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| <p>1 you would need in order to complete that, which is why,</p> <p>2 you know, we would do Part Cs as well, you know, to</p> <p>3 communicate to the Home Office as well.</p> <p>4 Q. Thank you. You said that was your impression at the</p> <p>5 time. And I understand that remains your impression?</p> <p>6 A. Well, I think things are slightly changing within the</p> <p>7 scene because we don't – I think a lot has changed from</p> <p>8 the types of patients that are now in immigration</p> <p>9 centres compared to before. We have lower numbers, as</p> <p>10 you know, and there's been some investigations – the</p> <p>11 Shaw Report, for example, has brought numbers down and</p> <p>12 there are more things in place. So we are learning, we</p> <p>13 are improving. Our rule 35s have improved as well in</p> <p>14 terms of content we put in. A lot of changes have</p> <p>15 happened since 2017, that I've seen, that I'm happy it's</p> <p>16 going in that direction. A lot more can be done, but</p> <p>17 there have been changes along the way.</p> <p>18 Q. Can I ask now about rule 35(2)s. We still have it up on</p> <p>19 the screen. It is obviously the second point down:</p> <p>20 "The medical practitioner shall report to the</p> <p>21 manager on the case of any detained person he suspects</p> <p>22 of having suicidal intentions ..."</p> <p>23 It goes on to say they will also be placed onto</p> <p>24 special observation. You said at page 38 of your</p> <p>25 statement, in the part I already read out, that you were</p> <p style="text-align: center;">Page 197</p> | <p>1 A. So reading through the rule 35(2), you can see, again,</p> <p>2 that the questions that they ask in terms of opening</p> <p>3 ACDT, "Are there measures in place?", so that forms part</p> <p>4 of the threshold. The other aspect of rule 35 is if</p> <p>5 they are doing, for example, a rule 35(3), for example,</p> <p>6 we would include information that might be contained</p> <p>7 otherwise in rule 35(2) within the rule 35(3). So</p> <p>8 there's duplication of work. So we wouldn't necessarily</p> <p>9 be completing rule 35(2)s. That might be another reason</p> <p>10 for not completing it. Plus we would do Part Cs.</p> <p>11 Deterioration is one of those things. If it is</p> <p>12 immediate, I want an immediate response. I wouldn't</p> <p>13 want to necessarily wait two days or three days or even</p> <p>14 possibly a week at times to get a response from the</p> <p>15 Home Office regarding a patient I'm concerned about now.</p> <p>16 I would need to communicate that to the Home Office. If</p> <p>17 patients were released as well. So we didn't know. So</p> <p>18 it might be that some patients were actually released</p> <p>19 before they even got to that stage where a rule 35(2)</p> <p>20 would be required. So there's different factors</p> <p>21 involved. It is fair to say that we didn't do</p> <p>22 rule 35(2)s, but it wasn't deliberate in that sense.</p> <p>23 There were mechanisms in place that would communicate</p> <p>24 those risks that we found.</p> <p>25 Q. So just to take that answer in two parts. Firstly,</p> <p style="text-align: center;">Page 199</p> |
| <p>1 concerned about the impact of detention and, if he was</p> <p>2 deteriorating, rule 35(1) or (2) report would have been</p> <p>3 completed?</p> <p>4 A. For this gentleman?</p> <p>5 Q. Yes, in relation to this gentleman.</p> <p>6 A. Yes.</p> <p>7 Q. We heard -- taking that in two parts, we heard from</p> <p>8 Dr Oozeerally this morning, and I'm paraphrasing, that</p> <p>9 rule 35(2) was effectively not used?</p> <p>10 A. Yes. We have heard the evidence that there were no</p> <p>11 rule 35(2)s done, yes.</p> <p>12 Q. So is it fair to say that, in fact, even if this</p> <p>13 gentleman had deteriorated, it is unlikely a rule 35(2)</p> <p>14 would have been done?</p> <p>15 A. A rule 35 -- a deterioration isn't only communicated to</p> <p>16 the Home Office through a rule 35. There are other</p> <p>17 means of communicating. In fact, there are four</p> <p>18 different means, or even five means, of communication to</p> <p>19 the Home Office that I'm aware of.</p> <p>20 Q. I'm asking about rule 35(2) though. None of them were</p> <p>21 done?</p> <p>22 A. Yes.</p> <p>23 Q. In the relevant period?</p> <p>24 A. Yes.</p> <p>25 Q. Or before or immediately after?</p> <p style="text-align: center;">Page 198</p> | <p>1 again, you felt that your obligations under rule 35(2),</p> <p>2 as you did with (1), were classed or amended or</p> <p>3 clarified by the contents of the questions on the form;</p> <p>4 is that fair to say?</p> <p>5 A. Yes, so the thresholds are set within the questions.</p> <p>6 Q. And you believed that the thresholds aren't just what's</p> <p>7 in the rule itself, but are contained within the</p> <p>8 questions?</p> <p>9 A. Yeah, I think so, because -- yeah.</p> <p>10 Q. And the second part was that you said that there are</p> <p>11 other mechanisms for reporting in the case of rule 35(2)</p> <p>12 suspected suicidal intentions and you felt that they</p> <p>13 supplanted the need to do rule 35(2) reports?</p> <p>14 A. Yeah, they didn't mean I wouldn't do -- it is not for</p> <p>15 consideration. It is just that there were other</p> <p>16 mechanisms that we used at the time, and we probably --</p> <p>17 and we still do. So rule 35 -- so doing, for example,</p> <p>18 a Part C is a definite mechanism of communication to the</p> <p>19 Home Office and that would be coming from multiple</p> <p>20 sources and we would see patients released after</p> <p>21 a Part C, and we would see patients released -- I have</p> <p>22 even come across evidence where a medico-legal report</p> <p>23 was sent to the Home Office and a patient was then</p> <p>24 bailed because of the medico-legal report. It had</p> <p>25 nothing to do with us communicating. So there are</p> <p style="text-align: center;">Page 200</p> |

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