

1st April 2022

Dear all

Ref. Brook House inquiry

Many of you will be aware of the ongoing public inquiry into Brook House immigration removal centre, which was established in November 2019 to investigate potential Article 3 abuses of men detained at Brook House in 2017.

Within the terms of reference of the inquiry, the Chair is required to consider:

Whether any clinical care issues caused or contributed to any identified mistreatment.

Whether any changes to clinical care would help to prevent a recurrence of any identified mistreatment.

In considering these and other questions, the inquiry has heard evidence from a range of witnesses from across government, the third and private sectors, and of course healthcare providers themselves. Indeed, some of you may have been asked to give evidence.

Evidence given to the inquiry in the last couple of weeks has highlighted a number of potentially concerning trends in how we enact the provisions of the Detention Centre Rules 2001 relating to healthcare. It is with this in mind that we are writing to you today.

Rule 34 ('Medical examination upon admission and thereafter')

As you know, rule 34 requires every person in our care to be given a physical and mental examination by the medical practitioner within 24 hours of admission to an IRC. This is vitally important to enable us to understand a person's level of vulnerability and medical need.

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For avoidance of doubt, the rule 34 examination is not the same as the initial screening by a nurse. Unless a detained person is properly informed, and declines a GP examination, such an examination must take place within 24 hours of arrival at an IRC.

Rule 35 ('Special illnesses and conditions (including torture claims)')

Recent evidence to the inquiry has included claims that healthcare teams in IRCs give insufficient regard to referrals under rules 35(1) and 35(2).

We ask you to remember that each criterion ('limb') of rule 35 is equally significant in safeguarding vulnerable people. Where a detained person meets the criterion under limb (1) or (2) of the rule, a report should be written using the appropriate template. It is not acceptable, for example, to use the 35(3) template to record those concerns, or to look for some other vehicle to do so (such as the part C annex to the IS19RA form).

There may, historically, have been a tendency for training on rule 35 to focus too much on the third limb of the rule, at the expense of the first two. This, and other aspects of training on rule 35, is something we will look to address shortly. In the meantime however, it is essential that healthcare teams continue to identify vulnerabilities under all three limbs of rule 35, record these on the relevant form, and refer these accordingly.

For all healthcare staff, this means taking a proactive approach towards identifying people whose vulnerabilities may bring them within the ambit of rule 35, and ensuring a timely review by a medical practitioner. For our general practitioners, this means completion of a rule 35(1) or rule 35(2) report, where that is the appropriate mechanism for doing so.

For the avoidance of doubt, the 3 'limbs' of Rule 35 are as follows (and no more restrictive a test should be applied):

- (1) The medical practitioner shall report to the manager on the case of any detained person whose health is likely to be injuriously affected by continued detention or any conditions of detention.
- (2) The medical practitioner shall report to the manager on the case of any detained person he suspects of having suicidal intentions, and the detained person shall be placed under special observation for so long as those suspicions remain, and a record of his treatment and condition shall be kept throughout that time in a manner to be determined by the Secretary of State.
- (3) The medical practitioner shall report to the manager on the case of any detained person who he is concerned may have been the victim of torture.

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There will, we are sure, be many lessons to be learnt from this inquiry. We will write to you again once we have given consideration to the Chair's final report.

We appreciate your assistance in this matter.

Yours faithfully,

Signature

Phil Riley

Director of Detention and Escorting
Services, Immigration Enforcement.

Signature

Kate Davies CBE

Director of Health & Justice,
Armed Forces and Sexual
and Sexual Assault Referral Centres
NHS England & NHS Improvement