



# **Annual Report of the Independent Monitoring Board at the North East Midlands, Yorkshire and Humberside Short-Term Holding Facilities**

**For reporting year  
1 February 2024 to 31 January 2025**

**Published September 2025**



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## Introductory sections

### 1. Statutory role of the IMB

The North East Midlands, Yorkshire & Humberside Independent Monitoring Board (IMB) is appointed by the Home Secretary to monitor and report on the welfare of people in the region's immigration short-term holding facilities (STHFs) through observation of their treatment and of the premises in which they are held.

The Board conducts its work in line with the Short-term Holding Facility (STHF) Rules, which place the day to day operations of STHFs on a statutory footing. Part 7 of the rules sets out the responsibilities of the IMB (referred to in the rules as the Visiting Committee). The Board has unrestricted access to every detained person and all immigration detention facilities and to records relating to detention. IMB members have access, at all times, to all parts of facilities and can speak to detained people outside of the hearing of officers. They must consider any complaint or request which a detained person wishes to make to them and make inquiries into the case of any detained person whose mental or physical health is likely to be injuriously affected by any conditions of detention. The IMB must inform the STHF manager about any matter which they consider requires their attention, and report to the Secretary of State about any matter about which they consider the Home Office needs to be aware.

The Board's duties also include the production of an annual report covering the treatment of detained people, the state and administration of the facility, as well as providing any advice or suggestions it considers appropriate. This report has been produced to fulfil that obligation.

The Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) is an international human rights treaty designed to strengthen protection for people deprived of their liberty. The protocol recognises that such people are particularly vulnerable and aims to prevent their ill-treatment through establishing a system of visits or inspections to all places of detention. OPCAT requires that states designate a National Preventive Mechanism to carry out visits to places of detention, to monitor the treatment of and conditions for detainees and to make recommendations for the prevention of ill-treatment. The IMBs are part of the United Kingdom's National Preventive Mechanism.

## **2. Description of the holding rooms**

The Board monitored three different types of short-term holding facility (STHF) at eight different locations during the reporting period, each with its own requirements and challenges:

- Residential facilities
  - Swinderby Residential STHF (RSTHF)
- Port holding rooms
  - STHFs at the ports of Teesport, Hull, Killingholme and Immingham
  - An STHF at Leeds Bradford Airport
- Reporting centre holding rooms
  - STHFs at Home Office reporting centres at Leeds Waterside House and Sheffield Vulcan House

These facilities are spread over a wide geographic area, with a distance of 133 miles from Teesport in the north to Swinderby in the south and 86 miles from Leeds Bradford Airport in the west to Immingham in the east.

### **Residential facilities**

#### **Swinderby**

Swinderby residential short-term holding facility (RSTHF) is located adjacent to HMP Morton Hall, Lincolnshire and is operated by Mitie Care & Custody on behalf of the Home Office.

Under the STHF Rules, detained individuals can be held in an RSTHF for a maximum of five nights, which can be extended to a maximum of seven nights if removal directions are in place within the seven days. Medical facilities available at Swinderby include a registered general nurse 24/7, general practitioner support, mental health practitioner access, and on-site pharmaceutical amenities.

The site has one disabled room and does not accommodate women. In total, there are 37 single occupancy rooms plus two additional single occupancy rooms designed for care and separation use.

The facility will not accept the following people: individuals with excessive and current violent behaviour; individuals requiring full-time medical care; individuals with terrorist links or national security cases; a person currently refusing food or fluid; men convicted of sexual offences (if others who may be at risk are detained); individuals undergoing alcohol withdrawal; women; minors; individuals with active tuberculosis (TB; anyone with latent TB must be referred to the healthcare team prior to transfer).

### **Port and airport holding rooms**

#### **Hull**

The STHF at Hull consists of four rooms, located at King George Dock, which are used as interview rooms and to detain people, if required. Local procedure is for each room to be used for a maximum of one detained person, unless they are a couple or a family group. If there are more than four people detained, any additional individuals may be required to remain seated in the Controlled Waiting Area (CWA) in the arrivals hall.

The holding room seating is wooden beams attached to the floor set in a backed bench style around a central table. There are no dedicated toilet facilities for the sole use of those detained in the holding rooms but male, female and disabled toilets with baby changing facilities are located nearby. People held in detention are accompanied to these facilities.

A limited range and supply of snacks and refreshments is available, but additional provisions can be purchased locally, as required. Clothing, blankets, pillows and mattresses are also available as are religious books and prayer mats. Information is available in a wide range of languages and relevant information is displayed in the holding rooms, including information about the IMB.

### **Immingham**

Immingham STHF is a repurposed facility and has been operational since December 2022. The facility has had a complete refurbishment. It has a large holding room with capacity for eight detained persons. The holding room has its own toilet and wash basin. There are two interview rooms, one being significantly larger than the other. The smaller one can also be used as a holding room (with a capacity for six people) should there be a need to separate people being held, or the capacity of the larger holding room has been reached.

The seating is made from wood and fixed to the floor. There is an adequate range and supply of food, snacks and refreshments available on site. Information is available in a wide range of languages and relevant information is displayed in the holding rooms, including information about the IMB. Clear-fronted lockers are used to store the property of people detained.

### **Killingholme**

Killingholme STHF is a new purpose-built facility. It opened for Border Force use on 20 July 2022. It consists of two holding rooms, each having the capacity to hold **seven** detained persons. Both holding rooms have ensuite facilities consisting of a toilet, wash basin, shower and baby changing facilities. There is one interview room that has a spider conference phone installed to enable interviews with interpreters. The seating is made from hard plastic and fixed to the floor.

The office area contains a 'search of person' area and clear-fronted lockers to store the property of people detained. Wi-Fi is available within the building.

There is an adequate range and supply of food, snacks and refreshments available on site. Information is available in a wide range of languages and relevant information is displayed in the holding rooms, including information about the IMB.

### **Leeds Bradford Airport**

The STHF is located in the main terminal building. The STHF comprises of two separate and basic interview rooms, each with a table and four chairs affixed to the floor. The seats are partly cushioned. The walls contain a panic strip, but there are no locks on the doors, no CCTV and there are no dedicated viewing portals for detained persons to be safely monitored by staff. There is a toilet nearby that can be used. A mat can be laid down should anyone who is detained wish to lie down or rest. But the rooms are very small, with only a small distance between the walls and the table. Only one room has a window/external light. Neither have sufficient space to exercise or a television should people face a longer detention time here.

A limited range and supply of snacks and refreshments is available, but additional provisions can be purchased locally, as required. There are some reading material in languages other than English. Information is available in a wide range of languages and relevant information is displayed in the holding rooms, including information about the IMB.

The airport terminal is currently being extended, including provision for a new purpose-built immigration detention facility.

### **Teesport**

There is a purpose-built STHF at Teesport with capacity for 16 individuals in two rooms identified as an adult and family room. Each room has toilet and shower facilities. There is also a multi-faith room and toys and welfare supplies on offer, as well as food and drinks.

### **Reporting centre holding rooms**

#### **Leeds Waterside House**

Waterside House is a Home Office Immigration Enforcement (HOIE) reporting centre near Leeds city centre. It operates from 9am to 3pm, Monday to Thursday. Detentions arise from cases of people who are reporting at the centre. As such, detentions are predictable in comparison with the port holding rooms and, wherever possible, the Board aims to coincide some of its monthly monitoring visits with times when people are scheduled to be detained in the holding room. The holding room hours are Monday to Friday, 8.30am to 5.30pm. Officers from the Immigration, Compliance and Enforcement Teams are based in Waterside House and conduct operations in the community which may lead to the holding room being used for detentions. These are less predictable than detentions planned by reporting and offender managers.

The officially stated capacity at Leeds Waterside House is nine people. Nine people might be reasonable for brief periods. But if detentions stretch into periods of many hours waiting for onward transport (which is fairly typical of detentions at the location), then the IMB would be concerned if more than four people were detained (based on a calculation derived from HSE workplace space standards).

#### **Sheffield Vulcan House**

Vulcan House is the HOIE's reporting centre in Sheffield and is located to the north of the city centre in a multistorey building occupied by HOIE staff. The reporting centre is open 08.30am to 3pm, Monday to Thursday. Detentions generally arise from cases of people who are reporting at the centre. As such, detentions are predictable in comparison with the port holding rooms and, wherever possible, the Board aims to coincide its monthly monitoring visits with times when people are detained in the holding room. The holding room is normally open Monday to Friday. Officers from the Immigration, Compliance and Enforcement Teams are based in Vulcan House and conduct operations in the community which may lead to the holding room being used for detentions. These are less predictable than detentions planned by reporting and offender managers.

The officially stated capacity at Sheffield Vulcan House is eight people. This is very concerning as, in the view of the Board, the room is not suitable (having regard to HSE workplace space standards) for holding more than four people at any one time, particularly if detentions stretch into periods of many hours waiting for onward transport (which is fairly typical of detentions at the location).

### **3. Key points**

#### **3.1 Structure of the report**

The RSTHF at Swinderby is a different facility to the other locations we monitor in that it is the only residential facility in the region. Also, it has a capacity for up to 37 people so it is by far the largest facility in terms of people likely to be detained. The evidence chapter of this report reflects this distinction with two separate sections – one on Swinderby RSTHF and one on the port and reporting centre STHFs – and this executive summary follows the same format.

#### **3.2 Main findings**

##### **Safety:**

##### **Swinderby RSTHF**

On our visits, we see staff behaviours, processes and practices that indicate that the safety, welfare and dignity of detained people are matters of priority. We observe good staff and detained person relationships, relatively low numbers and a relaxed atmosphere, all of which play a very important role in reducing risk and promoting safer detention.

In our last annual report, the Board expressed a major ongoing concern about processes designed to identify risk and vulnerabilities, in particular stating the IMB's view that reception interview arrangements, which are an important process for identifying risk, are inadequate (see 4.1.1). This remains a concern, although we are pleased to learn that steps are to be taken to ensure that all reception interviews will be conducted in a private, confidential space in future with plans to modify the reception area.

We also highlighted a concern that many of the requirements for identifying and supporting individuals who may be at risk of self-harm and/or suicide, outlined in Detention Services Order (DSO) 01/2022, covering Assessment Care in Detention Teamwork's (ACDT), are not in place in Swinderby RSTHF. We were told that these concerns were being addressed in a number of ways but we are awaiting information about the progress of any changes.

##### **Port, airport and reporting centre STHFs**

Across all the STHFs that we monitor, we see staff behaviours, processes and practices that indicate that the safety, welfare and dignity of detained people are matters of priority. However, the Board remains concerned about the safety of people detained in circumstances where current Home Office policy prevents people from taking their medication for pre-existing medical conditions. The reasons for these concerns are detailed in the evidence section (see 4.2.3).

##### **Fair and humane treatment:**

##### **Swinderby RSTHF**

The feedback the Board receives from people detained is invariably very positive. Detained people report that they were treated fairly and decently by staff and this was reinforced by the Board's observations of staff interaction with detained people.

Notwithstanding the very good feedback we get from men detained at the centre and our own positive observations, we are always vigilant to the possibility of hidden bad attitudes or bad behaviour by staff towards people in detention. This is why it is important that there are effective systems in place to identify and prevent such hidden behaviour. In our last

report we stated that we cannot be sure that these systems are in place and, crucially, whether such systems are trusted by staff. Without conducting a full audit into relevant staff and management processes, we remain of this view.

### **Port, airport and reporting centre STHFs**

The Board received positive feedback from people detained about fairness and decency, and we have observed good interaction between staff and those detained. One caveat to this is that the Board's ability to be present when people are detained at ports and airports is limited. The frequency and timing of detentions is highly variable and unpredictable. Our visits, which are unannounced, may or may not coincide with STHFs at these locations being used to detained people. As a result, much of our monitoring is in the form of audits and reviews of detention records and other documents. A number of specific concerns did arise during the reporting period. These included:

- Ongoing poor suitability of facilities at Leeds Bradford Airport and the Port of Hull for immigration detention.
- Hot temperatures and stagnant air in the windowless facility at Sheffield Vulcan House.
- Routine use of escorted handcuffing at Sheffield Vulcan House because of the unsuitability of the route to and condition of the loading bay for more humane escorts to the vans.
- People being detained in holding rooms overnight or in police stations instead of in residential STHFs.
- Continued instances of inadequate record-keeping, including the recording of ongoing care and welfare checks.
- Access to medication for those with pre-existing medical conditions in STHFs.
- Access of the IMB to STHF records.

These and other issues are described in more detail in the evidence section of this report.

### **Health and wellbeing:**

#### **Swinderby RSTHF**

People detained at Swinderby RSTHF have access to an on-site healthcare team that provides for 24/7 general nurse provision, GP support, mental health practitioner access, and on-site pharmaceutical amenities. The RSTHF also has a number of indoor and outdoor recreational opportunities that support 'softer' wellbeing needs.

We have no concerns about the delivery of onsite healthcare services to report. However, during the year we did encounter a very concerning breach of medical confidentiality stemming from a combination of the Home Office's Detention, Escorting and Population Management Unit (DEPMU) practice and centre practice. This is detailed in section 4.1.3. As the issue touched upon national practice, it was escalated to the attention of a senior officer in the Home Office on 1 August 2024. Despite chasing, there has been no response to this escalation. At the end of the reporting period we still awaited a response.

We also were concerned about arrangements for emergency healthcare response to the centre following an attempted suicide at the centre. The incident revealed shortfalls in the emergency response caused by a number of specific problems (see section 4.1.3). We have received reassurances that these problems will be corrected following the incident.



## **Port, airport and reporting centre STHFs**

STHFs covered by this board have no specific provision for healthcare and rely on outside NHS facilities (local hospitals, 111, 999, local mental health crisis teams) should medical issues arise. Some people taken into detention have pre-existing medical conditions for which they are carrying their own prescribed or over-the-counter medicines. Home Office policy requires any medicines to be confiscated from a detained person when they are detained, and they are not allowed to take their medication should they fall unwell or require a regular dose at a specific time. In the Board's previous two annual reports, we stated that we viewed this situation as inhumane, dangerous and wrong and we remain of that view.

## **Preparation for removal, transfer or release:**

### **Swinderby RSTHF**

We are satisfied that people in detention at the RSTHF are kept informed and up to date about plans for their transfer, release or removal and that preparation for such moves are managed with appropriate decency and care by centre staff. Charter flight removals take place in the middle of the night. During the reporting period the Board raised concerns that efforts by the charter flight escort team to use interpretation services were inadequate. Interpretation services are essential to ensuring detained people have understood what is being explained to them prior to departure. The Board also raised a concern about what we judged was an inappropriate use of a waist restraint belt by the charter flight escort team.

## **Port, airport and reporting centre STHFs**

In all the conversations we have had with people detained we have been satisfied that people are kept informed and updated about plans for their removal, transfer or release from STHFs. We have no reason to believe that moves out of STHFs are not managed with anything other than appropriate decency and care. The Board is, however, concerned about difficulties in the availability of onward transport which sometimes means that stays in STHFs are longer than they need to be.

## **Were there any barriers to the Board fulfilling its monitoring duties?**

During a visit to Swinderby RSTHF in June 2024, one of our members was prevented from monitoring the reception interview of a man with HIV for reasons of "high medical risk". A formal complaint on this matter was submitted to a deputy director at the Home Office (on the advice of the IMB staff team) on 1 August 2024. No response (other than an acknowledgement) has been forthcoming which is seriously concerning.

The Board has a duty to monitor outcomes for people held in STHFs and, importantly, to satisfy itself in respect of safety, fair and humane treatment, health and wellbeing, and preparation for removal, transfer or release. Access to records and data are important for the discharge of this duty as is the ability to hear, in confidence, from people in detention.

We are concerned about restrictions on our access to port case files in port and airport STHFs. Until late 2023 the Board had access to these files during our visits but, since then, our access has been significantly restricted as a result of an interpretation by the Home Office of what documents the IMB should have access to. This restriction means we are unable to adequately discharge our monitoring duties. Without seeing the full port case file, in particular having sight of the minute sheet, we are unable to gain full information about the care and welfare of people in detention. Without sight of the IS81 (a form used to notify a person that they are being detained for further examination before a decision on

their entry is made) we are unable to satisfy ourselves that detention is lawful and to evidence exact timelines.

This restriction has coincided with the move from paper files to electronic records which has compounded the access and transparency issues we are encountering. The IMB has not been given electronic access so Border Force staff have to print out and keep a paper file of a limited number of documents which the Home Office judges we can have access to. The system is unsatisfactory. It makes us totally dependent on Border Force staff and means we can't be assured we are getting full visibility over cases.

Making matters worse is the fact that we often find that we are not even being given the documents that the Home Office deem that we should be given. On a visit to Leeds Bradford Airport, for example, in late 2024 Border Force staff had set aside paper copies of only three documents (IS91; Annex A; induction document). This is a much more restrictive list than the documents that the Home Office believe the IMB should have access to. The situation is compounded by the common instance of discrepancies between records – without access to the full port case file, the IMB is unable to independently check these discrepancies and obtain a true picture ourselves (see 4.2.5).

Our Board's position is that we should revert to having full access to port case files (now in electronic form) and anything less amounts to an interference with and a prevention of effective monitoring. In an era of electronic records, the IMB should have electronic access. Anything less makes us dependent on Border Force rather than being able to monitor independently. Because we are not given independent and unfettered access to records, we cannot be sure that there are things or behaviours that are hidden from our view.

Following representations from our Board, the IMB staff team asked the Home Office to outline their legal grounds for their interpretation of IMB access to records after a meeting in August 2024. The Home Office have not yet responded to this request. We have considerable doubts about the legality of the Home Office's position which we set out internally via e-mail to the IMB staff team following the meeting (see Annex A). This followed the Board raising their concerns verbally with the Home Office.

### **Delays by the Home Office in responding to IMB concerns**

The Board has been frustrated during the reporting year by the glacial pace at which the Home Office seems to move. Long periods have gone by without a response to IMB concerns and, in the case of two matters, no response has been forthcoming. The following matters illustrate this:

- Concerns about access to records – the IMB first raised these concerns formally in January 2024, asking the Home Office to give reasons for the changes in access to records at STHFs. It was not until 13 August 2024 that a Home Office official met with the IMB staff team and IMB Board Chairs to give a fuller account of the reasons and their position. In the Board's view, this raised more questions than answers and the matter remains unresolved (see previous section).
- Formal complaint about prevention of monitoring – a formal complaint was submitted by the Board Chair to the Home Office on 1 August 2024. This complaint has not been responded to by the Home Office.
- Formal escalation of concerns about medical confidentiality – a serious concern about medical confidentiality was escalated to the Home Office on 1 August 2024, as it arose from a matter of national practice. No response has been forthcoming from the Home Office despite the seriousness of the matter (see under 'medical confidentiality' in section 4.1.3).

- Ongoing concerns about access to medication – year after year this concern has been raised by the IMB and yet the situation remains unsatisfactory and unresolved.

### **3.3 Recommendations**

#### ***TO THE MINISTER***

##### ***Revision of the policy on medication in STHFs***

This was a recommendation in our last report and the one before that. In Autumn 2024 we were told by the Home Office:

“It is accepted this issue has only been part resolved with the roll out of 24/7 paramedic coverage across the 16 busiest holding room locations during 2022. Following completion of the estate wide Health Needs Assessment in 2023, the Home Office has been considering the service delivery model in place at HM Courts (Magistrate/Crown) and are currently drafting a specification to support a procurement of a new healthcare service. Once completed, we will begin to consider suitable suppliers to deliver this service.”

We are not aware of any change in practice since then. In any case, we think this is an incorrect, costly and unnecessarily long-winded approach to what is an urgent issue. We repeat our recommendation that the policy be immediately revised to allow staff in STHFs to permit the person detained to take a required dose at intervals as per the prescription or pharmaceutical product recommendations. We judge that permitting single doses is important for preventing any risk of health deterioration and for being fair and humane, while minimising any adverse risk.

##### ***Response times to IMB concerns***

In the light of the problems getting responses from the Home Office identified earlier in this report (see above section), we recommend that the protocol between the IMB and the Home Office is revised to incorporate a fixed procedure and timescale for responses to concerns the IMB escalates to the Home Office.

##### ***Modernising IMB access to records and data in an electronic age***

The IMB should be given its own direct, independent access to electronic records. It is not adequate for IMB access to records to be dependent on Border Force or other facility staff gathering and curating print-outs of records. Such a system is inefficient, it hinders the IMB’s ability to get a full picture of cases and, in a worst case scenario, it could enable a cover-up by rogue actors wishing to keep things hidden from IMB view.

#### ***TO THE UK BORDER FORCE / HOME OFFICE IMMIGRATION ENFORCEMENT***

##### ***The implementation of rule 32 provisions in STHFs***

In our previous annual report, we recommended an “examination and review of the low number of Rule 32/35 risk to health and risk of suicide cases, in order to check that the low number of cases is not indicative of the process failing to be used as it should be to identify those facing a deterioration of their health in detention and those at risk of suicide.” In response, we were pleased to learn from the Home Office that a review is taking place into Rule 32/35 and STHFs as well as ACDT processes. We have yet to hear of any progress or outcome from the review and recommend that the Home Office provides the IMB with a clear timeline and process for consulting with the IMB on the content and

outcome of the review. This review is all the more urgent given the errors involving Rule 32 cases described in section 4.1.1 of this report.

### ***Medical confidentiality***

The IMB is concerned that practices being followed by the Home Office's DEPMU and local facility contractors are resulting in breaches of medical confidentiality of people in detention. Our concern arises from a specific case at Swinderby RSTHF that was the subject of an urgent escalation to a deputy director at the Home Office in an email dated 1 August 2024. In this case, information about a man's HIV status was being communicated widely among non-medical escort and centre staff without good reason. The IMB has not received any response from the Home Office since an acknowledgement received shortly after 1 August. The lack of response to such a significant matter is very concerning. We recommend that the matter is investigated urgently by the Home Office. We also request that the IMB be given reasons as to why our concerns have not been responded to.

### ***Ensuring the IMB has appropriate access to STHF records***

The current situation with access to records for the IMB at Border Force STHFs is inadequate and we believe it hinders the IMB's ability to discharge its legislative duties. We call upon the Home Office and the IMB staff team to cooperate in obtaining an independent legal opinion on the records and data that the IMB needs to have unfettered access to in order to fulfil its statutory duties.

### ***Use of handcuffing at Sheffield Vulcan House RSTHF***

The IMB is concerned that handcuffing detained people in transit to vans is routine at this location (see section 4.2.1). We request an audit of the use of handcuffs or other restraints for escorts to vans at Sheffield Vulcan House for the period covered by this report so that Care & Custody and the Home Office can review the impact of the issue and consider whether this practice is necessary or if other solutions can be implemented. We also request that any such audit is shared with the IMB.

### ***Unacceptable summer temperatures and stagnant air at Sheffield Vulcan House RSTHF***

We have regularly recorded unacceptably hot and stifling conditions at this location, particularly in the summer months. At the time of a July 2024 visit, a temperature of at least 26 degrees Celsius was recorded. The air was stagnant and stifling, despite the outside temperature being a relatively cool 17 degrees. On a visit on 1 May, the temperature was 28 degrees in the holding room. We consider that this facility, comprising a windowless room with no natural light or ventilation, is not fit for purpose in the summer months and recommend it not be used for detention in that time of the year.

### ***Disability access at Border Force STHF locations***

The IMB notes the findings of an independent audit of the disability provision found shortfalls in access standards compared with current building regulations. In the case of the facilities at Immingham, Teesport and Killingholme, we have grounds to believe the construction of these facilities was in breach of the standards that were in place at the time of the construction. We recommend an audit is conducted by independent assessors to check compliance with the disability access requirements that were current at the time of construction and that any non-compliance is remedied as quickly as possible.

In the case of other facilities, we note Border Force's commitment, in discussion with port operators, to examine "what can be achieved within the constraints and operational reality"

of the sites (letter to IMB dated 11 December 2024). We request that a clear timetable and action plan is shared with the IMB as quickly as possible.

In the case of the facility at Leeds Bradford Airport, which is currently in development as part of a new build extension of the terminal building, we request reassurance that all aspects of current disability standards will be complied with.

### ***TO THE FACILITY MANAGER/DETENTION CONTRACTOR***

#### ***Ensuring all reception interviews are conducted in a private, confidential setting***

In the case of Swinderby RSTHF we hope that the intention to reconfigure the reception area to enable reception interviews to be conducted in a private, confidential setting is implemented quickly. We recommend that a clear commitment is given to ensuring complete confidentiality for all reception interviews.

#### ***Safer detention***

We are disappointed at the length of time it has taken for the promised review of safer detention provisions at Swinderby RSTHF to take place. We are also disappointed that, despite significant concerns being raised in our last annual report, that the IMB has not been consulted in any way in either the design or implementation of the review. We request that Care & Custody provide the IMB with a clear timeline and process for consulting with the IMB on the content and outcome of the review.

#### ***Medical emergency response times at Swinderby RSTHF***

Following concerns about delays in paramedic attendance at an incident in January 2025, the IMB would like to have reassurance that centre protocols are to be revised to ensure that explicit procedures are in place to enable healthcare professionals (both internal staff and external paramedics) to attend health emergency incidents as quickly as possible – including the allocation of fast escort staff to facilitate this and the use of locational tools such as ‘what3words’.

#### ***Use of body-worn cameras at Swinderby RSTHF***

We are concerned that body-worn video cameras were not switched on by the centre staff attending the abovementioned January 2025 incident. We request clarity on what remedies have been or are to be introduced to prevent this failure in the future.

### ***TO NHS England:***

#### ***Medical emergency response***

In the light of delays in ambulance and paramedic attendance following an incident at Swinderby RSTHF, we recommend the use of ‘what3words’ or other precision location tools to aid navigation to places of detention and that lists of such places with the location details be readily available to paramedic crews. This is relevant not just for places such as Swinderby RSTHF but also for detention rooms on complex and sprawling sites, such as ports.

## 4. Evidence sections

### 4.1 Swinderby RSTHF

#### 4.1.1 Safety

In our monitoring, we see staff behaviours, processes and practices that indicate that the safety, welfare and dignity of detained people are matters of priority. Board members frequently ask detained people during rota visits, whether or not they feel safe at the centre. No detained people have expressed concerns about safety.

#### ***Concern about reception interview arrangements***

As raised in the Board's two previous annual reports, IMB members continue to view reception interview arrangements as unacceptable. The reception interview is an essential conversation for risk identification in general and for screening for vulnerabilities in particular. It is important for identifying detained people who have experienced exploitation or modern slavery and the possible triggering of the National Referral Mechanism. The content of interviews is sensitive and personal. The Board found that if the interview is to be effective (as opposed to a tick-box exercise), interviews need to be conducted in a way that the person being interviewed can feel safe and secure. Confidentiality and good one-to-one communication are key to this.

At Swinderby RSTHF such interviews are conducted in an open area with the interviewing staff member seated or standing at a desk behind a counter. The arriving detained person remains standing for the interview, in an area which is only semi-screened from other reception seating. The Board are concerned that current arrangements significantly compromise the effectiveness of reception interviews for identifying risk, safety and exploitation factors.

The lack of privacy and confidentiality during reception interviews is at the heart of this. However, we are pleased to learn that there are proposals to reconfigure the reception area during 2025 to ensure that all reception interviews are conducted in a private, confidential setting.

The Board continues to have concerns (again raised in previous reports) regarding the effectiveness of the question format during reception interviews. These questions are asked as 'yes' or 'no' questions with no time available for a more explanatory or discursive process of discovery. The Board questions how effective such interviews are likely to be in screening for such histories, as meaning may be lost in translation or not be fully understood.

#### **Assessment care in detention and teamwork (ACDT)**

Assessment Care in Detention and Teamwork (ACDT) is a Home Office process to manage detained individuals identified to be at risk of suicide or self-harm. The supporting Detention Services Order (DSO) acknowledges differences between RSTHFs and Immigration Removal Centres (IRCs) but states that the "guidance should be followed as far as possible in RSTHFs." It also explicitly states: "All references in this DSO to "centre" include IRCs, RSTHFs and PDA".

The DSO highlights that an individual's risk (or likelihood) of self-harm and/or suicide may increase in certain circumstances and that such circumstances might include, for example, changes in immigration status relating to removal from the UK. The DSO also states: "Foreign National Offenders (FNOs) have been identified as a group who are more likely to

self-harm. It is recognised that self-harm and suicide can be triggered when an FNO is held (or is about to be) on an IS91 or is close to deportation.”

The principal use of Swindery RSTHF during the reporting period was for the detention of men, largely time-served FNOs, prior to their departure on charter flights. As such, the centre is housing a population that the guidance views as potentially being at higher risk of self-harm and/or suicide.

Against this background, in our annual report last year we expressed concern that the number of men on an open ACDT during the reporting period was very low – just five in a total population of 1,190 men detained at Swindery RSTHF (0.42% of the total number detained). The data for the most recent reporting period indicates 13 open ACDTs out of a total population of 1,272 (1% of the total number detained).

The low number of ACDTs may reflect a low incidence of risk of suicide and self-harm among the men housed at the RSTHF and, indeed, there was only one such recorded incident at Swindery RSTHF in the whole of the 12 months covered by this report.

Staff are very visible and the ratio of staff to residents is high. The Board observes good relationships between staff and people detained at Swindery RSTHF, relatively low numbers and a relaxed atmosphere all of which play a very important role in reducing risk. In addition, men stay at the centre for a relatively short time and most of them have certainty in the form of a definite return flight about what is happening next. Many of the men passing through the RSTHF have volunteered to return to their home countries on charter flights and are with other men of the same nationality which may give them some reassurance.

Nonetheless, the Board has some concern that the low number of ACDTs might reflect a lack of vigilance and attention to the need to consider ACDTs and adequate mechanisms for identifying risk. It is certainly the IMB's view that the reception interview arrangements, which are an important process for identifying risk, are inadequate (see previous section) and we recommend that they are moved to a confidential, private space as quickly as possible.

In our last report, we also recorded concern that many of the requirements of the Detention Services Order covering ACDT (DSO 01/2022) are not in place within Swindery RSTHF. This followed an IMB audit of compliance with the DSO which found many of the requirements were not in place.

In response, the Home Office action plan accompanying the ministerial response to our last annual report stated:

“Care and Custody will hold a full review of Safer Detention provisions at Swindery as part of our 3rd Line of defence internal audit process. This review will be conducted by a safer detention subject matter expert from another area of Immigration Services and measure against DSO 01/2022. The results of the review will be shared with Escorting Operations and used to inform improvements for residents in our care across all RSTHFs.”

At the time of writing this annual report (mid-April 2025), we were informed that “the paper is currently being drafted which will set out the result of the review. It is not ready just yet and will go through the governance boards in May for further discussion.” Given that our concerns were first raised with Care and Custody at the time of our audit in February 2024, we are disappointed that it looks likely that the substantive action that resulted will take at least 15 months to be considered and, presumably, even longer for any practical changes

to be implemented. We are also disappointed that the process is not transparent and no attempt has been made to consult the IMB.

***Data on vulnerabilities, self-harm, use of force and violence during the reporting period***

The following data is from a locally held management information system and not from officially published statistics (previous year in brackets):

Number of people detained from 1 February 2024 to 31 January 2025 – 1,272 (1,190)

Number of men on an open ACDT in the same period – 13 (5)

Number of men with a vulnerable adult care plan (VACP) – 91 (61)

Number of men classified as an adult at risk level 2 – 0 (0)

Number of men classified an adult at risk level 3 – 0 (0)

Number of self-harm incidents – 1 (0)

Number of incidents of detained person-on-detained person violence – 0 (1)

Number of incidents of detained people-on-staff violence – 1 (0)

Number of incidents of use of force – 1 (0)

Number of drug/illicit substances discoveries – 3 (0)

The data reflects our observation of the centre as being a calm and relaxed environment with very few or no incidents of untoward behaviour by those detained or use of force by staff.

**Adults at risk**

Separate and distinct from the ACDT process, there is Home Office guidance on the adults at risk (AAR) process. The guidance outlines the process for identifying individuals who may be particularly vulnerable to harm in detention and therefore regarded as an adult at risk. Depending on the level of evidence, particularly professional evidence, an individual may be considered a level 1, level 2 or level 3 risk. Level 3 is used to indicate the highest level of available evidence, signifying that continuing the detention for the period needed to effect removal would be likely to cause harm to the person detained.

In any given detention population, it is typical that some people are classified as a level 2 risk. The Board was surprised to receive local reporting data from the centre (see the table, above) indicating that there were no AAR level 2 cases at Swindery for the whole of the 12-month reporting period. This was also the case in all previous reporting periods.

We repeat our view from last year's annual report that the absence of any AAR level 2 cases does not seem credible. The Board is concerned that this could either indicate a data recording and reporting error, or the need for a review of processes for identifying adults at risk at Swindery. As can be seen in the next section, when we received Home Office data, it showed there were nine cases during the reporting period that necessitated Rule 32 assessments and, at least, one of these cases involved a man who was classified as a level 2 AAR. We conclude there must be a recording error with the local data on AARs. Moreover, we have learnt that three of the Rule 32 reports were not processed properly (see the next section).



## Rule 32 assessments

Detention Centre Rule 35 and STHF Rule 32 are designed to identify people in detention whose health is likely to be injuriously affected by continued detention or any conditions of detention, or are suspected of having suicidal intentions, or where there are concerns that they may have been a victim of torture. Home Office guidance on Rule 32 (Detention Services Order 09/2016) is clear that appointments for Rule 32 assessments should be made as quickly as possible. The Board has been told by healthcare staff that assessments are carried out more or less immediately after the need for an assessment is identified.

We were told that nine men were assessed under Rule 32 at Swindon RSTHF during the reporting period. However, on checking, for the purposes of preparing this annual report, the Home Office team told us that “although nine Rule 32 reports were submitted by the healthcare team at the RSTHF, only six were forwarded to the Rule 35 team for consideration”. We were told the reason that these reports had not been submitted was “human error”.

We have been informed by the Home Office that instructions to staff have been reissued “to make sure that the correct procedures are followed, going forward, and management checks are now in place, so this issue should not re-occur”. Given that the purpose of these reports is to identify people whose health is likely to be injuriously affected by continued detention, this was a very regrettable error and we hope that future arrangements leave no room for error.

Thankfully, no harm appears to have ensued. The three detained individuals whose reports were not processed properly were all transferred from the RSTHF to an IRC within three days. One subsequently submitted another Rule 35 application. This man was released due to a National Referral Mechanism (NRM) claim, as was one other of the three. The NRM is the UK’s system for identifying and supporting potential victims of modern slavery and human trafficking. The remaining man of the three was deported after volunteering for the facilitated return scheme.

Turning to the six cases where Rule 32 reports were processed fully, five involved concerns about possible torture and one related to suicidal ideation. In all six cases, the Home Office decided to maintain detention. The Board was not party to any of these reviews, so is not in a position to comment on the Home Office’s decision in these individual cases, although we would observe that it is, perhaps, unusual to find no decisions to release men (albeit that six is a fairly small sample size).

In our previous annual report, we recommended an “examination and review of the low number of Rule 32/35 risk to health and risk of suicide cases, in order to check that the low number of cases is not indicative of the process failing to be used as it should be to identify those facing a deterioration of their health in detention and those at risk of suicide.”

In response, we were pleased to learn from the Home Office that:

“... a review is currently being undertaken into the number of Rule 32/35’s submitted during 2024 from STHFs. This is being considered alongside the number of individuals at the same facilities who are being supported under the Assessment Care in Detention and Teamwork (ACDT) process and/or under the AAR Policy. We will then be producing a paper with our findings and recommendations, with additional training provided across the STHF estate if deemed necessary.”

This response was given in September 2024. At the time of writing this annual report, in April 2025, we have yet to hear of any progress or outcome from the review. The errors

made during the reporting period relating to the three unsubmitted reports (see above) makes this review all the more urgent.

#### **4.1.2 Fair and humane treatment**

In conversations with people who are detained, Board members as a matter of routine ask whether or not they feel they are treated fairly by staff at the RSTHF. During the reporting period the answer has been virtually unanimously positive. The IMB has a system of applications whereby men detained at the centre can raise issues of concern with the IMB through a written application procedure. We have received no applications. This reflects the very positive feedback we hear directly from those who are detained. However, this figure also needs to be seen in the context of varying levels of awareness of the application process, possible language barriers and the short periods of time that men are in the centre.

#### **Vigilance to unacceptable staff conduct**

Notwithstanding the very good feedback we get from men detained at the centre and our own positive observations, IMB members remain vigilant to the possibility of hidden behaviour by staff which could negatively impact people in detention.

Centre management have assured the IMB that these matters are taken seriously and are focused on providing frontline managers the support they need to address any concerns raised from their teams. They also point to whistleblowing procedures and initiatives such as the annual staff survey, although when the IMB sought to obtain more insight into how these operate the response to our enquiries was slow and we did not receive the information we sought. Without conducting a full audit of relevant staff and management processes, the IMB cannot be wholly certain that adequate systems are in place to identify and prevent unacceptable staff conduct, including whistle blowing systems and, crucially, whether these systems are trusted by staff.

#### **Heating system repairs and maintenance**

The centre was newly converted and opened in October 2022 but repairs and maintenance problems have been a concern and seem to be subject to long delays. Major works were carried out in the autumn of 2023, necessitating the temporary closure of the centre. Subsequently, the centre took all of the ground floor bedrooms out of use in January 2024, effectively halving the capacity of the centre pending repairs to the heating and hot water system. These works took place later in 2024 and it is the IMB's hope that the problems are now resolved.

#### **4.1.3 Health and wellbeing**

On-site healthcare services at Swinderby RSTHF are provided by Nottinghamshire Healthcare NHS Foundation Trust. Medical facilities available include a registered general nurse 24/7, GP support, mental health practitioner access, and on-site pharmaceutical amenities.

In our monitoring, we have not heard of any concerns from people detained about the healthcare service. We have not identified any instances where the adequacy of healthcare to people in detention has been compromised in any way. Twice a day, healthcare staff go over to the accommodation block to undertake a welfare check on all detained people. The Board has no concerns about the delivery of healthcare provision to report aside from the specific points below.

#### **Medical confidentiality**

During the reporting period, the IMB identified a significant concern over medical confidentiality. On a visit to the centre in June 2024, a man was being processed on arrival at the centre and there was public knowledge among centre staff that the man was HIV positive. It was asserted that this was necessary to manage infection risk. The details of his condition were also disclosed verbally to the IMB monitor by a member of Care & Custody staff even though the monitor had made it clear that he did not wish to know or need to know about the man's medical condition. Information about the man's medical condition was contained within the man's case file and would be known to any member of staff with access to the file.

The healthcare team on duty at the centre told the IMB that medical confidentiality should not have been breached in order to manage the man's detention safely. They were firmly of the view that staff at the centre did not need to know anything about the man's medical condition. They stated that staff should use "universal precautions" – i.e. hand washing; prevention/management of blood spills, spit etc. – for everyone without any need to know about individual medical conditions.

Instead, there was a breach of medical confidentiality which, in our view, was unfair and discriminatory. It is also unsafe to manage someone with a diagnosis in one way and then manage someone without a diagnosis (but who could be equally or more infectious) in any different and potentially more relaxed way. Instead, the same "universal precautions" should be followed in all cases to ensure safety. This 'universal' approach does not need to be informed by confidential medical information; indeed, it could be undermined by knowing such information.

Concerningly, the IMB was told by healthcare staff that it was fairly common practice for information about medical conditions to be disseminated among centre and escort team staff as a result of the practices being followed by the Home Office's DEPMU. Instances were given of such information even being displayed on the white board in the centre's communications room for all staff to see. The healthcare team said they had objected to this and had succeeded in stopping the white board being used in this way.

There was no record of any permission being given by the man that his medical information could be disclosed for the purposes of the management of his detention. In any case, for reasons outlined above, the man should not have been asked to give permission for such a purpose, as the goal of infection control would be better managed without needing to know such information.

The Equality Act states that a person who has cancer, HIV infection or multiple sclerosis (MS) is a disabled person and offers protection to these people. The IMB are concerned that, by disseminating medical information, both the Home Office and Care & Custody were acting in a discriminatory fashion in breach of the terms of the Equality Act. The discrimination took the form of not extending to this man the right to medical confidentiality that would be accorded to men in the centre without his medical condition.

Following a monitoring visit in June 2024, and on advice from local Home Office staff and the IMB staff team, the IMB Board Chair escalated his concern about this matter to a deputy director at the Home Office in an email dated 1 August 2024. Since then, the matter has not been responded to, despite checking with the deputy director face to face at a national meeting and in subsequent emails. The lack of response to such a significant matter is very concerning.

## **Response to a health emergency**

On a night in early January, at approximately 03.00, during welfare checks, a Swinderby RSTHF resident was found with a bed sheet around his neck, hooked over the top of the bathroom door. Staff entered the room and supported the resident whilst the ligature was removed from the door, this was then removed with the use of a ligature knife from his neck. Healthcare checked the resident and an ambulance was called as a precaution. There were no substantial injuries sustained.

The IMB understands that the incident occurred during the man's first night at the centre. Despite calls from the IMB to change the practice, reception interviews at Swinderby were still being conducted in a non-confidential setting. We won't ever know if this could have been a factor in the incident but it is our firm belief that a more confidential and less tick box style of reception interview would stand a better chance of highlighting potential vulnerability.

A report of a 'cold debrief' was shared by the centre with the IMB. The report documented shortcomings in communications and record-keeping during the incident and problems with ambulance delays arising from not knowing where the RSTHF was (the ambulance initially went to HMP Morton Hall – a nearby prison). Although the ligature attempt was first discovered at 03.00hrs, the ambulance did not arrive until 05.20hrs.

Delays in healthcare attendance also arose because only one member of the healthcare team was on duty. This meant they needed assistance from centre staff to carry equipment and get through doors in order to get to the incident.

The IMB has asked for reassurance that centre protocols are revised to ensure that explicit procedures are in place to enable healthcare professionals (both internal staff and external paramedics) to attend health emergency incidents as quickly as possible – including allocation of fast escort staff and the use of locational tools such as 'what3words'.

We also understand that body-worn cameras were not switched on by the centre staff attending the incident. Switching on body-worn cameras should be a matter of routine and it is a matter of serious concern that they were not. At the time of writing, we have yet to be told why they were not switched on and what remedies are to be introduced to prevent this failure in the future.

## **Overall environment for health and wellbeing**

Men stay at the RSTHF for a relatively short period of time. Nonetheless, recreational provision is important for mental health and wellbeing. Residents have unrestricted access to the grounds of the facility during the hours of 6am to midnight. There is an outdoor gym and furniture has been provided to enable residents to sit outside. Although there is not enough room for an actual pitch, informal football kickabouts are possible.

Within the residential block, there is provision to help with wellbeing. The multi-faith room is comfortably furnished and provides a quiet space for prayer and reflection. A selection of books and magazines are available as well as jigsaws and games. There is a selection of video games and internet browsing available through an IT terminal. During the reporting period, the IMB was pleased to note that the centre decided to relax the previous regime which confined men to their rooms overnight and now permit 24 hour movement in and out of rooms. Men are given phones and a SIM card for direct phone calls with the outside world.

#### **4.1.4 Removal, transfer or release**

In our conversations with detained people, we always seek to check with them that they know why they are detained and what is due to happen to them and in particular that they are being kept up to date with removal, transfer or release arrangements. During the reporting period we found that residents were kept informed about plans and knew who to ask if they needed to check anything.

It is not uncommon for men to arrive at the centre during the night (often having been transferred from a police station) or for transfers out of the centre to take place at night. In many cases, because of flight departure times or the timing of an arrival port detention, night-time departures or arrivals are unavoidable.

However, other nighttime moves can be avoided, such as transfers out of the centre to other Immigration Removal Centres (or vice versa) and bail releases. In previous annual reports we expressed concern about these types of moves, as they are avoidable and disruptive to sleep. We have observed a downward trend in such moves but we are not in possession of authoritative data for the reporting period to be certain this continued in 2024/25.

The centre is used primarily to house men prior to their removal on charter flights. During the reporting period there were regular weekly charter removals for flights to Albania and Romania. For men going to Albania, the non-governmental organisation IRARA provides assistance for people returning to the country and an information leaflet is available in Albanian and English. This leaflet is given to each man at the centre who is due to return to Albania and a laminated copy is on display on the noticeboard.

The removal on an immigration charter flight can be a time of worry or concern for people in immigration detention. Removals typically take place in the early hours to get to the airport in time for the flights. While monitoring removals, the Board has observed very good liaison between centre staff and those detained, resulting in a generally relaxed and calm atmosphere. Men's questions and requests for information are answered as much as possible and we commend the centre on their management of charter flight removals.

There is a separate IMB team that monitors charter flight removals and escorting. On one occasion during the reporting period, IMB members visited the centre in the early hours to monitor the handover of men to the charter flight escort team. This is an outside team that escorts the men to the departure airport and onward to the destination airport. Many of the men being removed could not speak English and an outside interpreter was booked and used. Her presence was important in aiding communication but we understand that interpreters are in short supply and are not always available, despite being booked.

No major concerns about the process of the overnight transfer of men for charter flight removal were identified. We did, however, observe that the search process took longer than was ideal as the Care & Custody escort team were using the transfer as an opportunity to train staff. This delayed and lengthened the transfer process with the result that many men were sitting waiting on the coaches for a long time (in the early hours of the morning). The IMB appreciates the need for new staff training although we did question whether the balance between earlier training and 'on the job' live training was right.

## 4.2 Port, airport and reporting centre STHFs

This section of the report covers the port holding STHFs at the ports of Hull, Killingholme, Immingham and Teesport; at Leeds Bradford Airport; and the Home Office reporting centre holding STHFs at Leeds Waterside House and Sheffield Vulcan House. The latter two facilities are staffed and managed by Mitie Care & Custody under contract to the Home Office. The port and airport holding rooms are staffed and managed by Border Force. Descriptions of each facility are given in section 2 of this report.

### 4.2.1 Safety

In our monitoring we observed a great deal of emphasis on safety in the STHFs that we cover. Staff are responsible for the safety and wellbeing of the people held in detention and we are pleased to report that we see a great deal of professionalism in their discharge of this duty. In addition, staff have the added responsibility of being alert to any signs of vulnerability, modern slavery or other forms of coercion and exploitation. This is especially important at Border Force locations where people may be being trafficked into the country.

While conducting audits of detention records at ports and airports, the Board has seen evidence that Border Force staff have been vigilant and acted appropriately to identify cases of modern slavery or exploitation. We commend this important work.

Board members frequently ask people detained in the STHFs, during rota visits, whether or not they feel safe. Apart from the concern about medication detailed elsewhere in this report, we have not heard anyone express wider concerns about safety.

A monitoring visit to the STHF at Sheffield Vulcan House in late August 2023, and subsequent visits since including throughout the 2024/25 reporting year identified an ongoing problem with the vehicle loading dock. Detained people are escorted into this area to board vans for departure from the STHF (or on arrival on vans). The area is also used as a storage area for the building as a whole (an office block that contains other Home Office facilities). On numerous monitoring visits to the location during the reporting period, the storage included numerous items that could be hazardous or used as weapons in the event of an altercation. In July 2024, a monitoring visit report noted “potentially hazardous objects included long sword-length steel bolts, similar-length pieces of wood, air-con connection collars with sharp edges, caged loading trolleys and 4 inch long screws” present in the van loading area.

The IMB was told by staff that it was standard practice for the escort teams to handcuff people on transfer to the loading bay and on to vans as a result of risk assessments by the van escort teams. Paragraph 7 of DSO 07/2026 makes it clear that use of restraint should not be standard practice and be judged in the context of an individual risk assessment:

*“There is a presumption against the use of restraint equipment during visits to outside facilities and during escort journeys. Any use of restraint must be subject to an individual risk assessment. Risk assessments must be undertaken for each individual escorted move, even if it is a regular appointment, and must include the most current information available to determine whether restraints should be used and identify the appropriate restraint equipment for the individual move.”*

The IMB noted that handcuffing at Sheffield Vulcan House, instead of arising from an assessment of the individual, was being used for a wider number of people (and possibly all people) because of the failure of the facility to provide a safe environment. The IMB viewed this as a significant concern and not acceptable practice. In response, the Home

Office state that people are “not routinely handcuffed” and stated that, instead, staff carry out risk assessments as per the standard operating procedure.

In practice, in the IMB’s view, the end result remains that the state of the building results in an unacceptably high use of handcuffs. We request an audit of use of handcuffs or other restraints for escorts to vans at Sheffield Vulcan House for the period covered by this report so that Care & Custody and the Home Office can review the impact of the issue and consider whether this practice is necessary or if other solutions can be implemented.

#### **4.2.2 Fair and humane treatment**

We always seek to get feedback in the form of direct conversations with people who are detained to get their views on how fairly and humanely they are being treated. This is particularly difficult at port and airport STHFs as it is difficult to time our visits to ensure we meet people detained. It is easier at the reporting centre STHFs. Feedback the Board has received has been positive with people feeling they have been treated fairly and humanely as well as being kept informed about why they have been detained and what is happening next.

##### ***Suitability of STHF premises***

Most of the STHFs monitored by the Board are purpose-designed for detention. However, the STHFs at the port of Hull and Leeds Bradford Airport are just interview rooms in the port and airport terminal buildings. Arrangements for comfort, refreshments, care and welfare have to be worked around the constraints of the existing building. These two premises are not fit for purpose compared to the other STHFs that we monitor. We are pleased to hear of plans for a new STHF facility at Leeds Bradford Airport as part of the terminal extension and redevelopment.

During the summer of 2024, we raised concerns about high temperatures in the holding room at Sheffield Vulcan House. The air conditioning in the holding room seemed to be unsatisfactory. The room has no natural ventilation, stagnant air and no outside window. At the time of a July 2024 visit, a temperature of at least 26 degrees celsius was recorded in the holding room. The outside temperature was relatively cool, at 17 degrees. Therefore, it is likely that holding room temperatures are even higher than 26 degrees on many summer days: on a visit on 1 May the temperature recorded was 28 degrees in the room.

The IMB expressed a view that the temperatures and stagnant air in the facility were not suitable for the purposes of immigration detention and the facility should not be used until the air conditioning system was working. This recommendation was not acted on and, instead, we were told that “the staff in the holding room have the details of the estates manager for the building and have been advised to make contact if there is an issue.” As this presumably has always been the case, we are sceptical that this will mean that summer conditions in the facility will prove acceptable.

##### ***Length of time in STHF detention***

We continually monitor the length of time that people are held in STHFs. Lacking any overnight residential facilities, holding rooms become increasingly uncomfortable and unsuitable for detention periods in excess of eight hours, even though such stays are within the STHF rules. During the reporting period, most stays were shorter than this but at all locations there were some stays that exceeded eight hours. We are commonly told that delays in transport are a significant contributing factor to longer detentions.

We know of 12 such instances at Leeds Waterside House, eight at Leeds Bradford Airport, five at each of Teesport and Sheffield Vulcan House, and two at each of the port of Hull

and the ports of Immingham and Killingholme combined. This data comes from monthly reports from locations to the IMB but are likely to be an underestimate as we do not always receive monthly reports.

Some of these detentions lasted much longer. For example, three young Romanian women, for whom Border Force were concerned due to suspicions that they may be the subject of trafficking, were detained at Leeds Bradford Airport for over 13 hours. At this location the detention room is wholly inadequate for such a long stay, being no more than an interview room (as is also the case at the port of Hull). Giving details of the case to the IMB, a senior Border Force officer stated (in his monthly report to the Board, on 3 July 2024): “This is another regular occurrence where detainees are held for lengthy periods in our detention accommodation, and where uncertainty over timescales for detention are confused by uncertain timescales for collection by Mitie Care & Custody.”

Although the above-mentioned periods of time are within the 24 hour period stated in the STHF rules, we recommend that this period be lowered to 12 hours in the case of facilities like those at Leeds Bradford Airport and Hull where the Board considers the provision to be inadequate.

### ***Access and provision for people with disabilities at STHFs***

With the exception of facilities at the ports of Immingham, Killingholme and Teesport, the STHF facilities have been created within the constraints of existing buildings, either port/airport terminals or Home Office reporting centres. These constraints result in a number of access concerns. For example, the Board is concerned that the absence of natural daylight in the STHFs at Sheffield Vulcan House, Leeds Waterside House, the port of Hull and Leeds Bradford Airport could exacerbate existing challenges and create additional difficulties for neurodivergent individuals. The facilities at Teesport and Killingholme are new purpose-built facilities opened in 2022. The facility at Immingham is a repurposed facility, benefiting from a complete refurbishment and also opened in 2022.

Following an IMB recommendation that a full disability access review to ensure that there is proper access and facilities for all detained people with disabilities, be undertaken at all establishments, the Home Office commissioned a set of disability access reports for its facilities from an independent specialist consultancy.

These reports were prepared between May and July 2023 but only shared with the IMB in December 2024. We were told the delay was attributable to the time taken to obtain legal agreement to share the reviews. We find this astonishing, given the fact that the reviews were conducted in response to an IMB recommendation. We are concerned that the reviews were withheld for 16 months and that time and money were wasted in seeking legal advice. We are also concerned about what this implies about the Home Office’s approach to working with the IMB in a transparent way.

We welcome the eventual sharing of the reviews. They benchmark the adequacy of disability provision against English building regulations for new facilities and list a number of areas where existing provision do not meet these current standards. These include facilities opened in 2022 at Teesport, Immingham and Killingholme. The reviews found that the facilities within the existing buildings at the port of Hull and Leeds Bradford Airport and the completely new repurposed facility at Immingham were “broadly non-compliant” with the minimum disability standards in current building regulations. The new purpose-built facilities at Teesport and Killingholme also fell significantly short of the requirements and were categorised as “partially non-compliant.”



The Disability Access Reports gives a flavour of what “broadly” and “partially” non-compliant means in practice:

Examples of broadly non-compliant issues includes no accessible wc; lack of space and accessible rooms for wheelchairs to manoeuvre; lack of provision of accessible sanitary facilities and lack of general provisions for hearing and sight impaired.

Examples of partially non-complaint issues includes lack of appropriate fixtures and fittings in shower and toilet facilities; little acoustic migration for hard surfaces; limited provision of listening aids and no provision of tactile signage. The following extracts from the reports give a flavour of what “broadly” and “partially” non-compliant means in practice,

The examples are from completely new (in the case of Killingholme STHF) or newly repurposed (in the case of Immingham STHF) facilities, opened a year before the reviews. At all the facilities reviewed the reports note that: “given that the facility is an existing, rather than a new facility, none of the observed non-compliances are compulsory and are therefore referred to as recommendations rather than requirements within this report.”

This caveat is especially relevant to facilities within the existing passenger terminals at the port of Hull and Leeds Bradford Airport, and other STHFs at the Home Office reporting centres in Leeds and Sheffield. However, the facilities at Teesport, Immingham and Killingholme are new projects, built and completed just a year before the reviews and, as there were no material changes in building regulations affecting disability access standards between their construction and the time of the reviews in 2023, the IMB has serious concerns that they were non-compliant with building regulations at the time of their construction.

We recommend that, in the case of the facilities at Immingham, Teesport and Killingholme, an audit is conducted by independent assessors to check compliance with the disability access requirements that were current at the time of construction and any non-compliance is remedied as quickly as possible.

More generally, we note that Border Force stated that the reviews will be used as the basis for future discussion with port operators to explore “what can be achieved within the constraints and operational reality” of the sites (letter to IMB dated 11 December 2024). Some time has passed since then so we hope that Border Force will now be able to respond with a timetable and action plan arising from those discussions.

Finally, during 2025, a completely new airport terminal extension and STHF is being built at Leeds Bradford Airport. We expect that this will be fully compliant with the disability access requirements of building regulations and look forward to confirmation that this is the case.

### ***Provision for sleep and rest during longer STHF stays***

None of the STHFs are suitable or have facilities for overnight stays. Where stays extend into the night, transport is usually arranged to a residential facility or, if this is not possible, to a police station. It is not uncommon for detentions to last more than four or five hours and sometimes for periods in excess of eight hours. Particularly considering people may have already been travelling for significant periods of time, we feel that it is important that people have the opportunity to lie down and rest. Temporary mattresses are available for people who need to rest. However, at Leeds Bradford Airport and Hull, the constraints of the building mean that if there were to be more than two people detained who wished to lie down, there would not be enough room.

### ***Use of police stations for immigration detention***

Police stations are sometimes used for overnight immigration detention for people held at some of the ports and airports that we monitor. During the reporting period, we know of 11 instances where people were transferred from port or airport STHFs to police stations (in the previous year there were 10 such instances reported to us). We are concerned at the use of police stations because it means that people detained are no longer under the care of staff specialising in immigration detention. There is a risk that vulnerabilities that are specific to immigration circumstances are less likely to be understood or identified and there is not the same access to information about the person's case. The IMB's remit does not include police custody which is monitored by other independent oversight bodies.

### ***Hygiene and cleanliness***

In general, we have no concerns about hygiene and cleanliness. Any that we have had during the reporting period have been minor and have been immediately reported to staff and acted on.

### ***Use of force***

During the reporting period, there were six instances of use of force by Border Force staff at ports and the one airport in our region. Four of these instances were in connection with detentions at the ports at Immingham and Killingholme. These ports cover a large open area. We understand it is sometimes judged necessary for handcuffs to be used to convey people from where they are discovered to the STHF. Use of handcuffs is assessed on a case-by-case basis by Border Force through an established framework. The two remaining instances of use of force were at Leeds Bradford Airport. In all instances of use of force, the Board discusses them with senior officers at our monthly Board meetings. We know of no reasons to indicate force was not justified or was used in an inappropriate manner.

### ***Detention of minors***

We know of no reported instances of the detention of minors at the locations we monitor, with the exception of Leeds Bradford Airport. The monthly reports we receive from Border Force indicate that there were 35 minors detained during the reporting period covered by this report at this location. In most cases these under 18s are travelling as part of a family group. In all instances of cases involving minors, the Board examines detention records and we aim to discuss the cases with Border Force staff both at the time of our rota visits and at the monthly Board meeting. Apart from the general concerns we have about the facility at this airport for immigration detention and our more general concerns about access to records, we have no concerns that are specific to the detention of minors during the reporting year.

#### **4.2.3 Health and wellbeing**

STHFs covered by this Board do not have any special access to, or provision for, trained medical services. If health issues arise, staff and people in detention have to rely on local procedures, which include NHS services in the form of calls to 111, 999 and the local mental health crisis teams or by arranging a transfer to hospital A&E.

### ***Health concerns arising from rules on medication in STHFs***

Some people taken into detention have pre-existing medical conditions for which they are carrying their own medicines. Home Office policy requires these medicines to be confiscated from them and they are not allowed to take their required dose. It is now three years since our Board stated that we viewed this situation as inhumane, dangerous and

wrong and called for a change. We invited the Secretary of State and all the people reading this report to consider how they would feel if their mother, father, son or daughter had a health condition, was placed in detention and then was deprived of medicine that was necessary to maintain their health and, possibly, safeguard their life. There has been no change to the policy since our last report and we have seen no tangible progress that has changed anything in detention settings.

We repeat our concerns on this issue. There is a clear risk that people with health conditions may be unsafe as a result of not being allowed to take medicine in a timely way while in STHF detention and that the current Home Office policy could lead to a medical emergency. A deterioration in either physical or mental health could also result in challenging behaviour, posing a safety risk to the person themselves and to staff. This remains a matter of serious concern to our Board.

For example, we saw a man in detention at Sheffield Vulcan House who was clearly stressed. He had telephoned his wife who brought in the medication that he took for his condition but detention centre rules meant that this had been confiscated and he would not be able to take medication until he had been assessed by a medical professional at an immigration removal centre. He was collected for transfer at 6pm to one of the immigration removal centre further south so it is likely he would not have been able to take any medication until very late that night, having been in detention 10.15am. Other people in a similar position may be in a STHF for much longer periods without access to medication – STHF rules permit stays of up to 24 hours which can be extended by another 12 hours in exceptional circumstances.

#### **4.2.4 Removal, transfer or release**

The Board routinely asks detained people whether they know why they are in detention and what is going to happen next, including information about removal, transfer or release. In all the conversations we have had with people detained we have been satisfied that people are being kept informed and updated.

On the basis of feedback from people detained and direct observation of staff-detained person interaction, we judge that people are treated with dignity and care. However, delays in transport provision can extend stays at STHFs. In some cases at port and airport STHFs, we have been told that outside contractor transport has not been available and it is sometimes the case that Border Force staff themselves have had to use their vans to transport people, typically to a local police station for overnight stays.

#### **4.2.5 IMB access to records at STHFs**

This report's 'key findings' section and Annex A outline why the current situation regarding access to records at STHFs is placing a barrier in the way of the IMB fulfilling its statutory duties. The situation is compounded by the fact that, often, there are discrepancies between records and the current access of the Board to records does not allow us to check these discrepancies and get a true picture independently ourselves. The following extract from a report of a visit to the STHF at Leeds Bradford Airport on 22 November 2024 illustrates the practical difficulties we are encountering:

*While there were instances of strong and good documentation, there were also instances of incomplete record keeping (e.g. case numbers XXXX and XXX [numbers removed]). Annex A was incomplete and had nothing documented following 17:15, despite the individual remaining in detention; the induction document for a detention on 19/11 had an incomplete CID number plus no entries for when the IS91 was issued or for when detention ended). This prompted enquiry and following interrogation of the*

*electronic log, there were several instances identified where there was a discrepancy between the Induction Form/Annex A and the electronic log.*

*Due to the inability to access a full port case file (or independently browse its electronic equivalent) or complete accurate detention records, a significant amount of time was spent with a Border Force officer to enable interrogation of a local electronic casework spreadsheet, thereby removing the officer from operational duties*

*The discrepancies identified between the Induction Forms/Annex As and the electronic log further highlights the need for the IMB to have full access to records to enable reconciliation and corroboration with other records to ensure true, representative, and accurate reporting (e.g., in the instances where Annex A was incomplete, interrogation of the minute sheet provided the missing narrative but the restrictive nature of the Home Office's decision on access to records prevents the IMB from seeing the Minute Sheet, consequently restricting the IMB's ability to accurately report).*

*(Extract from IMB report of a rota visit to Leeds Bradford Airport on 22 November 2024).*

## The work of the IMB

Independent monitoring is an important but unpaid public role. We take a risk-based approach to monitoring, focusing limited resources on where people in detention are likely to most need our monitoring. The frequency of our visits to locations reflects the volume of detentions with the RSTHF at Swinderby typically visited weekly and the STHF locations monthly, the STHF at Leeds Bradford Airport twice-monthly, and other STHF locations monthly. The exception is Teesport where monitoring is largely conducted remotely due to the very small number of detentions. Another exception is when we know in advance that the facility is not in use and no detentions are expected.

Our focus is on hearing directly the voice and experience of people detained. In the case of the holding rooms at Leeds and Sheffield we aim to coincide our visits with times when there is expected to be a scheduled detention. At seaports and airports we pay attention to shipping and airline timetables but it is often the case that we visit at times when no-one is detained, as detentions are more sporadic and unpredictable. At the Humber ports we have introduced a text alert system whereby a local IMB member is alerted to detentions by Border Force.

During the period 1 February 2024 to 31 January 2025 we conducted 99 visits to facilities. These are listed in the table below. During our monitoring visits we always seek to speak directly with people detained so that we can hear about their experience of detention and any concerns that they have. The frequency of such conversations in the non-residential locations is dependent on the STHFs being in use at the time of our visits, which is not always the case.

The Board aims to improve its capacity to monitor effectively through a range of initiatives. These include the introduction of training sessions on specific topics in between monthly Board meetings, participation in national forums and an annual team performance review which give Board members a chance to step back from day-to-day business and discuss how we can develop effectively as a Board. The generous contribution of time and expertise of members is much appreciated by the Board chairperson.

The Board relies in part on hearing directly from people who are detained and we would like to thank those people for sharing their experiences with us. The Board also appreciates the helpfulness of staff and managers at the many establishments we monitor in ensuring that we have the right of access to every detained person, every part of the facility and to the facility's records, albeit we have concerns about access to records at Border Force facilities.

**Board statistics**

Recommended complement of Board members	8
Number of Board members at the start of the reporting period	8
Number of Board members at the end of the reporting period	6 (plus one sabbatical pending retirement)
Total number of visits to establishment(s)	99
Total number of visits to Swinderby RSTHF	40
Total number of visits to the Port of Hull STHF	9
Total number of visits to the Port of Immingham STHF and the Port of Killingholme STHF	13
Total number of visits to Leeds Bradford Airport STHF	21
Total number of visits to Leeds Waterside House STHF	7
Total number of visits to Sheffield Vulcan House STHF	7
Total number of visits to Teesport STHF	2

## Annex 1

### Concerns raised by the chair of the IMB Board with the IMB Secretariat in August 2024 concerning the legality of the Home Office's restriction of our access to records in STHFs

Following a meeting of IMB chairs and the IMB Secretariat with the Home Office on 13 August 2024, our board chair sent the following email to the IMB Secretariat querying the legal position of the Home Office's restriction of our access to records.

Am I right in thinking the relevant legislation re our duties is S61 of the Detention Centre Rules 2001, UK Statutory Instruments 2001 No. 238 PART VI? This states:

#### *General duties of visiting committees*

*61.—(1) The visiting committee of a detention centre shall satisfy themselves as to the state of the detention centre premises, the administration of the detention centre and the treatment of the detained persons.*

*(2) The committee shall inquire into and report upon any matter into which the Secretary of State asks them to inquire.*

*(3) The committee shall direct the attention of the manager to any matter which calls for his attention, and shall report to the Secretary of State any matter which they consider expedient to report.*

*(4) The committee shall inform the Secretary of State immediately of any abuse which comes to their knowledge.*

*(5) The committee shall bring to the attention of the Secretary of State any aspect of the process of consideration of the immigration status of any detained person that causes them concern insofar as it affects that detained person's continued detention.*

*(6) Subject to paragraph (5) the committee shall not concern themselves with any issue directly relating to the immigration status of any detained person under the Immigration Acts.*

*(7) Before exercising any power under these Rules the committee and any member of the committee shall consult the manager in relation to any matter which may affect safety and security.*

*In furtherance of these duties, para 63 of the statutory instrument states:*

*(2) A member of the committee shall have access at any time to every part of the detention centre and to every detained person, and he may interview any detained person out of the sight and hearing of officers.*

*(3) A member of the committee shall have access to the records of the detention centre.*

1. The abovementioned legislation does not distinguish between types of records. It should be for the IMB to decide what records are required to be examined in order to fulfil our duties.

2. Related to the above, there is the concern I raised about the independence of the IMB and the fact that the Home Office seems to have substituted itself in the place of the IMB and decided what to let us see and what we can't see. This seems wrong in law and wrong in principle.

3. There was no discussion of how we are expected to discharge our monitoring duties in respect of S61(5) above if we don't have full access to records. S61(5) can encompass whether detention is lawful and, therefore, should be continued or whether there are other matters of fairness, procedure or material fact (e.g. health) that might be relevant to the question of continued detention. All these require IMB members to see the 'full picture' not a picture mediated through BF/HO.
4. There is then the point that the access process assumes a 'perfect system'. The Home Office official's answer to my concern about not seeing the minute sheet was that we should not need to see the minute sheet because what is on there that is relevant to us should be documented in Annex A. But the fact is that Annex A records are often incomplete and so, with these restrictions in place, we will inevitably end up raising concerns that would not need to be raised if we could see the whole picture. We have been requesting improvements about Annex A completion ever since we started monitoring the STHFs in our area (i.e. for nearly three years) so you can see how frustrating it is to be given the answer I was given on the call.
5. I hope we will get our own independent legal opinion about the matters I raise in 1-3 above. It is only by going back to the legislation that we can be sure we are in a position to address this truly independently.
6. What is the risk that the Home Office official and her colleagues are trying to manage by not trusting us to have full access to records? We sign the Official Secrets Act and go through various checks before appointment. Our role means we deserve to have full transparency over the process not a censored, mediated sight of things.
7. I do have a worry about the culture and tenor of the call today. We are independent and not supine to the Home Office and Border Force. It is them and their contractors that we are monitoring. I am concerned about how this kind of call can come about with the Home Office and Border Force calling the shots instead of us being resourced and ready to take our own independent view.
8. There was no discussion of the separate but related matter of electronic records. The move to electronic records means that, in the absence of IMB having electronic access to the system, that we are completely in the hands of Border Force when we seek to get access to records. In the past, with paper port case files, we would turn up unannounced, ask to have access to the files and pick out a random sample of files to audit. We would supplement that with a look at the holding room log and pick out specific cases, e.g. of long duration, minors etc. In other words, we had some assurance that there was transparency. Now with everything mediated through an officer on an IT system hidden from our view, there is not the same transparency. Our monitoring is unlikely to discover actors or bad practice as this can be more easily hidden from us.
9. On a separate matter, I note the suggestion from the Home Office that port and airport locations like LBA and Hull that do not have adequate STHF facilities and instead have to rely on use of interview rooms to house detained persons might (on a technicality) be reclassified and not be called STHFs. The implication is that they might not be able to be monitored by IMBs. If so, I would view that as a really cynical way of preventing detention being independently monitored. I hope I am wrong.





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