9/5/17

What did they eat Dinner

Date/time last drank States 16/5/17

Weight change from day 1 of refusal Declined

Reason for refusal Does not feel like eating

Seen by K. Churcher

Date 17/5/17

BRAG RATING (Please circle) B R (A) G

Consent obtained (Please circle) YES/NO

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Page 1 of 2

Annexe B

Food/Fluid Refusal

Name **D1527**

Wing C Room 208

CID No: 10549090

Date of birth **DPA**

Date/ time last ate Documented 9/5/17

What did they eat Dinner

Date/time last drank States 16/5/17

What did they eat drink Water

Present weight Declined

Weight change from day 1 of Food refusal
Unknown

Urinalysis Declined

BP BM

Reason for refusal Does not feel like eating

Physical Observations:

Skin Intact

Breath No Ketones

Mobility fully

Lips/ Mouth moist

Seen by K. Churcher

Date 17/5/17

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Page 2 of 2

17 May 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

G4S
G4S Health
Mental Health Referral Form

	Date	Time	Attended
1 st Appointment			
2 nd Appointment			
3 rd Appointment			
Outcome	Already being seen by RMN. Has appointment on 17/5		

Name:	D1527	Date of Birth:	DPA	Wing	C
Referred By:	Miss Melissa Morley	Date of Referral	16 May 2017	Room No.	208
Is the detainee aware of the referral: YES / NO		CID	10549090		
Reason for referral: (Please include as much detail as possible as to why you feel it appropriate for the individual to be seen by a Mental Health Nurse)					
States needs an RMN appointment urgently. Has appointment on 22/05 but feels he needs an appointment sooner.					

For completion by RMN

Mental Health Issue	Tick	Mental Health Issue	Tick
Stress Related		Suicide/ Self Harm	
Sleep Issue		Psychosis	
Torture Related		Personality Disorder	
Immigration Issue		Alcohol/Substance Misuse	
Low Mood		Bereavement	
Bi-Polar Disorder		Adjustment Disorder	
Depressive Disorder		Nil Require/Behavioural	

Outcome

Action	Tick	Action	Tick
ACDT		Referral to Nurse Triage	
Referral to Psychiatrist		Ongoing Mental Health Support	
Referral to G.P		Medication	
Referral to Chaplain		Stress/Sleep Management	
Nil Required		Emotional Health Group	

Date Seen:	Seen By:	Further Appointment:

18 May 2017	Prescription or Medication details to unknown
Letter Type	Prescription or Medication details
Letter To	
Letter From	

Printed by Dr Saeed Chaudhary Patient name: D1527

4

Gatwick Immigration Removal Centre
Herimeter Road South, London Gatwick Airport, Gatwick, W Sussex, RH6 0PQ
Telephone:

Patient name:	D1527
Date of birth:	19/06/1984
Patient age:	32 DPA
Prisoner number:	10549090
Wing:	Brook House - Healthcare
Landline:	
Cell:	

Start date	End date	Allergy or Sensitivity
16 Nov 016		No known allergies (1151.)
18 Dec 016		No known allergies (1151.)
04 Apr 017		No known allergies (1151.)

Medication Possession Status:
Not in possession

NOT in Possession Prescriptions

Sensitive/Irrelevant

Signed: Signature

Date: 18 May 2017

In Possession Medication Received Signatures

Signed: Date: Signed: Date: Signed: Date:

Signed: Date: Signed: Date: Signed: Date:

18/05/2017 10:15
NHS Confidential: Personal Data about
Page 1 of 1
Signature

Printed by Dr Saeed Chaudhary
18/05/2017

18 May 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

Annexe B

Food/Fluid Refusal

Name **D1527** **D1527**

Wing C Room 208

CID No: 10549090

Date of birth **DPA**

Date/ time last ate Handover: 09.05.17 Declined to say

What did they eat Dinner

Date/time last drank Claims he has been drinking fluid but did not say when was the last day he has drank.

What did they eat drink last day he has drank.

Present weight Declined

Weight change from day 1 of Food refusal

Urinalysis Declined

BP Declined BM Declined

Reason for refusal Did not say

Physical Observations:

Skin Intact

Breath... No ketone in breath

Mobility... was laying bed

Lips/ Mouth... Does not appear dehydrated

Seen by D. Dowd

Date 18/05/17

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Food/Fluid Refusal

Name C **D1527** (10549090)

Wing C **DPA**

Date of birth 208

Date/time last ate _____

What did they eat _____

Date/time last drank _____

Weight change from day 1 of refusal _____

Reason for refusal *Declined to have physical observation done*

Seen by D. Dowd (RMN)

Date 18/05/17

BRAG RATING (Please circle) B R **(A)** G

Consent obtained (Please circle) YES **(NO)**

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Page 2 of 2

19 May 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

Annexe B

Fluid Refusal

Name **D1527** **D1527**

Wing C Room 208

CID No: 10549090

Date of birth **DPA**

Date/ time last ate Handover: 09.05.17, Said he ate chocolate

What did they eat Dinner - Handover

Date/ time last drank Claims: 18/05/17

What did they eat drink Claims: water

Present weight Declined

Weight change from day 1 of Food refusal

Urinalysis Declined

BP Declined BM Declined

Reason for refusal Did not say

Physical Observations:

Skin Intact

Breath no ketone in breath

Mobility was laying in bed

Lips/ Mouth Does not appears dehydrated

Seen by D. Dowd (Rm)

Date 19/05/17

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Food/Fluid Refusal

Name D1527 (10549090)

Wing C Room 208

Date of birth DPA

Date/ time last ate _____

What did they eat _____

Date/ time last drank _____

Weight change from day 1 of refusal _____

Reason for refusal _____

Seen by D. Dowd (RMV)

Date 19/05/17

BRAG RATING (Please circle) B R A G

Consent obtained (Please circle) YES NO

Copy for Oscar1 and UKBA

Refused physical health checks

Forms issued via Notice To Staff GW272012 - Management of Food & Fluid : Seal

Page 2 of 2

20 May 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

Annexe B

Name **D1527** /fluid Refusal

Wing Room 208

CID No: 10549090

Date of birth **DPA**

Date/ time last ate Unknown

What did they eat States food from shop

Date/time last drank Unknown

What did they eat drink Unknown

Present weight Declined

Weight change from day 1 of Food refusal Unknown

Urinalysis Declined BM

BP

Reason for refusal Unclear

Physical Observations:

Skin Intact

Breath No ketones

Mobility fully

Lips/ Mouth moist

Seen by K. Churder

Date 20/5/17

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Forms issued via Notice To Staff GW27/2012 - Management of Food & Fluid Refusal

TRANSMISSION VERIFICATION REPORT	
DATE, TIME	28/05 08:46
FAX NO./NAME	XXXXXXXXXX
DURATION	00:00:51
PAGE(S)	03
RESULT	OK
MODE	STANDARD
	ECM

TIME : 28/05/2017 08:47
NAME :
FAX :
TEL :

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Annexe C

Food/fluid Refusal

Name **D1527**

Wing C Room 208

Date of birth **DPA**

Date/time last ate Unknown

What did they eat States food from Shop

Date/time last drank Unknown

Weight change from day 1 of refusal Declined

Reason for refusal Unclear

Seen by K. Churcher

Date 20/5/17

--- RATING (Please circle) B R (A) G

Page 2 of 5

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Food/fluid Refusal

Name D1527

Wing C Room 208

Date of birth DPA

Date/time last ate Unknown

What did they eat States food from Shop

Date/time last drank Unknown

Weight change from day 1 of refusal Declined

Reason for refusal Unclear

Seen by K. Churcher

Date 20/5/17

BRAG RATING (Please circle) B R A G

Consent obtained (Please circle) YES NO

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Forms issued via Notice To Staff GV927/2012 - Management of Food & Fluid Refusal

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Annexe B

Food/Fluid Refusal

Name D1527

Wing 2 Room 208

CID No: 10549090

Date of birth DPA

Date/ time last ate Documented 09-05-2017

What did they eat Dinner

Date/time last drank Documented 09-05-2017

What did they eat/drink Not known.

Present weight /

Weight change from day 1 of Food refusal /

Urinalysis Declined

BP Declined BM Declined

Reason for refusal Not my agent as enquiry is conversation.

Physical Observations:

Skin Appeared normal

Breath No smell. Creatine detected

Mobility Mobile

Lips/ Mouth Appeared normal

Seen by Ger/andb Roun

Date 21/05/2017

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Food/fluid Refusal

Name D1527

Wing C Room 208

Date of birth DPA

Date/time last ate Documented 09-05-2017

What did they eat Dinner

Date/time last drank Documented 09-05-2017

Weight change from day 1 of refusal /

Reason for refusal Did not want to engage -
at have any physical health checks done.

Seen by J. Hancock RNW

Date 21-05-2017

BRAG RATING (Please circle) B R A G

Consent obtained (Please circle) YES NO

Copy for Oscar 1 and UKBA

Forms issued via Notice To Staff GM27/2012 - Management of Food & Fluid Refusal

Page 5 of 5

22 May 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

Annexe B

Food/Fluid Refusal

Name **D1527**

Wing C Room 208

CID No: 10549090

Date of birth **DPA**

Date/ time last ate Documented 8/6/17

What did they eat Dinner

Date/time last drank Unknown

What did they eat drink "

Present weight Declined

Weight change from day 1 of Food refusal Unknown

Urinalysis Told not to disturb him

BP BM him

Reason for refusal Unknown

Physical Observations:

Skin Intact

Breath No ketones

Mobility fully

Lips/ Mouth moist

Seen by K. Churcher

Date 22/5/17

Copy for medical records

Forms issued via Notice To Staff GW27/2012 - Management of Food & Fluid Refusal

TRANSMISSION VERIFICATION REPORT	
DATE, TIME	22/05 07:41
FAX NO./NAME	
DURATION	02
PAGE(S)	02
RESULT	OK
MODE	STANDARD
	ECH

TIME : 22/05/2017 07:42
NAME :
FAX :
TEL :

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Annexe C

Food/fluid Refusal

Name **D1527**

Wing C Room 208

Date of birth **DPA**

Date/ time last ate Documented 8/5/17

What did they eat Dinner

Date/ time last drank Unknown

Weight change from day 1 of refusal Declined

Reason for refusal Unknown - as told not to disturb him

Seen by K. Churcher / J. Newlands

Date 22/5/17

--- RATING (Please circle) B R (A) G

Page 2 of 3

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Food/fluid Refusal

Name D1527

Wing C Room 208

Date of birth DPA

Date/time last ate Documented 8/5/17

What did they eat Dinner

Date/time last drank Unknown

Weight change from day 1 of refusal Declined

Reason for refusal Unknown - "as told not to disturb him"

Seen by K. Churcher / J Newlands

Date 22/5/17

BRAG RATING (Please circle) B R A G

Consent obtained (Please circle) YES NO

Copy for Oscar1 and UKBA

Forms issued via Notice To Staff GW27/2012 - Management of Food & Fluid Refusal

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23 May 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

Annexe B

Food/Fluid Refusal

Name D1527

Wing C Room 208

CID No: 10549090

Date of birth DPA

Date/ time last ate Documented 09-05-2017

What did they eat Deiner

Date/time last drank Documented 09-05-2017

What did they eat drink Not known

Present weight Declined

Weight change from day 1 of Food refusal /

Urinalysis Declined

BP Declined BM Declined

Reason for refusal Did not want to engage in conversation

Physical Observations:

Skin Appeared Normal

Breath No smell Abnormal detected

Mobility Mobility

Lips/ Mouth Appeared Normal

Seen by Justlands Rami

Date 23/05/2017

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HOME
OFFICE/ISCAR 1
COPY ONLY
Annexe C

Food/fluid Refusal

Name D1527

Wing C Room 208

Date of birth DPA

Date/time last ate Documented 09-05-2017

What did they eat Dinner

Date/time last drank Documented 09-05-2017

Weight change from day 1 of refusal Declined

Reason for refusal Declined as hand is engaged in conversation.

Seen by Giuliano Riva

Date 23-05-2017

BRAG RATING (Please circle) B R F G

Consent obtained (Please circle) YES/NO NO

Copy for Oscar1 and UKBA

Forms issued via Notice To Staff GM27/2012 - Management of Food & Fluid refusal

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24 May 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

TRANSMISSION VERIFICATION REPORT	
DATE, TIME	24/05 08:12
FAX NO./NAME	
DURATION	00:00:22
PAGE(S)	01
RESULT	OK
MODE	STANDARD
	ECM

TIME : 24/05/2017 08:12
NAME :
FAX :
TEL :

HOME
OFFICE/1 CAR 1
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Annex C

Food/Fluid Refusal

Name **D1527**

Wing C Room 208

Date of birth **DPA**

Date/time last ate Documented 9/5/17

What did they eat Dinner

Date/time last drank Unknown

Weight change from day 1 of refusal Declined

Reason for refusal States is eating own food

Seen by K. Churcher

Date 24/5/17

BRAG RATING (Please circle) B R **(1)** G

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Tue 28 Apr 2020 09:47
Confidential: Personal Data

D1527 (10549090)
DPA

Annexe B

Food/Fluid Refusal

Name **D1527**

Wing C Room 208

CID No: 10549090

Date of birth **DPA**

Date/ time last ate Documented 9/5/17

What did they eat Dinner

Date/time last drank Unknown

What did they eat drink "

Present weight Declined to engage

Weight change from day 1 of Food refusal
Unknown

Urinalysis Declined to engage

BP BM

Reason for refusal States is eating his own food

Physical Observations:

Skin Unable to observe as he covered by duvet, Hand visible

Breath he wanted me away

Mobility Hand visible

Lips/ Mouth

Seen by K. Churcher

Date 24/5/17

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Form issued via Notice To Staff GW2/12012 - Management of Food & Fluid Refusal

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HOME
OFFICE/IS PAR 1
COPY OF IL
Annexe C

Food/fluid Refusal

Name D1527

Wing C Room 208

Date of birth DPA

Date/time last ate Documented 9/5/17

What did they eat Dinner

Date/time last drank Unknown

Weight change from day 1 of refusal Declined

Reason for refusal States is eating own food

Seen by K. Churcher

Date 24/5/17

BRAG RATING (Please circle) B R (1) G

Consent obtained (Please circle) YES/NO (NO)

Copy for Oscar and UKBA

Forms issued via Notice To Staff GW27/2012 - Management of Food & Pt 1 : total

Page 3 of 3

25 May 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

TRANSMISSION VERIFICATION REPORT	
DATE, TIME	25/05 09:18
FAX NO./NAME	D1527
DURATION	02
PAGE(S)	02
RESULT	OK
MODE	STANDARD

TIME : 25/05/2017 09:19
NAME :
FAX :
TEL :

Annexe B

Name: **D1527**

Wing: C Room: 208

CID No: 10549090

Date of birth: **DPA**

Date/time last ate: declined to say

What did they eat: declined to say

Date/time last drank: declined to say

What did they eat/drink: declined to say

Present weight: declined to be weighed

Weight change from day 1 of Food refusal

Urinalysis: Declined

BP: Declined BM: Declined

Reason for refusal: Declined to say

Physical Observations:

Skin: not able to assess declined

Breath: not able to assess declined

Page 1 of 3

Annexe B

Food / fluid Refusal
D1527

Name [redacted]
Wing C Room 208
CID No: 10549090
Date of birth [redacted]
Date/ time last ate declined to say
What did they eat declined to say
Date/ time last drank declined to say
What did they eat drink declined to say
Present weight declined to be weighed
Weight change from day 1 of Food refusal

Urinalysis Declined
BP Declined BM Declined
Reason for refusal Declined to say

Physical Observations:
Skin not able to assess declined
Breath not able to assess declined
Mobility not able to assess declined
Lips/ Mouth not able to assess declined
Seen by S. SIMA
Date 25.05.17
Copy for medical records

Forms issued via Notice To Staff GW27/2012 - Management of Food & Fluid Refusal

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Annexe B

Food/Fluid Refusal

Name D1527

Wing _____ Room 208

CID No: 10549090

Date of birth DPA

Date/ time last ate declined to say

What did they eat declined to say

Date/ time last drank declined to say

What did they eat drink declined to say

Present weight declined to be weighed

Weight change from day 1 of Food refusal

Urinalysis Declined

BP Declined BM Declined

Reason for refusal Declined to say

Physical Observations:

Skin not able to assess declined

Breath not able to assess declined

Mobility not able to assess declined

Lips/ Mouth not able to assess declined

Seen by S. SIMM

Date 25.05.17

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Form issued via Notice To Staff GW/27/2012 – Management of Food & Fluid Refusal

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26 May 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

TRANSMISSION VERIFICATION REPORT

TIME : 27/05/2017 08:01
NAME :
FAX :
TEL :

DATE, TIME : 27/05/2017 08:01
FAX NO./NAME : DPA
DURATION : 00:00:36
PAGE(S) : 02
RESULT : UK
MODE : STANDARD
ECM

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Annexe C

Food/fluid Refusal

Name D1527

Wing C Room 208

Date of birth DPA

Date/ time last ate Documented 26/5/17

What did they eat Dinner

Date/time last drank Documented 26/5/17

Weight change from day 1 of refusal Declined

Reason for refusal Is eating

Seen by K. Churcher

Date 27/5/17

DECLINING (Please circle) B R A (G)

Page 1 of 3

Tue 28 Apr 2020 09:47
Confidential: Personal Data

D1527 (10549090)
DPA

Annexe B

Food & Fluid Refusal

Name **D1527**

Wing C Room 208

CID No: 10549090

Date of birth **DPA**

Date/ time last ate Documented 26/5/17

What did they eat Dinner

Date/time last drank Documented 26/5/17

What did they eat drink Unknown

Present weight Declined

Weight change from day 1 of Food refusal
Unknown

Urinalysis Declined

BP Declined BM Declined

Reason for refusal Is eating

Physical Observations:

Skin Intact

Breath No ketones

Mobility fully

Lips/ Mouth moist

Seen by K. Churcher

Date 27/5/17

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Forms issued via Notice To Staff GW27/2012 – Management of Food & Fluid Refusal

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Annexe C

Food/fluid Refusal

Name D1527

Wing C Room 208

Date of birth DPA

Date/time last ate Documented 26/5/17

What did they eat Dinner

Date/time last drank Documented 26/5/17

Weight change from day 1 of refusal Declined

Reason for refusal Is eating

Seen by K. Churcher

Date 27/5/17

BRAG RATING (Please circle) B R A G

Consent obtained (Please circle) YES/NO YES

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Forms issued via Notices To Staff QAG27/2012 - Management of Food & Fluid

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26 May 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

Annexe B

Food/Fluid Refusal
D1527

Name _____

Wing C Room 208

CID No: 10549090

Date of birth **DPA**

Date/ time last ate UNKNOWN

What did they eat UNKNOWN

Date/time last drank UNKNOWN

What did they eat drink UNKNOWN

Present weight DECLINED

Weight change from day 1 of Food refusal
UNKNOWN

Urinalysis DECLINED

BP DECLINED BM DECLINED

Reason for refusal DID NOT STATE

Physical Observations:

Skin UNABLE TO ASSESS

Breath UNABLE TO ASSESS

Mobility UNABLE TO ASSESS - IN BED

Lips/ Mouth UNABLE TO ASSESS

Seen by A. HERBERT

Date 26.03.17.

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Form issued via Notice To Staff GW27/2012 - Management of Food & Fluid Refusal

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HOME
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Annexe C

Food/fluid Refusal

Name D1527

Wing C Room 208

Date of birth DPA

Date/t ime last ate UNKNOWN

What did they eat UNKNOWN

Date/t ime last drank UNKNOWN

Weight change from day 1 of refusal DECLINED

Reason for refusal NO NOT STATE

Seen by A. HERBERT

Date 26.05.17

BRAG RATING (Please circle) B R A G

Consent obtained (Please circle) YES NO

Copy for Oscar and UKBA

Forms issued via Notice To Staff GW/27/2012 - Management of Food & Fluid Intake

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TRANSMISSION VERIFICATION REPORT	
<p>DATE, TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE</p>	<p>25/05 08:05 08:00:35 02 OK STANDARD ECM</p>
<p>TIME : 26/05/2017 08:07 NAME : FAX : TEL :</p>	

Forms issued via Mobile To Staff GWM772012 - Management of Food & Fluid

Copies for Oscar and UKBA

Consent obtained (Please circle) YES ☒ NO

BR, G RATING (Please circle) B ☐ R ☒ F ☐ G

Date 26.05.17

Seen by A. HERBERT

210 NOT STAFF

Reason for refusal

OF CLINICAL

Weight change from day 1 of refusal

Date/Time last drank UNKNOWN

What did they eat UNKNOWN

Date/Time last ate UNKNOWN

31 May 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

could have resulted in torture and/or death.

127. Given he was a youth at the time (whatever view is taken of his actual age), it seems unlikely he would have appraised himself of research and information relating to the attitudes towards [Sensitive/irrelevant] in different countries of the world and the obvious assumption for him to have made, based on his own culture and life experience, was that attitudes to [] would be broadly the same in the UK as in his native country. Given this, I consider it to have been entirely psychologically consistent that he would not have disclosed his [] on arrival in the UK or for some time subsequently.

128. Even if he had learned that people of [Sensitive/irrelevant] were permitted to live freely in the UK, it is still a very different matter knowing something intellectually and believing it emotionally and psychologically. Most traumatised individuals complain of experiencing exaggerated fear responses even in situations which they now know to be objectively safe. Learned traumatic response becomes neurologically 'hard wired' and these formed associations, originally aimed at securing the individual's survival, take time and skilled therapeutic work to disentangle.

129. There is also the role of shame and stigma to consider. [D1527] clearly looked very uncomfortable in interview when being asked about his [Sensitive/irrelevant]. He hung his head and his eye contact was even worse than previously. He mumbled under his breath and the interpreter leaned forward, as it was clearly harder for him to hear what Mr

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with someone of the [redacted] (his friend [redacted]) that he was [redacted] Sensitive/irrelevant [redacted] and that this was not checked;

b. That he felt embarrassed in this interview stating himself to be [redacted] Sensitive/irrelevant [redacted] felt a more socially acceptable alternative;

c. That he now feels more confused about or sure of his [redacted] or has changed his view [redacted] Sensitive/irrelevant [redacted] with the passage of time.

d. That he is fabricating his account of his [redacted] and that this is evidence of that due to the inconsistencies inherent between accounts.

133. Of these, I consider the first two to be the most likely in comparison with the objective evidence and the first to be the most likely of these given previous reports that [redacted] D1527 [redacted] had experienced [redacted] Sensitive/irrelevant [redacted] historically with [redacted] Sensitive/irrelevant [redacted] I do not consider it likely that [redacted] D1527 [redacted] is fabricating information pertaining to his [redacted] Sensitive/irrelevant [redacted] with [redacted] as the objectively apparent shame and reluctant disclosure of this and of information relating to his [redacted] Sensitive/irrelevant [redacted] is not consistent with such a hypothesis. I also consider it unlikely that [redacted] D1527 [redacted] Sensitive/irrelevant [redacted] will have changed substantively in a relatively short period of time.

A COMMENT ON COGNITIVE ABILITY AND CAPACITY TO GIVE EVIDENCE

134. It can readily be seen from the above diagnostic assessment, [redacted] D1527 [redacted] current psychiatric disorder renders him with impaired memory, concentration and orientation to

137. This is a different matter, however, to being psychiatrically fit to give evidence in the additional situation of anxiety created by court proceedings. As it can be seen from this assessment, [D1527] struggled even with an individual interview and exhibited significant difficulties throughout its duration.

138. If he is compelled to give evidence, I do consider that it could make [D1527] current psychiatric condition significantly worse and is likely to trigger an escalation of symptoms across all clusters. Given how unwell he already is, especially given his acute and recurrent suicidality and the fact that he has no professional mental health support systems currently in place I consider that this would be too high risk an endeavor in terms of the possibility of a significant suicide attempt and/or psychiatric breakdown requiring hospitalisation.

139. Given [D1527] current psychiatric presentation, I also consider that the quality of any oral evidence he may provide in such a situation would be most unlikely to produce information of a good enough quality and usefulness to the Tribunal to warrant such a risk being taken.

140. I therefore consider that [D1527] should be excused from giving evidence on grounds of significant psychiatric ill health.

A COMMENT ON [D1527] FORENSIC HISTORY

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therefore that [D1527] offending history has a significant relationship to his early traumatic experiences and that he therefore requires treatment rather than mere containment or punishment in order to cease being a potential risk to himself and others going forward.

145. Other than the counselling he received at 'Compass' which he was unable to sustain regularly (in my view due to feelings [D1527] and also post-traumatic avoidance and reluctance to think and talk about his aversive life experiences), [D1527] has not received tailored psychological help for these experiences together with many other traumatic experiences of reported violence and torture, including witnessing the murder of his friend and [Name Irrelevant] by his family.

146. In my view therefore, appropriate treatment of [D1527] prior traumatisation will be required to reduce any re-offending risk and could do so effectively if [D1527] can be helped to engage with such treatment. [D1527] also has not had the prior opportunity of tailored trauma treatment when he was in a position of readiness to engage with this, so it seems appropriate that he now be given the opportunity to do so to see if his offending risk is then reduced rather than him merely being automatically deemed a risk to the public without this prior opportunity having been given.

147. As stated below, however, his treatment needs are now complex due to his psychiatric deterioration during the time in which he has been imprisoned and detained,

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based as described above, his risk to the public can also then be assessed prior to this as part of his ongoing treatment care plan.

IMPACT OF IMPRISONMENT ON MENTAL HEALTH

150. As described above, [D1527] was imprisoned at both HMPs Highdown and HMP Belmarsh for his convicted offences and whilst awaiting trial for the deemed offence against a minor girl. [D1527] described his period of time in prison as having been significantly re-traumatising. Firstly, he said that he felt significantly adversely affected psychologically by being in a prison environment among older, male offenders, some of whom, he said, had very serious convictions, including for murder. He said that he found this especially frightening whilst at HMP Belmarsh where he described being among 'hardened criminals'. [D1527] insists that he was only 17 years old at the time, even though his age remains disputed. [D1527] said that he was 'too terrified to sleep at night in case something happened to me....I always slept scared'.

151. Alongside being frightened of the other inmates, [D1527] also reported that he was afraid of the prison officers, some of whom, he said, treated him with significant negative discrimination. He considers that this is because they had read his file and judged and treated him to be a [Sensitive/irrelevant] which he said that he denies.

155. [D1527] said that on one occasion in prison whilst he was being restrained when suicidal, the officer held him so tightly around his neck, that he said he could not breathe properly for several hours afterwards and an ambulance had to be called. [D1527] said that he made a complaint about this incident to the prison management and asked to give a statement to the police about the officer concerned. [D1527] said that this was not permitted however and that when the complaint was internally investigated, it was concluded that the officer concerned had been 'appropriately doing his job'. [D1527] reported that he disputes this and maintains that the guard used undue force against him. Indeed, he maintains that he could have been killed by the officer and regarded his behaviour towards him as an assault. [D1527] said that he believes that the officer used unnecessary force, possibly due to his reported offending history.

156. In summary, [D1527] reported in this assessment that his experiences of being imprisoned were extremely frightening, stigmatising, traumatic and worsened his mental state, especially his suicidality, which has not improved, he said, since that time.

IMPACT OF ONGOING AND FUTURE DETENTION ON MENTAL HEALTH

157. [D1527] instructs that the adverse treatment which he endured in prison on the grounds of his reported offending history, has continued within the IRC. He said that he

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observation. [D1527] said that he hates going to E Wing and that it makes him feel 'much worse' in mood and more suicidal when he goes there due to the constant scrutiny, solitary confinement with the exception of the observing officer(s) and lack of any privacy. [D1527] showed little insight into the rationale for his being taken to E Wing in interview, however, stating, 'they are trying to save me, but I don't want to be saved...I just want to be left to die'.

161. As noted elsewhere, it also appears from [D1527] RC medical records, that he has told IRC nursing staff that he is better than he is in order simply to be removed from E-Wing and placed back onto the main wing, only then to self-harm again shortly afterwards. This shows the ineffectual nature of such a measure for the containment and management of [D1527] psychiatric risk. In my view the current situation is untenable for both [D1527] and for IRC staff who are not doctors and are trying to do the job of trained medical personnel without the resources and training to do so. In my view, [D1527] should be in a treatment rather than a custodial environment currently and this is described further below.

162. It is my view that [D1527] removals to E-Wing are at best ineffectual therefore and, at worst, are contributing significantly to a very stuck and vicious cycle of self-harming behaviour, solitary containment, worsening mood and increased escalation of self-harming behaviour and intent to die.

165. The guidelines continue that patients with well-managed psychotic conditions may be safe to travel with an escort. However, [D1527] condition is not currently well managed in my view and I do not consider that the presence of an escort would be sufficient to mitigate his risk to himself or others in a situation of air travel.

166. I consider it highly likely, given his high levels of current suicidality, that [D1527] would make a significant suicide attempt either prior to boarding or whilst on the plane. This could be extremely dangerous not only to him, but also to other passengers and crew, who, as with IRC staff currently, would then be left to try and manage this situation without medical training and skill in terms of the management of a highly volatile, distressed and suicidal patient. In summary, I do not consider [D1527] fit to fly currently on grounds of significant psychiatric ill health.

167. In terms of the Home Office Adult Risk Policy referenced above, it can be seen from this account, that there are, therefore, significant barriers to [D1527] removal from the UK, and escorts and any other appropriate arrangements will not be sufficient to ensure the safe management of [D1527] return for himself and other passengers in my view.

PROGNOSIS AND CONSEQUENCES OF RETURN

Reported and evident actual and psychiatric consequences of return

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because of my sexuality. I can end my life quickly here'.

172. I consider [D1527] risk of successful suicide on receiving removal directions from the UK to be so severe, that I consider that any news of imminent removal directions should only be served on him in the presence of his Consultant Psychiatrist, such that he can be immediately sectioned under the Mental Health Act for his own safety to prevent the execution of this plan. I am informed that [D1527] does not have any protective familial or social relationships in Egypt that could act as psychologically protective factors for him to counteract such a risk.

173. I am not an expert on the provision of psychological therapy or medical intervention in Egypt, but I consider that even if suitable psychological, psychiatric and medical provision and support services were available there and it is concluded therefore that his condition could be appropriately managed there, that [D1527] is likely to be far too psychiatrically unwell by this time and much too frightened and re-traumatised (even if he does not commit suicide in the UK prior to removal) to access them.

174. Even if he did not succeed in committing suicide in the UK as stated, I also consider, in the event of return to Egypt that he would be too psychiatrically unwell to work again or re-integrate into Egyptian society, even if he is not traced and tortured and/or killed as he fears. If he is unable to work, [D1527] will be unable to support himself financially and is liable to quickly again become homeless and destitute.

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escalated stress that this would create, given his fears on return in the context of his current psychiatric condition.

179. Without such safety and stability in place, in the form of leave to remain in the UK where he feels protected from further harm, any psychological interventions for his psychiatric problems are likely now to be largely ineffective in terms of any treatment benefit. This is especially so given his severe mental health problems at this time point.

180. Maslow's pioneering theory of the psychological 'Hierarchy of Needs' (Maslow, 1943) applicable to all human beings, makes it clear that the basics of safety and security must be in place first, before more sophisticated needs, such as psychological wellbeing, can be met.

181. I therefore consider the most urgent and initial treatment need for **D1527** to achieve any type of psychiatric recovery is that he is able to remain securely in the UK without further fears of return to Egypt.

182. In order to achieve external safety and security, I consider that **D1527** also requires release from detention into a health environment such as a low security hospital where he can be treated properly for his psychiatric condition and where a planned discharge can then be made to enable safe return and integration into the community given how long he has been contained in institutional settings.

medication'. I consider that this is likely to be so, as IRCs are not medical facilities and nursing staff there are not specialists in the longer-term more complex management of individuals with severe and acute mental illness.

186. It is my view that this man should be in a hospital not an IRC setting given he is extremely unwell and traumatised and has been in receipt of little psychological help since the time of his traumatic experiences in Egypt. In light of this, it is my view that it is unsurprising that he has found himself in difficulties with the UK authorities given his levels of untreated mental ill health.

187. [D1527] reported in interview that he is of the view that unless he can be released from the detained environment of the IRC soon, *'that I will go completely crazy'*. I do concur that, if he remains much longer in his current situation, that not only is [D1527] likely to be successful sooner or later in ending his life, but that, even if not, his psychotic symptoms are indeed likely to intensify and worsen, making the likelihood of a psychotic breakdown and the development of a schizophrenic illness a real possibility, as he himself predicts.

ii) Medical and medication needs

188. As described above, [D1527] states that he has barely eaten or drunk in the approximately 6 weeks he has been detained at IRC Brook House. If so, this is likely to be having significant consequences for his physical health. Whilst his extremely poor

191. [D1527] also reported in this interview that he is currently spitting blood and has been so now for a number of weeks. He has undergone blood tests and been cleared, he said, of all major illnesses. He also said that he does not think this is a problem with his teeth or gums as he stated that he is not neglecting his dental hygiene. [D1527] said that a nurse at the IRC has told him that it may be that, because he eats so little, he is bringing up empty stomach contents. If this is the case, then this points all the more strongly to the need for [D1527] to receive urgent help in terms of his food and fluid intake.

192. I note from [D1527] medical records, however, that it states that his oral hygiene has not been good historically and that he has been spoken to in relation to gum disease. It would seem that this is therefore also a likely explanation despite [D1527] self-report and that he should again be urgently reviewed by a dentist given his current symptom.

193. As noted above, [D1527] currently takes the anti-depressant medication Mirtazapine 45mg for his psychiatric symptoms. From my knowledge of this medication, this is a reasonably high dose (which comes in 15mg, 30mg and 45mg doses). Despite this, [D1527] remains highly symptomatic as can be seen from the above account.

194. Prior to his current medication and dose, [D1527] reports that he was tried previously on less strong medication and smaller doses which were systematically increased due to lack of benefit. He stated in interview that he was changed from 20mg of

never a replacement for it.

197. It is thus irrelevant whether [D1527] prescribed medication is available in Egypt, as this alone can never be curative of his current psychiatric condition.

198. [D1527] medical records document that he was reviewed by a psychiatrist on admission to hospital on 31st January 2017 due to the severity of his depression and started on the anti depressant [Sensitivel/released] and again by a forensic psychiatrist on 9th February on 2017. I have not been provided with copies of these assessments. He reports that he has not seen a mental health professional since that time, other than IRC nursing staff as described above. Given his psychiatric presentation currently, it is my view that he now needs further psychiatric review and medical management planning which should be part of an overall treatment plan, including release from detention and provision with hospital treatment initially with a view to a community package in time, as recommended above.

iii) Therapeutic treatment needs

199. [D1527] is clearly in considerable need of psychological treatment for the amelioration of his current psychiatric symptoms. As stated above, he reports that he has never been offered any psychological therapy since he has been in custody and detention, which I consider to be an oversight given his recurrent history of prior traumatisation, severe mental health problems and recurrent suicidality.

201. This work will be to finally enable [D1527] to work through and process the multiple, traumatic, events he experienced in Egypt and en route to the UK, in order to enable him to mourn and move on from these to enable less reliance on maladaptive coping strategies and thereby reduce risk of being in trouble with the law going forward.

202. Given that [D1527] has not been offered psychological or psychiatric help since he has been in custody, it is my view that this represents a failure to [D1527] as a traumatised young person on the part of UK services and authorities and that there is therefore a duty of care to now give him the opportunity to change his behaviour going forward with the appropriate help and input as he has never previously been afforded this opportunity for long enough to make use of it at a period where he was able to engage with it. Clearly, if such an opportunity does not result in engagement on his part and resultant improvement then this will need to be reviewed, but [D1527] is currently showing reasonably good evidence of intending to do so.

203. There is good prognostic indication of [D1527] ability to make use of such help, if provided, both in terms of his previous ability to work with the organisation 'Compass' as noted above and the fact that he reported, towards the end of this assessment, having found it helpful and relieving to talk about his feelings and experiences, despite having found this difficult. He indeed, described his experience of the assessment as, *'the best experience I have had for a while'*. He clarified that he had not felt that anyone medical *'has been trying to understand or help me'* since his work ended with Compass in early 2016. Whilst his attendance at Compass was reportedly sporadic, I consider that this is

SUMMARY AND CONCLUSIONS

207. **D1527** is a traumatised man who presented in consultation in a manner entirely consistent with an individual suffering from severe symptoms of Major Depressive Disorder (severe) with additional symptoms of (complex) Post-Traumatic Stress Disorder (moderate-severe). His suicidality is particularly severe and acute.

208. I consider the principle cause of **D1527** psychiatric disorder to be unquestionably the traumatic experiences he has reported in Egypt during his adolescence and en route to the UL, for which he has never received any substantive psychological or psychiatric help with which he has been able to fully engage or which was sustained for long enough to be effective in a longer-term manner, from his self-report and the evidence before me.

209. **D1527** ongoing unresolved immigration status in the UK with resultant fears of being returned to a country where he has no support any longer and believes his life and welfare to be in considerable danger is a further important determining factor in my view.

210. The consistency of **D1527** objective presentation in interview with his self-reporting, together with the psychological evidence base on complex trauma means that I consider it highly unlikely that he has fabricated any of his psychiatric symptoms and am left in little doubt that he is considerably psychiatrically unwell. Where there are a few

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then of immigration detention has worsened his mental health considerably but that a proper release plan to an appropriate medical setting must be put in place to ensure his safety and adequate treatment provision.

215. To ensure his psychiatric recovery, [D1527] is first and foremost in need of his leave status to be resolved in terms of being able to remain in the UK, in order for him to begin to feel safe and able to make full use of medical, social/practical and psychotherapeutic treatment for his psychiatric condition available to him outlined above. In such a circumstance, I anticipate that he could make a reasonably good psychiatric recovery within 2-3 years with an improved quality of life.

I understand that my duty as an expert witness is to the Court. I have complied with that duty. This report includes all matters relevant to the issues on which my expert evidence is given. I have given details in this report of any matter that might affect the validity of this report. I have addressed this report to the Court.

I confirm that insofar as the facts stated in my report are within my own knowledge I have made clear which they are and I believe them to be true, and that the opinions I have expressed represent my true and complete professional opinion.

Dr Rachel C. Thomas
Consultant Clinical Psychologist;
Consultant Adult Psychotherapist;

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Paper was presented as a workshop at the Word Congress of Behavioural and Cognitive Therapies (WCBCT; Boston, 2010) and at the British Association of Behavioural and Cognitive Psychotherapies Conference (BABCP; Manchester, 2010).

World Health Organisation (1992). The ICD-10 Classification of Mental and Behavioural Disorders: Clinical descriptions and diagnostic guidelines (10th revision). Geneva: World Health Organisation.

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National Offender
Management Service

OFFICIAL

National
Probation
Service



Short Format Pre-Sentence Report

This is a Pre-Sentence Report as defined in Section 158 of the Criminal Justice Act 2003.

Offender Details			
Name:	D1527		
Date of Birth:	DPA		
Address:	DPA		
Delius CRN:	E044196		
PNC ID:	15/184978R		
Sentencing Court Details			
Court:	Hammersmith (West London) Magistrates Court - WLOHMC		
Date of Hearing:	DPA		
Local Justice Area	London - Central		
Sources of Information			
Interview	Y	Service Records	
CPS Summary	Y	Previous OASys Assessments	
Previous Convictions	Y	Victim Statement	Y
Children Services Checks		Police Information	Y
Other (please specify below)	Y		
<p>Interpreter Arabic. I also spoke to the Mental Health Team at Court and had access to the notes of the assessment with Nigel Baillie the Clinical Nurse Specialist. I spoke to his Youth Case Worker and I understand he has a Social Worker from the Leaving Care Team.</p>			

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31 May 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

OFFICIAL

He lives at the above address a one bedroom flat provided by the local authority and gets £45 per week to live in. He is also known to the Leaving Care Team in Croydon.

Since coming to the UK he has suffered from stress and depression and found it hard to cope without his family support. He has previously been known to a mental health service Compass in Croydon and has a key worker. I understand that he has been offered counselling but has missed appointments and therefore has not made full use of the services available to him.

On 6/1/2015 he attempted suicide and was hospitalised for 5 days in May Day hospital after taking an overdose of his prescribed medication. I understand that he has been diagnosed with mild to moderate depression and been referred to his GP for medication.

D1527 presents as a vulnerable young man and was withdrawn in interview and never made eye contact with me. He also took a long time to respond to questions and seemed to have problems processing the information and providing answers to questions in interview.

My assessment of the offender indicates that there are no relevant issues in the following areas:

Accommodation
Finance
Drugs
Thinking and Behaviour
Alcohol

Pattern of Offending

This is his first offence and they are no previous convictions.

Risk Assessment

Response to previous supervision:

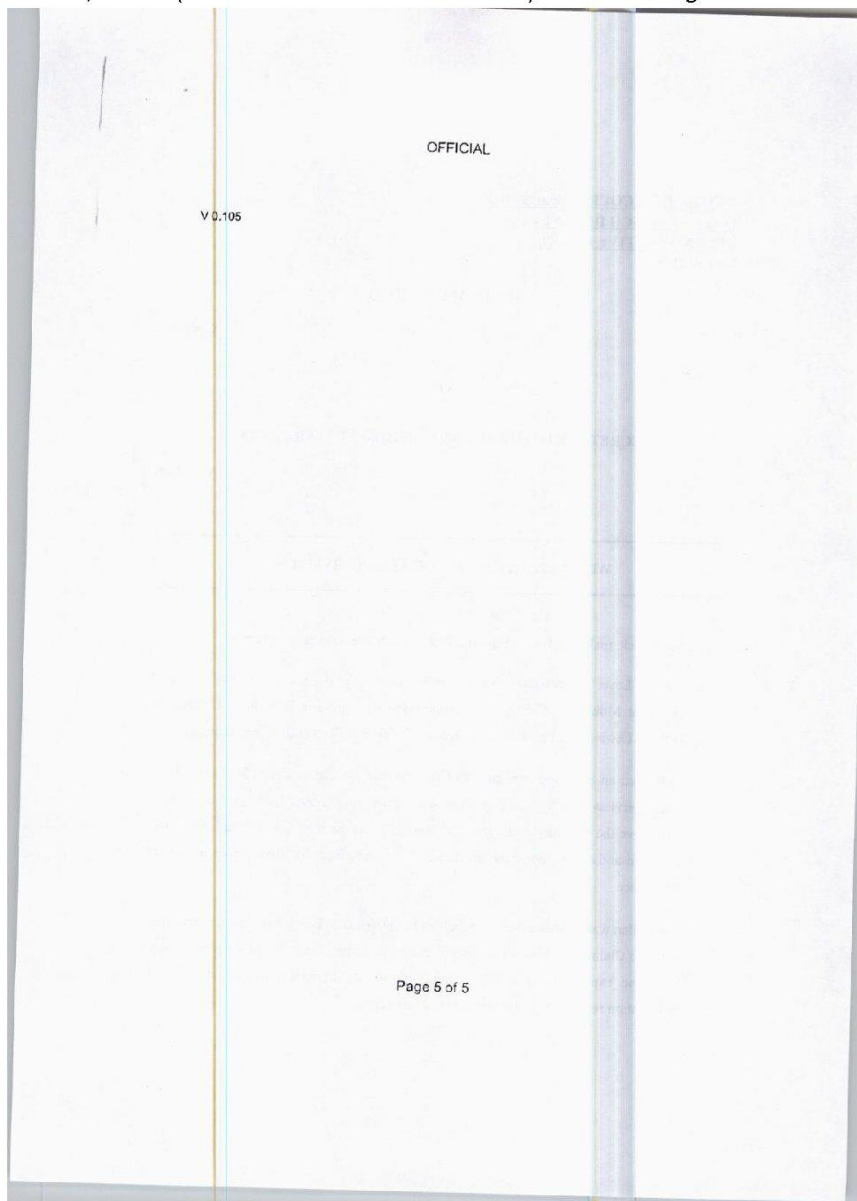
Not Applicable.

Likelihood of Re-offending

The risk of reoffending using the OGRS scores indicate that his risk of reoffending is low 13% within 1 year and 23% within 2 years.

Risk of Serious Harm

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4. Mr Allen began the interview by introducing himself and explained his role as an Immigration Officer. In response to his questions, the Claimant confirmed that he can speak English, but cannot read in English.
5. Mr Allen asked the Claimant whether he is from Egypt, the Claimant confirmed that this is true.
6. Mr Allen asked the Claimant why he feared returning to Egypt. The Claimant indicated that was scared of return to Egypt, but was distressed and unable to answer further. I explained to Mr Allen that the Claimant is suffering from severe mental health problems. Mr Allen had not been briefed on these issues. I mentioned the diagnosis of Dr Thomas and advised that her report would be put to the Home Office later today. Mr Allen accepted that the Claimant was not mentally fit to discuss his asylum claim.
7. The Claimant confirmed that he arrived in the United Kingdom 3 years ago. Mr Allen and the Claimant were unsure of the exact date that the Claimant entered the United Kingdom, so I informed them that according to the Monthly Progress Report issued by the Defendant it was 16th January 2014.
8. The Claimant confirmed his name and date of birth. He gave his date of birth as 1999, which Mr Allen noted down as [DPA] Mr Allen asked if the Claimant knew his birthday according to the Arabic calendar, but the Claimant did not.
9. When asked, the Claimant said he was born in Alexandria until he left Egypt. Mr Allen initially thought this was 'Alexander', but I corrected him. The Claimant did not know the full address for his last residence in Egypt.
10. Mr Allen asked if the Claimant had any ID or a passport; the Claimant said no.
11. Mr Allen asked for the Claimant's mother's name. The Claimant said her name was [DPA] but was unable to provide the spelling of her maiden name. The Claimant confirmed that she was also from Egypt, but not sure where. The Claimant said she was approximately 35 years old and he has no contact with her.
12. Mr Allen asked for the same details about the Claimant's father. The Claimant stated that his father's name is [Name irrelevant] he is Egyptian, was born in Alexandria, lives

than HMP Thameside. Mr Allen remarked that he often goes to see detainees at HMP Belmarsh and then asked if the Claimant had seen the nurse in Belmarsh and been given medication. The Claimant said yes.

22. Mr Allen asked if the Claimant could read in Arabic, the Claimant said he could not. Mr Allen said that as a result they would be unable to complete the Arabic forms provided by the Egyptian embassy to accompany the bio data form completed earlier. Mr Allen stated that he would come back with an interpreter. He also said that it would be necessary to have an interview with the Egyptian authorities.
23. Mr Allen said that it would be impossible to make further progress on this until the Claimant's asylum claim is resolved. I interrupted to explain that the Claimant had previously claimed asylum and that we intend to make further representations on his behalf. Mr Allen asked the Claimant for details about why he fears return, but the Claimant was unable to answer in detail. I reminded Mr Allen that the Claimant is too severely mentally ill to discuss his asylum claim at present. Mr Allen accepted this.
24. Mr Allen stated that to make progress towards the interview he needed to take the Claimant's photo and get his fingerprints. This set is in addition of the fingerprints taken at the screening interview for the purpose of a EURODAC search. Mr Allen took the Claimant's fingerprints and remarked that they were a good set.
25. I asked Mr Allen how long it would take to arrange an initial interview with the Egyptians and was informed that he hoped to arrange a telephone interview next week.
26. Mr Allen asked if the Claimant would prefer an interpreter next time. The Claimant said yes. Mr Allen apologised for the lack of interpreter at this appointment, which meant that it was impossible to complete the Arabic form for the Egyptian authorities and that this was the fault of the Defendant.
27. Mr Allen said to the Claimant that everything said to me is said in confidence and that the Claimant can say anything important to him. I did not think this was true, but did not want to interrupt Mr Allen unnecessarily.

35. Mr Allen expressed confusion as to why he is dealing with this case as he is from the Criminal Casework Directorate. I explained that the Claimant has a criminal conviction. Mr Allen apologised for not being aware and said he had not had a chance to read the background in this case. However, he explained that he does a lot of nationality interviews and is at IRC Brook House a lot, therefore if the Claimant has problems he can asked to speak to Mr Allen and everything will be in confidence. Again, I concerned that Mr Allen had told the Claimant that everything said would be in confidence, but did not interrupt him.

36. Mr Allen kindly allowed me to speak with the Claimant for five minutes after the interview. The Claimant had been very anxious because of his memory problems, but I assured him that he had done well and provided all the information requested of him, as Mr Allen accepted. The Claimant was relieved.

37. After this, I thanked Mr Allen and left IRC Brook House.

Signature:

Signature

Name:

Name Irrelevant

Date: 30/05/2017

28. The Claimant, in response to further questions, confirmed that he did not want to go back to Egypt and that he has no family in the UK, but lots of friends.
29. Mr Allen asked where the Claimant lived in the UK, which was in Lewisham, and suggested he put in a bail application. I explained that we are representing him in a bail and unlawful detention, to prevent Mr Allen from providing the Claimant with any legal advice.
30. I noticed that Mr Allen had noted down that the Claimant is 'Subject to RDs' and asked why they had not been served on us. Mr Allen explained that they would be served once an ETD has been obtained. ETD will be obtained by sending off a pack, including the bio data form and Arabic form.
31. I asked Mr Allen how long it would take to obtain an ETD. Mr Allen explained that he specialises in going to detention centres to conduct asylum and nationality interviews. At present, it takes around 3 months to get a response from the Egyptian authorities if they initially accept that the individual is Egyptian and around 6 months for a response if they do not. If there is a dispute then there will need to be a face to face interview either here or at the embassy. Mr Allen explained that at the moment it is difficult to obtain ETDs from 'Arab Spring' countries and takes some time. In cases like this, where there is no documentation, it takes longer.
32. Mr Allen assured the Claimant he would return with an Arabic interpreter to do the Arabic form.
33. Mr Allen was concerned that the Claimant was detained and asked if a TA request had been made previously. I confirmed that we had made a TA request. Mr Allen stated that he could see that the Claimant is not an aggressive person and could make a recommendation for release. I said that we would like him to make a recommendation and thanked him in advance for doing so. I also asked Mr Allen to arrange the further interview as soon as possible.
34. I asked Mr Allen if he accepted that the Claimant had been fully compliant during this interview. Mr Allen confirmed that the Claimant had been fully compliant and thanked him for his assistance.

with the Claimant's mother and is approximately [redacted] years old. The Claimant confirmed that he also has no contact with his father.

13. When asked about the rest of his family, the Claimant stated that he was two brothers and a sister. Her name is [redacted] and she is approximately [redacted] years old. His eldest brother is called [redacted] Name Irrelevant and is [redacted] years old. The Claimant is not sure if they still live with his parents. Mr Allen did not ask for details about the youngest brother.
14. Mr Allen asked if the Claimant had had a job in Egypt, the Claimant confirmed that he had not, which Mr Allen said was understandable given his age.
15. Mr Allen asked if the Claimant had gone to school. The Claimant said not much and could not remember the name of his school. The Claimant was not sure how old he was when he started school, but accepted Mr Allen's prompt that he was roughly four or five years old. Mr Allen did not ask when the Claimant stopped attending school or anything about the frequency of his attendance.
16. The Claimant said that he did not think he was registered with a doctor when he lived in Egypt.
17. Mr Allen asked if the Claimant is [redacted] to which the Claimant gave a positive response. The Claimant said he went to [redacted] but was not sure which one.
18. This concluded the questioning about identity. I reviewed Mr Allen's notes on the client's behalf as he cannot read and confirmed that were accurate. The client signed to confirm the information he had given was true.
19. Mr Allen asked if the Claimant was currently taking any medicine. The Claimant said yes and told Mr Allen the name of the medication, which Mr Allen correctly recognised as an anti-depressant.
20. Mr Allen asked the Claimant how long he had been detained for. The Claimant was unsure about the exact date, so I informed Mr Allen that he had been detained under immigration powers since 9th March 2017.
21. The Claimant was asked if he had been transferred from prison. The Claimant said yes, from a prison in Woolwich. I clarified that was referring to HMP Belmarsh rather

IN THE HIGH COURT OF JUSTICE
QUEEN'S BENCH DIVISION
ADMINISTRATIVE COURT
BETWEEN:

D1527

Claimant

And

SECRETARY OF STATE FOR THE HOME DEPARTMENT

Defendant

WITNESS STATEMENT OF **Name Irrelevant**

I, **Name Irrelevant**, make the following statement to my best knowledge and belief:

1. I am a Level 2 Accredited Senior Caseworker at Duncan Lewis Solicitors and I represent **D1527**. I am supervised by **Name Irrelevant**, a Director at Duncan Lewis Solicitors and Lewis Kett, a Solicitor at Duncan Lewis Solicitors.
2. I attended an interview between the Claimant and Defendant today, 30th May 2017. This interview was organised to arrange an Emergency Travel Document to be used to remove the Claimant to Egypt. I had thought that the interview would include the Egyptian authorities, however, on arrival I was informed that they would not be in attendance.
3. Tom Allen was in attendance on behalf of the Defendant. He allowed me five minutes with the Claimant before the interview started to discuss what would happen. I spent this time explaining to the Claimant why it was important to provide all the information requested by the Defendant when asked.

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OFFICIAL

Sensitive/Irrelevant	
Proposal	
Proposed Sentence (including length and any sentence components)	
Sensitive/Irrelevant	
It is my view that D1527 mental health needs are being met in the community. He does not require probation or statutory intervention at present. He has access to Compass Health services and his General Practitioner to monitor his mental well being. In addition he has a range of professional including a social worker and an Immigration Youth Case worker at present. In my view these are in a position to offer him help and supervision from the probation service would be duplicating services.	
Sensitive/Irrelevant	Sensitive/Irrelevant
Sensitive/Irrelevant	
Completion Details	
Report Author	sarahserugo-lugoNPS
Office	Sensitive/Irrelevant
Signature	
Date:	06/06/16
Distributed To (Please Tick)...	
CPS	<input type="checkbox"/>
Sentencer	<input type="checkbox"/>
Defence	<input type="checkbox"/>
Probation	<input type="checkbox"/>

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overdose, following which he was hospitalised for a week and that he has felt recurrently suicidal since that time. A prior psychiatric admission in 2015 is indeed corroborated in his prison/IRC medical records. Triggers for suicide attempts documented appear to be auditory hallucinations compelling him to suicide and threats of removal to Egypt.

68. [D1527] said that this symptom has worsened due to the criminal charges against him, his time in prison and now being in immigration detention with risk of removal from the UK. [D1527] said that he had come to the UK 'to save my life and with some hope' but that events which then evolved here in terms of his disputed age, breakdown of his foster placement and the post-traumatic impact of his past experiences, then caused this to dwindle and then dissipate.

69. [D1527] suicidality is currently a severe and acute symptom and this does not appear to be in any doubt. He described almost constant suicidal ideation, stating in interview that 'I want to die all the time'. [D1527] estimated that he is currently making at least one attempt to end his life every day presently and sometimes tries more than once per day.

70. He said that he is thwarted by his roommate who always calls for help and by IRC officers who keep him under close observation. He estimated that he has made around fifty attempts on his life in all to date, beginning shortly after he first arrived in the UK and intensifying in prison and immigration detention. [D1527] said that he 'just wants them all to leave me alone and let me die'. He commented in interview on the irony of having tried so hard to survive both in Egypt and on his journey to the UK and now

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that, when on E Wing, he is not allowed out of his room unescorted. He has been on this wing many times, from a few days in a row to a week when his suicidality has been especially acute. The psychological impact for [D1527] of being on E-Wing is discussed further below.

74. [D1527] also reported frequent self-harming behaviour, such as by hitting his head on the wall repeatedly. He pointed to a visible dent in his forehead in the context of this interview, which he said was caused in this manner. He said that he harmed himself in this manner in 2015 when in police custody and has done so on a regular basis since that time, more at times of increased stress.

Impoverished attention, memory & concentration

75. [D1527] also reports extremely poor short-term memory currently. Whilst he is offered health appointments at the IRC due to how distressed he is currently and his high levels of suicidality, he reported that he often misses these because he completely forgets about them. Low motivation is likely to also be a factor here as described elsewhere.

76. As also noted above and in other background documentation, [D1527] sometimes appeared to respond to questions posed with difficulty, often gave monosyllabic answers and appeared to need time to process information. Levels of traumatisation, poor education and avoidance/reliance could all be relevant factors here, but so could some cognitive slowing/impairment consequent on depressive mood.

80. Entries from **D1527** medical records cite that he was admitted to hospital in April 2017 due to chest pains thought to be due to an anxiety attack. **D1527** when asked, had stated that this was due to his feelings about being in prison together with his approaching court hearing and feelings about the lack of contact with his family.

Psychotic symptoms

81. Where psychotic symptoms are present within the context of a depressive disorder they are always, in my view and that of the accepted literature, indicative of the severity of that disorder.

82. **D1527** disclosed with some evident embarrassment a good way into this assessment that he experiences auditory hallucinations. He said that he does not normally disclose this symptom readily for fear that others will judge him as 'crazy'. He said that he has also been feeling this way himself (that he is crazy) and has felt especially worried about this symptom and whether it means he is losing his mind.

83. He said that he had also disclosed the symptom to various nurses at the IRC with whom he feels more trust (corroborated in his medical records, e.g. entry of 20th March 2017), one of whom had told him, reportedly, that the symptom did not mean he had a schizophrenic illness and that he could be very depressed. I concur entirely with this reported assessment as can be seen by this diagnostic description.

was one of fearing for his life and safety on several occasions. D1527 amply meets the inclusion threshold for a diagnosis of PTSD.

Criteria B. & D. Symptoms of re-experiencing / increased arousal

86. D1527 reported experiencing frequent traumatic nightmares and night terrors relating both to his traumatic past experiences and his current situation. He stated that his roommate at the IRC tells him recurrently that he has been shouting out or screaming in his sleep. D1527 said that he usually does not remember this on waking, but said that he often does awake *'feeling like my brain is exploding'*.

87. D1527 also reported recurrent post-traumatic daytime flashbacks of his adverse earlier experiences in Egypt and on the journey to the UK. He said in interview that he often sees visual images of events and scenes from the past 'before his eyes', as if they are re-occurring in the here-and-now and are not just being remembered. He said that he particularly relives the scene in which he was tortured by [REDACTED] family in Egypt and saw his friend killed by them. D1527 reported that he is unable to get this image out of his head. He also reports frequent flashbacks of his traumatic journey by boat to the UK and both his fears at the time that he would die and the abuse of himself and other asylum seekers at the hands of the agents, whom D1527 referred to as *'smugglers'*.

authorise his removal from the UK. He therefore reported being terrified of this visit. It may be helpful for [D1527] legal representative to ascertain the true meaning and purpose of this visit to reassure [D1527] in this respect given that the reported visit is clearly impacting negatively on his mental health.

92. Entries from [D1527] medical records (e.g. 20th March 2017), also confirm hyper ventilation and panic symptoms.

Criterion C: Symptoms of persistent avoidance and numbing

93. [D1527] reported in interview that he recurrently attempts to forget his traumatic history but finds himself totally unable to do so.

94. As noted above, [D1527] became rather unforthcoming and monosyllabic in his delivery on returning from a break he had requested in the interview when feeling especially distressed. It seemed evident that he was attempting to avoid speaking more than absolutely necessary in order to try and minimise feeling any additional distress.

95. Although it is unclear as to the accuracy of these entries, for reasons stated above, it is noted in [D1527] medical records that he denied any history of self-harming behaviour and suicidality in prison (e.g. entry of 13th December 2016) despite objective evidence of the same and is documented as having been reluctant to see the doctor and, when asked to do so, saying that all was well. There is a similar entry of 5th February

recurrent, severe and enduring traumatic life events. It is now recognised by the UK Trauma Group and authors of the NICE Guidelines for PTSD that this is a real gap that needs urgently addressing. Currently complex trauma is only covered by the diagnostic criteria of Disorder of Extreme Stress Not Otherwise Specific (DESNOS). There is a need for treatment approaches targeted at complex traumatised patients for whom Trauma-Focused Cognitive Behavioural Therapy (the approved NICE Guidance treatment for discrete, or single trigger PTSD; NICE 2005) seems to have insufficient proven clinical effectiveness. There are plans therefore to create a distinct diagnostic criterion for Complex Trauma, to account for such chronically and multiply traumatised individuals. [D1527] would undoubtedly meet such a diagnostic category were it provided by the current U.K classification system.

CAUSATION, CONSISTENCY AND PLAUSABILITY OF REPORTING

Causation

99. It is my opinion that the current psychiatric symptoms of Major Depressive Disorder and (complex) Post-Traumatic Stress Disorder displayed by [D1527] are entirely caused by the reported, cumulatively traumatic life events which occurred to him in Egypt and en route to the UK as described above. Whilst his significant criminal record is clearly a negative factor against him, it appears clear from this assessment that these crimes were committed by a youth in a state of psychiatric illness caused by extensive prior environmental trauma. It appears that no psychological help was offered to [D1527]

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this is a significant causal factor to his psychiatric disturbance currently, I consider it one of a number of significant factors which includes those listed above (see PTSD Criterion A). I do not consider that survivor guilt is a more significant causal factor than [D1527] [D1527] experiences of torture, witnessed murder, sexual molestation and near-drowning as described above. However, it is another factor which builds an overall picture of cumulative and complex trauma as noted previously.

Psychological consistency and Plausibility of reporting: the Istanbul Protocol

104. The Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, commonly known as the Istanbul Protocol, is the first set of international guidelines for documentation of torture and its consequences. It became an official United Nations document in 1999.

105. The Protocol is intended to serve as a set of international guidelines for the assessment of persons who allege torture and ill treatment, for investigating cases of such apparent torture, and for reporting such findings to the judiciary and any other investigative body.

106. The Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment contains internationally recognised standards and procedures on how to assess and document symptoms of torture.

111. The Protocol documents the most usual psychiatric consequences of torture being Post-Traumatic Stress Disorder (PTSD) and Major Depressive Disorder (item 235). As can be seen, therefore, [D1527] given diagnosis in this assessment is thus exactly typical of the profile of victims of torture according to the Protocol.

112. As can be seen from the above account of the conduct of this interview and line of questioning, this assessment is compliant with the Istanbul Protocol Guidelines: the interview was conducted carefully and ethically, with allowance made for the potentially re-traumatising impact of disclosing torture experiences. I assured [D1527] that he could stop describing her aversive past experiences at any time if this became too much for him and to only recount what he felt able to.

113. The meaning and context of the reported torture experiences to [D1527] was carefully established (item 233) and every effort was made to:

'document the full history of torture, persecution and other relevant traumatic experiences' (item 273)

114. In summary, I consider that this consultation was highly Istanbul Protocol compliant and that [D1527] current psychiatric presentation is entirely congruent with the typical profile of victims of torture as outlined by the document. This provides strong corroborative evidence of the likely veracity of [D1527] reported experiences of torture in Egypt.

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symptoms) only gradually and with evident reluctance and embarrassment.

120. It would be most unusual for someone attempting to fabricate psychiatric disorder for the purposes of gaining asylum to present a balanced and considered view of his symptoms or to be reluctant to discuss them. Conversely, it would be expected that, in such a scenario, psychiatric symptoms would be reported extremely readily and in extremis.


121. Moreover, many of the symptoms that [D1527] reported, such as poor concentration and attention and sleep and appetite disturbance are not immediately obvious to a lay person as symptoms of psychiatric disorder.

122. In summary, therefore, I consider [D1527] to be psychiatrically credible and have little doubt that he is indeed suffering from significant symptoms of psychiatric disorder consequent on the experience of cumulatively traumatic life events.

123. [D1527] tendency to seemingly exaggerate certain symptoms (such as poor appetite and levels of suicidal ideation) is noted above. However, I consider that this must be taken in the context of [D1527] being a young man of between only [DPA] years of age. There will therefore inevitably be elements of bravado and boasting which is typically adolescent (and, indeed, which are often used to conceal feelings of embarrassment and shame) and I consider that this is developmental rather than indicative of a deliberate fabrication of narrative or psychiatric distress. In all other

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31 May 2017	General Letter to Gatwick Immigration Removal Centre
Letter Type	General Letter
Letter To	Gatwick Immigration Removal Centre
Letter From	Duncan Lewis


Duncan Lewis

URGENT
Shane Byrne
Immigration Enforcement

By e-mail: [redacted] DPA
And [redacted] DPA
And [redacted] DPA

Correspondence Address:
Spencer House
29 Grove Hill Road
Harrow On The Hill
HA1 3BN
DX 4216 Harrow

[redacted] DPA
www.duncanlewis.com

Name irrelevant
Publications [redacted] DPA
[redacted] DPA

Our ref: [redacted] A20889000 [redacted] D1527
Your ref: A1848650
Date: 31 May 2017

Branch: Harrow


Pre-Action Protocol Letter
Reply Date: **9am Monday 5th June 2017**

Dear Sirs,

CLAIMANT : [redacted] D1527
DOB : [redacted] DPA (disputed)
NATIONALITY : Egyptian
HO REF : A1848650
DEFENDANT : Secretary of State for the Home Department
REPLY DATE : 9am Monday 5th June 2017

We represent the above-named Claimant for whom we are already on record.

The purpose of this letter is to avoid litigation by giving you the opportunity to rectify the Defendant's unlawful action. We hope that this will limit the necessity of resorting to court proceedings in the spirit of the Civil Procedure Rules. Should the Defendant continue to act in an unlawful manner, we will have no choice but to commence an action for Judicial Review on the Claimant's behalf and recover the costs from you.



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duncan lewis & co solicitors

Continued/

was dropped on 9th March 2017 when it became clear that the apparent complainant was in fact [DPA] years old and had made no allegation that the sexual intercourse with the Claimant was not consensual.

The Claimant has been detained under immigration powers since 9th March 2017, initially at HMP Belmarsh. At HMP Belmarsh our client was held as a 'Vulnerable Prisoner' because he was initially thought to be a child sex offender and he experienced harassment from other prisoners as a result. He was moved to IRC Brook House on 5th April 2017. Since then the Claimant has struggled with his mental health, attempted to self-harm and engaged in periodic food refusal.

A Rule 35 Report was carried out on 13th April 2017, in which the detention centre GP identified the Claimant as a victim of torture with severe mental health issues, but did not make a finding on the effect of detention on the Claimant's mental health. Instead, he stated that the effect of detention is 'unclear' as the Claimant has previously had mental health problems in the community. The Claimant wrote to the Defendant on 13th April 2017 to request that this report be remitted for further investigation to be carried out, but this did not occur.

Although the Claimant previously claimed asylum on the basis of his father's membership of the Muslim Brotherhood, his real reason for fearing return to Egypt is [Sensitive/irrelevant] and fear of being conscripted into the Egyptian military. The Claimant was in a [Sensitive/irrelevant] with [Name Irrelevant] also known by the nickname of [Sensitive/irrelevant] prior to leaving Egypt. He developed [Sensitive/irrelevant] shortly after his [redacted] birthday and [redacted] was his first sexual partner. Since arriving in the UK he has also had [Sensitive/irrelevant]

The Claimant instructs that he did not inform the UK authorities of his [redacted] for fear that he would be prosecuted or otherwise persecuted because of [Sensitive/irrelevant]. Over the course of his time in the UK he has become more accustomed to an environment in which people can be open about [Sensitive/irrelevant] and now appreciates that it is necessary to be [Sensitive/irrelevant] to avoid being returned to Egypt.

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duncan lewis & co solicitors

Continued/

The Defendant considered the Claimant's Rule 35 Report on 18th April 2017. She acknowledged that the Claimant may be a victim of torture, but failed to categorise the Rule 35 Report within one of the levels defined in her *Adults at Risk in immigration detention* policy. The Defendant stated that the Claimant presents 'a significant risk of harm to the public' as a result of his [redacted]. [redacted] on 8th June 2016, for which he received [redacted]. The Defendant did not rely on any evidence to support this assessment, in particular, no reference was made to any assessments by the National Probation Service. Further it is notable that the Defendant did not seek to detain the Claimant under immigration powers following the 8th June 2016 conviction.

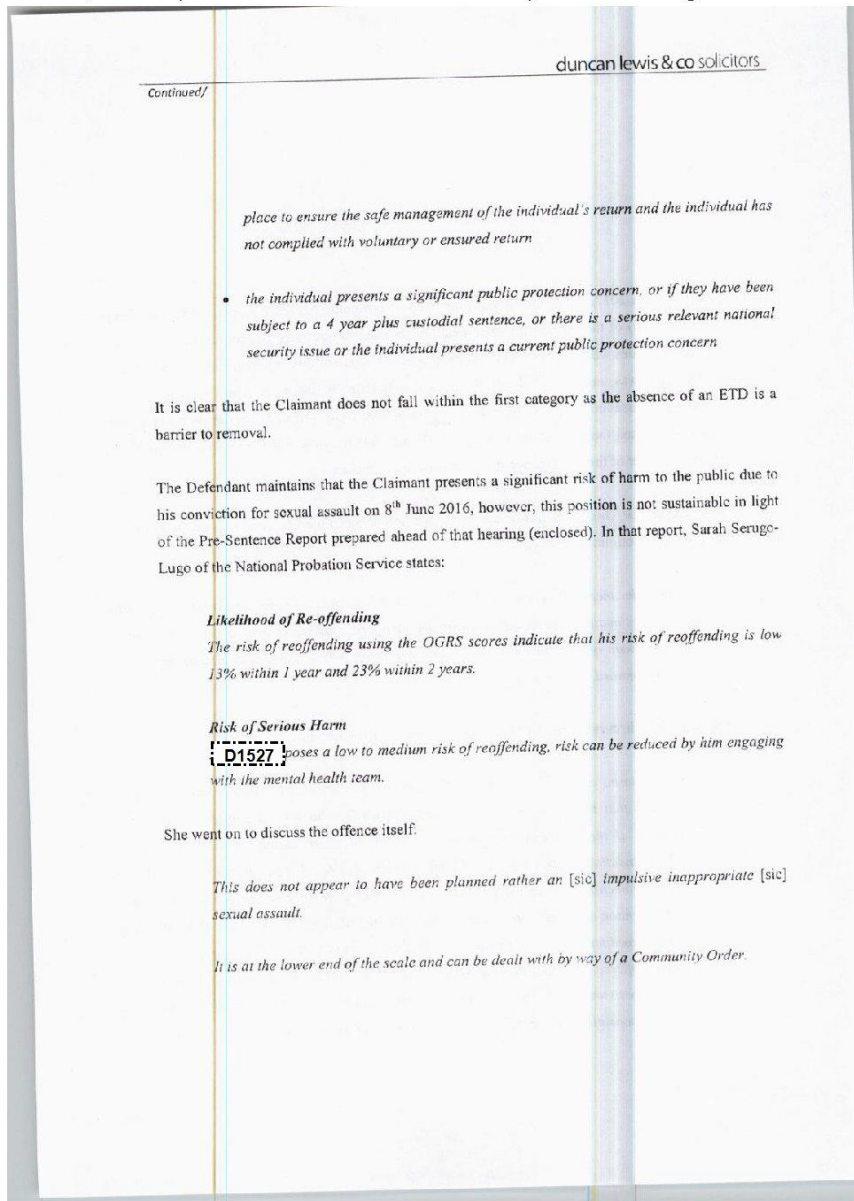
The Claimant submits that the enclosed psychiatric report by Dr Thomas should be categorised within the Level 3 category, which is defined as:

Level 3

Professional evidence (for example from a social worker, medical practitioner or NGO) stating that the individual is at risk and that a period of detention would be likely to cause harm – for example, increase the severity of the symptoms or condition that have led to the individual being regarded as an adult at risk, should be afforded significant weight.

At Paragraph 163, Dr Thomas states:

163. In terms of future detention, the Home Office policy on adults at risk, refers to a 'risk of significant harm if detained for period likely to effect removal'. It is my view that [redacted] will be at risk of significant harm with further detention. I consider that [redacted] mental state will continue to worsen progressively and that his mental state will therefore become worse over the next six months detained, deteriorating at one, three and six months. Continued detention is therefore likely to cause harm, increasing the severity of his symptoms. I consider that if [redacted] is detained for a further three months, which I am instructed is the likely timescale, that the likelihood of a successful suicide attempt will be



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Continued/

for his significant traumatising and mental health condition which he needs and which previously has been lacking.

It is submitted that in light of the decision not to impose a custodial sentence on the Claimant and the assessment provided by Dr Thomas, it would be irrational for the Defendant to depart from the findings of the probation officer. Further, the Defendant did not detain the Claimant under immigration powers following his 8th June 2016 conviction, indicating they did not assess him to be a public protection concern at the time. Therefore, the Claimant does not present a significant public protection concern sufficient to justify continued detention under the *Adults at Risk* policy.

Unlawful Detention under 3rd Hardial Singh principle

The Respondent's powers to detain are constrained by implied limits, contained in the principles laid down in *R v Governor of Durham prison ex parte Hardial Singh* [1984] 1 All ER 983. Those principles were distilled into four propositions by Lord Justice Dyson in *R (J) v Secretary of State for the Home Department* [2002] EWCA Civ 889 at Paragraph 46:

The Secretary of State must intend to deport the person and can only use the power to detain for that purpose;

The deportee may only be detained for a period that is reasonable in all the circumstances;

If, before the expiry of the reasonable period, it becomes apparent that the Secretary of State will not be able to effect deportation within that reasonable period, he should not seek to exercise the power of detention;

The Secretary of State should act with reasonable diligence and expedition to effect removal.

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Continued/

Having detained the Claimant since the 9th March 2017, the Defendant finally arranged an appointment to complete a bio data form, which is a necessary requirement of an Egyptian ETD pack, on 30th May 2017. Thomas Allen, an immigration officer, was in attendance for the Defendant and [Name Irrelevant] a caseworker employed by the Claimant's representatives, was also in attendance. His witness statement is enclosed with this letter.

The Defendant failed to provide an interpreter, which meant that although the bio data form could be completed, it was not possible to complete the Arabic form provided by the Egyptian embassy as the Claimant is not literate. Mr Allen apologised for this error and admitted that this was the Defendant's fault and an interpreter should have been arranged.

Mr Allen also provided his expert assessment of the timescale for obtaining an ETD from Egypt, which was recorded by [Name Irrelevant] whose witness statement reports:

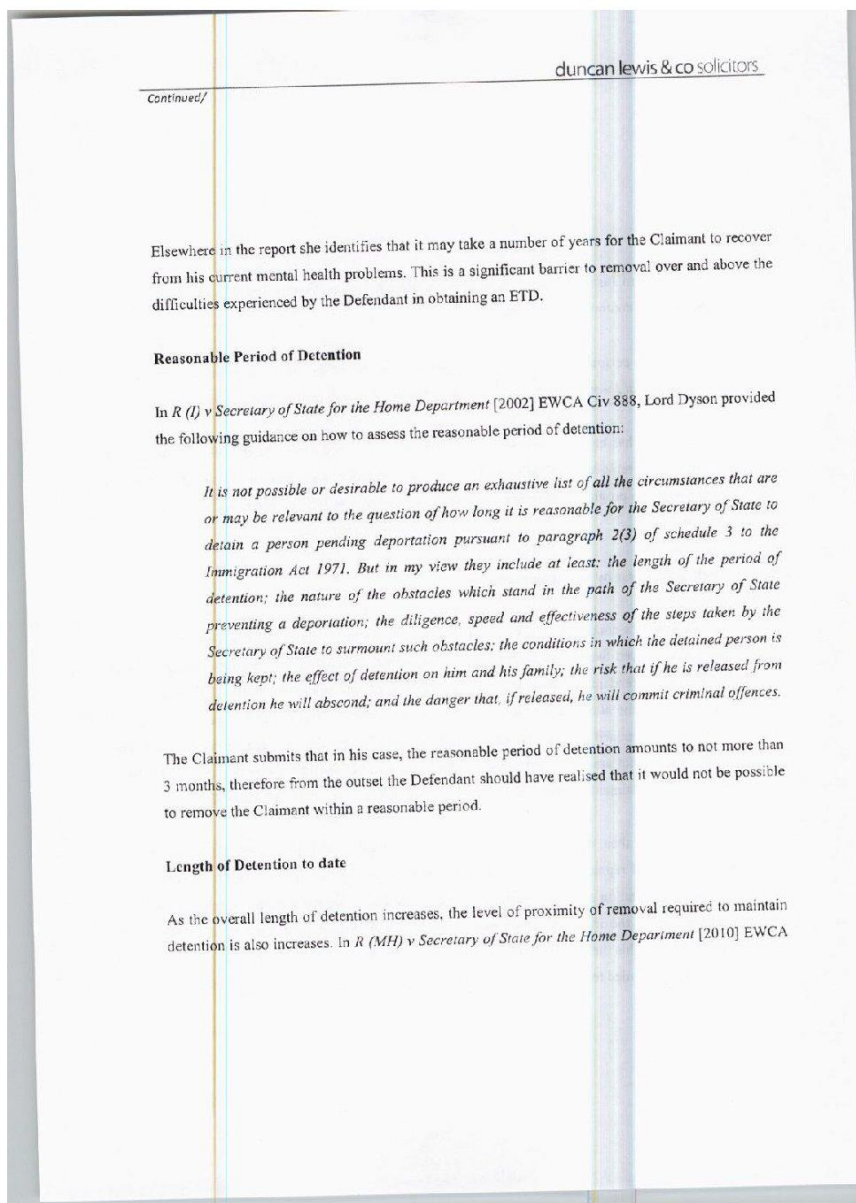
31. I asked Mr Allen how long it would take to obtain an ETD. Mr Allen explained that he specialises in going to detention centres to conduct asylum and nationality interviews. At present, it takes around 3 months to get a response from the Egyptian authorities if they initially accept that the individual is Egyptian and around 6 months for a response if they do not. If there is a dispute then there will need to be a face to face interview either here or at the embassy. Mr Allen explained that at the moment it is difficult to obtain ETDs from 'Arab Spring' countries and takes some time. In cases like this, where there is no documentation, it takes longer.

Mr Allen also accepted that the Claimant had been fully compliant with the process:

34. I asked Mr Allen if he accepted that the Claimant had been fully compliant during this interview. Mr Allen confirmed that the Claimant had been fully compliant and thanked him for his assistance.

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Over the past 12 weeks of detention, all the Defendant has achieved is the completion of a brief bio data form. This delay is unacceptable and truncates the reasonable period of detention.

Effect of Detention on the Claimant's Health

The Dr Thomas Report is also highly relevant to the assessment of the lawfulness of detention under the 3rd *Harjial Singh* principle. Her findings are set out in detail above and indicate that detention has had a serious negative effect on the Claimant's mental health. Dr Thomas also indicates that further detention will lead to a successful suicide attempt by the Claimant at some point. In light of these findings, it is clear that the period for which the Claimant might reasonably be detained is dramatically reduced.

Moreover, the information contained in the report should have been obtained by the Defendant before she decided to detain the Claimant on 9th March 2017. The Claimant was already prescribed a high dose of anti-depressants by medical staff at HMP Belmarsh and had made previous suicide attempts which were detailed in his medical notes. The Defendant should have investigated before deciding to detain the Claimant.

The Defendant's failure to remit the Rule 35 Report dated 13th April 2017 is an even more egregious error. The Rule 35 Report stated clearly that the Claimant was suffering from a serious mental health problem, but the detention centre doctor indicated that the effect of detention was 'unclear'. The Defendant should have obtained a further medical report to ascertain the effect of detention on the Claimant's health. Had she done so, the Defendant would have been aware much earlier that the reasonable period of detention in this case is much shorter than usual. The Defendant's failure to obtain further information was negligent.

The Claimant has now presented the Defendant with the information she should have obtained prior to detaining him on 9th March 2017 and it further reinforces the view that the Defendant should

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Continued/

5 ECHR (2). The Claimant was only moved to IRC Brook House on 5th April 2017 at the request of his representatives.

In *Saadi v United Kingdom* [2008] 47 EHRR 17, it was held that at Paragraph 74 that 'the place and conditions of detention should be appropriate'. In *R (Idira) v The Secretary of State for the Home Department* [2015] EWCA Civ 1187, the Court of Appeal held that in practice this requirement was simply that conditions are not 'unduly harsh'. In this case, the Claimant contends that being detained in HMP Belmarsh, a Category A prison, alongside terrorists and serious criminals was unduly harsh for two reasons.

Firstly, the Claimant was held as a Vulnerable Prisoner, which attracted the attention of other inmates as they believed [Sensitive/Irrelevant]. In reality, the charges against the Claimant

Sensitive/Irrelevant

Secondly, the Claimant has serious mental health issues, which were documented by medical staff at HMP Belmarsh during the time he was held there on remand. The Defendant should have been aware that he was unsuitable to be detained within a prison rather than an Immigration Removal Centre. Dr Thomas has considered the effect of prison on the Claimant and made the following conclusions:

150. [D1527] described his period of time in prison as having been significantly re-traumatising. Firstly, he said that he felt significantly adversely affected psychologically by being in a prison environment among older, male offenders, some of whom, he said, had very serious convictions, including for murder. He said that he found this especially frightening whilst at HMP Belmarsh where he described being among 'hardened criminals'. [D1527] insists that he was only 17 years old at the time, even though his age remains disputed. [D1527] said that he was 'too terrified to sleep at night in case something happened to me... I always slept scared'.

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Continued/

155. [D1527] said that on one occasion in prison whilst he was being restrained when suicidal, the officer held him so tightly around his neck, that he said he could not breathe properly for several hours afterwards and an ambulance had to be called. [D1527] said that he made a complaint about this incident to the prison management and asked to give a statement to the police about the officer concerned. [D1527] said that this was not permitted however and that when the complaint was internally investigated, it was concluded that the officer concerned had been 'appropriately doing his job'. [D1527] reported that he disputes this and maintains that the guard used undue force against him. Indeed, he maintains that he could have been killed by the officer and regarded his behaviour towards him as an assault. [D1527] said that he believes that the officer used unnecessary force, possibly due to his reported offending history.

156. In summary, [D1527] reported in this assessment that his experiences of being imprisoned were extremely frightening, stigmatising, traumatic and worsened his mental state, especially his suicidality, which has not improved, he said, since that time.

The Claimant submits that he is entitled to damages for the violation of Article 5 ECHR, which has clearly led to detriment in the form of deterioration in his mental state.

Additional damages for being unlawfully detained in prison

The Claimant submits that he is entitled to additional damages for being detained in prison rather than a detention centre for four weeks under a severe regime. In *AXD v The Home Office (No 2)* [2016] EWHC 1617, Mr Justice Jay identified being detained in prison rather than a detention centre as a factor which will increase the damages award to a claimant who successfully challenges the lawfulness of his detention:

In my judgment, it is relevant that the Claimant was kept in his cell for 21 hours a day at HMP Woodlull, and that the regime at IRC The Verne was less closeted. It is also relevant

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Continued/

1. Immediately release the Claimant from immigration detention;
2. Provide the disclosure requested by the Claimant's solicitors in order to resolve this matter as efficiently as possible;
3. Pay the Claimant damages for the period during which he has been unlawfully detained including additional damages for detaining him at HMP Belmarsh, to be agreed or assessed;
4. Pay the Claimant compensation for the violation of Article 5 ECHR;
5. Pay the legal costs incurred pursuing this matter.

Action to be taken by the Claimant

Should the Defendant fail to take the above detailed action the Claimant will immediately commence judicial review proceedings.

The Claimant reserves the right to refer to this letter in relation to costs of such an action. Failure to reply to this letter before the issue of proceedings, has serious costs implications and we will ask the Court to award costs on an indemnity basis if you fail to reply.

If you have any queries, please contact **Name Irrelevant** by telephone on **0203 000 0000**

Please ensure that you quote our reference number in all correspondence and communications with this office.

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CONSULTANT CLINICAL PSYCHOLOGIST'S REPORT

Prepared on:

D1527

Date of Birth: **DPA** (age disputed)

Egypt

Duncan Lewis Solicitors

Date of interview: 20th May 2017

IRC visit

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of personal injury, medical negligence and asylum/immigration. I have been specialising in the latter area since 2011 and have prepared several hundred reports for court connected to the psychological and psychiatric condition of asylum seekers. I have received a number of commendations for my reports from the immigration tribunals including:

AA/10308/2013 & AA/10309/2013 - Tribunal decisions

IA/24875/2013 - Tribunal decisions

<http://www.refworld.org/pdfid/5491ad4a4.pdf>

The latter citation above concludes that:

Dr Thomas conducted a detailed assessment of the Claimant and reached a number of conclusions which she expressed in definitive language. She described the Claimant as a severely traumatised man who was suffering from severe post traumatic stress disorder. She considered him to be a "severe and acute suicide risk" ... Until the Claimant's solicitors served the report of Dr Thomas the Defendant had received no medical or other expert evidence which supported a conclusion that the Claimant suffered a serious mental illness... Dr Thomas's report was detailed and compelling...she has a wealth of experience which equips her to offer an opinion in this case'.

I have never been seriously criticised for any report I have produced. Where more challenging comments have been made, these have related to misunderstandings of the

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well able to make expert psychiatric diagnoses and prognoses using the two main psychiatric diagnostic systems (the ICD-10 (European) and the DSM-V (American)) as an equivalently experienced Consultant Psychiatrist.

I have doctoral-level training and five years' relevant work experience as a Clinical Psychologist with children and adolescents as well as a further ten years working with adults. I am therefore well able to make psychiatric diagnoses of children and adolescents and to comment on the long-term psychological and psychiatric impact on adults traumatised as children.

INTRODUCTION

1. I have been instructed by Duncan Lewis Solicitors to prepare this psychological report in connection with the mental state of [D1527] who risks return to his native Egypt on account of his forensic history in the UK.

2. I was asked to respond to the following questions:

- a. Please describe in lay terms, our client's current presentation, any current symptoms, his physical health, mental health and medical history;
- b. Please provide any diagnosis in relation to any mental health conditions that our client suffers from. Kindly give your detailed reasons for any conclusions you make.
- c. Please state whether our client requires treatment and/or counselling relation to any

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which torture may have harmed our client. Provide your independent opinion on the effects of prolonged detention on clients such as [D1527] who have suffered abuse and torture;

h. Please assess the impact that immigration detention has had on our client; in particular please state if you believe it to have worsened his mental health - whether you believe our client to have suffered further psychiatric harm whilst in detention.

i. Please comment upon any additional harm suffered by our client as a result of being detained at HMP Belmarsh initially, in particular his experience of held as a Vulnerable Prisoner, which led criminal prisoners to wrongly impute that he was a child sex offender.

j. Please make an assessment of our client's history of self-harm in detention. Do you believe continued detention is likely to cause harm (or further harm) to our client? If yes, please explain why.

k. Make an assessment into what future treatment he would need to treat his mental health conditions;

l. Please make an assessment of whether our client would be fit to fly if the Home Office were to attempt to remove him to Egypt by aeroplane;

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- a. Letter of instruction from Duncan Lewis Solicitors, dated 15th May 2017;
 - b. Medical Records from IRC Brook House;
 - c. Prison medical records;
 - d. Rule 35 Report;
 - e. Letter from Tiago Brandao;
 - f. Response to Rule 35 Report;
 - g. NOMS Pre-Sentence Report 6) Adults at Risk policy
4. I note that there appear to be some discrepancies and contradictions within [D1527] [D1527] prison and IRC medical records, such as it being noted (entry of 16th November 2016) that [D1527] has both 'self-harmed outside prison' and 'not self-harmed outside prison', that he was tortured on a bus (and not at his friend [D1527] house, which I understand to be the correct account) and also that he is from Syrian and not Egyptian extraction (which I am instructed he denies). I am therefore unclear to what extent these records can be entirely relied upon and citations from them below are within this context.

DISCLAIMER AND STATEMENT OF IMPARTIALITY

5. I was unaware until the day of this assessment when I received the bundle, that I had previously assessed [D1527] friend who was one of the other three young men accused of the index offence of sexual assault against a minor. All three youths were acquitted as described further below.
6. I see no conflict of interest in having also examined [D1527] friend, given that this is not principally a forensic report and that, in any case, I am well able to make an

years when he apparently stopped attending because he was not enjoying it. He was apparently illiterate on entering the UK. [D1527] reports that his father was imprisoned in Egypt due to his religious beliefs although it is not clear what age [D1527] was when this occurred.

11. [D1527] reported in this interview that his problems began at the age of 14 when he began experimenting [Sensitive/Irrelevant] developmental, adolescent, manner and became sexually intimate with his close friend [Name Irrelevant]. The pair was caught by [Name Irrelevant] family and the details of what then transpired are documented in the above-referenced documents and below.

12. [D1527] stated in this interview that he had to watch his friend and boyfriend being tortured and then stabbed to death by his brothers and to endure being tortured by them himself over a period of two days. He said that he thought that they would kill him also.

13. [D1527] described in assessment how he was tied up, repeatedly hit, cut to his chin, forehead, hand, arm and finger and had his right hand 'hammered' repeatedly with an iron bar. [D1527] reports that he also has cuts to his leg and had a scar on his left hand previously although he said that this has now faded with the passage of time. I understand that an independent scarring expert has also been instructed to examine and give opinion on these reported injuries. [D1527] is also recorded as having stated to IRC medical staff at Brook House, that his torturers told him that they wished to 'kill him slowly' (entry of 12th April 2017).

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disclosures he made readily or easily.

18. [D1527] also stated towards the very end of this assessment, when asked if he had anything else to add, that the 'smugglers' had also attempted to sexually molest him. He gave this information only when I enquired when he said at the end of the interview that he had said 'about eighty five percent of what has happened to me' and I asked about the other fifteen percent. He then gave the details above. It was again, evident that these details were disclosed with great difficulty and reluctance. As it is difficult to see how [D1527] could have escaped [Sensitive/irrelevant] on a small boat on which he reports that women around him were being raped, it is my view that he probably [Sensitive/irrelevant] but that, as a young man for whom there would be great shame inherent in having been [Sensitive/irrelevant] in front of others, he insisted that it was only 'attempted' to save face.

19. [D1527] said that he and his fellow passengers made it to the Italian shore where they were left by the original 'smugglers' and placed onto an even smaller boat for their onward passage. [D1527] said that he considers it highly likely they would have drowned in this even smaller vessel had the Italian authorities not intercepted it.

20. [D1527] also described further traumatic experiences in both France and Italy, stating that he was beaten on arrest by both the French and Italian authorities. He said that someone also attempted to [Sensitive/irrelevant] whilst he was in 'The Jungle' in France whilst asleep. He said that he woke up and made a noise and, having alerted

told him that they had found him alternative accommodation in a shared house with other young people leaving care. [D1527] said that he became friends with the two boys whom he was placed with and that they subsequently moved again together into another shared house, owned by Social Services.

25. On 28th November 2014 as also noted above, [D1527] asylum claim was refused and his appeal dismissed on 8th October 2015. His appeal rights were exhausted on 27th October 2015.

26. On 5th October 2015, [D1527] was arrested for sexual assault and convicted of this offence on 18th May 2016. In this interview, [D1527] denied [Sensitive/Irrelevant].

Sensitive/Irrelevant

[Sensitive/Irrelevant] He expressed the view in this interview that he considers that had he attended court for his sentencing (he did not as described below) that he may have been acquitted.

27. [D1527] hung his head in interview whilst describing this incident which I note was also recorded as his presentation within his pre-sentencing report. I was left feeling unclear whether the events were quite as [D1527] had described them and consider that his undisclosed and untreated [Sensitive/Irrelevant] may have rendered him more prone [Sensitive/Irrelevant]. If so, however, this is an indicator of a re-enactment of his traumatic history requiring treatment in my view, rather

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32. On the day in question, [D1627] said that he had been asleep when his friend came into his room with his girlfriend and her female friend. Sensitive/Irrelevant

33. **D1527** said that the police came to the house and said that the **Sensitive/irrelevant**

D1527	stated that he was	Sensitive/Irrelevant
-------	--------------------	-----------------------------

34. He said that: Sensitive/Irrelevant

Sensitive/Irrelevant

39. Although [D1527] previously claimed asylum on the basis of his father's membership of the Muslim Brotherhood, he has now stated that his real reason for fearing return to Egypt was his [Sensitive/Irrelevant] with his friend [Name Irrelevant] also known by the nickname [Name Irrelevant] prior to leaving Egypt. [Name Irrelevant] who was murdered by [] family as described above, was reportedly Mr [D1527] first sexual partner. Since arriving in the UK [D1527] has also apparently

[Sensitive/Irrelevant]

40. [D1527] instructs that he did not inform the UK authorities of his [] for fear that he would be prosecuted or otherwise persecuted because of his [Sensitive/Irrelevant]. Over the course of his time in the UK, he has apparently become more accustomed to an environment in which people [Sensitive/Irrelevant] and I am instructed that he now appreciates that it is necessary to be open [Sensitive/Irrelevant] returned to Egypt. The court hearing in April was vacated after the CPS dropped the charges on 9th March 2017.

THE INTERVIEW

41. I interviewed [D1527] on 20th May 2017 in a private interview room at IRC Brook House where he is currently detained. An Arabic interpreter was also in attendance.

42. [D1527] presented as a casually dressed young man who appeared objectively both

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PSYCHIATRIC CLASSIFICATIONS

47. [D1527] currently presents with psychiatric symptoms of Major Depressive Disorder secondary to his past and current life circumstances, with a secondary diagnosis also of (complex) Post-Traumatic Stress Disorder (PTSD). His depressive condition is currently rated as severe with acute suicidality and his PTSD moderate-severe. The severity of his current symptoms places him at significant psychiatric risk and he also shows psychotic features of depression as described further below:

48. I note that there is broad corroboration between the content of [D1527] provided medical records and the following diagnostic account. Reference is made in his records to depression, significant anxiety with panic and recurrent suicidality.

49. Where there are seeming areas of discrepancy, such as the entry from [D1527] medical records of 6th February 2017 in which he reports 'feeling much better' with no thoughts of self-harm that day. I note that this was in the context of [D1527] being promised a television if he stabilised and that he would be released from E-Wing to the main wing again. It is then recorded that he had self-harmed again within 24 hours. This appears to be the pattern, or else one of minimization on [D1527] behalf, in reporting himself to be 'fine', missing appointments or not wanting to talk to anyone, only then to self-harm shortly afterwards.

50. I therefore consider that it seems [D1527] largely reported his mental state to

good any more...I don't see any life for myself. How can I see a future if I cannot even see a life?' This sense of a foreshortened future, despair and lack of hope is typical of severely depressed individuals.

55. [D1527] also described a loss of identity with which to give meaning or purpose to his life. He said in interview, *'I don't know who or what I am any more...I don't understand any of it any more'*. Such a fundamental loss of a sense of self or identity will also be augmenting his depressed mood significantly. [D1527] reported that, *'I never feel comfortable'*, which he clarified as meaning that he never feels at ease or relaxed at any point in the day.

56. [D1527] reported that he has no interest now in any intimate or partner relationships as he has no interest or motivation towards anything in his life now, including this. He said that he feels he *'wants nothing'* in his life now as he has *'given up on everything'*. He said that he does not even know if he cares any longer about being bailed from detention. I consider that this indicates the severity of his depressed mood currently. The above self-reports were matched by objectively authentic affect throughout their disclosure. The matter of psychological plausibility of reporting is discussed further below.

Sleep Disturbance

57. [D1527] described a much-disrupted sleep pattern currently. This is despite his

but on a less consistent basis than reported by [D1527]. They do, however, present a general picture of psychiatric decline and worsening symptoms. I consider that [D1527] potential exaggeration in this respect is to be noted, however, I also have concerns about the reliability of the medical records as noted above as they contain significant, known errors.

61. [D1527] said that he has no appetite or interest in food. He said that, each morning when the IRC officers bring breakfast, he tells them to take his away and that he does not want anything.

62. [D1527] reported that he 'always feels dizzy' now and, whilst this may also be due to his other psychiatric symptoms and general levels of severe stress, lack of food may also be a likely contributor.

63. Also of concern is that [D1527] states that he is barely drinking anything either and so is highly likely to be dehydrated. I noted that whilst both the interpreter and I asked for water from IRC staff for the assessment as the interview room was hot and enclosed, Mr [D1527] declined it and also declined it again later when it was again offered when he asked for a break. Whilst I am not a medical doctor and so only have a lay knowledge of the impact of dehydration, [D1527] reports significant headaches, which may be linked to stress, but may also be linked to his poor fluid intake from my knowledge of the likely symptoms of dehydration. He urgently needs to be seen by a doctor in relation to these symptoms and some others and these recommendations are made further below.

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Letter From	

OFFICIAL

Offence Details	
Main Offence and Dates	DPA
Other Offences and Dates	DPA
Please provide a brief summary of the offence:	
Sensitive/Irrelevant	
Offence Analysis:	
Sensitive/Irrelevant	
Offender Assessment	
Provide a brief assessment covering all relevant areas:	
<p>D1527 was born in Egypt and, tells me he had a relatively happy childhood. He attended school up to the age of 12 years and stopped attending as he did not enjoy education. He Sensitive/Irrelevant</p> <p>He came to this country 2 years ago aged 18 years for political reasons as his father was imprisoned for his religious beliefs. He maintains telephone contact with his mother and other family members. He is awaiting the outcome of his political asylum application from the Home Office.</p>	

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B.A. (Hons), B.Sc. (Hons), PGCE, D.ClinPsych, TQAP.

31st May 2017.

Irrelevant

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Tue 28 Apr 2020 09:47
Confidential: Personal Data

D1527

(10549090)

DPA

incidents indicative of exaggeration, I consider these to be developmentally normative and also due to **Sensitive/Irrelevant** rather than indicators of fabrication of the psychiatric picture. This interview was conducted in accordance with the Istanbul Protocol and I consider **D1527** psychological profile to be typical of that of torture survivors according to the Protocol.

211. **D1527** is a severe and acute suicide risk, especially when faced with removal from the UK with a history of serious and recent attempts on his life and clear intent to commit suicide in the event of proposed removal from the UK and at risk even without that being imminent. I consider that in the event of a negative determination and removal directions being issued, therefore, that **D1527** will require immediate psychiatric assessment with a view to sectioning under the Mental Health Act for his own safety.

212. I consider that **D1527** is not currently psychiatrically fit to fly or to give evidence at a Tribunal.

213. I consider **D1527** late disclosure of his sexual orientation is to be expected for psychological reasons and do not consider that this aspect of his account is likely to be fabricated.

214. I consider that **D1527** re-offending risk could be moderated significantly with appropriate psychological and medical treatment in a properly designated health and social care treatment package. I consider that the situation of firstly imprisonment and

understandable given [D1527] levels of post-traumatic avoidance currently as described above, his age and the chaotic nature of his life at the time. The comment about this assessment also indicates the level of need [D1527] has for adequate mental health treatment and support and the lack of the same currently.

204. [D1527] also stated in this interview that there were some things, such as his experiences of [Sensitive/Relevant] on the boat to Italy and in France as described above, which he had not felt able to tell his counsellors at 'Compass' above because he did not feel able to speak of these experiences at the time and felt too ashamed and afraid to do so. He stated in interview that he realises now that, even though he is still extremely reluctant to discuss his past experiences, that he needs to do so in order to recover and that this is an area he needs ongoing help with.

205. I estimate that, with this stepped and combined treatment, at the right juncture and in a safe external context in the UK and in health rather than custodial settings, as recommended above, if he settles and engages with it, that [D1527] could make a reasonable recovery from his current psychiatric illness in 2-3 years.

206. Without such treatment in the context of secure leave status in the UK, it is my opinion that not only will psychiatric recovery for [D1527] be extremely unlikely now, in my view, but a significant psychiatric deterioration, very possibly resulting in psychiatric (psychotic) breakdown and/or a serious suicide attempt, as described above.

200. If [D1527] can be released from detention and is able to remain in the UK, I estimate that he will urgently need, in this order and as noted above:

a. To be discharged from detention to an appropriate hospital setting where he acute symptoms, especially his suicidality, can be treated until he is stable enough to be in the community;

b. Prior to discharge to be registered with a GP in his new residential area and provided with appropriate housing, social care and CMHT support with an NHS Care Co-ordinator and allocated Consultant Psychiatrist. He will also need a Social Care referral for a mentor/Social Worker/Probation Officer (if entitled to the latter) to assist him with re-orientation of his life and a reduction in self-sabotaging coping strategies.

c. To then be referred for longer-term psychological therapy when he is in a situation of external stability as described above.

200. In my view, [D1527] will require an absolute minimum of 12 months (ideally 24 months or more) of weekly psychological therapy with an experienced Clinical Psychologist or Psychotherapist or youth counsellor, skilled in trauma work. This can be obtained through a local NHS secondary care psychological therapies service or via a reputable voluntary sector therapeutic organisation, preferably one with experience in working with traumatised refugees and asylum seekers.

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Sensitive/Irrelevant

195. I am unsurprised that psychiatric medication has not had a notable impact on [D1527] [D1527] psychiatric condition as psychiatric medication is prescribed for short-term symptom relief only in the case of individuals, like [D1527], whose psychiatric disorder is context-dependent and the result of cumulatively traumatic external life events. In such circumstances, medication does not and cannot provide a cure for psychiatric illness nor is it in any way a substitute for a situation of external safety, necessary for lasting psychiatric recovery, together with skilled psychological help. This latter is described below. Indeed, [D1527] stated in interview, '*they could prescribe me with 100mg of Mirtazapine and it still would not help*'. I concur with his self-assessment of this for the reasons just stated. It is also documented in [D1527] medical records (e.g. entry of 20th March 2017) that his medication compliance has been poor which will have reduced the positive impact still further.

196. Psychiatric disorder which is context-created can only be resolved by firstly removing as many of the traumatic external stressors as possible to create a situation of external stability and safety and secondly by working through traumatic experiences which caused the psychiatric disorder initially with skilled psychotherapy input, supported by family and/or friends. With the help of such work, traumatic memories can gradually be grieved for and integrated into the individual's life experience, enabling mourning and moving on with life. Medication can be an aid to such treatment but is

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eating and drinking, which is part of a picture of acute and chronic depressive disorder, will not improve without treating the underlying depression, it may be that IRC staff have a duty to ensure that [D1527] is eating and drinking a minimal amount each day under medical recommendation and there might be ways of ensuring this, such as high protein/nutrient drinks which he could be prescribed and supervised drinking.

189. It is my view, as stated above, that [D1527] reported levels of low intake of food and fluids is equivalent in its potential impact to severe self-harm in terms of its potential consequences and that this therefore needs to be taken as seriously as his repeated suicide attempts and measures put in place. This will need to be undertaken in a compassionate and non-punitive manner to avoid the experience becoming aversive and worsening rather than improving his situation (e.g. if he is forced to intake food/fluid substitutes in an overly forceful manner as with his experiences of restraint currently). I recommend an urgent review of [D1527] by the IRC doctor to establish a plan for the amelioration of this symptom in a short-term manner. As stated above, it will only be resolved properly when his external situation changes and he is able to feel externally secure and to access needed help and treatment for his overall psychiatric condition.

190. I note that it is recorded in his medical records that [D1527] has a family history of Type 1 Diabetes. There is also reference in his records to suffering from low blood sugar. If [D1527] has not yet been screened for Diabetes then I suggest this is also done as a matter of urgency.

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183. In my view, he will not manage release without such an interim step in his current psychiatric condition and with his acute suicidality and it will be crucial for him to be fully registered with a GP and provided with an allocated Social Worker, Community Mental Health Team and referral to longer-term psychotherapy (see below for psychological treatment recommendations) to assist with resettlement. He will require safe housing and connections made to supported young adult services. He would benefit from a mentor or worker through probation services to help him reorient his life and to help him prevent recourse to more self-destructive coping strategies. As can be seen, all this requires planning within a properly geared health and social care package of treatment provision.

184. **D1527** is not, in my view, receiving adequate psychological treatment within the IRC. He sees only nursing staff there and says he has not been reviewed by a doctor in the six weeks of his admission, despite his daily suicide attempts. He is prescribed anti-depressant medication which is correct, but this can never alone sufficiently improve his symptoms as described further below. He has not been seen by a psychiatrist, he reports, since being in immigration detention and has not had any access to psychological therapy or counselling. Although he did undergo counselling before his arrest, which he reported to have found helpful, he has received nothing further since this time other than occasional assessments.

185. **D1527** reported that he feels the IRC nursing staff 'don't understand anything about what I am experiencing.....they just stop me killing myself and increase my

175. If returned to Egypt in his current psychiatric condition, I also consider that [D1527] would be highly vulnerable to further abuse and/or exploitation and that his ability to seek protection in response to any threats or risks would be highly impoverished due to his current lack of trust in authority figures and his degree of psychiatric illness and traumatisation.

176. [D1527] is currently too psychiatrically unwell to have any expressed hopes of friendships or relationships in the UK developing or sustaining if he is able to remain, to be released from detention and to receive the treatment and social care support he urgently needs.

177. However, he has lived in the UK since 2015 and has clearly made some close friendships in that time from his self-report. It is my view that, if able to remain and to recover from his current severe psychiatric illness with appropriate treatment, that he will be able to re-establish these relationships which will then be a source of support to him as his condition improves.

TREATMENT NEEDS

i) Safety and stabilisation needs

178. Before any treatment regime will have a positive impact on [D1527] current psychiatric illness, he first and foremost needs to be in a safe and stable external situation where he no longer fears return to Egypt and the inevitable re-traumatisation and much

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mental health conditions, if so what treatment and for how long;

d. Make an assessment as to how much our client's initial background has affected his mental health, with particular reference to the following events:

i. His experience of being tortured by [Name redacted] family;

ii. His experience of being held on remand at HMP Belmarsh (the period up until 9th March 2017);

iii. His experience of being detained under immigration powers at HMP Belmarsh (the period from 9th March 2017 until 5th April 2017);

iv. The effect of being detained on 9th March 2017 when he had expected to be released from prison;

v. His experience of being detained in an Immigration Removal Centre (the period since 5th April 2017).

e. Please comment on whether our client suffers from survivor's guilt as a result of his fortuitous escape from [Name redacted] family.

f. Please comment on whether our client suffers from 'flashbacks' of this experienced of torture and whether this might be an indication of mental health issues.

g. What harm do you assess has been caused to our client by being detained (or what risk of harm is there), bearing in mind his history of torture? Make reference to the way in

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nature of the expert evidence provided (e.g. stating that the report was based on client self-report alone when this was not the case) and have been clarified via addendum reports or subsequently instructed letters to the Tribunal with appropriate clarifications made.

Although psychiatric diagnosis is sometimes considered to be the area of expertise of Consultant Psychiatrists alone, this is based on a misunderstanding of the training of Clinical Psychologists in this country, particularly those trained as expert witnesses (as I was, by Trauma Psychology Services, where I first worked as an Expert Witness, in 2002-3).

On many UK-based Clinical Psychology trainings, the making of clear and accurate psychiatric diagnoses and prognoses is taught as thoroughly as it is on psychiatric trainings. The main difference between the two trainings is that Consultant Psychiatrists have a medical training and can thus prescribe and evaluate the effects of psychiatric medication, which Consultant Clinical Psychologists cannot, as their background is an undergraduate degree in Psychology, relevant post-degree experience within the NHS as an Assistant Psychologist, followed by a four-year doctoral training in Clinical Psychology.

Clinical Psychology doctoral training has a greater emphasis on talking (therapeutic) treatments rather than medication and a range of different therapeutic approaches are taught with their relative merits and limitations. In sum, I consider that I am therefore as

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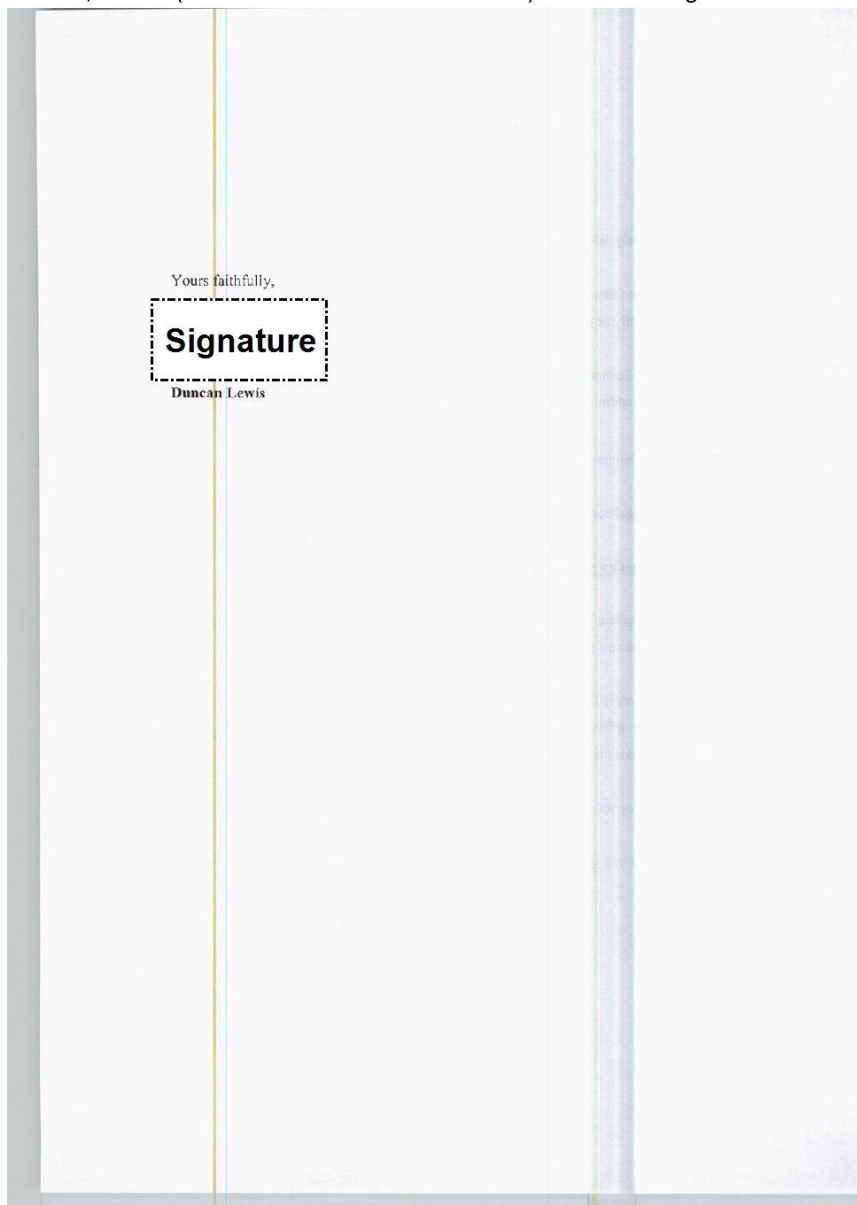
PROFESSIONAL CREDENTIALS AND RELEVANCE

I am a Consultant Clinical Psychologist with a First Class honours degree (BSc Hons) in Psychology and nearly 15 years of post-qualification experience in Clinical Psychology, having qualified from the South Thames/Salomons doctoral program in 2000 following four-year training and a two-year prior assistantship. In addition, I am a qualified Adult Psychoanalytic Psychotherapist, having undertaken a further four-year post-qualification training at the Tavistock Centre in Adult Psychotherapy (2004-8).

I worked at the Tavistock Centre (part of the Tavistock & Portman NHS Foundation Trust) as a Consultant Psychologist and Psychotherapist for nearly 10 years (2004-14) within their Adult Directorate and remain there as a Consultant with the Tavistock Immigration and Legal Service. For the duration of this period, I was a senior clinician in the Tavistock Clinic's specialist Trauma Unit and worked additionally with many complex adult patients with significant psychiatric morbidity.

In March 2014, I left my post at the Tavistock and Portman NHS Foundation Trust to take up the role of Clinical Lead and Director Elect for the Clinic for Dissociative Studies, UK, a well-reputed and specialized, NHS-funded, national trauma clinic working with survivors of extreme trauma and abuse. I will take over the Directorship of the Clinic in December 2016 on the retirement of the current director.

I have been working as an Expert Witness since 2002, principally within the specialties



that he experienced personal difficulties on account of his sexual orientation at both institutions, although the better view is that these improved after May 2014. The Claimant's anti-social personality disorder exacerbated his problems, both in dealing with prison staff and fellow prisoners/detainees, and this is a factor which weighs against him.

The Claimant reserves his position on the extent to which his damages should be increased to take account of the four weeks at HMP Belmarsh.

Disclosure Request

In order to ensure that this matter can be resolved as swiftly as possible and with minimum recourse to public funds, we make the following disclosure request:

- All GCID notes covering the period during which the Claimant has been detained, including the initial decision to detain him;
- All Monthly Progress Reports and Detention Reviews for the period during which the Claimant has been detained;
- All internal notes regarding the decision to continue detention following receipt of the Claimant's Rule 35 Report;
- Copies of any correspondence with the Egyptian authorities, if there any efforts have been made to contact them.

Action to be taken by the Defendant

We must therefore make it clear that, **before 4pm on the reply date** specified at the opening of this letter, the Defendant agree to take the following action:

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151. Alongside being frightened of the other inmates, [D1527] also reported that he was afraid of the prison officers, some of whom, he said, treated him with significant negative discrimination. He considers that this is because they had read his file and judged and treated him [Sensitive/irrelevant] which he said that he denies.

152. [D1527] reported in this assessment that he was also told at HMP Belmarsh that he could serve 20-25 years in prison for his offences if convicted and that the thought of being in the prison environment for such a length of time felt so unbearable to him that he began to feel recurrently suicidal. [D1527] reported that whilst in prison he began repeatedly to try and kill himself and that this pattern has not lessened since he was moved into immigration detention, as described elsewhere in this report.

153. [D1527] said that each time he tried to self-harm or end his life in prison (usually by trying to hang himself or slit his wrists) that he would be taken to the Healthcare wing for a time and then put back on the main wing until he tried again when the pattern would repeat. He reported that he was not offered any help other than medication. [D1527] medical records confirm that he was not referred to prison in-reach or for a mental health assessment whilst at HMP Highdown. His mental health needs as an inmate appear to have first been noted on 14th February 2017 at HMP Belmarsh.

154. [D1527] reported that some officers in prison were very quick to restrain him if he mentioned feeling suicidal even if he was not enacting any attempt to harm himself at the time. It may well be, of course, that after a series of such attempts, that the prison officers had felt the need to pre-empt these. However, [D1527] reported that even the mention that he was feeling suicidal could lead to him being restrained or handcuffed. He said that on one occasion, where he said he felt suicidal, around thirty officers had come to his cell which he said he had found frightening.

have realised that she would not be able to remove the Claimant within period which was reasonable in light of his mental health problems.

Conclusion

The combination of the uncertainty regarding the Egyptian documentation process and the factors listed above, which truncate the reasonable period of detention, indicate that the Claimant has been unlawfully detained since 9th March 2017. In the alternative, the lack of progress towards removing him to Egypt and the length of detention to date has now made his detention unlawful.

Additional Violation of Article 5 ECHR by Detention in Prison

Article 5(1) ECHR incorporates all requirements of domestic law, therefore the Defendant's failure to apply the *Adults at Risk in immigration detention* policy correctly and the decision to detain in violation of the 3rd *Hardial Singh* principle both violate Article 5 ECHR (1). This was re-affirmed in *YM v United Kingdom* 49734/12, which concerned an alleged failure to properly apply Chapter 55.10 of the Enforcement and Instructions Guidance (the predecessor of the current *Adults at Risk* policy). It states:

83. It is well established in the Court's case-law under the sub-paragraphs of Article 5 § 1 that any deprivation of liberty must, in addition to falling within one of the exceptions set out in sub-paragraphs (a) to (f), be "lawful". In other words, it must conform to the substantive and procedural rules of domestic law (Amuur v. France, 25 June 1996, § 50, Reports 1996-III, and Abdolkhani and Karimnia v. Turkey, no. 30471/08, § 130, 22 September 2009).

In this case, there has been an additional violation of Article 5 ECHR due to the Defendant's decision to initially detain the Claimant at HMP Belmarsh rather than at an Immigration Removal Centre. It is submitted that this decision rendered detention 'arbitrary' within the meaning of Article

Civ 1112, Lord Justice Richards explained the relationship between the length of detention and the lawfulness of continued detention:

As the period of detention gets longer, the greater the degree of certainty and proximity of removal I would expect to be required in order to justify continued detention. [68v]

The Claimant has been detained since 9th March 2017, a period of 12 weeks. Over this period, the imminence of removal required to justify continued detention has increased, but the Defendant has failed to make progress. Therefore, even if his detention was initially lawful, it has now become unlawful.

Lack of Progress by the Defendant

The Defendant's conduct in this case has been woeful. After detaining the Claimant on 9th March 2017, she delayed two weeks before approaching him to complete a bio data form on 22nd March 2017. The Defendant failed to explain the purpose of this interview to the Claimant and he requested that she allow him to obtain legal representatives to explain the process to him. At this point he was detained in HMP Belmarsh and had had difficulty obtaining legal representation. The Defendant did not assist him with this, but fortunately the Claimant's support worker, Ben Feder, contacted the Claimant's current representatives. We went on record on 31st March 2017.

The Defendant then delayed arranging a further interview until 30th April 2017, inviting the Claimant's legal representatives to attend (and thus accepting that the Claimant's concerns about lack of representation at his first interview was a valid reason for not wanting to go ahead with it). The conduct of the interview is set out in detail in the Witness Statement of [Name Irrelevant] enclosed with this letter. The Defendant failed to properly brief the immigration officer in attendance and failed to arrange an interpreter, therefore only the bio data form was completed.

Finally, Mr Allen also expressed his concern about the Claimant's welfare in detention and promised to make a recommendation that the Claimant is granted Temporary Admission:

33. Mr Allen was concerned that the Claimant was detained and asked if a TA request had been made previously. I confirmed that we had made a TA request. Mr Allen stated that he could see that the Claimant is not an aggressive person and could make a recommendation for release. I said that we would like him to make a recommendation and thanked him in advance for doing so. I also asked Mr Allen to arrange the further interview as soon as possible.

The Defendant has therefore expressed, both through her published guidance and through the advice provided by her officer, Mr Allen, that it will take a significant period of time to obtain an ETD from the Egyptian authorities. In light of her position, the Claimant alleges that he has been unlawfully detained under 3rd *Hardial Singh* principle since the current period of detention began on 9th March 2017. None of this information is novel; the Defendant should have considered these difficulties before deciding to detain the Claimant on 9th March 2017.

Fitness to Fly

Even if an ETD could be obtained to remove the Claimant to Egypt, Dr Thomas has stated that the Claimant is currently not fit to fly:

166. I consider it highly likely, given his high levels of current suicidality, that Mr [D1527] would make a significant suicide attempt either prior to boarding or whilst on the plane. This could be extremely dangerous not only to him, but also to other passengers and crew, who, as with IRC staff currently, would then be left to try and manage this situation without medical training and skill in terms of the management of a highly volatile, distressed and suicidal patient. In summary, I do not consider [D1527] fit to fly currently on grounds of significant psychiatric ill health.

The central issue in assessing the lawfulness of detention using the *Hardial Singh* principles was articulated by Lord Justice Toulson in *R (A) v The Secretary of State for the Home Department* [2007] EWCA Civ 804:

The way I would put it is that there must be a sufficient prospect of the Home Secretary being able to achieve that purpose to warrant the detention or the continued detention of the individual, having regard to all the circumstances including the risk of absconding and the risk of danger to the public if he were at liberty. [44]

The Claimant's position is that he has been unlawfully detained under the 3rd *Hardial Singh* principle since 9th March 2017. In this case, the length of time it will take to obtain an ETD from Egypt is in excess of the reasonable period of detention, therefore the Claimant is unlawfully detained and has been from the outset.

Length of time to obtain an ETD

The Defendant cannot set removal directions with which to remove the Claimant to Egypt in the absence of an ETD. There are significant difficulties in obtaining ETDs from the Egyptian authorities. The Defendant's Country Returns Guide, updated on 4th April 2017, provides the following guidance on the timescales for obtaining ETDs from Egypt.

Timescale for obtaining ETD - with <u>original</u> evidence	Timescale for obtaining ETD - with <u>copy</u> evidence	Timescale for obtaining ETD - with <u>no</u> evidence
3 months approx	3 months approx	No established timescale.

In this case, the Claimant has no documentary evidence that he is Egyptian, therefore there is no established timescale for obtaining an ETD.

On 9th March 2017, the Claimant was convicted of

Sensitive/Irrelevant

Sensitive/Irrelevant

Sensitive/Irrelevant

In her report, Dr Thomas identified a close connection between the Claimant's history of abuse and torture and his criminal offence.

I consider therefore that [D1527] offending history has a significant relationship to his early traumatic experiences and that he therefore requires treatment rather than mere containment or punishment in order to cease being a potential risk to himself and others going forward.

She goes on to discuss the risk of offending presented by the Claimant:

148. In terms of the level of risk to the public that [D1527] currently presents, I again reiterate that this is not my central area of expertise. However, I consider that, at this juncture, if the treatment recommendations and plan are closely followed as per my recommendations in this report, I do not consider that [D1527] presents a 'significant public protection concern' or a 'current public protection concern' at this time if release from detention and a suitable mental health referral, initially to a low secure hospital setting is now expedited as per my earlier recommendations and if [D1527] engages fully with the help offered. I do consider that [D1527] risk to the public cannot be adequately and accurately assessed until he has had the opportunity to demonstrate whether he can now show responsible social behaviour having been given the correct and long-term treatment

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high to very high, depending on the degree of close supervision he is under. He instructs that he has largely been prevented from a successful suicide to date by the actions of others rather than his own, i.e. he has relied on his roommate and IRC staff intervening to prevent him from ending his life rather than resisting himself. He states that he merely wishes to die and is angry with others for preventing him. There are no evident protective factors in existence to mitigate against a successful suicide as noted above.

She then goes on to state her findings of the likely deterioration of the Claimant's mental state if detention is maintained, at Paragraph 187:

187. [D1527] reported in interview that he is of the view that unless he can be released from the detained environment of the IRC soon, 'that I will go completely crazy'. I do concur that, if he remains much longer in his current situation, that not only is [D1527] likely to be successful sooner or later in ending his life, but that, even if not, his psychotic symptoms are indeed likely to intensify and worsen, making the likelihood of a psychotic breakdown and the development of a schizophrenic illness a real possibility, as he himself predicts.

Once within the Level 3 Category, detention can only be justified if a removal date is fixed or there are significant public protection concerns. The relevant section of the policy states:

Level 3

Where on the basis of professional and / or official documentary evidence, detention is likely to lead to a risk of significant harm to the individual if detained for the period identified as necessary to effect removal, they should be considered for detention only if one of the following applies:

- removal has been set for a date in the immediate future, there are no barriers to removal, and escorts and any other appropriate arrangements are (or will be) in

Whilst in Egypt Claimant was tortured by [Name Irrelevant] family after they discovered that the two of them were involved in a homosexual relationship. The Claimant was detained by them for two days and beaten badly, which resulted in a number of scars (see Rule 35 Report). He only escaped this ordeal as a result of [Name Irrelevant] sister taking pity on him and releasing him. Unfortunately, prior to being released the Claimant saw [Name Irrelevant] being murdered by his family, which still distresses him.

The Claimant remains in detention at IRC Brook House and intends to make further asylum representations.

Psychiatric Report of Dr Thomas

On 20th May 2017, Dr Rachel Thomas, a clinical psychologist, visited the Claimant at IRC Brook House to assess his mental state. She delivered her report on 30th May 2017. Dr Thomas made the follow findings about the Claimant's mental health:

- He suffers from complex Post Traumatic Stress Disorder and Major Depressive Disorder.
- He is traumatised by his experience of being tortured in Egypt and being sexually abused on his journey to the United Kingdom.
- Immigration detention has had a negative effect on his mental health and a further period of detention will leave him at risk of significant harm, and his psychotic symptoms are likely to intensify and deteriorate.
- If his current mental state persists, then sooner or later he will execute a successful suicide attempt.

The report is extensive and should be considered in full.

Unlawful Detention under the Adults at Risk policy

We must stress at the outset that we consider issues should be capable of a swift resolution and that it is incumbent on the Defendant to take the necessary steps to remedy her unlawful action. Accordingly, we insist on action being taken in response to this letter by **9am Monday 5th June 2017** as specified at the outset of this letter. This truncated timetable is justified given that both the Claimant's liberty and health are at stake.

Should we not receive a satisfactory response in relation to these matters before the Reply Date, we will be issuing Judicial Review proceedings.

Documents Enclosed

The Claimant encloses the following documents for consideration alongside this letter:

- Consultant Clinical Psychologist Report by Dr Rachel Thomas dated 31st April 2017
- Pre-Sentence Report by Sarah Serugo-Luego dated 6th June 2016
- Witness Statement of [Name Irrelevant] dated 30th April 2017

Background

The Claimant is an Egyptian national born of [DPA] the Defendant claims he was born [DPA]. He entered the United Kingdom on 16th January 2014 and attended the asylum screening unit in Croydon on 23rd January 2014. The Claimant initially claimed asylum on the basis of a fear of the Muslim Brotherhood. The Claimant's asylum claim was refused on 28th November 2014 and his appeal was dismissed on 8th October 2015.

On 5th October 2015, the Claimant was arrested [Sensitive/Irrelevant]

Sensitive/Irrelevant

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prescription with sleep-enhancing anti-depressant medication. [Sensitive/irrelevant] Even with the medication, [D1527] said that he rarely sleeps more than an hour or two at night before startling awake, sometimes with nightmares as described further below (see PTSD). He then reported that he feels too on edge to go back to sleep again rapidly or easily and so tends to remain awake for a period of time before attempting to go back to sleep again and then the pattern tends to repeat.

58. If his sleep is this disrupted even with medication as prescribed, it can be ascertained how it would manifest in the absence of such medication. This indicates the real severity of this symptom currently.

Appetite Disturbance

59. This is currently a particularly severe symptom as reported by [D1527]. Mr [D1527] reported that he has barely eaten for the last 30 days in the IRC and that he has not eaten any of the meals provided. He said that when he has eaten or drunk, it has only been through snacks bought from the IRC shop. He said that he only does this 'occasionally' and listed the foods he consumes then as being only small snacks, such as dates, plain bread, biscuits or milk. [D1527] reported that he has not eaten a cooked meal since he has been in the IRC (period of approximately 6 weeks by his self-report).

60. [D1527] IRC medical records document that this symptom may be more fluctuating than presented by [D1527]. His records do document poor eating patterns

prison and IRC staff to be better than it actually was and that this largely accounts for any noted discrepancy. Matters of causation of mental ill health are described further below.

MAJOR DEPRESSIVE DISORDER, SEVERE, with psychotic features.

(Source: Diagnostic and Statistical Manual of Mental Disorders, DSM IV, 296.92)

Low mood and tearfulness

51. As described above, [D1527] emotional affect was objectively low and flattened from the outset of this assessment and throughout.

52. He also appeared objectively tired and reported feelings of lethargy and exhaustion continually, not aided by his highly disrupted sleep pattern, as described further below.

53. [D1527] said that he feels continually low in mood and wishes there was a pill he could be given just so he could sleep for 24 hours continually and not have to cope with his life. He even asked in this assessment with due seriousness if there was any such medication. This indicates, in my view, his current levels of despair and wish to not be living his life as it currently is.

54. [D1527] reported that he cannot see any future for himself now and has no hope for a better outcome for himself. He said, *'it is all black and dark...I can't see anything*

extremely anxious and very low in mood with flat affect. His eye contact was extremely poor throughout the interview and he barely looked at the interpreter or I directly throughout the 2 ½ hour assessment.

43. On several occasions in the course of the interview, I noted that [D1527] appeared close to tears and visibly upset. He always restrained himself from crying, however, which appeared to be something he was actively trying to avoid, perhaps due to feelings of shame.

44. On one occasion, when talking about painful events from his past (the murder of his friend [redacted] in Egypt) [D1527], eyes glazed over and he became frozen in expression and posture and appeared dissociative. He then immediately asked to leave the room for a break and only returned after about five minutes. It is my view that this subject had overwhelmed him. [D1527] said, on returning from the break that he had needed a few moments to compose himself as he had felt so distressed.

45. On other occasions, especially after returning following the break, [D1527] was quite monosyllabic in his delivery and had to be asked a number of follow-on questions to elicit the required information. This was so evident that the interpreter commented on it also. It appeared that this was in an attempt to minimise distress as evidently felt before he asked for a break.

46. I interviewed [D1527] on one occasion on the above date through the interpreter, for a total period of 2 ½ hours.

interview that he was told he was moved to Belmarsh due to its proximity to the court but that he found this transfer extremely difficult due to the types of offenders in HMP Belmarsh which, he said, made the whole experience of being imprisoned there especially extremely frightening for him.

35. The incident also brought [D1527] to the attention of the immigration authorities once again and he was remanded into custody on the grounds of his other offences and issued with removal directions.

36. [D1527] was detained at HMP Belmarsh under immigration powers from 9th March 2017. He was held as a 'Vulnerable Prisoner' because he was initially thought to be a child sex offender and he reportedly experienced harassment from other prisoners as a result.

37. He was moved to IRC Brook House on 5th April 2017. Since then, [D1527] has reportedly struggled with his mental health, attempted to self-harm and engaged in periodic food refusal.

38. A Rule 35 Report was carried out on 13th April 2017, in which the detention centre GP identified [D1527] as a victim of torture with severe mental health issues, but did not make a finding on the effect of detention on our client's mental health. Instead, he stated that the effect of detention was 'unclear' as [D1527] had previously had mental health problems in the community.

than merely of a criminal matter requiring punishment. This matter is described further below.

28. On 7th October 2015, due to his arrest, [D1527] failed to report to the Home Office and was listed as an absconder on 28th January 2016. Following his arrest, on 18th May 2016, [D1527] was convicted of failure to surrender into custody in the allotted time. He was released on conditional bail prior to a sentencing hearing on 8th June 2016. He said in interview that he did not appear in court because he had remembered the date incorrectly.

29. At this hearing, he was sentenced to [Sensitive/Irrelevant]
[Sensitive/Irrelevant] On 14th
November 2016, [D1527] was again arrested.

Sensitive/Irrelevant
Sensitive/Irrelevant

30. [D1527] described in detail in this interview the above index offence for which he and his two friends were arrested as follows:

31. [D1527] said that the house in which the three teenagers were living when the [Sensitive/Irrelevant] was not the first house they had shared and that they

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others around to what was happening, his would-be assailant then fled.

21. **D1527** reportedly arrived in the UK on 16th January 2014 by lorry and was apprehended by police. He claimed asylum on 23rd January 2014 as described above. On 21st March 2014, **D1527** was assessed by Social Services and given a date of birth of **DPA** making him seventeen years' old at the time. **D1527** denied this was correct and stated that he was fifteen years old only on arrival in the UK.

22. **D1527** states that the disputes over his age were highly traumatic for him at a time when he was already vulnerable. He insists that he was still a minor at the time, but that, in being thought to be older, that his vulnerability was missed and that he was placed in a college with much older peers around the age of 18 years. **D1527** said that, to this day, he has three dates of birth given in **DPA**. **DPA** **D1527** said that not being believed about his age on entering the UK when feeling traumatised from what had happened to him was frightening and distressing.

23. **D1527** reported that a further traumatic experience on entering the UK was his poor relationship with his foster family. He said that he experienced them as being overly controlling towards him and that he ran away from their care when they refused to allow him to see a friend whom he had made in France who had got in touch with him.

24. **D1527** decided that he would prefer to be homeless than endure such treatment any longer and slept rough in a local park until Social Services got in touch with him and

14. [D1527] apparently only escaped this ordeal as a result of [redacted] sister taking pity on him and releasing him. Unfortunately, prior to being released, [D1527] saw [redacted] being murdered by his family as noted above, which he reports still distresses him greatly and frequently.

15. Following this incident, it is my understanding that [D1527] left Egypt with his cousin. It is unclear if his family knew he was leaving. He described his journey to the UK as also having been extremely traumatic in nature. He said that he spent ten days at sea in a small boat and said in interview that *'it felt like we came close to death many times'*. He said that, throughout the journey, he feared that he and his fellow passengers would all drown. [D1527] became separated from his cousin during the journey and no longer knows of his welfare or whereabouts.

16. [D1527] also reported in this assessment, that he and his fellow passengers were extensively abused by the agents who transported them, whom he termed *'smugglers'*. He said that the passengers had no food for ten days on the boat, were repeatedly beaten and the women in the party raped in front of the men. He said that the *'smugglers'* were drinking alcohol and using drugs throughout this time.

17. [D1527] said that those women who refused to be raped and fought back were killed and their bodies thrown overboard. [D1527] disclosed these details in interview with evident distress and much difficulty. It was objectively evident that these were not

objective assessment of each appellant independently and draw independent conclusions. The previous assessment was also several years ago and I did not revisit it prior to preparing this report to remove any risk of cross contamination.

7. I am therefore fully satisfied that my having assessed [D1527] friend previously in no way impacts upon my ability to undertake a full objective and entirely impartial psychological assessment of the mental state of [D1527]

PAST RELEVANT HISTORY INCLUDING REVIEW OF PAST RELEVANT DOCUMENTATION

8. The following account is taken from a review of the above-named background documentation together with [D1527] account of his history provided in the context of this interview:

9. [D1527] is an Egyptian national born on [DPA] from his account: the Home Office claims he was born on [DPA]. He entered the United Kingdom on 16th January 2014 and attended the asylum screening unit in Croydon on 23rd January 2014. He initially claimed asylum on the basis of a fear of the Muslim Brotherhood. Mr [D1527] asylum claim was refused on 28th November 2014 and his appeal was dismissed on 8th October 2015.

10. [D1527] described his early childhood in Egypt as having been 'normal'. He said, 'there were difficult times, like in any family, but nothing like now'. [D1527] grew up with his parents and three siblings. He apparently attended school until the age of 10

m. Please consider if there is anything to make you think our client is feigning/exaggerating conditions. Or on the contrary, what makes you believe our client is accurately or underreporting his condition.

n. Please consider the effect of our client's fear of being moved to 'E-wing' in IRC Brook House on how he has reported his mental health symptoms to staff at IRC Brook House.

o. Please discuss the effect of the client's experience of torture and his mental health issues on his ability to discuss [Sensitive/irrelevant] and please consider whether his experience of torture and mental health issues may have led him to claim asylum on an erroneous basis initially.

p. Please comment in general if, in your experience, it is common for individuals claiming asylum on the [Sensitive/irrelevant] who have experienced torture to withhold this information from the immigration authorities for fear of further persecution.

q. Please comment on our client's risk of re-offending, with particular reference to the Pre-Sentence Report attached;

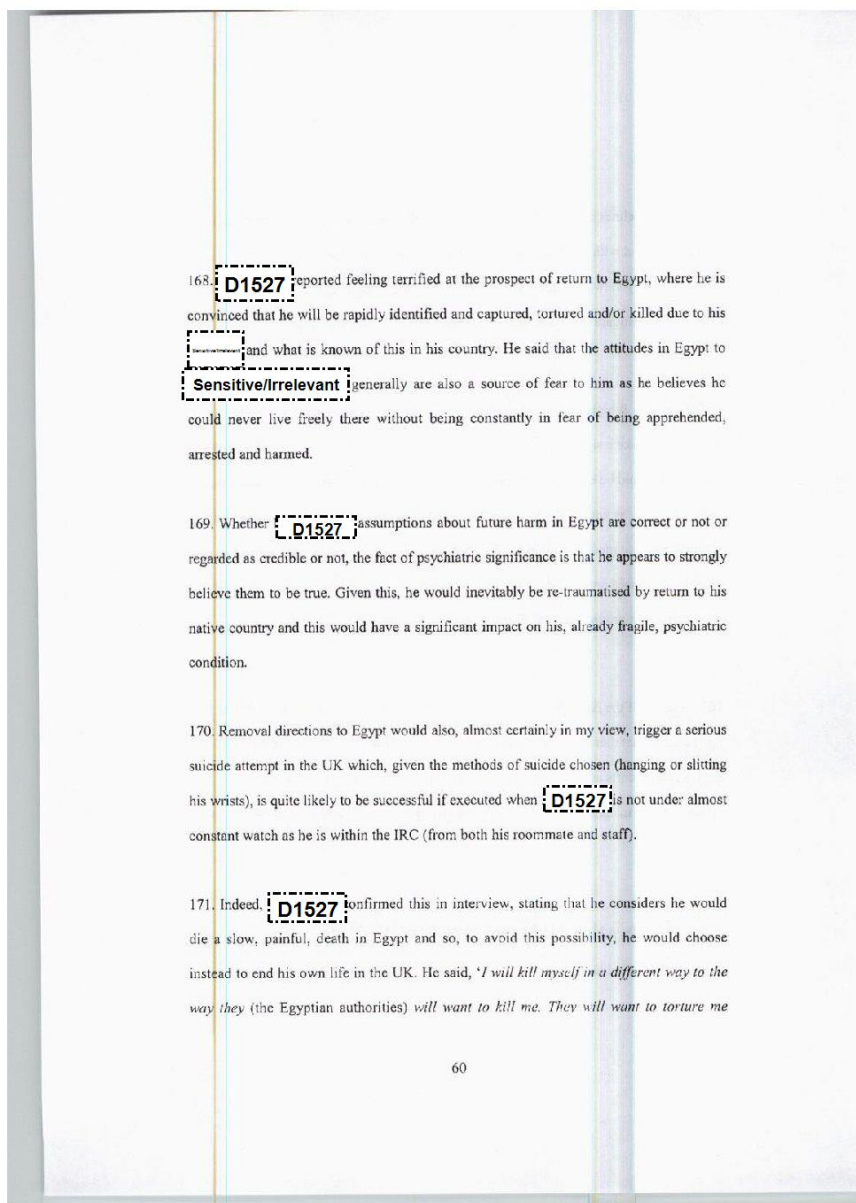
r. Please deal with any further issues that you deem relevant.

3. I was provided with the following background documentation in preparing this report:

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163. In terms of future detention, the Home Office policy on adults at risk, refers to a 'risk of significant harm if detained for period likely to effect removal'. It is my view that **D1527** will be at risk of significant harm with further detention. I consider that **D1527** mental state will continue to worsen progressively and that his mental state will therefore become worse over the next six months detained, deteriorating at one, three and six months. Continued detention is therefore likely to cause harm, increasing the severity of his symptoms. I consider that if **D1527** is detained for a further three months, which I am instructed is the likely timescale, that the likelihood of a successful suicide attempt will be high to very high, depending on the degree of close supervision he is under. He instructs that he has largely been prevented from a successful suicide to date by the actions of others rather than his own, i.e. he has relied on his roommate and IRC staff intervening to prevent him from ending his life rather than resisting himself. He states that he merely wishes to die and is angry with others for preventing him. There are no evident protective factors in existence to mitigate against a successful suicide as noted above.

FITNESS TO FLY

164. According to the Civil Aviation Authority guidelines, the main areas of concern in terms of fitness to fly for those with psychiatric conditions *'are people whose behaviour may be unpredictable, aggressive, disorganised or disruptive'*. In these circumstances, air travel is seen as being contra-indicated. It can be seen that this is almost an exact description of **D1527** current psychiatric presentation.

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has noted that one of the IRC managers, especially, treats him with some disdain and seems 'prejudiced' against him. [D1527] again considers that this is likely to be because he has read his file and has jumped to conclusions about him based on whatever he has read. [D1527] did acknowledge, however, that in his current mental state, he may also be paranoid about such matters at times as he feels so sensitive about this area.

158. However, [D1527] reported in interview that this manager had said things to him showing an absence of compassion, such as that he must eat as otherwise 'you are causing us a lot of work and trouble' and similar things, rather than expressing any concern for his mental state.

159. [D1527] also reported having experienced racism at times from IRC staff, including, he said, a guard who had said to him aggressively 'what do you need to go to the fucking [redacted] for?' when he had asked for leave from E-Wing to attend [redacted]. [D1527] said that he has also experienced other IRC guards threatening to deport him, swearing at and/or disrespecting him or his religion. His view is that this does not occur to other detainees as much as he, from his own observations and he considers that this may be due to IRC officers coming to conclusions about him based on his case file, particularly assuming [Sensitive/Irrelevant]

160. As noted above, [D1527] is frequently taken to the IRC's psychiatric wing, 'E Wing', when he is acutely and recurrently suicidal and there kept under 24 hour per day

152. [D1527] reported in this assessment that he was also told at HMP Belmarsh that [Sensitive/Irrelevant] convicted and that the thought of being in the prison environment for such a length of time felt so unbearable to him that he began to feel recurrently suicidal. [D1527] reported that whilst in prison he began repeatedly to try and kill himself and that this pattern has not lessened since he was moved into immigration detention, as described elsewhere in this report.

153. [D1527] said that each time he tried to self-harm or end his life in prison (usually by trying to hang himself or slit his wrists) that he would be taken to the Healthcare wing for a time and then put back on the main wing until he tried again when the pattern would repeat. He reported that he was not offered any help other than medication. [D1527] medical records confirm that he was not referred to prison in-reach or for a mental health assessment whilst at HMP Highdown. His mental health needs as an inmate appear to have first been noted on 14th February 2017 at HMP Belmarsh.

154. [D1527] reported that some officers in prison were very quick to restrain him if he mentioned feeling suicidal even if he was not enacting any attempt to harm himself at the time. It may well be, of course, that after a series of such attempts, that the prison officers had felt the need to pre-empt these. However, [D1527] reported that even the mention that he was feeling suicidal could lead to him being restrained or handcuffed. He said that on one occasion, where he said he felt suicidal, around thirty officers had come to his cell which he said he had found frightening.

such that he now requires a hospital environment initially in order to stabilise psychiatrically before he will be able to manage psychotherapeutic work as an outpatient in a supportive external environment. This is described below.

148. In terms of the level of risk to the public that [D1527] currently presents, I again reiterate that this is not my central area of expertise. However, I consider that, at this juncture, if the treatment recommendations and plan are closely followed as per my recommendations in this report, I do not consider that [D1527] presents a 'significant public protection concern' or a 'current public protection concern' at this time if release from detention and a suitable mental health referral, initially to a low secure hospital setting is now expedited as per my earlier recommendations and if [D1527] engages fully with the help offered. I do consider that [D1527] risk to the public cannot be adequately and accurately assessed until he has had the opportunity to demonstrate whether he can now show responsible social behaviour having been given the correct and long-term treatment for his significant traumatisation and mental health condition which he needs and which previously has been lacking.

149. I consider that [D1527] risk of further sexual offences will be reduced if he is offered treatment relating to his disclosed experiences of sexual abuse, which, in my view, are currently being re-enacted rather than worked through. Trauma-focused psychological therapy relating to these experiences in which these can be mourned and worked through will be the most effective way of reducing any re-offending risk in my view. If his treatment regimen begins in a hospital setting before becoming community

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141. Whilst I am not a forensic specialist and so the following cannot be held in place of a full report by a Consultant Forensic Psychologist or Psychiatrist, I consider that I was provided with sufficient information by [D1527] in the context of this specialist mental health assessment to comment on the following aspects of his forensic history and ongoing re-offending risk:

142. [D1527] denies having committed [Sensitive/Irrelevant] and was indeed acquitted

[Sensitive/Irrelevant]

Sensitive/Irrelevant

143. Despite [D1527] denial in this interview [Sensitive/Irrelevant] his evident shame and reluctance to speak about these matters, leads me to conclude that there may be a significant factor of shame in these denials and that it is still possible that [D1527]

Sensitive/Irrelevant

144. However, if this is the case, then it is my view that this is due to [D1527] significant levels of prior traumatisation as outlined above and which includes two experiences of reported sexual molestation (on the boat to Italy and in France in the 'Jungle' camp). It appears that, prior to this interview, [D1527] had not disclosed these traumatic experiences to anyone in a manner which has been documented. I consider

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time and place. His post-traumatic symptoms additionally cause him to confuse past and present at times and to sometimes be flooded by traumatic memories, flashbacks and affect. It can readily be seen that such a complex diagnostic picture will cause impairment to the ability to provide a coherent narrative of past, especially traumatic, life events.

135. The Mental Capacity Act of 2005, considers that: 'a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain'. The Act specifies further that:

'It does not matter whether the impairment or disturbance is permanent or temporary. A lack of capacity cannot be established merely by reference to—(a) a person's age or appearance, or (b) a condition of his, or an aspect of his behaviour, which might lead others to make unjustified assumptions about his capacity'.

136. Despite **D1527** considerable difficulties, outlined above, connected to his psychiatric disorder, I am not of the view that he lacks capacity to instruct a solicitor, to give a good enough (albeit somewhat impaired and confusion due to his psychiatric condition) account of himself when in a setting not producing significant additional anxiety and when not feeling additionally unwell or under strain.

[D1527] was saying. Disclosures about [Sensitive/Irrelevant] in this assessment were not made willingly or spontaneously as one would expect from a disclosure being made in order to attempt to secure status in the UK. Conversely, they were disclosed extremely unwillingly and it was objectively clear that [D1527] felt awkward and ashamed in speaking of such matters. His answers again became more monosyllabic at this time, indicating the same.

130. I note from [D1527] medical records, that on 4th April 2017, he refused to [Sensitive/Irrelevant] to staff on routine screening. This would be an unusual action if [D1527] did not feel [Sensitive/Irrelevant] and I consider that this recorded entry is therefore likely corroborative evidence of the above hypothesis.

131. All the above indicators provide a clinical picture which is objectively corroborative of [D1527] own account of not having revealed [Sensitive/Irrelevant] during his immigration matters due to fears of harm based on his own country and past experiences there. [Sensitive/Irrelevant] attached to so doing.

132. I note that [D1527] medical and other records document him as being [Sensitive/Irrelevant] whilst in this interview he referred [Sensitive/Irrelevant] I consider there to be a number of possible explanations for this:

a. It was assumed by previous assessors that because he had undergone [Sensitive/Irrelevant]

respects, as outlined above, [D1527] objective presentation was highly consistent with a clinical picture of significant psychiatric disorder.

A COMMENT ON LATE DISCLOSURE OF

[Sensitive/Irrelevant]

[Sensitive/Irrelevant]

124. [D1527] clarified in this assessment that he identifies [Sensitive/Irrelevant]

Sensitive/Irrelevant

125. [D1527] reported in interview that he was not open about [Sensitive/Irrelevant] in initially arriving in the UK because of the highly traumatic nature of what had happened to him in Egypt on account of his being [Sensitive/Irrelevant] and that he had no trust or confidence at that juncture that the UK authorities would be different in their attitudes to what he had experienced in Egypt.

126. He stated clearly in this interview that, as he had come to the UK to survive and be safe, that he would not have done or said anything which might have jeopardised this or put him in a potentially unsafe situation at that time, such as he was concerned may occur [Sensitive/Irrelevant] I consider that this account is psychologically plausible given that [D1527] had undergone a lived experience in Egypt which will have created a belief system in him that his [Sensitive/Irrelevant] being discovered was inherently dangerous and

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115. When **D1527** was relaying her traumatic past experiences within this assessment, his emotional affect was also entirely consistent with the events she was describing. His eye contact became even worse, he hung his head, looked visibly uncomfortable slightly tearful. He then became monosyllabic in an endeavour to avoid (in my view) further distressing affect, as described previously.

116. I therefore consider **D1527** to be credible psychologically as a victim of torture in accordance with the terms of the Istanbul Protocol.

Positive psychological credibility factors

117. It is a common misperception that it is easy to fabricate psychiatric disorder. It is actually extremely difficult to do so across time and symptom clusters with consistency of affect.

118. I do consider **D1527** to be consistent and credible psychiatrically from his presentation in this assessment. His self-reported symptoms and personal history, given in this interview, were consistently matched by his affect throughout the consultation. As described above, he was flattened in emotional affect and evidently uncomfortable and tense, especially as the interview developed.

119. **D1527** also presented a considered and balanced view of his psychiatric symptoms, not always presenting the most severe possible and showing ambivalent disclosure. For example, he disclosed certain symptoms (such as his psychotic

107. It is suggested in the Protocol document, that where the interviewer is from a different ethnic or cultural background from the interviewee that a suitable interpreter or someone from the alleged victim's own culture is also present. This was clearly observed within this interview via the presence of a suitable interpreter.

108. It is also reported that the gaining of both the pre- and post-torture history of the reported victim is paramount and:

'Clinicians should comment on the consistency of psychological findings and the extent to which these findings correlate with the alleged abuse. The emotional state and expression of the person during the interview, his or her symptoms, the history of detention and torture and the personal history prior to torture should be described'.

109. It can, again, be seen from the above description of this interview that such guidance was closely observed throughout and that objective criteria were carefully assessed from the outset and throughout this assessment together with any congruence or incongruence between these and [D1527] self-report. The latter was not relied upon as the only or even the principle source of evidence in this assessment.

110. The Protocol also discusses the potentially re-traumatising impact of psychological assessment, especially where interrogation has been used and highlights the importance of non-intrusive questioning, with regular breaks as needed. This was observed consistently throughout this interview and [D1527] was encouraged to request a break if desired or needed and indeed did take a break when feeling distressed, as described above.

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Faqi to help him manage these experiences on his arrival in the UK and that a poor foster placement in his view did not help matters.

100. [D1527] reported no other traumatic events of significance, previous difficulties in his earlier life or any familial history of mental illness which would have indicated a different underlying cause to his psychiatric illness (such as a biological disposition) other than the reported, traumatic, causal incidents described above.

101. Also of causal significance, there is the fear of return to Egypt now, where [D1527] clearly believes (rightly or not) that he will be at significant risk of further harm. The belief alone is sufficient to cause significant psychiatric deterioration and distress faced with potential return whether accurate or not. This latter issue is addressed further below.

102. The current severity and chronicity of [D1527] psychiatric condition is far too serious, in my view, to have been caused by issues relating to exile and issues of loss of country and family alone or indeed by feelings induced by anticipated return to Egypt alone in the absence of the above apparent causal contributors.

103. I have been asked to comment on whether I consider [D1527] likely to be suffering from 'survival guilt' in relation to the murder of [Name Irrelevant] in Egypt. I do indeed consider this likely given that he reports that he anticipated being murdered by [Name Irrelevant] family but was helped to escape when his friend did not. Whilst

2017 in which [D1527] appears to have concealed a self-harm scar from staff and refused to talk about it. In my view, this is likely to be a post-traumatic avoidance phenomenon, if correct, of [D1527] attempting to conceal his psychiatric condition and distress in order to avoid having to talk and think about the same. There is also, of course, the possibility that he was trying to minimise his levels of distress in order to be released from E-Wing back onto the main IRC wing which he stated was his wish.

96. [D1527] medical records also refer on several occasions to his presentation being withholding of information, 'guarded' and non-expansive. There is also reference to him 'changing the subject' (e.g. entry of 21st April 2017). This is also corroborative evidence of avoidance as is his refusal to attend and/or missing mental health appointments offered within the IRC, also documented (e.g. entry of 23rd April 2017, 24th April 2017).

97. Correspondence from the organisation 'Compass' documented above, also notes dissociative symptoms (letter of 6th April 2017, page 1. NB 'disassociative' should read 'dissociative'. The former is a typographical error). In my view, these are not dissociative symptoms being noted, but they are symptoms of post-traumatic avoidance as described above.

COMPLEX TRAUMA

98. There is currently not a distinct diagnostic criterion under the ICD 10 psychiatric classification system for individuals who have been multiply traumatised via exposure to

88. [D1527] reported that he especially gets these flashbacks in response to certain traumatic cues in the present. He named among these when he feels especially anxious or angry, when locked in at night by IRC staff or when IRC officers try to handcuff and restrain him (mostly when he is attempting to commit suicide) which, he said, reminds him of being held and tortured. [Name Irrelevant] This situation can then set up a vicious cycle in which the attempts to keep him safe from suicide in the present become re-traumatising and make him feel even more suicidal and prone to enact further suicidality.

89. [D1527] reported in this interview and has previously to prison staff (e.g. medical records entry of 4th April 2017) that he experiences visual flashbacks of blood (these are flashback phenomena in my view rather than 'hallucinations' as listed in the medical records) relating to his having witnessed the murder of Ibrahim and other refugees with whom he travelled.

90. [D1527] also reported recurrent, **augmented fear and startle responses** during which he said that his heart starts beating extremely rapidly, that he begins to shake and he feels symptoms of panic. [D1527] said that this is whenever an IRC officer enters his room as he immediately fears they are there to remove him or hurt him in some way.

91. [D1527] also said in interview that this symptom has been much worse since IRC staff told him that someone from the Egyptian embassy is coming to visit him. [D1527] is convinced that this visitor will not be to help him, but either to harm him or

84. [D1527] reported that he hears the voices of his dead friend [Sensitive/irrelevant] and others including [redacted] family and said that all his heard voices are malevolent: 'they tell me that my life is finished and that I should die'. [D1527] clearly found this symptom very distressing to talk about as well as its connections with past traumatic memories and his expression became glazed and dissociative as he did so. He then immediately asked for a break and it was objectively apparent that he was feeling agitated and distressed.

POST TRAUMATIC STRESS DISORDER (PTSD), Moderate-Severe

(Source: International Classification of Medical and Behavioural Disorders, ICD-10, F43.1)

Entry Criterion – A. The person has been exposed to a traumatic event in which both of the following were present:

- 1) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.**
- 2) The person's response involved intense fear, helplessness or horror.**

85. As described above, [D1527] reports being exposed to significant traumatic life events in his native Egypt and on the journey to the UK. These included: torture; witnessing his friend murdered in front of him; reported near-drowning at sea; being abused by agents including sexually molested and witnessing other refugees being abused (including raped) and murdered by them. His reported experience of these events

Escalated anger

77. [D1527] reported that he used to feel extremely angry and agitated about his life and situation which would often result in his being restrained by prison and then IRC officers. He said that now he feels too hopeless and exhausted to get angry and it appears that all his rage is now internalised and self-directed in the form of recurrent suicidality and attempts to end his life. This evidently augments his suicide and self-harm rates considerably.

Escalated anxiety and stress

78. As described above, [D1527] appeared objectively tense and anxious from the outset of this interview and throughout.

79. He showed insight in commenting that his threshold for any additional stress or anxiety, no matter how small the trigger, is now so low that he cannot cope with anything going wrong and will become agitated, angry and very distressed, often to the point of a suicide attempt and which then leads to a vicious cycle of [D1527] then being restrained (often handcuffed) for his own safety, then becoming further traumatised, angrier and more suicidal. [D1527] said in interview that 'stress goes from one to a hundred with me instantly now'.

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wishing to die, but said, *'I am tired. I have survived death more than once in the past, but now I know there was no point and so I now choose to die'*.

71. As also described elsewhere, [D1527] reported that he mostly tries to end his life by hanging himself and/or slitting his wrists. There is corroborative evidence in his medical records of significant suicidal ideation being expressed, nooses being removed from him and evidence that he had self-harmed by cutting (e.g. entries of 5th February 2017; 25th April 2017; 20th March 2017). The former entry indeed confirms that [D1527] has been placed on 'anti tear bedding' implying that he had previously ripped his bedding recurrently in attempts to make nooses with which to hang himself as he stated in this assessment. [D1527] did state that he experiences suicidal ideation *'a thousand times a day'* which seemed inevitably an exaggeration. This matter, however, is explained below and I do not consider it affects the overall credibility of [D1527] self-report symptoms in this regard for reasons given there (see Causation and Plausibility section).

72. [D1527] said in interview that he has ripped up his bedding many times in attempts to make nooses with which to hang himself. [D1527] indicated scars to his left wrist in this interview which he said were from such attempts.

73. Due to his recurrent and acute suicidality, [D1527] reported that he is frequently sent to 'E Wing' which he explained as a psychiatric wing where he is kept in isolation and under 24 hour / day observation to prevent him committing suicide. [D1527] said

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64. Despite some uncertainty as to the level of [D1527] poor appetite and eating currently, I am not in doubt that his food and fluid intake is poor as a consequence of his depressive illness.

Social Withdrawal

65. [D1527] reported that he tries to keep to himself as much as possible in the IRC and does not socialise much with other detainees. He said that his roommate is kind and looks out for him as do some others and that these men try and encourage him to come outside with them and participate in physical exercise, for example, but [D1527] said that he often refuses and prefers to remain in his room where, he said, he spends most of his days. [D1527] symptoms of significant lethargy and lack of motivation, described above, also do not help with this.

66. [D1527] reported that he also often avoids socialising as he does not want to answer others' questions about his situation or why he is in detention as he finds this too upsetting to talk about.

Suicidality and self-harm

67. [D1527] reported having felt recurrently suicidal since his arrival in the UK due to the highly traumatic nature of his past experiences and separation from his family and all he knew. He said that he made a serious suicide attempt shortly after his arrival here via

04 Jun 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

G4S Health
Mental Health Referral Form

	Date	Time	Attended
1 st Appointment	12/04/17	3.30	Yes
2 nd Appointment			
3 rd Appointment			
Outcome	Discharged		

C 208

Name:	D1527	Date of Birth:	DPA	Wing	awaiting
Referred By:	Lyn O'Doherty	Date of Referral	04 Apr 2017	Room No.	awaiting
Is the detainee aware of the referral: YES / NO		CID	10549090		

Reason for referral: (Please include as much detail as possible as to why you feel it appropriate for the individual to be seen by a Mental Health Nurse)

Transferred from Belmarsh HMP-full notes not seen on admission but currently on ACDT due to suicide threats. States he was on antidepressants but they haven't helped. Quiet on admission and has hx of self harm but didn't want to elaborate.

For completion by RMN


Mental Health Issue	Tick	Mental Health Issue	Tick
Stress Related	<input checked="" type="checkbox"/>	Suicide/ Self Harm	<input checked="" type="checkbox"/>
Sleep Issue	<input type="checkbox"/>	Psychosis	<input type="checkbox"/>
Torture Related	<input checked="" type="checkbox"/>	Personality Disorder	<input type="checkbox"/>
Immigration Issue	<input checked="" type="checkbox"/>	Alcohol/Substance Misuse	<input type="checkbox"/>
Low Mood	<input type="checkbox"/>	Bereavement	<input type="checkbox"/>
Bi-Polar Disorder	<input type="checkbox"/>	Adjustment Disorder	<input type="checkbox"/>
Depressive Disorder	<input checked="" type="checkbox"/>	Nil Require/Behavioural	<input type="checkbox"/>

Outcome

Action	Tick	Action	Tick
ACDT	<input type="checkbox"/>	Referral to Nurse Triage	<input type="checkbox"/>
Referral to Psychiatrist	<input type="checkbox"/>	Ongoing Mental Health Support	<input type="checkbox"/>
Referral to G.P	<input type="checkbox"/>	Medication	<input type="checkbox"/>
Referral to Chaplain	<input type="checkbox"/>	Stress/Sleep Management	<input type="checkbox"/>
Nil Required	<input type="checkbox"/>	Emotional Health Group	<input type="checkbox"/>

Date Seen:	Seen By:	Further Appointment:
12.4.17	K. Churcher	Yes

14 Jun 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

 **Home Office**

Immigration Enforcement
Op Nexus High Harm Team
1st Floor Capital Building
Blue Zone
New Hall Place
Liverpool
L3 0BP
Tel
Fax
Email
Web www.gov.uk/uk-visas-immigration

DPA

Medical Consent Form

Home Office reference number	A1848650
Name	D1527
Date of Birth	DPA

PART A: Explanation
You are requested to give consent for your doctor to disclose details of your medical history and/or your dependants' medical history to an officer of the Home Office. The details to be disclosed by your doctor would include confirmation of medical condition, medication being taken and any special conditions. Any information obtained may then be used to inform decisions taken on your case, including how to progress removal should your application for asylum be unsuccessful.
You do not have to agree to give consent but it would help the Home Office to better take into account any illnesses or special considerations which may affect your family.

PART B: Applicant's consent
The purpose of this medical consent form has been explained to me. I understand that it may be used to obtain information from my doctor to inform decisions taken on my case and that it is my opportunity to inform Home Office of any special considerations which may affect my family.
I give permission for my doctor to disclose details of my medical history and/or my dependants' medical history to an officer of the Home Office. I undertake to inform Home Office as soon as possible of any changes in medical circumstances or doctor's contact details.
Any other comments

PART C: Applicant's Doctor's details

Applicant's NHS number	
Name of Doctor	
Address of Doctor	
Doctor's Tel No	

Signed **Signature** (Applicant) Date 12/06/17

ASL3751 04/08

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Tue 28 Apr 2020 09:47
Confidential: Personal Data


D1527

(10549090)

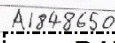


DPA

22 Aug 2017	General Letter to unknown
Letter Type	General Letter
Letter To	
Letter From	

 Home Office

Tel 
Fax N/A
Email N/A
Web www.gov.uk/uk-visas-immigration

Medical Consent Form

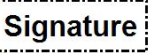
Home Office reference number 
Name 
Date of Birth 

PART A: Explanation
You are requested to give consent for detention centre healthcare staff and your doctor to disclose details of your medical history to an officer of the Home Office. The details to be disclosed would include confirmation of medical condition, medication being taken and any special conditions. Any information obtained may then be used to inform decisions taken on your case, including how to progress your judicial review.

PART B: Applicant's consent
The purpose of this medical consent form has been explained to me. I understand that it may be used to obtain information from detention centre healthcare staff and my doctor to inform decisions taken on my case.
I give permission for detention centre healthcare staff and my doctor to disclose details of my medical history and to an officer of the Home Office. I undertake to inform Home Office as soon as possible of any changes in medical circumstances or doctor's contact details.


PART C: Claimant's Doctor's details

Applicant's NHS number	
Name of Doctor	
Address of Doctor	
Doctor's Tel No	


X Signed  (Applicant) Date 22/8/17

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Tue 28 Apr 2020 09:47
Confidential: Personal Data



08 Sep 2017	General Letter to Gatwick Immigration Removal Centre
Letter Type	General Letter
Letter To	Gatwick Immigration Removal Centre
Letter From	Duncan Lewis solicitors


Duncan Lewis

FAO: HEALTHCARE DEPARTMENT
Brook House IRC
Perimeter Road South
London Gatwick Airport
Gatwick
RH6 0PQ

Correspondence Address:
Spencer House
29 Grove Hill Road
Harrow On The Hill
HA1 3BN
DX 4216 Harrow

BY RECORDED DELIVERY

Our ref: A20889003
Your ref: A1848650
Date: 8 September 2017

PAID
PRINTED & POSTED
12/9/17

10549090

Dear Sirs,

NAME OF CLIENT : D1527
DOB : DPA (disputed)
NATIONALITY : Egyptian
HO REF : A1848650

We write in relation to the above named client, who we continue to represent.

We write to request our client's full medical records from his detention at Brook House IRC. We enclose with this letter our client's signed authority and a cheque for the requisite fee (£10).


If you have any queries, please contact DPA by telephone on DPA

Please ensure that you quote our reference number in all correspondence and communications with this office.

Yours faithfully,
Signature
Duncan Lewis

DISCOUNTS IN PAYMENT Level Connected with the legal aid Agency Family resolution

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Duncan Lewis

CLIENT AUTHORITY

Name of Client: **D1527**

Client's Address: **DPA**

Date of birth: **DPA**

NI Number:

My Solicitors	Duncan Lewis Solicitors
Correspondence address	Spencer House, 29 Grove Hill Road, Harrow-On-The-Hill, HA1 3BN
Contact	DPA
Branch	
Fee Earner	
Direct Dial	
Case Ref. Number	


To:

Confirmation

I hereby authorise you to release to my solicitors above, any notes, records, reports, papers, correspondence, information or documentation concerning me, in your possession, which they may require of you, including specifically if requested, my previous solicitors' files (including attendance notes), and all medical records relating to me that you may hold. Please quote the above case reference number in all correspondence.

Signed: **Signature** Dated: **08/09/2017**

Print Name: **D1527**



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