



Home Office

HOME OFFICE

Home Office Security
Professional Standards Unit

A Home Office investigation into the circumstances surrounding the alleged instances of mistreatment of D2054 during his detention in Brook House Immigration Removal Centre.

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1. INTRODUCTION

- 1.1 [D2054] sent his email complaint on 03 July 2017 alleging that on 28 June 2017, Detainee Custody Officers (DCO) at Brook House Immigration Removal Centre (IRC) had used excessive force when moving him from his room to the reception area and his handover to Tascor DCOs for his removal to Nigeria. He also alleged that whilst in Brook House IRC he had been starved for five days, had not been treated properly for his self harm injuries and had been given the incorrect medication. On his flight he had been given only one of his six medications and incorrect advice about support in Nigeria. He alleged that as a result of his treatment in Brook House IRC and on the way back to Nigeria, he had almost died from loss of blood from his self harm injuries, been rendered unconscious and banged his head during the use of force and now had memory loss, possible brain damage and nonstop serious headaches.
- 1.2 The case was received in the Professional Standards Unit (PSU) on 07 July 2017.

2. TERMS OF REFERENCE

- 2.1 To investigate the complaint allegation made by [D2054] that:
- 2.1.1 He had been starved for five days and then on 28 June 2017 had been given food that he was 'very convinced that something might be wrong with that lunch food they gave to me on 28/6/2017 either because I told them they should kill me or they are trying now to move me to Nigeria without me knowing...It looked like it had been boiled in chemicals.'
- 2.1.2 He had not been provided with his medication prior to his removal from his room to reception and the medication provided to him on the flight to Nigeria was incomplete.
- 2.1.3 He had self harmed on 28 June 2017 because he had been told that he would be removed to Nigeria in a few hours, this had been the first time that he had been told that he was going to be removed to Nigeria and he was afraid for his life.
- 2.1.4 He had been 'bleeding seriously' from the three wounds he had caused in his arm and this had not been treated properly by Healthcare so he had continued to bleed before, during and after the use of force and his return to Nigeria that could have caused him to die from the amount of blood he lost.
- 2.1.5 The DCOs who entered his room and used force to move him to reception had 'rushed him when he was trying to explain about his condition and not given him chance to walk to reception.'
- 2.1.6 He had hit his head on the floor during the use of force, had been unconscious and the force used on him had continued regardless. Given this and the lack of treatment, he believed he had brain damage, loss of memory, could not sleep and 'none stop headaches.'
- 2.1.7 During the journey to the airport, Tascor DCOs had provided him with addresses for support organisations in Nigeria that were incorrect.

- 2.2 To consider and report on whether a disciplinary offence may have been committed by any officer involved in the incident and whether relevant local and national policies/guidelines were complied with.
- 2.3 To consider and report on whether there is any learning for any individual or organisational learning, including whether any change in policy or practice would help to prevent a recurrence of the event, incident or conduct investigated.
- 2.4 To consider and report on whether the incident highlights any good practice that should be disseminated.

3. HOME OFFICE POLICY & GUIDANCE

3.1 The Civil Service Code

There are values and standards expected of all Home Office employees. The Civil Service Code states that employees are expected to carry out their role with dedication and with commitment to the Civil Service and its core values of integrity, honesty, objectivity and impartiality. This report therefore looks to ensure that the standards of conduct laid down for Home Office employees have been observed.

3.2 Detention Service Order 03/2015 - Handling of Complaints

The Detention Services Complaints Guidance ensures that the investigation of complaints is dealt with effectively and efficiently. This investigation and report has been conducted in line with the formal investigation procedures set out in the Complaints Guidance.

3.3 Other guidance and policies

This investigation has also considered the Detention Centre Rules (Statutory Instrument 2001 number 238) paragraphs 7 regarding searching of detainees, 39 (1) to (3) regarding general security and safety in the centre, 40 regarding removal from association, 41 regarding use of force by DCOs and 42 regarding temporary confinement. The Operating Standards in IRCs Discharge paragraph 18 regarding discharge from the IRC specifically about medication, Catering paragraph 7 regarding healthcare and special dietary requirements., Removal from Association, Suicide and Self Harm Prevention, Temporary Confinement and Use of Force have been considered.

The Operating Standards for Escorting Custody of Detainees paragraph 7 regarding the recording of any existing injuries or complaints of injuries at handover, Medical Care paragraphs 1 and 2 regarding sufficient medication being provided for the duration of the escort and recording this, Security regarding the risk assessment and application of handcuffs and rub down search and Use of Force have also been considered.

Finally, the Detention Service Orders (DSO) on Use of Restraints (07/2016), Removal from Association and Temporary Confinement (02/2017), Detainee

Custody Officer Certification (10/2014), Service of Removal Directions (03-2014), Food and Fluid Refusal (03/2013), Person Escort Record (18/2012), Removal of Blades (10/2012), Searching Policy (09/2012), Assessment Care and Detention and Teamwork (06/2008) and Self Harm (04/2006) have also been considered when evaluating the actions and responses of DCOs from Brook House IRC and Tascor to the behaviours and actions of [D2054]

4. OFFICERS SUBJECT TO INVESTIGATION

Detainee Custody Manager (DCM) Ben Shadbolt (Head and Left arm)
DCM Dave Aldis (Supervising Officer)
DCO Jonathan Martin (Right arm)
DCO Derek Murphy (Head / Shield and Left arm)

DCOs Daniella Di-Tella and Andrew Simmons were treated as witnesses given there was no direct allegation against them.

PSU do not investigate healthcare complaints so the evidence requested from healthcare (Clinical Lead Chrissie Williams) was as a witness only.

The complaints relating to the Tascor DCOs (inaccurate advice) were considered as none malicious based on the evidence of [D2054] so again the evidence was gathered as witness evidence only.

All DCOs were accredited and in date with their Control and Restraint (C & R) refresher training at the time of the alleged excessive use of force on 28 June 2017.

5. SUMMARY/CHRONOLOGY OF INVESTIGATION

- 5.1 The allegations made by [D2054] fell into two categories. Given the allegations of excessive use of force causing injury to [D2054]'s head and aggravating the self harm injuries to his left arm and the food tampering, these criminal matters were referred to Sussex police on 20 July 2017. They responded that they had created a report for this and their reference number was 47170107133. On 24 July 2017 their response was 'it is not clear that a crime has occurred from the limited details given, [D2054] has banged his head as officers have entered his room following [D2054] self-harming. Is this an allegation of excessive force / assault? Or was the injury sustained due to [D2054] resisting officers? Is he also alleging any offences about his food being tampered with? Once your investigation is completed please inform Sussex police of any crimes to be recorded and investigated.'
- 5.2 Clarification was provided and Sussex police responded on 30 July 2017, 'it should be fine for you to proceed with your investigation, the officer in charge may need to contact you in due course to discuss you investigation as well.' The outcome of the investigation has been provided to Sussex police.
- 5.3 The other allegations relating to the lack of medication, provision of incorrect support advice and starvation for five days fall into unprofessional conduct of staff at Brook

House IRC.

- 5.4 A telephone interview was conducted with **D2054** on 11 August 2017, given he had been removed to Nigeria on 28 June 2017. **D2054** submitted additional email evidence prior to and post his interview. This included photographs of his self harm injuries. **D2054** suggested a witness to his self harm, **D1157** but HO and Brook House IRC records showed that **D1157** left Brook House IRC on 30 June 2017 for a flight to Ireland. There was no contact address on either department's records. Given the limited evidence that **D1157** could provide to the allegations, it was not felt detrimental to the investigation that his evidence could not be obtained.
- 5.5 Medical consent was obtained from **D2054** on 14 July 2017 and his medical records were received on 21 July 2017.
- 5.6 HO records showed that **D2054** was an overstayer who was encountered by Immigration Enforcement in May 2016 working illegally. He was detained and submitted various immigration claims and an asylum claim that were all refused. He was detained on 15 June 2017, served with the IS.91R advising him that his removal from the UK was imminent and taken to Brook House IRC. On 21 June 2017, **D2054** was served with his removal directions (IS.151G) in the presence of both HO and Serco staff. When he stated on 21 June 2017 that he could not return to Nigeria and would kill himself, DCM Aldis opened an ACDT and recorded this. There are contemporaneous notes on his HO electronic record about this. This ADCT was completed from 21 June 2017 to the point of his removal to Nigerian authorities on 28 to 29 June 2017. A copy of this is with both Brook House IRC and Tascor evidence.
- 5.7 Evidence requests were issued to Brook House IRC Single Point of Contact (SPOC) Karen Goulder and Tascor SPOC Graham Autry on 13 July 2017.
- 5.8 A copy of the Person Escort Report (PER), Passive Restraint Report, Property Sheet and Manifest extract were received from SPOC Autry on 14 July 2017. Tascor's copy of the ACDT was received on 17 July 2017. Key Tascor DCOs were identified and submitted witness statements by 25 August 2017. These were Senior DCOs Gary Costin (applied handcuff as he took over from Brook House DCOs at 23:25 hrs on 28 June 2017 and obtained authorisation for the use of the WRB) and Neil Marchant (took control of **D2054**'s property and person) and DCOs Matthew McGrath and Matthew Woods (applied the waist restraint belt – WRB in the restricted position and escorted on the right and left respectively), Murat Shabani (completed the PER and the ACDT) and Tom Chambers and Bhawandeep Chahal (provided addresses for contacts in Nigeria and sat beside **D2054** in the vehicle to the airport).
- 5.9 On 23 August 2017, SPOC Autry confirmed that the Closed Circuit Television (CCTV) from the vehicle that transported **D2054** from Brook House IRC to the airport was unavailable and the reasons for this were being explored.
- 5.10 Use of Force reports were completed contemporaneously by DCMs Ben Shadbolt, and Dave Aldis and DCOs Derek Murphy, Jonathan Martin, Daniella Di-Tella and

Andrew Simmons were received by 20 July 2017. Also received were the Injuries Sustained and Healthcare form and Report of Injury to a Detainee form completed by DCM Aldis and CL Williams on 28 June 2017 and the Incident Report completed by DCM Aldis regarding the self harm and the use of force. Body worn video (BWV) of the use of force and Closed Circuit Television (CCTV) of the move was received on 27 July 2017. The search documents post the self harm attempt were received on 06 September 2017.

- 5.11 Given the review of the BWV showed no bleeding, head banging on the floor during the use of force or excessive use of force, telephone interviews were conducted with the main use of force officers DCMs Aldis and Shadbolt and DCOs Murphy and Martin by 24 August 2017. Witness statements were received from DCOs Di-Tella and Simmons by 04 September 2017. DCO Chris Donnelly had been operating a second camera and he provided his witness statement by 16 August 2017. There was no BWV footage of the de-brief post the use of force.
- 5.12 CL Williams provided her witness statement on 12 September 2017. Aeromed Medic Robert Dobson provided his witness statement on 29 August 2017 and Aeromed In-Flight Medics Kamil Sliz and Michael Pugh on 18 September 2017.

6. SUMMARY OF EVIDENCE

- 6.1 Complainant: [D2054] - Summary of Email complaint dated 03 July 2017, Telephone Interview dated 11 August 2017 and Emails submitted pre and post telephone interview dated 21 and 29 July and 7, 8, 11 and 13 August 2017 (Appendix A).
- 6.1.1 [D2054] said that he had been starved for five days and Healthcare had raised concern because he had lost three kilograms in that period. He then said that he had eaten the food in Brook House IRC on the first day but it had given him diarrhoea so he had stopped eating. He had asked Healthcare to provide him with boiled potatoes and fish but this had not been arranged so he had gone hungry. [D2054] said that officers had encouraged him to eat other food but he had only eaten when the boiled potatoes had been provided. These had been provided in the same pot as that served to the other detainees. He had also cooked his own boiled potatoes.
- 6.1.2 On 28 June 2017, the other detainees had been locked in their rooms at 12:30 hrs and at 13:00 hrs, [D2054] had been given boiled potatoes in a separate container to the other detainees. This container had not previously been used and was in a Nylon bag. The food had looked "very dark" and "like gum." It had smelt "like chemicals" but had tasted the same as usual. He had had to eat the food because he had not eaten for five days and could not wait for dinner. It had made him feel "lazy and uncomfortable" and he had lain on his bed afterwards. [D2054] said that the food had been "poisoned. Not to kill me but to make me go to Nigeria." He was inconsistent as to whether he had told his sister that he thought he had been poisoned during her visit later that afternoon.
- 6.1.3 After 45 minutes, [D2054] had been told that he was being removed to Nigeria that day. This had been the first time that he had been told this and had been very

angry. [D2054] had asked to speak to his solicitor when an officer had asked him if he was going to do as the officers asked and leave with them for Nigeria. He had thought to kill himself and had not had these thoughts before. [D2054] had stabbed himself in the left arm three times, even though he did not even like needles or anything touching his skin. Healthcare had come to see him and had said that one of the wounds was very bad and very deep but they had not stitched or put a plaster on any of the wounds. The wounds had been left bleeding. They had also said that they would come back and check on him but had not done so. He had been taken to another room and had visited with his sister but had not told her how he was feeling.

6.1.4 Whilst in the new room, [D2054] had asked about his medication but the officer had not been aware of this medication.

6.1.5 At 21:00 hrs, [D2054] said that an officer had come to his room and told him that he was being moved to Nigeria in the next few hours. In his telephone interview [D2054] said that he had told the officer on his door that Healthcare had not returned to check on him. He had asked for paracetamol for a headache but had not been given any. Another officer had been talking with the officer on his door and the officer on his door had said that it was a bad thing that "people were here to take me to Nigeria" but the other officer had said that [D2054] was to be taken. [D2054] said that he had been crying because he had still been losing blood from his wounds.

6.1.6 At 22:00 or 23:00 hrs, 15 officers had come to his room and he had been told that he was being removed to Nigeria. [D2054] had "told him to look at me I can't go in my condition." The officers had "rushed in" and taken him onto the floor. He said that he had not been given the opportunity to leave voluntarily even when he was advised that the BWV footage showed that he had. [D2054] had banged his head during this and had been losing his memory / unconscious and had been calling for Jesus. During the telephone interview, [D2054] amended this to semi conscious and not unconscious. As a result of this head trauma, [D2054] said that he thought he had brain damage and had "none stop headaches." Whilst he had had memory loss prior to the use of force, this had now worsened since. He had been unable to afford medical help in Nigeria.

6.1.7 Six officers had been on top of him, holding his legs and arms. One had handcuffed him causing him a lot of pain and an injury as the handcuff was squeezed as it was applied. [D2054] said that one of the security officers was covered in blood from [D2054]'s bleeding wounds. He said that when he was taken into the vehicle to the airport that he had been put in a long sleeve top to hide the fact that he was bleeding.

6.1.8 During the three to four hour journey to the airport, [D2054] had been in the WRB. [D2054] said that he had been told that he would be seen by medics when he arrived at his flight. He had been bleeding in the van. [D2054] had spoken to his sister during the journey but not his solicitor because he could not recall the solicitor's number. An officer had also spoken to his sister. He had not told anyone that he had hurt his head during the use of force. He was not seen by medics.

6.1.9 On the flight to Nigeria, [D2054] had only received one of his six tablets and this was the [Sensitive/irrelevant] for his diabetes. His medication had been given to him when he had been handed over to the Nigerian authorities. [D2054] had been given two charities to contact for assistance on his arrival in Nigeria. He provided the paper upon which the addresses and names were written. These were the International Organization of Migration (IOM) in Lagos and Abuja. He said that when he called the numbers, one was unavailable and the other was not a charity.

6.1.10 [D2054] said that 'the health care should have been considered that I was not mean to injured myself and stitch the wounds but they did not that's why I lost a lots of blood on my way to Nigeria.' He said that he had been bleeding after Healthcare had treated the wounds and continued to do so before, during and after the use of force and his removal to Nigeria. He was that the amount of blood he lost could have killed him. [D2054] said that during the use of force he had banged his head on the floor and this had directly caused him memory loss, possible brain damage and none stop headaches. He had not told the Brook House or Tascor DCOs that he had hurt his head and had had memory loss previously but it had worsened since the use of force. He had not sought treatment for this in Nigeria because he had no money to afford the medical costs.

6.2 Subjects: Summary of Rule 41 Use of Force reports, Incident Report and Report of Injury to Detainee dated 28 June 2017 and Telephone Interviews conducted with Detainee Custody Managers Dave Aldis and Ben Shadbolt and Detainee Custody Officers Derek Murphy and Jonathan Martin dated 18 and 24 August 2017 (Appendix B)

6.2.1 DCM Aldis said that he had been aware of [D2054] prior to the planned use of force on 28 June 2017 because he had been present when [D2054] had said that he could not return to Nigeria when served with his removal directions on 21 June 2017. He had opened the ACDT. Whilst he had been recorded as the case manager, DCM Aldis said that he was unaware of [D2054]'s food refusal given they had 10 such cases at the moment. He said that whilst a DCM would be allocated as case manager and the intention was they would be present at any case review for consistency, given shift patterns and sickness this did not always occur.

6.2.2 On 28 June 2017, he had been the operations manager (Oscar 1) and had been asked to attend [D2054] because he had made a couple of cuts to his upper left arm with a razor blade. DCO Murphy said that he had also attended this first response and both said that they had seen Healthcare attend to [D2054]'s wounds and "patch him up." DCM Aldis said that wounds had been "small, superficial marks to his ([D2054]) upper left arm." He said Healthcare had said that [D2054] did not require hospital treatment. DCM Aldis and DCO Murphy were consistent that the wounds were clean and not bleeding once Healthcare had completed their less than 10 minute treatment.

6.2.3 DCM Aldis said that he had put [D2054] under constant supervision following this self harm attempt and moved him to their safer custody rooms where [D2054] could be observed through the glass door (E Wing). He said that Duty Director Michelle Brown had authorised a full search to ensure all blades had been

removed. DCOs Murphy and Luke Odey had completed this search and recovered one blade during and one subsequent to the search. DCO Murphy could not recall conducting the search.

- 6.2.4 Just after 21:00 hrs, DCM Aldis had gathered a team in personal protective clothing (PPE) to move **D2054** from his room to the Tascor escorts waiting in reception to remove him to Nigeria. This had been a planned removal given **D2054** **D2054** s self harm and refusal to leave for his flight. The team was there in case **D2054** refused to walk to reception for his removal. He had held a briefing and CL Williams had been present and said that she had no medical concerns. DCM Shadbolt and DCOs Martin and Murphy confirmed that they had attended the briefing.
- 6.2.5 DCM Aldis and the other subject officers were consistent that DCM Aldis had spoken to **D2054** and asked him "numerous", "several" and "three to five times" to leave with DCM Aldis and walk to reception to talk with the Tascor escorts. The officers in PPE had been unable to hear **D2054** s response because they wore helmets. DCM Aldis said that **D2054** had responded that he was unwell and talked over DCM Aldis. All the officers were consistent saying that the team in PPE moved to the door so that **D2054** could see they were prepared to enter and remove him by force and that DCM Aldis had told **D2054** this and offered again for him to walk to reception voluntarily. DCMs Aldis and Shadbolt and DCO Murphy were stood at the door and had heard **D2054** refuse. The team had entered as instructed by DCM Aldis. There was a slight inconsistency as to the time (between 23:10 and 23:20 hrs) officers arrived and entered **D2054** s room. All the officers said that **D2054** had been sat up in bed when they had entered.
- 6.2.6 DCO Murphy said that he had been on the shield and was number one officer. He had used the shield as trained to do so and between him and **D2054** upper body to prevent **D2054** causing him or the team injuries and in case of any further blades. There had been no further blades. DCO Murphy had then discarded the shield, passing this to a support officer for removal from the room.
- 6.2.7 DCO Martin said that he had entered and taken control of **D2054** s left arm (clarified as right arm at his telephone interview). DCM Shadbolt said that he had entered and taken hold of **D2054** s left arm "isolating the arm by holding **D2054** s left arm with my left arm on his lower arm and my right arm under **D2054** s armpit."
- 6.2.8 DCO Murphy said that **D2054** "had gone rigid" and resisted officers and had been assisted to the floor. DCO Murphy had taken hold of **D2054** s head (fingers under the chin and back of his head) to prevent **D2054** from banging his head on the floor. DCM Murphy said "at no time did the gentleman's head touch the floor." He said his hand had been between the floor and **D2054** s head. DCM Shadbolt and DCO Martin both said that they had heard no noise to suggest that **D2054** had banged his head on the floor.
- 6.2.9 DCO Martin said that **D2054** had been assisted to the floor given **D2054** had "wriggled off the bed" and had been moving his body to fight with

the officers. DCM Shadbolt said that they had tried to stand [D2054] and he had "taken himself to the floor and officers had assisted him." They were consistent that they had reacted to [D2054] moving to the floor to prevent him injury by assisting him to the floor.

- 6.2.10 Given the size of DCO Murphy and DCM Shadbolt and the restricted area, DCO Murphy said that he had swapped positions with DCM Shadbolt and he had taken control on the left arm and DCM Shadbolt had moved to restrain [D2054] s head. (This was inconsistent with his report that said that he had swapped positions with DCO Martin and took control of the left arm. He said that he had been mistaken in his report). DCM Shadbolt's account was consistent with this change in positions. He said that he had his knees either side of [D2054] s head. His left hand was behind [D2054] s head and his right was on his forehead. DCM Shadbolt had been asking [D2054] to comply with the officers and that he was still going on his flight. DCM Shadbolt said "given [D2054] was constantly shouting the dialogue was not great. He was not listening."
- 6.2.11 DCO Martin said that whilst on the floor he had tried to apply a "final lock / goose hold" and said he was near [D2054] s shoulder with [D2054] s elbow between his knees. He had one hand on [D2054] s elbow, with [D2054] s hand "cocked like a rooster's neck" with DCO Martin's hand under this. (This was the wrist flexion referred to in his report). DCO Martin said that he had struggled to get his hand under [D2054] s because [D2054] s arm had been "quite short, he was strong for such a small man and had been resisting." They all said that [D2054] had been thrashing his legs about and a fourth officer, DCO Di-Tella had entered the room and held his legs. DCM Aldis said that he had advised DCO Di-Tella how to hold the legs because it had been her first use of force.
- 6.2.12 When sat up, DCO Murphy had placed [D2054] s left arm in the 'back hammer rest position' with [D2054] s wrist in the small of his back so that it could be presented for handcuffing. DCO Martin had presented [D2054] s arm in the same manner with his left hand on [D2054] s bicep and his thumb and fore finger wrapped around [D2054] s thumb and fore finger and held in the small of [D2054] s back.
- 6.2.13 DCM Aldis said that he had authorised the use of handcuffs because whilst the officers had control of [D2054] he was not following their instructions and was being non compliant so it was for [D2054] s and the team's safety to protect them from [D2054] lashing out. The distance from the room to reception was also a distance so handcuffs were more secure. DCO Andrew Simmons had applied the handcuffs to [D2054] DCM Shadbolt said that he had seen these applied and checked these were secure.
- 6.2.14 Neither he nor DCM Aldis had any concerns with how the handcuffs had been applied. All of the officers said that there had been no blood from [D2054] s self harm wounds on him or the officers and none had been present at all. Healthcare were directly behind DCM Aldis and he said they would have entered if they had seen any blood.

- 6.2.15 DCM Shadbolt said that his knee had been behind [D2054] to support him and he had held [D2054]'s head to prevent injury to [D2054] from the corner of the bed and to the officers if [D2054] thrashed his head. DCOs Murphy and Martin had then lifted [D2054] to a standing position, holding him under his armpit and elbow. DCM Shadbolt had moved to hold [D2054]'s head and the team had walked him from the room.
- 6.2.16 The officers holding [D2054] (DCM Shadbolt and DCOs Murphy and Martin) all said how he had continued to shout "Jesus" when stood and walked to reception. They said that [D2054] had also been non compliant by "digging his heels in" and "pushing back" to resist walking to reception. DCM Aldis said that he had routinely asked DCM Shadbolt on the head if [D2054] could be stood upright and DCM Shadbolt had continued to hold [D2054] head down. He said that he would not in contact with [D2054] so it was the head officer's judgement if [D2054] had stopped resisting and could be stood upright. DCM Shadbolt said that [D2054] had continued to resist and shout and ignore his instructions so it was unsafe to raise [D2054]'s head.
- 6.2.17 There had been a slight delay outside reception whilst the team waited for confirmation that Tascor were ready to receive [D2054]. DCO Martin said that he had had his face wiped because he was sweating from the helmet and PPE equipment. All said that nothing had happened during that time and [D2054] had just continued to shout Jesus.
- 6.2.18 All the officers were consistent that [D2054] had not banged his head on the floor, been unconscious or been bleeding from his self harm cuts at any time. They all said that if any of this had occurred, Healthcare were present and would have stopped the removal. They all said that [D2054] had been shouting "Jesus" and "where are you Jesus" throughout the planned removal. [D2054] had not complained to any of the officers about hurting his head or bleeding. DCM Aldis, as the Supervising Officer, said that he had had no concerns with how the use of force had been conducted. It was "done quickly and efficiently and if I had had any concerns I would have spoken up at the time." He said that there had been no injuries recorded at the time.
- 6.3 Brook House IRC Witnesses: Detainee Custody Officers Luke Odey, Daniella Di-Tella, Andrew Simmons and Chris Donnelly and Clinical Lead Chrissie Williams – Summary of Incident Report, Use of Force reports and Reports of Injury to a Detainee dated 28 June 2017 and Witness Statements dated 16 and 22 August and 02 September 2017 (Appendix C)
- 6.3.1 DCO Odey completed an Incident Report following a medical emergency response that he called at 13:45 – 13:50 hrs on 28 June 2017 following the self harm attempt by [D2054]. He had asked [D2054] why he had cut his upper left arm and [D2054] had said, "I do not wish to live this life anymore." He said that four nurses attended and asked why [D2054] had cut himself but [D2054] had not responded. He said that DCM Aldis and Healthcare had taken the decision to move [D2054] to E Wing for constant supervision.
- 6.3.2 He said that Healthcare had bandaged the wounds and then [D2054] had

walked to E Wing voluntarily. [D2054] had been searched by DCO Murphy with DCO Odey and DCM Aldis present. [D2054] had voluntarily handed a blade over. Following the search, Healthcare had taken [D2054]'s blood pressure and heart rate. [D2054] had been left in the room with an officer observing him outside the room.

- 6.3.3 DCM Aldis recorded the cuts to [D2054]'s left upper arm on the Report of Injury to Detainee and stated all blades had been recovered. Healthcare Donna Batchelor completed the Healthcare's report at 13:30 hrs and stated that [D2054] [D2054] had 'active bleeding from cuts on left upper arm. Self inflicted wounds from using Razor blade. 1. 1cm x 0.2 cm laceration – steristrips and mepore dressing required. 2. A 2cm x 0.01cm laceration and B 1cm x 0.01 cm laceration cleaning, no dressing required.' The constant watch started post move at 16:00 hrs. DCO Di-Tella said that she had been stood at the door of the room with the rest of the PPE officers and had heard DCM Aldis ask [D2054] three times to leave his room voluntarily and walk to reception. She had been asked to attend to assist if required. She said that she had seen no injuries or bleeding to [D2054] and said that he had not banged his head or been unconscious at any time. She had had no concerns with the force used by the officers.
- 6.3.4 DCO Simmons said that he had been assisting with the charter and had been outside the room when the team had entered. He had entered the room to cover [D2054] [D2054] genitals with a towel and preserve his dignity. He had applied the handcuffs as requested by DCM Aldis and given he was spare in the room. He had then walked with the team and [D2054] so that he could maintain a hold on the towel around [D2054]. He had seen no injuries or bleeding from [D2054] [D2054]. He said that [D2054] had been conscious when he had been in the room. He had no concerns with the use of force he had observed. He said that if he had commented "don't waste your breathe" in response to DCM Shadbolt trying to speak to [D2054] at the door to reception (BWV) he said that would have been because [D2054] had not 'interacted with any of the officers throughout the whole process.'
- 6.3.5 DCO Chris Donnelly had filmed the planned use of force in addition to the BWV worn by DCM Aldis. He said that he had been outside the room and [D2054] had not been unconscious as he had been shouting all the time. He said that he could not remember turning the camera towards the wall whilst at the door to reception but said there was 'certainly nothing suspect.' He had had no concerns with the use of force he had witnessed but this had been minimal as he had been outside the room.
- 6.3.6 CL Williams had been aware that [D2054] had not been eating the servery food given he did not like the food and not for any allergies. A nurse had sat and gone through the menu with [D2054] and he had insisted all he would eat was potatoes. A request had been sent to the kitchen and she had had no feedback from the wing that [D2054] was not eating.
- 6.3.7 CL Williams had been aware of [D2054]'s self harm attempt earlier in the day and that Healthcare had applied a steristrips to one and the other two had been superficial. These had been cleaned and a bandage applied that covered all of the

cuts. On arriving for the use of force, she had been able to observe [D2054]'s arm through the glass window. The dressing was intact and there was no bleeding on the dressing. She had viewed the use of force through the doorway and had not seen [D2054] bang his head on the floor or lose consciousness and he was shouting all the time. [D2054] had not said at any time that his head hurt. She had had no concerns with the force used by the officers.

6.3.8 When [D2054] had been stood up, she had checked and there had been no injuries from the use of force, the dressing was intact, she could not see the wounds given the dressing covered these and there was no bleeding on the dressing. CL Williams had checked [D2054] again at reception and there had been no blood or injuries. She had reported no injuries on the Report of Injuries to Detainee form that she completed on 28 June 2017.

6.4 Witnesses: Tascor Detainee Custody Officers and Aeromed Medics – Summary of Evidence from Witness Statements and Person Escort Record and Assessment Care in Detention and Teamwork completed 28 June 2017. (Appendix D)

6.4.1 [D2054] removal was as part of a charter flight. Given this, there were a number of DCOs and detainees in the reception area and this is captured on the CCTV. Each DCO and the In-Country medic stated that they had dealt with upward of 10 detainees each that night so their recollection was hazy.

6.4.2 Nevertheless, from the manner that [D2054] was presented (in handcuffs by Brook House DCOs in PPE) and his behaviour (distressed and shouting Jesus) consistent evidence was obtained from Tascor and Aeromed staff regarding there being no blood from the wounds to [D2054] from his self harm attempt and no mention of any banging of the head or head pain from the use of force. Medic Dobson checked [D2054] on handover from Brook House IRC and said that there were 'several dry, superficial wounds or scratches' on his left arm that he had no concerns with.

6.4.3 Medic Dobson said that given [D2054] was diabetic that he may have told [D2054] to speak to the In-Flight Medics if he had any concerns. He would not have told him he would be seen routinely. He had been provided with two boxes of Sensitive/Irrelevant and had given this medication to the In-Flight Medics in a plastic bag with [D2054]'s notes.

6.4.4 The PER was completed by DCO Shabani and this showed that [D2054] was handed to Tascor at 23:20 hrs. [D2054] had been placed in a secure WRB at 23:25 hrs and remained in this until the flight left the UK and for 6 hrs 35 minutes. The Passive Restraints Report recorded SDCO Costin had asked for authority to apply this given the disruption noted pre handover (presented in locks and naked, saying he would not fly and with razor blade cuts on his left arm) and it was granted at 23:25 hrs. They had left Brook House at 12:00 hrs and arrived at Brize Norton at 01:58 hrs, boarding at 04:35 hrs with no issues. DCO Shabani had given [D2054] his medication at 07:40 hrs. He had declined food and water until breakfast on the flight. He was handed over to Nigerian authorities at 12:40 hrs on 29 June 2017. The ACDT completed by DCO Shabani reflected the same information.

6.5 Body Worn Video and Closed Circuit Television (Appendix E)

- 6.5.1 The timings on the BWV are inconsistent with the contemporaneous records by an hour. The BWV commenced at 22:19:28 hrs with the briefing by DCM Aldis and DCM Shadbolt and DCOs Martin, Murphy and Di-Tella are present. CL Williams also introduces herself and says she has no concerns with the detainee.
- 6.5.2 The two other pieces of BWV are those worn by DC Aldis and DCO Connelly. These start at 22:21:58 hrs with DCM Aldis asking [D2054] to leave his room or force will be used and end at 22:32:33 hrs with the handover of [D2054] to Tascor in Brook House reception. A period of less than 11 minutes. The handcuffs were applied at 22:25:11 hrs and remain on for just over seven minutes. (The Use of Force form inaccurately records the time and the duration).
- 6.5.3 The CCTV showed the team arrive at [D2054]'s room at 23:15 hrs (suggesting it is the BWV timings that are incorrect). This shows that there are a total of 11 people present at the room. There are the four DCOs in PPE, a grey haired male holding the towel around [D2054] to reception, four male DCOs (one of whom is DCM Aldis), a female with a green bag (CL Williams) and a female nurse.
- 6.5.4 It also showed the Tascor van and coach externally and a number of people in the small reception area. The handover of [D2054] is obscured. [D2054] is taken to another room and returns fully dressed at 23:33:44 hrs in the WRB and escorted by Tascor DCOs.

6.6 Documents (Appendix F)

- 6.6.1 The majority of the documents have been included with the evidence of their authors in the sections above. The Assessment Care in Detention and Teamwork document captures events more than five days prior to the removal and incorporates the five days when [D2054] alleged he was starved. His medical records start on 26 June and end on 28 June 2017. They show that he had consulted Healthcare about his food requirements and that they were aware that he had not eaten for five days and required boiled fish and potatoes. The only medication recorded was the Metformin for [D2054]'s diabetes.

7. CONSIDERATION OF EVIDENCE AND CONCLUSIONS

- 7.1 Allegation 1: that [D2054] had been starved for five days and then on 28 June 2017 had been given food that he was 'very convinced that something might be wrong with that lunch food they gave to me on 28/6/2017 either because I told them they should kill me or they are trying now to move me to Nigeria without me knowing...It looked like it had been boiled in chemicals.'
- 7.1.1 [D2054] initially said that he had been 'starved for five days and that Healthcare had been concerned because he had lost three kilograms in that period. He said that on 28 June 2017, around 12:30 hrs, the officers had locked every one inside their room then came to his room around 13:00 hrs and told him to come and

take his food first before other prisoners will start coming for their own food. The officers gave him boiled potatoes prepared in a private container which they had not served him food like that before. The potatoes looked like they were boiled with chemicals. He had no choice but to eat the food.'

- 7.1.2 In his telephone interview, he said that it had been his choice not to eat the serverly food because the food had caused him to have diarrhoea after the first day so he had stopped eating. So he had not been 'starved' he had chosen not to eat the food that was available. He was inconsistent with his accounts. Based on the evidence, I have found the allegation that **D2054** was starved for five days **unsubstantiated**. It was his own choice not to eat the food that was available to him at mealtimes.
- 7.1.3 The Detention Centre Rules at 13 (3) states that the food served in detention centres should be 'wholesome, nutritious, well prepared and served reasonably varied and sufficient in quantity and meet all religious, dietary, cultural and medical needs.' The Operating Standards states 'In accordance with Rule 13 (1), the Centre must have procedures n place with the healthcare team to ensure that any special dietary needs on grounds of health are met.'
- 7.1.4 **D2054** said that he had asked for boiled fish and potatoes but Healthcare had not arranged this so he had gone hungry. When it had been arranged, he had been offered only boiled potatoes which came in the same pot as for all the detainees. He said that he cooked his own food and the officers encouraged him to do so.
- 7.1.5 The ACDT recorded that he had told the Assessment Interviewer Ann Murrey on 22 June 2017 that he did not like the food and had been put on observations at mealtimes. He had been told to speak to Healthcare so that they could provide details of his special diet to the kitchen or he could cook food for himself in the culture kitchen. On 23 June 2017, he had told the DCO that he was not eating because he was meeting with Healthcare. At his ACDT review on 26 June 2017, **D2054** **D2054** said that he had been eating plain food and the observations confirmed that he had from 25 June 2017 so this entry on **D2054**'s Care Map was closed. There was an issue with the food sent for him at lunch on 26 June 2017 (potatoes in tomato sauce) so **D2054** did not eat again but the DCO had raised this so that this would be rectified with the kitchen.
- 7.1.6 On 27 June 2017, **D2054** received his boiled potatoes but not fish and a DCO checked with Healthcare and the kitchen and was told only boiled potatoes were his special diet.
- 7.1.7 **D2054**'s medical record showed that he had requested boiled potatoes prior to the start of the notes provided as there was reference to this on 27 June 2017. He had been to see them again on 27 June 2017 to request boiled fish because of mild pain after eating and was told that such a request was not Healthcare's remit. He later confirmed to a mental health nurse that he was eating and drinking normally.
- 7.1.8 The medical record and evidence of CL Williams showed that when **D2054** said that he could not eat the food because it upset his stomach he was told to

speaking to Healthcare, went through the menu with a nurse and a special diet was arranged for him based on what he said that he required (boiled potatoes). It is noted that there was a problem with this on 27 June 2017 but the notes showed that the officers tried to rectify this. I'm unsure why Healthcare said a special diet was not in their remit regarding the boiled fish when they had agreed the boiled potatoes but this is not within the remit of this investigation and [D2054] will be advised to take this up with Healthcare should he wish to pursue this.

- 7.1.9 In regards to his food refusal, DSO 03/2013 Food and Fluid Refusal guidance states that 'Under the Mental Capacity Act 2005 any individual over the age of 18 years has the legal right to refuse food and/or fluid. The Act assumes that a person has mental capacity to make their own decisions to refuse food and/or fluid unless it is established they lack that capacity.' There was nothing in [D2054]'s medical notes to suggest that he lacked that mental capacity. The DSO states that 'at no time should coercion to eat or drink be applied to a detainee refusing food and/or fluid.' He was well within his rights to refuse food / fluid and there was nothing medically that staff could do to make him eat. Based on the evidence, and to a balance of probabilities, I have found that the Brook House staff did as much as they could to assist [D2054] to eat (advice, checks on his behalf and observing and suggesting he eat) and there was nothing further they could or should do.
- 7.1.10 In his telephone interview, [D2054] said that the food served to him on 28 June 2017 had been poisoned to make him leave the detention centre for his removal that day but not to kill him. He said that even though it looked and smelt differently that he had to eat it and it had made him feel lazy and uncomfortable.
- 7.1.11 I do not accept as credible that [D2054] had either been served poisonous food or had had to eat food that looked very dark and smelt of chemicals on 28 June 2017. He had refused food previously and nothing had been done to make him eat it. If he had felt that there was something wrong with the food, I have no doubt that on his own evidence of not eating food because it made him feel ill that he would be more minded not to eat the food if it looked wrong and smelt of chemicals.
- 7.1.12 For completeness, I checked the ACDT for the food [D2054] had had prior to the meal on 28 June 2017 and found that he had eaten from the servery at 18:10 hrs on 27 June 2017. So he had eaten within the previous 24 hours. It stated that at 13:00 hrs on 28 June 2017 that [D2054] had been 'present for lunch (no issues) eaten' and this was before he had been told of his removal that day, his self harm attempt and his move to E Wing. There was nothing to suggest that he had been served separately as he was on his own wing. There was nothing to suggest any special food or treatment as [D2054] suggested. In fact, it stated no issues and he had eaten. The evidence suggests that this was the meal [D2054] [D2054] was referring to given he said that he had eaten the food because he could not wait for dinner because he had not eaten for five days and he had seen his sister afterwards and had not mentioned his concerns about the food. The latter had been at 15:23 hrs. He had then been on the telephone and texting.
- 7.1.13 At 17:45 hrs, there was an issue with [D2054]'s food being in his previous Wing and not on E Wing. Given he wanted his boiled potatoes and fish the DCO arranged for the meal to be brought over in a trolley a few minutes later. This had

been given to [D2054] Even if this was the meal referred to by [D2054] (which the timeline suggests it is not) the notes did not record anything peculiar about the food. Rather they showed a mistake had been made and this had been rectified as soon as the officer became aware.

7.1.14 On the evidence and to a balance of probabilities, I do not find that [D2054] was served with food that contained chemicals and was poisonous to ensure his removal to Nigeria.

7.1.15 On the evidence and to a balance of probabilities, I find the allegation that [D2054] [D2054] had been starved for five days and then on 28 June 2017 had been given food that was poisoned to ensure his removal to Nigeria unsubstantiated.

7.2 **Allegation 2: that [D2054] had not been provided with his medication prior to his removal from his room to reception and the medication provided to him on the flight to Nigeria was incomplete.**

7.2.1 [D2054] said that after his move to E Wing that he was not provided with his medication and that the medication provided to him on his flight to Nigeria was incomplete and there was only one (Sensitive/Irrelevant for his diabetes) and not six medications.

7.2.2 The ACDT showed that [D2054] had requested his medication at 17:55 hrs and DCO Jennings had contacted Healthcare because none had been provided when [D2054] had been moved to E Wing. It then states that DCO Jennings collected a cup of water from the kitchen for a drink. The medical records showed that at 18:00 hrs an officer had spoken with Staff Nurse Donna Batchelor and asked about [D2054]'s medication. She had told him that [D2054] kept his own medication (IP – In Person) and that it would be in his previous room. The DCO had said that he was arranging to collect this.

7.2.3 **On the evidence, [D2054] was provided with his medication** when DCO Jennings had been informed by [D2054] that he had medication he needed to take. DCO Jennings checked with Healthcare and arranged for the medication to be brought from [D2054]'s room. He collected a cup of water for [D2054] to take the tablets with. **The allegation is unsubstantiated.**

7.2.4 [D2054]'s medical records showed that his medication was (Sensitive/Irrelevant) 500 mg and two tablets were to be taken twice a day. No other medication is listed. Medic Dobson said that he had been handed [D2054]'s medication as they left Brook House IRC. He had been given two boxes of (Sensitive/Irrelevant) tablets and had given these to the In-Flight Medics. DCO Shabani noted in the PER that [D2054] had had his medication at 07:40 hrs on 29 June 2017.

7.2.5 According to the Operating Standards for the Escorting process 'where the healthcare team at the sending centre judge that it is appropriate for a detainee to have medication in possession sufficient medication will be prescribed for the duration of the escort. The Contractor will retain any remaining medication that the healthcare team provides and either hand it to the detainee at the point of removal

or to the receiving authority on arrival.'

- 7.2.6 On the evidence, **D2054** was only on **Sensitive/irrelevant** tablets for his diabetes at the time he left Brook House IRC and sufficient amounts of this was provided for his journey to Nigeria. **The allegation that he was only provided with one of his six medications is unsubstantiated** as he was only on one medication.
- 7.2.7 On the evidence and to a balance of probability, the allegation that **D2054** had not been provided with his medication prior to his removal from his room to reception and the medication provided to him on the flight to Nigeria was incomplete is unsubstantiated.
- 7.3 **Allegation 3: that **D2054** had self harmed on 28 June 2017 because he had been told that he would be removed to Nigeria in a few hours, this had been the first time that he had been told that he was going to be removed to Nigeria and he was afraid for his life.**
- 7.3.1 **D2054** said that he had not been told about his removal to Nigeria until a few hours before his removal. Being afraid for his life he had become very angry and had cut himself three times in the left arm with a razor blade.
- 7.3.2 I have checked HO electronic records and these showed that **D2054** had been served with an IS.91R at the time of his detention on 15 June 2017. This stated that his removal from the UK was imminent. On 21 June 2017, HO staff met with **D2054** and served the IS.151G. This informed him that removal directions had been given for the carrier to remove him from the UK. DCM Aldis had been present during the service of the removal directions on 21 June 2017 and that was the reason **D2054** was placed on the ACDT.
- 7.3.3 The ACDT stated that **D2054** had been served with removal directions on 21 June 2017 at 15:30 hrs and had said that he cannot go back to Nigeria because of his previous torture there. In response to whether the detainee would comply with removal directions, DCM Aldis continued and stated no. He said that in response to the removal directions **D2054** had said that he wanted to die but that he would not kill himself.
- 7.3.4 On the evidence, the first time that **D2054** was told he was being removed to Nigeria was 15 June 2017 and he was aware the removal directions were in place for his removal on 28 June 2017 on the 21 June 2017 and his response had been sufficient to place him on the ACDT. It is reasonable therefore to assume that the reason **D2054** self harmed on 28 June 2017 and just prior to his removal was an attempt to frustrate his removal.
- 7.3.5 On the evidence and to a balance of probability, the allegation that **D2054** had self harmed on 28 June 2017 because he had been told that he would be removed to Nigeria in a few hours and this had been the first time that he had been told that he was going to be removed to Nigeria is unsubstantiated.
- 7.4 **Allegation 4: that **D2054** had been 'bleeding seriously' from the three**

wounds he had caused in his arm and this had not been treated properly by Healthcare so he had continued to bleed before, during and after the use of force and his return to Nigeria that could have caused him to die from the amount of blood he lost.

- 7.4.1 [D2054]'s evidence was that he had been told that the self inflicted wounds were deep and yet Healthcare had not stitched the wounds or checked up on him after the initial treatment. He said this lack of treatment had caused him to bleed throughout the rest of the day and this was evident during the use of force because there had been blood on the officers who had used force on him, especially the one on his left arm. He said that Tascor had masked the fact that he continued to bleed by placing him in a long sleeve top to cover his arms and the bleeding wounds. He said that he had been told that he would be seen by Healthcare at the flight and was not. [D2054] said that he had continued to bleed during the flight, his t-shirt was soaked with blood when he removed it and he could have died from the amount of blood that he lost that day. I have considered the photographs of his injuries that were submitted 08 August 2017 and a month and a half after the incident.
- 7.4.2 There are three darker cuts that are not as deep or old as other scarring on [D2054] [D2054] upper left arm. The top one is in two cuts. I am satisfied these are the cuts that [D2054] and Healthcare records (and body diagram) are referring to from the self harm attempt. There is no dispute that [D2054] self harmed and required medical treatment for his cuts. What is in dispute is whether the wounds were treated properly, given [D2054] said that they continued to bleed for the next 24 hours.
- 7.4.3 I have considered the evidence of the officers and Healthcare staff who attended the medical emergency response called by DCO Odey at 13:15 – 13:20 hrs. I note that the timing of the medical response in DCO Odey's report is inconsistent by half an hour with those of the other officers who attended and Healthcare and indeed his own note in the ACDT. Given that the majority of the timings suggest the medical response was at 13:15 – 13:20 hrs and [D2054] was moved to E Wing at 13:45 hrs, I am satisfied that the time stated by the majority of the contemporaneous records is correct. (Feedback on accurate recording in reports is raised as a recommendation).
- 7.4.4 The Healthcare Report and note on [D2054]'s medical notes completed by Staff Nurse (SN) Batchelor contemporaneously noted that treatment was administered at 13:30 hrs and [D2054] had 'active bleeding from cuts on left upper arm. Self inflicted wounds from using a razor blade.' She noted the size of the lacerations and that she had applied steristrips to the largest of the three and a Mepore dressing. She said that the other two required no dressing.
- 7.4.5 The evidence of the officers present during the treatment by Healthcare (DCM Aldis and DCOs Odey and Murphy) was consistent. All said that they had seen Healthcare treat [D2054] for the three "small, superficial marks to his left upper arm." They were consistent that once Healthcare had completed the less than 10 minute treatment that there had been no further bleeding. I am satisfied, on the evidence that the wounds were not bleeding soon after the treatment had been administered by Healthcare.

- 7.4.6 DCM Aldis and SN Batchelor said that [D2054] had been moved to a safer custody room with glass doors so that he could be observed by an officer for his own safety given he had self harmed and was refusing to leave for his removal. DCO Odey's report confirmed that this had been a joint decision by DCM Aldis and Healthcare. A search was conducted prior to this to remove any remaining blades and one was found and removed.
- 7.4.7 The ACDT showed that by 13:45 hrs [D2054] had been relocated to this safer custody room and observation began by DCO Jennings at 13:55 hrs. I was satisfied that swift action was taken to ensure that [D2054] had no blade to further self harm and was monitored post the self harm attempt.
- 7.4.8 The ACDT showed that Healthcare had observed [D2054] post his move to E Wing and the DCOs observing [D2054] were checking him regularly. The Medical notes showed that at 18:00 hrs, DCO Jennings had spoken to SN Batchelor to update her on [D2054]'s demeanour. I was satisfied, on the evidence, [D2054] [D2054] was checked on post his self harm attempt and treatment.
- 7.4.9 I have considered the next 24 hours and what evidence there was that the wounds continued to bleed as alleged by [D2054] and found none.
- 7.4.10 The ACDT notes are very regular and detailed and make no mention of any bleeding or requirement to call Healthcare to administer to the wounds. I would expect to see mention of bleeding if there had been any. Likewise, the medical notes make no mention of any further requirement to see [D2054] for additional treatment for his wounds.
- 7.4.11 The use of force took place at around 23:15 hrs. None of the officers who were involved in the use of force saw any blood or bleeding from the wounds or on them as alleged. They were consistent that if there had been any blood or bleeding that Healthcare would have halted the use of force and examined [D2054] and had not done so.
- 7.4.12 CL Williams was present and she said that prior to the use of force the dressing remained in place and there was no bleeding. She had examined [D2054] just after the use of force and the dressing had been intact and there had been no bleeding. In reception, she had checked again and there had been no bleeding from the self harm wounds.
- 7.4.13 [D2054] was handed over to the Tascor DCOs and examined by Medic Dobson. None saw any bleeding to [D2054]'s left arm (or anywhere) and they said that post search [D2054] had dressed himself. Medic Dobson was clear that the wounds had been 'dry.' In the vehicle to the airport, they said [D2054] [D2054] had not told them that the wounds were bleeding. [D2054] had spoken to his sister, as had the DCOs. If he had been bleeding as alleged, I would have expected him to raise this with his sister and she in turn with the DCOs. The fact he did not is telling.
- 7.4.14 I viewed the BWV of two cameras that were in use during the planned use of force.

One of these was worn by DCM Aldis who was in the room during the use of force and application of handcuffs. When [D2054] was sat up in bed talking to DCM Aldis prior to the use of force there was no blood on the white quilt that was over [D2054]'s lower body or on his arm that could be clearly observed.

7.4.15 There was no blood or bleeding observed during the use of force or after as [D2054] was walked to reception. Whilst there were periods when I could not observe the arm, I had clear views of the left arm at various points and if there had been continuous bleeding, there would have been evidence of blood and there was not.

7.4.16 I viewed the CCTV and this showed no evidence of any bleeding whilst [D2054] was walked from his room to reception or in reception. There was a clear shot of his left arm as the handcuffs were changed from Brook House to Tascor handcuffs and there was no blood. It was unfortunate that there was no CCTV from the Tascor vehicle. However, the evidence of the DCOs beside [D2054] throughout the journey to the flight was consistent that there was no blood and [D2054] raised no health concerns with them.

7.4.17 I am satisfied, on the evidence and to a balance of probabilities that once the wounds were treated by Healthcare at 13:30 hrs on 28 June 2017 that there was no further bleeding from the self inflicted wounds and that the wounds were minimal and of little concern to Healthcare who used steristrips (a form of stitching) on one wound and cleaned the other two as no dressing was required.

7.4.18 On this basis, it is highly improbable that a wound bleeding for, at most, 15 minutes before treatment could cause sufficient loss to be a danger to health. **I find the allegation that [D2054] had been 'bleeding seriously' from the three wounds he had caused in his arm and this had not been treated properly by Healthcare so he had continued to bleed before, during and after the use of force and his return to Nigeria that could have caused him to die from the amount of blood he lost unsubstantiated.** He received prompt medical care and the fact that he was closely monitored post this showed a genuine concern by both Healthcare and Brook House staff.

7.5 Allegation 5: that the DCOs who had entered [D2054]'s room and used force to move him to reception had 'rushed him when he was trying to explain about his condition and not given him chance to walk to reception.'

7.5.1 [D2054] said that he had tried to explain that he could not be moved in his condition and instead of listening the officers had rushed into his room and used force to move him to reception. He added to his original complaint that the officer on his room had questioned another officer as to whether it was right to move [D2054] in his condition a couple of hours earlier at 21:00 hrs.

7.5.2 The ACDT was checked to identify who these officers might have been. The ACDT notes stopped at 18:50 hrs and Tascor took over the ADCT at 23:20 hrs. (It is questionable why after such detailed notes previously there was a gap of over four hours. This has been raised with Brook House IRC). I was unable to establish from the ACDT who these officers might have been. I was unable to check CCTV for

21:00 hrs as this CCTV was now unavailable. (It would have been available if [D2054] [D2054] had raised this in his original complaint or emails). However, regardless of whether or not a DCO made this comment, prior to the removal and at the briefing at 23:19 hrs [D2054] had been assessed as medically fit to fly on 27 June 2017 and on 28 June 2017 at the briefing by CL Williams who was fully aware of the self harm attempt and the general medical condition of [D2054] I am satisfied that regardless of the comment, [D2054] was medically fit to be removed. Given this, I have concentrated on the initial allegation that [D2054] had not had the opportunity to leave his room voluntarily and without the use of force.

- 7.5.3 [D2054] was insistent that he had not had the chance to walk from his room to reception even after it was explained at telephone interview that the BWV had shown the opposite and that he had been given every opportunity to leave the room voluntarily and walk to reception.
- 7.5.4 All the staff present at [D2054]'s room (four officers in PPE, DCM Aldis, DCO Simmons and CL Williams) all said that [D2054] had had more than one opportunity to leave his room voluntarily and refused to do so.
- 7.5.5 The BWV footage from the two cameras showed that DCM Aldis spoke with [D2054] for two minutes and asked him six times to comply and leave his room voluntarily for reception for his removal to Nigeria by the Tascor escorts. He told [D2054] that Healthcare were present. He showed [D2054] the officers in PPE who would remove him by force if he refused to leave voluntarily and said twice that he did not want to send the officers in and use force but would if [D2054] did not leave voluntarily.
- 7.5.6 [D2054] said that "it was not ok" and says something but this is muffled. When asked if he will leave voluntarily the final time, [D2054] says "no ok boss" and the officers in PPE enter and use force. I was satisfied that [D2054] was given ample opportunity to leave his room voluntarily, understood what would happen if he did not and refused to leave voluntarily even so.
- 7.5.7 The Detention Centre Rules state 'A detainee custody officer dealing with a detained person shall not use force unnecessarily and, when the application of force to a detained person is necessary, no more force than is necessary shall be used.' The Detention Centre Rule 41 authorises the use of force by a detainee custody officer (DCO) when dealing with a detained person. Force must only be used when it is:
- reasonable in the circumstances;
 - necessary in the circumstances;
 - the minimum amount of force which is necessary; and
 - proportionate to the seriousness of the circumstances
- 7.5.8 The Operating Standards manual for IRCs states, 'The Centre will ensure that force is used only when necessary to keep a detainee in custody, to prevent violence, to prevent destruction of the property of the removal centre or of others and to prevent detainees from seeking to prevent their own removal physically or physically interfering with the lawful removal of another detainee. Force will only be used as a

measure of last resort and strictly within the terms of Rule 41 of the Detention Centre Rules 2001. If handcuffs are used as part of use of force Detention Services Order 1/2002 must be adhered to (this has been replaced by DSO 07/2016 Use of Restraints). The Centre will use and purchase training for control and restraint techniques from the Prison Service for England and Wales. Use of force must only be applied by members of staff who have undertaken necessary training. In the event of force being used, the Centre must ensure that detainees are seen by a member of the healthcare team as soon as practicable. The Centre must have a system for recording all incidents where use of force is applied and to monitor that use.'

- 7.5.9 DCM Aldis made the decision to use force and this was a planned use of force, given [D2054] had previously self harmed and said he could not return to Nigeria. He was entitled to do so because [D2054] was 'seeking to prevent his own removal.' He gave [D2054] ample opportunity to leave his room voluntarily and I am satisfied that the force used was 'as a last resort' and when all other avenues of persuasion had been exhausted. **I found that the use of force was reasonable and necessary in the circumstances.**
- 7.5.10 I explored with the DCOs who used force what force they had used based on the evidence in their use of force reports and the BWV and found this mainly consistent. (There were minor inconsistencies such as which arm an officer was on and who an officer took over from but I was satisfied this was an oversight and there was nothing of concern in this as the actions were the same). I asked them to justified the force they had used at the various points throughout the use of force and explain the techniques they used and these were all HO approved techniques. All the officers were trained in these techniques and in date to use these. **I found that the use of force was the minimum amount of force which was necessary.**
- 7.5.11 I considered that the use of force had taken two minutes to the control and application of handcuffs and in total, including the handover to Tascor, 10 minutes. I considered that [D2054] was shouting "Jesus" throughout, resisting the officers by moving his arms and legs about pre the application of the handcuffs and pushing back and shouting whilst walking to reception. **I found the use of force was proportionate to the seriousness of the circumstances.**
- 7.5.12 **On the evidence and to a balance of probabilities, I find that the allegation that the DCOs who had entered [D2054]'s room and used force to move him to reception had 'rushed him when he was trying to explain about his condition and not given him chance to walk to reception' unsubstantiated.** [D2054] had ample opportunity to leave voluntarily and chose not to do so. The use of force was a result of his attempt to frustrate his removal by physically refusing to leave his room for his removal.
- 7.6 **Allegation 6: that [D2054] had hit his head on the floor during the use of force, had been unconscious and the force used on him had continued regardless. Given this and the lack of treatment, he believed he had brain damage, loss of memory, could not sleep and 'non stop headaches.'**
- 7.6.1 [D2054] said that he had hit the back of his head on the floor when the

officers had come into the room to remove him by force to the reception area. He was adamant that he had been unconscious after the bang to the back of his head as he hit the floor and that he had had a lump, even after it was explained to him at interview that the BWV showed him continue to shout and move about straight after he was on the floor. [D2054] had not told Brook House, Tascor or any of the medical staff about his injuries. He had been unable to afford medical assistance in Nigeria to support the injuries he alleged.

- 7.6.2 The officers present during the use of force (DCMs Aldis and Shadbolt and DCOs Martin, Murphy, Di-Tella, Simmons and CL Williams) were all consistent that at no point had [D2054]'s head hit the floor. DCO Murphy described how he was the head officer and how he had held [D2054]'s head as he was assisted to the floor. This was using an approved HO technique.
- 7.6.3 I observed the BWV and this showed that as [D2054] went to the floor, the duvet that had covered him was now underneath him on the floor. I deduced from this that even if DCO Murphy had not had his hand in place, which he assured me he had and I accept, then the duvet would have softened the fall and prevented a bump to the back of the head sufficient to cause a lump as alleged by [D2054]. [D2054] Listening to the footage, there was no change in the shouting of "Jesus" as [D2054] went to the floor. It is reasonable to assume that if he had hit his head that he would have cried out or at least had a break in the chanting of Jesus. This was not the case.
- 7.6.4 The same for the allegation that the bump to the head had caused him to be unconscious. All the officers restraining him said that he was tensioning his body throughout and fighting them and at no point had he become limp or non responsive. The BWV showed [D2054] cycling his legs and shouting "Jesus" throughout the time he was on the floor. Whilst he was assisted to reception by the DCOs, [D2054] [D2054] did have his feet on the floor and was walking.
- 7.6.5 The fact that he alleged to have been unconscious after a bump to the head large enough to cause a bump and did not raise this with the DCOs during the use of force, CL Williams on two occasions after when she checked him, Medic Dobson when he reached reception and was checked by Medic Dobson or any of the Tascor DCOs who accompanied him for the next 24 hours is not credible. It is reasonable to assume that given the alleged injury one would do so at the earliest opportunity and at least within the next 24 hours. There were two In-Flight Medics [D2054] [D2054] could have referred to.
- 7.6.6 On the evidence and to a balance of probabilities, I find the allegation that [D2054] [D2054] had hit his head on the floor during the use of force, had been unconscious and the force used on him had continued regardless. Given this and the lack of treatment, he believed he had brain damage, loss of memory, could not sleep and 'non stop headaches' unsubstantiated.
- 7.7 Allegation 7: that during the journey to the airport, Tascor DCOs had provided [D2054] with addresses for support organisations in Nigeria that were incorrect.

- 7.7.1 [D2054] produced copies of the noted down addresses that he had been provided with. These were the Abuja and Lagos offices of the IOM (International Organization for Migration). He clarified at interview that the Tascor officers on the flight had provided him with these addresses to assist him when he returned to Nigeria.
- 7.7.2 DCO Shabani was the officer sat beside [D2054] on the flight to Nigeria. He said that he had not provided contact details but the officers beside [D2054] in the vehicle, DCOs Chambers and Chahal may have done so from a list of IOM offices that is routinely provided.
- 7.7.3 Checks were made with the DCOs sat beside [D2054] in the vehicle to the airport, given there was a note on the ACDT by DCO Shabani that at 03:00 hrs [D2054] [D2054] had been calm and planning his return. The DCO sat beside [D2054] [D2054] in the vehicle to the airport (DCO Chambers) said that he may have given [D2054] the contact number for the IOM from a list that the Tascor DCO are provided with and he provided the list. This was last updated in March 2016. DCO Chambers said that he had given [D2054] the details 'in good faith to help him with his return and repatriation in Nigeria.' DCO Chahal said that they had checked the contact details on the internet and these were the most recent information they had and if it was unsuccessful then he was sorry about this.
- 7.7.4 It is unfortunate that the contact details provided to [D2054] by the DCOs were incorrect and Tascor may wish to check how accurate their list is and whether the IOM would be in a position to assist persons removed from the UK rather than those leaving voluntarily. Often providing no rather than some inaccurate information is preferable. I do not find though that there was any maliciousness (as suggested in the allegation) by the DCOs and they were in fact only trying to assist [D2054] [D2054].
- 7.7.5 **On the evidence and to a balance of probabilities, I find the allegation that during the flight, Tascor DCOs had provided [D2054] with addresses for support organisations in Nigeria that were incorrect unsubstantiated.** It is acknowledged though that some alleged incorrect information was provided by Tascor DCOs and it is recommended that Tascor may wish to review this.

8. SUMMARY AND RECOMMENDATIONS

The Recommendations have been separated into those for Brook House IRC (Serco) and Tascor.

8.1 Tascor – Policy and Procedure and Health and Safety

- 8.1.1 [D2054] was removed from Brook House IRC to the airport in a Tascor vehicle. This was fitted with CCTV but this CCTV was unavailable to the investigation. The vehicle registration was MA62 VFB. SPOC Autry has already referred this to Maple to follow up.

Action 1

- 8.1.2 SPOC Autry should review the response from Maple and feed any concerns to the Detention Stakeholder lead SEO Tony Lennon.

8.2 Tascor and Detention Policy – Health and Safety and Policy and Procedure

- 8.2.1 The PER form mentioned that there had been medication and that this was IP (In Person i.e. **D2054** had control of this). Aeromed Medic Dobson said that this was not the case. The main issue was that there was no record of what medication **D2054** was provided with from Brook House IRC or what was provided to him at his handover to Nigerian authorities.

Action

- 8.2.2 Tascor and Detention Policy should review the PER specifically around the issue of medication and make it clear on the form what medication the detainee left the IRC with and what was handed over to the detainee once the escort was concluded. There needs to be a clear audit trail.

8.3 Tascor – Policy and Procedure

- 8.3.1 The DCOs tried to assist **D2054** with his return to Nigeria by providing him with the contact details for the International Organization for Migration (IOM). Whilst they did this in good faith the information provided was allegedly inaccurate.

Action

- 8.3.2 Tascor management may wish to review whether they should provide unchecked contact information to detainees.

8.4 Brook House IRC – Policy and Procedure and Health and Safety

- 8.4.1 There were some issues with accuracy in the use of force and incident reports completed by DCM Aldis, DCOs Derek Murphy, Jonathan Martin and Luke Odey. These inaccuracies were in relation to the length of time the handcuffs were applied and the timings for this, who the officer took over a hold from and the date on his use of force report, which arm an officer was holding and the timings for the medical emergency that was inconsistent with the ACDT and medical records.

- 8.4.2 There was also an issue with the ACDT that was either only completed to 18:50 hrs on 28 June 2017 or there were pages missing for the following four hours. This incomplete copy was handed over to Tascor so it suggests that the final entry was 18:50 hrs and this detainee had been on constant watch.

Actions:

- 8.4.3 Managers should remind staff of the importance of completing accurate records.
- 8.4.4 A review of **D2054**'s ACDT should be conducted to establish what happened to the completion of the ACDT post 18:50 hrs on 28 June 2017.

8.5 Brook House IRC – Health and Safety

8.5.1 The timings on the BWV were out by an hour and the debrief was not recorded.

Action

8.5.2 Brook House IRC should check that any video equipment is set to the correct time and ensure that all debriefs are recorded for completeness.

8.6 Brook House IRC and Healthcare – Health and Safety

8.6.1 **D2054** was refusing to eat because he required a special diet. It seemed unclear from the documentation who was responsible for agreeing the special diet and putting this in place. There was also an issue with this special diet being communicated to other wings when a detainee was moved.

Action

8.6.2 Brook House and Healthcare should review who is responsible for agreeing special diets in a process that is prompt so there is no delay to the detainee in being able to obtain the special diet.

Appendices

A Complainant Evidence:

Email of original complaint dated 03 July 2017 and subsequent additional emails including self harm injury photographs and contacts for IOM

Telephone Interview with **D2054** 11 August 2017

B Subject Evidence:

DCM Dave Aldis, DCM Ben Shadbolt, DCOs Derek Murphy and Jonathan Martin Telephone Interviews, Use of Force and Incident Reports, Report of Injury to Detainee Form.

C Witness Evidence: Brook House IRC Witnesses

DCOs Luke Odey, Daniella Di-Tella, Andrew Simmons, Chris Donnelly and Clinical Lead Chrissie Williams – Witness Statements, Incident Reports and Report of Injury to Detainee Form

D Witness Evidence: Tascor and Aeromed Witnesses

SDCO Gary Costin, SDCO Matthew Wood, DCOs Mathew McGrath, Murat Shabani, Tom Chambers, Bhawandeep Chahal and Aeromed Medic Robert Dobson – Witness Statements, PER, Passive Restraint Report and Property Form

E Notes from Body Worn Video and CCTV

F ACDT and **D2054**'s Medical Notes

G Policies listed in paragraph 3.3

Name: Helen Wilkinson Name: Jonathan Wyatt

Grade: HEO Grade: SEO

Signed: Signed:

Date: 15/09/17 Date: 15/09/17