



Professional Standards Unit
Home Office Security
Security, Science and Innovation Directorate
3rd Floor Block C
Soapworks
Ordsall Lane
Salford
M5 3LZ
Mobile: [redacted] **DPA**
Fax: [redacted] **DPA**
www.homeoffice.gov.uk

FAO: Healthcare
Brook House IRC

Date: 20 July 2017

2 pages (inc this)

Fax: [redacted] **DPA**

RE: RELEASE OF MEDICAL INFORMATION

Name: [redacted] **D2054**
DOB: [redacted] **DPA**

HO number: 11681272 / E1424737

Please find attached the consent of the above named person (as provided) for the Home Office's PSU to gain access to his medical records.

Mr. [redacted] **D2054** is alleging he has received injuries following an alleged assault on 28/06/2017.

Please could you send records from 26/06/2017 to date, to the above fax number.

Were photographs of injuries taken Yes No *Not by healthcare*

If yes please provide copies

Yours sincerely

Stephanie Benson
Professional Standards Unit

D2054

(Mr)

Prison Number: 11671272

Patient Record

Only clinical data after 26 Jun 2017 is included in this printout

| | | | |
|-----------------------------|--------------------------------------|-----------------|------------------------------------|
| D2054 | | NHS Number | |
| Date of Birth | DPA 00:00 (DPA) | Gender | Male |
| Place of Birth | UNKNOWN | Ethnic Origin | Sensitive/Irrelevant |
| Marital Status | Married | English Speaker | Yes |
| Language | Main spoken language English (XaG5t) | | |
| Contact Details | | | |
| No Fixed Abode | | 14 May 016 - | |
| Registration Details | | | |
| Registration Date | 15 Jun 2017 | Date of Removal | 02 Jul 201 |
| PDS Registered Practice | | Usual Branch | Gatwick Immigration Removal Centre |
| Dispensing | N | Pharmacy | None |
| Attendance Record | | | |
| Last 12 Months (Total) | | | |
| Appointments | 10 (30) | Attendance | 9 (2) 90% (90%) |
| Visits | 0 (0) 0% (0%) | DNAs | 1 (3) 10% (10%) |

Journal

Sensitive/Irrelevant

| | |
|--|--|
| 27 Jun 2017 11:05 | Surgery: PAYNTER, Christopher (Mr) (Staff Nurse) |
| History: Depressed mood (XE0re)- states poor memory - and diet issues - | |
| Sensitive/Irrelevant | |
| Sensitive/Irrelevant | |
| Plan: referral to stress / relaxation this pm and RMN | |
| 27 Jun 2017 11:20 | Surgery: PAYNTER, Christopher (Mr) (Staff Nurse) |
| Referral to Mr. D2054 | |
| 27 Jun 2017 15:24 | Surgery: OOZEERALLY, Husein (Dr) (Doctor) |
| History: Food refusal prev for 5 days | |
| Sensitive/Irrelevant | |
| Sensitive/Irrelevant | |
| Sensitive/Irrelevant | |
| Plan: requesting boiled fish. I have explained personal dietary requests are not the remit of healthcare | |
| Sensitive/Irrelevant | |
| Custom script: Printed On Tue 27 Jun 2017 15:33 By Dr Husein Oozeerally | |
| 27 Jun 2017 19:08 | Surgery: DOWD, Daliah (Mental Health Nurse) |
| History: Saw Mr. D2054 on D wing Room 015 following referral, he was laying in bed. Police on approach and his mood was euthymic, said he was fine, but he was a bit stressed and has been experiencing memory loss for over 1 years. Mr. D2054 did not hesitate before he answer question he was asked, he told me that he went to healthcare to make an appointment to see the mental health nurse today because he is feeling a bit stressed, after I | |

told him that I was a mental health nurse. Denied he has been experiencing mental health problem except that he was feeling a little .

Confirmed he is eating and drinking , denied he has any concern re his sleep or any other issue at the time he was seen

Mental health appointment has been booked for the 29/06/17.

Said he is in regular contact with his solicitor.

27 Jun 2017 21:40 Surgery: OMORAKA, Edward (Mr) (Mental Health Nurse)

Clinical Letter to Mr: D2054

Sensitive/Irrelevant

28 Jun 2017 Surgery: BOWERS, Mary (Admin/Clinical Support Access Role) Entered 03 Jul 2017 09:57
injury to detainee

28 Jun 2017 Surgery: BOWERS, Mary (Admin/Clinical Support Access Role) Entered 03 Jul 2017 09:59
injury to detainee

28 Jun 2017 15:27 Surgery: BATCHELOR, Donna (Miss) (Staff Nurse)

History: FIRST RESPONSE CALL 13:20pm

Examination: called to D wing to room D015, Detainee sitting on bed with active bleeding from left upper arm noted.

Sensitive/Irrelevant Sensitive/Irrelevant

Sensitive/Irrelevant



■ Bruises

detainee was clearly upset and at times hyperventilating, he was reassured but did not wish to engage in conversation regarding his situation.
for detainees safety it was decided that he needed to go to E wing and go onto constant watch. on officers undertaking a search of detainee a broken razor blade was found and removed from him.

Sensitive/Irrelevant

Diagnosis: Self inflicted injury (Xa0EN)

Plan: detainee now on constant watch as believed detainee upset from RDs being served.

Examination findings (Xa1VU) - 3 lacerations to left upper arm.

Seen by triage nurse (XaFk6)

Emergency treatment (8B1..)

28 Jun 2017 18:00 Surgery: BATCHELOR, Donna (Miss) (Staff Nurse)

History: spoken with derek on E wing

Examination: detainee seems more settled now and asking for his medication for his diabetes, officers advised that his medication was IP and therefore would be in his room

Plan: officers to go collect his medications from his room

Sensitive/Irrelevant

Repeat Templates

Fri 21 Jul 2017 09:45
Confidential: Personal Data

Mr: DPA (11671272)
DPA

Sensitive/Irrelevant

Sensitive/Irrelevant

Scanned Documents

| | |
|-------------|---------------------------|
| 27 Jun 2017 | General Letter to unknown |
| Letter Type | General Letter |
| Letter To | |
| Letter From | |

**FACSIMILE MESSAGE****URGENT**

TO: Home office

FAX NO:

FAX NO:

FROM: Brook House Immigration Removal Centre - Healthcare Department

DATE: 23 Jun 2017

SUBJECT: D2054 DOB: DPA

On review of this patients medical notes he is medically fit to fly and is fit to be detained.

Kind Regards

Signature

Dr Saeed Chaudhry

Healthcare Department,
Brook House,
Perimeter Road South,
Gatwick IRC's,
Gatwick,
West Sussex
RH8 0PQ

Tel: DPA Fax: DPA

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Home Office Healthcare Enquiries

| | | | | | |
|--|---|---|--------------------------------|---|----------|
| 1. | Detainee Name: | D2054 | 2. | CID Number: | 11671272 |
| 3. | D.O.B. | DPA | | | |
| 4. | Valid Consent Form Attached: | No | If 'No' Please Provide Reason: | Consent form was sent at the same time as the enquiries form to be signed | |
| 5. | Removal Directions Set | Yes | If 'No' State How Imminent: | N/A | |
| | | | If 'Yes' State Date: | 28 June 2017 (Date not to be told to the subject as it is a charter flight) | |
| 6. | Originator of Enquiry (to include name, area of work and contact details): | Hannah Johnson Team Five, NRC Croydon DPA NRC South Team 5 inbox (Please also send to here) DPA | | | |
| 7. | Please can you confirm whether the subject is still fit to fly. Please send response to the NRC South team 5 inbox as well as I will be on leave for a week from 1 today! Thank you | | | | |
| R.A.G. Rating (please complete the relevant RAG box with justification for the chosen rating) | | | | | |
| Red: Same day removal | | 2 | | | |
| Amber: Within 48 hours | | | | | |
| Green: Within 72 hours or longer, where appropriate | | | | | |
| Time & Date: 23 rd June 2017 | | | | | |



Home Office

Authority for Release of Medical Information

D2054 hereby give my consent for a copy of my medical information to be released to the Home Office.

I confirm that I understand that this is in conjunction with my immigration matters and will be shared with other agencies as deemed necessary by the Home Office for up to three months after I sign this form.

I am aware that I reserve the right to withdraw my consent at any time; this will be done by notifying the Healthcare team.

Signature: DPA

Name: D2054

Date: 23/6/17

For personnel obtaining consent:

I have explained to the detainee what this information will be used for - ☒ Yes ☐ No

I have explained to the detainee how this information will be stored/secured during the 3 months the consent is valid for and how it will be disposed of thereafter

☒ Yes ☐ No

I have explained who will have access to this information

☒ Yes ☐ No

This has been done by using a language translation service or a language understood by the detainee

☒ Yes ☐ No

Details of this: Understands English

Person seeking consent signature:

Witness signature: Signature

Name:

Name: CAROLE HANCOCK

Date:

Date: 23/6/17

28 Jun 2017

General Letter to unknown

Letter Type

General Letter

Letter To

Letter From

OFFICIAL - SENSITIVE

REPORT OF INJURY TO DETAINEE

Block 1000

Section 1 - Detail of Detainee (To be completed by the Incident Reporting Officer)

| | |
|-------------------|----------------------|
| Surname: D2054 | First Name(s): D2054 |
| Cin Ref: 11671272 | 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 Witness 1 by: |
| Nature of injury: |

Section 2 (b) Brief report of circumstances in which injury was sustained
To be completed by the Incident Reporting Officer

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

Name (Block capital):

Signature:

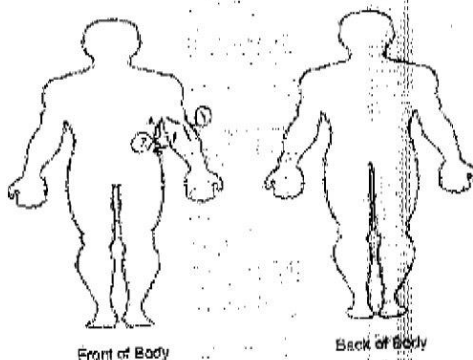
Date:

G4S - F213 - 17/06/16

OFFICIAL - SENSITIVE

Version 02

Page 1 of 2

[illegible]

Months ago:

Medical Staff - Name: Donna Deucherlov
(Print) (Initials)

Block (code):

Signature _____

Signature

Date: 15/6/17

0545 - 1213 - 17/06/15

OFFICIAL - SENSITIVE

Version 02

28 Jun 2017

General Letter to unknown

Letter Type

General Letter

Letter To

Letter From

OFFICIAL - SENSITIVE

REPORT OF INJURY TO DETAINEE



Beate

ERC

Section 1 - Detail of Detainee (To be completed by the Incident Reporting Officer)

Sumame: **D2054** First Name: **D2054**
CIC Ref: **11671272** 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)

(To be completed by the Incident Reporting Officer)

Name (Block capitals):

Signature.....

Date: _____

G4S - F213 - 17/08/19

OFFICIAL - SENSITIVE

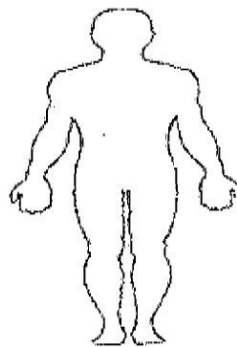
Version 02

OFFICIAL - SENSITIVE

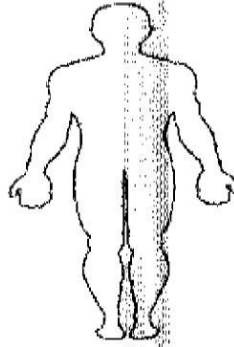
Section 3 Healthcare's report (To be completed by medical staff)

Time and date of examination: 28/6/17 23.05

Report: Planned Removal Forced Used
 Detainee checked and no injuries
 noted at this time



Front of Body



Back of Body

Healthcare:

Medical Staff - Name: Chrissie Williams

(Block capitals)

Signature: Signature

Date: 28/6/17

G4S - F213 - 17/06/15

OFFICIAL - SENSITIVE

Version 02

03 Jul 2017 General Letter to unknown
 Letter Type General Letter
 Letter To
 Letter From



G4S Health

Mental Health Referral Form

| | |
|-----------------|----------------|
| Referral Number | 11671272 |
| Referral Date | 29/06/17 10:30 |
| Referral Type | General |
| Referral Status | Left Centre |

| | | | | | |
|--|-----------------------|---------------|-------------|-----------------|-----|
| Referral Number | D2054 | Referral Date | 26 Jun 2017 | Referral Status | D |
| Referral To | Mrs Chrissie Williams | Referral From | 11671272 | Referral Status | 015 |
| <p>Please can you do a urgent assessment on this man he is on the charter but does not know but has been given papers to state he will be removed before 19th July he is low in mood ON ACCT SOME THOUGHTS OF SELF HARM IS KNOWN DIABETIC IS EATING AND TAKING HIS MEDICATION -</p> | | | | | |

For completion by RMN

| Referral Reason | Tick | Mental Health Issues | 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 Required/Behavioural | |

Outcome

| Referral Reason | Tick | Referral Reason | Tick |
|--------------------------|------|--------------------------------|------|
| ACDT | | Referral to Nurse Practitioner | |
| Referral to Psychiatrist | | Ongoing Mental Health Support | |
| Referral to G.P. | | Medication | |
| Referral to Chaplain | | Stress/Sleep Management | |
| Nil Required | | Emotional Health Group | |

| | | |
|----------------|--------------|----------------------|
| Discharge Date | Discharge By | Referral Appointment |
| | | |