BROOK HOUSE INQUIRY

FIRST WITNESS STATEMENT OF DONNA BATCHELOR

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 1 October 2021.

Any references to G4S Health Services (UK) Limited in this statement have been abbreviated to "G4S".

I, Donna Batchelor, of DPA DPA will say as follows:

Background

1. ***Your name and date of birth;***

   My full name is Donna Michelle Batchelor and my date of birth is DPA

2. ***A summary of your career (which explains any professional qualifications which you have, your professional experience and the roles which you have held in your professional capacity including your current role / job description);***

   I first qualified with a Diploma in Health Education in relation to adult nursing studies in 2012 and I am currently studying for a degree as a top up into adult nursing studies. I worked for 8 years as a healthcare assistant at East Surrey Hospital and they paid for me to do training for 3 years. I went back and did 2 years full-time working and then I took a break for 2 years after becoming injured at work and Sensitive/Irrelevant. I then joined G4S in 2016, as I didn't want to go back to working in a hospital. I left in July 2019 and I am currently an A&E Nurse at Princess Royal Hospital.

3. ***An explanation of when you worked for G4S Health Services and in what capacity. Include all the roles which you held whilst employed by G4S Health Services and details of your working pattern. If you were not employed directly by G4S Health Services, in what capacity did you work at Brook House?***

   I worked at G4S for 4 years. I began working there towards the end of 2016 as a Registered General Nurse ("RGN"). I was a permanent member of staff. I left my permanent role in July 2019 and stayed on as a bank nurse. I stopped working as a bank nurse on 7 July 2021.

4. ***If you are no longer employed by G4S Health Services, an explanation as to why you left and when.***

   I left my permanent role at Brook House because I felt that there was a lot of bullying going on in healthcare after the Panorama footage aired and I no longer enjoyed working there. I had

problems with another nurse, Laurel McGonagall, who would whisper nasty things to me and made it clear she didn't like me. She put a post on Facebook about making a presentation when I was off work due to illness and when I asked her about it, she said it was for University but when I returned to work it transpired that the presentation was for a promotion to senior nurse that we had both applied for. I felt like she was trying to undermine me. I reported this to Sandra Calver, who said that she had sent me an email to my work email about the presentation but I had not seen the email as I was off work due to illness. Sandra said that she could delay my interview and presentation but I felt disadvantaged applying for the promotion and even though I had reported Laurel's behaviour, she was still promoted to senior nurse.

Before the Facebook incident my smart card went missing when I had to attend an emergency response and was found on the top of a cabinet. The only person in the room was Laurel although she denied hiding my smart card. I felt that this was childish and unkind behaviour. There were three other members of staff who formed a 'clique', Wendy Farrah and Jenny and it got to a point where I would walk into a room and they would all stop talking, walk out or start laughing, which made me feel very uncomfortable. I loved the work but I felt uncomfortable when certain people were working. I raised concerns with Sandra Calver and with Jay (Jacintha) Dix several times but nothing changed whilst I was there. During staff meetings we would get 'pep' talks and Sandra told us all to play nicely. Every time I reported the issues to Jay Dix I was told to give it time and it would get better. I continued bank nursing for a while because Brook House was closer to home for me than the hospital. I also missed hospital nursing. Working in a detention centre was very different.

Application Process

5. An explanation of what attracted you to working in healthcare at Brook House.

I wanted a new challenge. I knew it was going to be difficult working with detained men but I saw the advert and was intrigued. It was a completely new experience for me and I wanted to try something different.

6. Your opinion of whether the recruitment process prepared you for the role. Please explain your answer.

The recruitment process was very thorough. All new starters had to undergo a lengthy clearance process. I was taken into Brook House during my initial interview and seen by Sandra Calver, Head of Healthcare and Michael Wells, who was Practice Manager at the time. I was able to see the centre and get a good feel for the environment. Sandra and Michael both interviewed me and then we went through the relevant DBS and CBS checks.

Culture

7. A description of the culture of Brook House when you worked there. In particular, was there an identifiable culture across Brook House as a whole; whether there was a specific culture within the healthcare department or a department, area or wing in which

you did not work; if there was, whether it changed over time; in either event, what that culture was.

The environment in Brook House was very volatile at the beginning. There were lots of detainees packed into a very small area. I remember there being constant fights and lots of drugs being circulated around the centre. We were having to attend a lot of first responses, which was largely due to a new drug, Spice, being brought into Brook House. A lot of more experienced nurses left and new people started. I feel that healthcare worked well together as a team.

8. ***Your views on staff morale at Brook House immediately before, during and subsequent to the Relevant Period, both with regard to healthcare staff and other staff employed at Brook House.***

When I first started in Brook House, morale was high. It was a nice place to work and healthcare staff supported each other. After the Panorama documentary aired, morale dipped drastically. A lot of detention and healthcare staff left during that period and I think others did not really understand the seriousness of what had happened.

9. ***A description of attitudes towards individuals who were detained at Brook House immediately before, during and immediately after the Relevant Period.***

I never witnessed any abusive behaviour towards detainees. I actually thought that the staff I knew were very respectful towards detainees. If I had witnessed anything or been told anything like the behaviour on the Panorama footage was happening, I would have raised it with an Oscar manager. I would also reassure the detainee that I was going to escalate it. The conversations between detainees and officers that I witnessed was almost friend-like. I didn't see anything of concern with healthcare staff, I thought we were always friendly and approachable.

10. ***Whether you have any particular concerns about how the values of G4S and / or G4S Health Services or any culture impacted upon the following:***

a. ***The general treatment of individuals who were detained at Brook House;***

I always treated detainees with kindness but maintained a professional relationship and I always saw other staff members do the same. I didn't have any concerns.

b. ***The management of individuals with physical health conditions;***

I did not have any concerns in relation to the management of individuals with physical health conditions. We implemented care plans as necessary, held clinics and also had chronic disease management. Detainees with physical health conditions were always well looked after.

c. ***The management of individuals with mental health conditions;***

If we had a detainee who was significantly mentally unwell and needed to be sectioned, they would go into E Wing or into segregation. I thought this was detrimental to their wellbeing, as they were isolated with no mental stimulus. As a RGN, we would refer detainees on to the mental health nurses. Detainees would often have to wait for a long time before they received a bed if they needed to go to an external hospital.

d. The management of individuals who could be considered vulnerable;

I did not have any concerns. Healthcare staff were very good at identifying individuals who appeared vulnerable and ensuring they got the care that they needed.

e. The management of individuals with substance misuse issues;

I did not have any concerns. Brook House had a substance misuse group, Forward, they were brilliant at what they did and they often received positive feedback from detainees.

f. The protection of specific individuals from the type of abuse seen on the Panorama programme.

I was not aware of any.

11. Whether you are aware of any occasions where a member of healthcare staff raised concerns about the treatment of individuals (either individuals or collectively), whether informally or as a. "whistleblower" and the response to it and the reaction from detention staff management and healthcare staff management.

I was not aware of any occasions where a member of healthcare staff raised concerns about the treatment of detainees.

Oversight

12. Set out your understanding of the role of the following bodies, their involvement at Brook House and the nature of any interaction or communications you had with them.

i. The Independent Monitoring Board (IMB);

I had a lot of interaction with the IMB. They look at the standards within Brook House and if they have any concerns, they would raise it with us for example, if a detainee could not get a doctor's appointment.

ii. The Gatwick Detainees Welfare Group (GDWG);

I did not have a lot of interaction with them. I know they used to assist detainees with any issues they had for example, if detainees needed to contact family members or needed help with credit. They would occasionally come to healthcare to raise any concerns they had regarding detainees. If they felt that a detainee was struggling with their mental health then we would arrange for them to be assessed.

iii. Medical Justice;

Medical Justice are there to make sure that the detainees get the required legal help. I did not have much contact with them at all.

iv. Bail for Immigration Detainees (BID).

I had no contact with BID. I know that they help the detainees with their bail applications.

v. And other external organisations.

I cannot think of any other external organisations.

General Training

13. A description of the general training you received before starting work at Brook House and/or upon starting at work at Brook House. Confirmation of when you attended this training, where it was held and who provided it.

As a RGN, you are expected to do a lot of regular training. When I first started at Brook House, the training I received was very fragmented. My training was on the floor with other staff members. I would observe triage sessions in order to learn the systems and procedures however, this could be difficult, as emergency first responses would often disrupt the triage sessions. We had to do online training along with face-to-face sessions. We did safeguarding training, resuscitation training and personal protection training.

14. Reflecting on this training, your opinion about whether it prepared you for your role at Brook House. Please explain your answer. If it did not adequately prepare you, please say what else you believe the training should have covered.

I didn't feel prepared for my role at Brook House after completing the training provided. I think other training sessions would have been useful for example, drugs training and violence de-escalation training. I also didn't have my personal protection training until after I started, which was not ideal.

15. Reflecting on your time in healthcare at Brook House, what training do you consider was necessary in order to fulfil your role?

I think personal protection training was definitely necessary. It would have been helpful to have refresher training for this. Safeguarding and resuscitation training were also necessary.

16. What, if anything could be improved?

All training should be completed before you begin work out on the floor. There should be no contact with detainees before all training is completed.

17. Whether you were offered, and attended, refresher training courses. If you did, please provide details of the courses. Was there any other training that you think should have been provided on an annual basis?

Around the time of COVID, it became difficult to have face-to-face training. My resuscitation training expired along with a lot of other staff members'. It was very difficult for everyone to get onto courses, as they were often cancelled. All online training had to be redone every so often. I think personal protection training should have been done yearly along with training regarding vulnerable children and adults.

18. ***Whether you attended any of the training courses provided by G4S to its staff. If so, provide details.***

Online training and face-to-face training were provided by G4S and external providers.

19. ***A description of the training you received on the following, including the dates on which you attended such training and any refresher courses on the following matters:***

b. ***Control and restraint (C&R) / use of force on individuals (including both planned and unplanned use of force). Please refer to the Violence Reduction Strategy (CJS000721);***

I did one day of training in relation to use of force. The training covered information regarding manoeuvres and what was safe in relation to C&R. I cannot remember exactly when the training took place, as most of the sessions took place after I had been out onto the floor. I did my training late. Whilst I was out on the floor, I shadowed nurses who had already been trained. I completed a refresher course about a year later.

c. ***Rule 35 assessments and reports; The management of individuals at risk of self-harm or suicide and the ACDT process including the threshold for opening an ACDT document, the management of individuals on an ACDT document and how to complete the documentation. Please refer to the following documents / policies:***

I completed training on ACDTs and the management of individuals at risk of self-harm or suicide. The training provided information regarding what was expected from healthcare and how to identify someone at risk. The training was face to face and then there were further modules to complete online. I did not receive any refresher training. I think I did have training on Rule 35 assessments and reports but I cannot remember exactly when.

(i) ***Suicide Prevention and Self-harm Management (CJS006380);***

(ii) ***Safeguarding Policy (CJS006379);***

(iii) ***Guidance for staff managing detainees on Constant Observations (CJS006378);***

(iv) ***Management of Adults at Risk in Immigration Detention (CJS000731);***

(v) ***Introduction to Safer Custody, Gatwick IRC's Caring for Detainees at Risk (CJS000052);***

(vi) ***Enhanced Mental Health Training, Gatwick IRCs Caring for Detainees at Risk (CJS000020);***

(vii) ***The management of individuals with substance misuse issues. Please refer to the Drug and Alcohol Strategy (CJS006083);***

(viii) ***Any other specific healthcare training.***

Staff Induction

20. ***Please refer to Gatwick IRCs and Cedars Welcome Pack (CJS006391). Provide a description of the induction you received upon starting work at Brook House, including its duration, location, and who provided it.***

My induction was out on the floor. It was very tough and the centre was very chaotic at the time. I had to learn after I started. I was given a book of policies to read but it was very hard to concentrate and take things in when there was so much going on around you. The induction was supposed to last two weeks. I felt very thrown in at the deep end. Nurse Jo Buss carried out my induction.

21. ***Did your staff induction process prepare you for your role at Brook House?***

The staff induction did not prepare me at all for my role in Brook House. There was not enough time to learn and I had not experienced the environment properly before I went out on to the wings. I didn't know what I was doing. It was frightening at times.

22. ***What, if any, problems were there with the staff induction process?***

There was not enough time to learn. Inductions should be carried out in an enclosed environment where new staff members are able to concentrate.

23. ***What, if anything, could be improved?***

All training should be completed before staff go out onto the floor.

Management of healthcare staff

24. ***A description of how healthcare was structured in terms of line management and administration during the Relevant Period.***

Sandra Calver was Head of Healthcare, Michael Wells and Jacintha Dix were the Practice Managers and Jo Buss was clinical lead. There were a number of senior nurses, RGNs and mental health nurses. Psychiatrists were external but would come in once a week. GPs would work alongside nurses but GPs were contracted in to work for Brook House. We also had a pharmacist that came in from Boots.

25. ***Which staff, if any, reported to you as line manager? Please provide both names and roles.***

No staff members reported to me as line manager.

26. ***Explain your relationship with senior managers in healthcare at Brook House. Include details of the level of contact that you had with them, availability during shift for urgent/non-urgent queries, approachability, and visibility.***

Managers always had an open door policy unless they were in a confidential meeting. They were really approachable and I felt that I could always go to them with a problem. Jo was mostly based at Tinsley House but if I had any issues, I could always call her. There was a sheet of telephone numbers so if managers or senior members of staff were not in the office, you could contact them. There was never any issues getting hold of anyone.

27. ***Explain your experience of being managed at Brook House. Include details of feedback, appraisals, and working relationship with your direct manager. Provide details of who your direct manager was with dates if recall them.***

When I first started working at Brook House, it was lovely. There was an open door policy. Prior to the Panorama documentary, Jo Buss was my line manager. She was very professional and I never had any concerns about her. We had a good working relationship and we got on very well. Jo did regular appraisals and if she had any concerns, she would raise it there and then. After Jo left, it was a bit chaotic. I would usually go to Sandra if I had any issues.

28. ***Set out your experience of working with other healthcare staff, in particular, whether you felt able to rely on other healthcare staff to support you in your role.***

Before the Panorama documentary aired, the healthcare team got along really well. I felt able to rely on them for support and I trusted them. After Panorama, I felt that the relationship changed. There was a huge dip in morale, we all felt like we had failed and done something seriously wrong. I felt responsible for what had been shown on the footage. I think everyone blamed themselves for not knowing this type of behaviour was happening. A lot of people left following the Panorama programme.

29. ***Provide a description of how clinical supervision of healthcare staff generally took place during the Relevant Period.***

We would be told we were having clinical supervision on a certain day. Sometimes it would be in a manager's offices but often it was in our clinic room and it would sometimes be interrupted. We tried to choose times when healthcare was usually quieter to avoid this. We tried to have a structure but we had to be very flexible.

30. ***Explain how your clinical supervision took place.***

Jo carried out my clinical supervision originally then Havva Daines, who was a senior nurse and then Emily Parr.

31. ***Did you experience any problems with your line management or clinical supervision? If so, what?***

I didn't really experience any problems with my line management or clinical supervision. There was one issue with Havva regarding whether she had potentially passed information on from one of our discussions in another conversation.

32. ***What, if anything, could be improved?***

Availability could have definitely been improved. I think all clinical supervision should take place out on the floor to actually understand what our job entails. Sandra used to come out onto the floor and do the shift with us. She saw how difficult our jobs were.

Disciplinary and grievance processes

33. ***Provide details of any involvement you had in disciplinary investigations, including any investigation: (a) carried out by you as a manager; (b) carried out into your own conduct and/or (c) carried out into another member of staff, for which you were a witness.***

I never had any involvement in any disciplinary matters.

In relation to each example:

a. ***please provide approximate dates;***

b. ***a description of the issue;***

c. ***who was subject to the investigation;***

d. ***what the investigation involved;***

e. ***what the outcome of the investigation was;***

f. ***whether any further action was taken following the disciplinary outcome;***

g. ***whether there were any 'lessons learned', and if so, how they were disseminated and followed-up.***

34. ***Please provide details of any involvement you had in a grievance investigation, including any grievance investigation: (a) carried out by you as a manager; (b) carried out following a grievance raised against you; (c) carried out following a grievance raised by you; and/or (d) carried out into another member of staff, for which you were a witness. In relation to each example:***

a. ***please provide approximate dates;***

b. ***a description of the issue;***

c. ***who was subject to the grievance;***

d. what the investigation involved;

e. what the outcome of the investigation was:

f. whether any further action was taken following the outcome;

g. whether there were any 'lessons learned', and if so, how they were disseminated

As I have described earlier in this statement, I had raised concerns about the senior nurses' behaviour several times to other members of the team. This was just after the Panorama documentary had aired. I raised issues many times but this was never done on a formal basis, it was not an official grievance. I felt that nothing was ever done to rectify this situation.

Staffing

35. Describe the staffing levels in healthcare at Brook House during the Relevant Period.

The staffing levels at the beginning of the Relevant Period were good. It was tough because of how volatile the environment was in Brook House. I think it was after the Relevant Period when everyone left that we had a high turnover of staff. This is when things became difficult. Sometimes new staff members were not prepared for the environment and left quite quickly.

36. In your opinion, were there, at all times, sufficient staffing resources to be able to provide adequate healthcare services to the individuals? Provide your opinion on whether the staffing levels in healthcare were of an adequate level to enable staff to perform all the functions of their role. If they were not, identify why not. Further, did you ever raise this at the time. Please provide details. If you did not, please explain why not.

I don't think there was sufficient staffing resources at all times. Sometimes we had to send healthcare assistants to check on detainees because there were not enough nurses. During the Relevant Period, Brook House had a huge problem with Spice. On my third day of induction at Brook House, we had 28 emergency first response calls as a result of Spice. I never raised any concerns about the staffing levels with anyone. At the time of the Relevant Period, I had not been at Brook House for very long, so I didn't know if the staffing levels were normal.

37. What was the proportion of permanent healthcare staff to agency staff?

On a normal day, it would be around 90% permanent staff to 10% agency staff.

38. Were agency staff experienced at working in detention centres or a custodial environment generally?

They were very experienced. A couple of agency staff worked in prisons or other detention centres.

39. Were agency staff familiar with the systems and procedures in place at Brook House? What was the nature of training/induction provided, if any?

The same agency staff tended to be used consistently. The vetting process took so long and was so thorough that it was normally the same group of people that came to Brook House. I don't know what training or induction was provided to them.

40. Did the number of agency staff generally affect the provision of healthcare to individuals? If so, how?

There was at least one member of agency staff that we had concerns with. Sometimes they would not have their radios on and we did not know where they were. This raised safety concerns. We voiced these concerns with healthcare managers but it was difficult because when we were understaffed, we needed agency staff.

41. Provide your opinion on the impact that any shortages (if they existed) had on the care and treatment of individuals, in particular, whether staff were unable to offer services that they would have been able to provide if they were fully staffed (if shortages existed) and if there were delays in provision of healthcare to individuals as a result.

We held a triage clinic in healthcare every morning without fail. Sometimes things such as chronic disease management would have to be cut short if we were understaffed. We always ensured that detainees who needed to see a GP had appointments booked. Overall, I think detainees still had good access to healthcare despite us being understaffed occasionally.

42. Provide your opinion on the impact that any staffing shortages had on healthcare staff, including morale and safety (whether perceived or actual).

Healthcare staff were exhausted. I think that is why a lot of staff members left. A lot of healthcare staff wanted regular detention officers there whilst we were holding clinics. We were often told that there were not enough officers to make this possible. Sometimes detainees would become aggressive and we did not feel safe.

43. Provide your opinion on the staffing levels of the detention staff.

I think detention staff were very understaffed. If we needed to call a detainee up to be seen in healthcare, we would often be told that there were not enough officers on the wing or that they were waiting for officers to come back. This would delay healthcare, as it meant that it would delay appointment times and medication administration.

44. Provide your opinion on the staffing levels of the activities team.

I don't know about the staffing levels in relation to the activities team.

Relationship between Healthcare and Detention Staff

45. Provide details of your experience of working with detention staff. In particular:

a. Day to day working with the detention team in relation to the welfare of detained persons ;

I got on really well with detention staff. I think healthcare and detention staff had a good working relationship. We worked well as a team. Detention staff would always alert us if they had any concerns about detainees in terms of mental or physical health.

b. ***Effectiveness of involvement of the detention team in use of force incidents;***

Detention staff always listened to healthcare in relation to use of force incidents. There was one use of force incident where I did not think handcuffs should have been used on a detainee. I asked the detention staff to remove the handcuffs in order for me to assess the detainee and they removed them straight away.

c. ***Communication with detention staff about any individuals with ongoing medical needs;***

We communicated well. Healthcare and detention staff had a shared aim and that was to overlook the safety and welfare of the detainees.

d. ***Attitude of detention staff towards detained persons (provide any specific examples you are able to recall);***

The overall attitude towards detainees was positive. If the staff were unsure of what kind of support or treatment the detainee required then they would discuss this with healthcare staff. I never witnessed anything of concern in relation to detention staff's attitude towards detainees.

46. ***Did you experience any problems with the relationship between healthcare and detention staff? If so, what?***

I did not experience any problems with the relationship between healthcare and detention staff.

47. ***Provide your opinion on the impact any such issues had on healthcare staff, including morale and safety (whether perceived or actual).***

Not applicable as I didn't experience any problems.

48. ***Provide your opinion on the impact it had on the ability of healthcare staff to fulfil their roles and to provide adequate healthcare services to individuals?***

Not applicable.

49. ***What, if anything, could be improved?***

I can't think of any specific improvements. I thought healthcare and detention staff worked well together and provided a good level of care.

Relationship with Home Office

50. ***Explain your working relationship with Home Office staff, including those who worked within Brook House and those who worked externally. Include details of the level of***

contact that you had with them, the focus of their involvement at Brook House, your opinion on how they balanced immigration removal procedures with individual welfare. Explain your answer and please give specific details of any particular Home Office staff about whom you wish to comment.

Overall, I had a good working relationship with the Home Office. The Home Office were in the same building as us in Brook House. They would sometimes come down to healthcare or request paperwork from us for a detainee to be released. I had quite a lot of contact with the Home Office. I would speak to them on the phone and I would request patient consent forms from them before I shared any information with them. The focus of the Home Office was more on detainee removal than welfare.

51. ***Did you experience any problems with the relationship between healthcare staff and the Home Office? If so, what?***

There were a few incidents when I did not agree with the management of detainees. There was a particular detainee who had previously refused to go back to Algeria. He finally agreed to go back willingly and when he got to the airport, he had no travel documents. I thought this was very poor from the Home Office. This was not handled well at all. Sometimes the Home Office would prepare to release detainees who were unwell and who had no fixed abode to be released to. We sometimes had to challenge these decisions and advise that we did not think it was safe for particular detainees to be released.

52. ***Provide your opinion on the impact it had on healthcare staff, including morale and safety (whether perceived or actual).***

There was sometimes a lot of friction between healthcare and the Home Office. This would result in staff morale becoming lower, as staff would be very frustrated.

53. ***Provide your opinion on the impact it had on the ability of healthcare staff to fulfil their roles and to provide adequate healthcare services to individuals?***

The difficult relationship between healthcare and Home Office sometimes put added pressure on healthcare staff. Whilst detainees still received adequate care, it made our role more difficult.

54. ***What, if anything, could be improved?***

I think there could have been better communication between healthcare and the Home Office, especially in relation to releases and transfers.

Reception / Healthcare Screening / Induction

55. ***Please refer to Detainee Reception & Departures (CJS006045) and Detainee Admissions and Departures Brook House IRC (CJS006046). Please provide a description of the usual reception healthcare screening process for individuals on their arrival at Brook House. Please summarise what this involved, for example:***

a) ***How soon it was after arrival;*** Detainees had to be screened within one hour of arriving at Brook House. The whole process of allocating detainees a room and transferring them to the wing had to be completed within two hours.

b) ***Whether it was during daytime or night-time;*** Healthcare screening could take place at any time. It was 24-hour.

c) ***Where it took place;*** Healthcare screening took place in the admissions rooms on the ground floor.

d) ***Who carried it out (what level of healthcare professional);*** Trained nurses carried out anything that was complicated for example, anything that related to medication. Healthcare assistants were then able to carry out more simple tasks.

e) ***Whether the individuals had access to an interpreter if needed/requested;*** Detainees always had access to interpreters if required. At the time, we were using BigWord.

f) ***Whether the individuals were given any written materials concerning healthcare in Brook House;*** All detainees were given an appointment slip on arrival containing their GP appointment for the following day. We ensured that they knew where healthcare was located.

g) ***Whether healthcare staff had access to any previous medical records and if so the process for obtaining them;*** Healthcare would not always have access to detainees' previous medical records. Detainees needed to sign a consent form to agree to have their records sent to us. This was sometimes difficult, as some detainees would refuse to provide consent. Other times, their notes would already be on the system.

h) ***If an individual arrived with medication in their possession, what the process was for dealing with it;*** The medication would need to be in a box with the detainee's name on it and a date showing when it was prescribed. Most medication would come to healthcare for the GP to review before it was allowed on the wing. Medication such as anti-depressants were deemed high risk, as they were highly tradable and there was a high risk of overdose. They would not be allowed on the wing.

i) ***If an individual arrived on medication but without it in their possession, what the process was for the prescription and dispensing of appropriate medication;*** The GP would review the detainee's medical notes and see if they had been prescribed that medication and how long they had been using it for. It would be the GP's decision whether he re-prescribed it.

j) ***If an individual was suffering from a diagnosed physical health condition?*** A care plan would be set up. For example, if the detainee was diabetic we would ensure they were getting regular blood sugar checks and regular blood test. This would all be documented within the care plan. If the physical health condition was severe, we would refer them on to a specialist.

k) ***If an individual was suffering from a diagnosed mental health condition?*** We would refer the detainee to a RMN. The RMN would decide whether to place them on a SLP or refer them to a psychiatrist.

l) ***If an individual was deemed to be vulnerable?*** If the detainee was a vulnerable adult, we would document this and make everyone in the centre aware. If it was an age dispute, we would move the detainee to E Wing immediately. If they are so vulnerable that they cannot access normal services, then they could also be moved to E Wing.

m) ***If an individual was assessed as having a substance misuse issue?*** The detainee would be referred to the Forward team for support. If the detainee was using methadone then they would be assessed by the GP and he would decide whether to continue that prescription.

n) ***If an individual was assessed as being at risk of self-harm or suicide?*** We would open an ACDT. We would contact an Oscar manager and advise that we had concerns about this detainee. We would ask for the Oscar manager to monitor the detainee.

o) ***Where the individuals were accommodated for the first night or nights of their stay and what access there was to healthcare staff and services;*** Detainees went to B Wing at the time of the Relevant Period, this was the induction wing. The detainees had 24-hour access to healthcare. They could alert the officers at any time and healthcare would be contacted to see the detainee.

p) ***What provision was there for individuals to healthcare staff to follow up following their first night in detention?*** A GP appointment was arranged for all new detainees. The GP would see the detainees the following day.

56. If this usual process was variable, describe how it differed from the description you have provided, how often, why, and in what way.

This was standard procedure.

Healthcare Facilities and Equipment

57. A description of the physical environment of healthcare in Brook House. What facilities were there for the provision of the following in Brook House:

a) Primary care services (physical health services);

Healthcare is situated in the middle of Brook House. We have the manager's office on the right and a larger room on the left, which was normally used by the GP and had an examination couch and a computer. There was a waiting area, two examination rooms and the pharmacy in main healthcare. On the ground floor there were two rooms that were used for admission health screening. There was a cupboard that had all of our equipment in such a defibrillators. We had slings, lobotomy trolleys, a clinical sink and a small sink for hand washing. We had our pharmacy that held all of the detainees' medication.

b) Mental health services.

Mental health was separate. It was towards the visits area, on the left hand side of healthcare. Mental health group sessions would be held in the visits hall, as the mental health office was too small to facilitate these sessions. All mental health assessments could then continue to take place in the mental health office.

58. Did healthcare have the physical resources to deal with the health conditions with which individuals presented?

I think we had the physical resources to deal with the health conditions with which individuals presented.

59. Did healthcare have the equipment to deal with the health conditions with which individuals presented?

I would have liked us to have more equipment. We had some detainees who were using Warfarin and we used to have to borrow International Normalised Ratio equipment occasionally from Yarlswood. This was for a specific type of blood test for patients on blood thinning medication. We often raised this with managers but were told that they were too expensive.

60. What problems, if any, were there with the physical environment regarding the provision of healthcare to individuals?

I don't think healthcare was set out very well. There were not enough rooms to treat all of the detainees and continue doing other work such as paperwork. Brook House also needed better dental care. We had a dentist who would come in and see the detainees every 2 weeks. We would often have to send the detainees to an emergency dentist.

61. What problems, if any, were there with equipment regarding the provision of healthcare to individuals?

We only had one syringe for ear wax and we used to share it between Brook and Tinsley House. This was very problematic. We used to have to request equipment from Tinsley House. When equipment was broken, it was removed immediately but it used to take a while to replace.

62. What if anything, could be improved?

I think there should be a mobile dental unit in Brook House. They are expensive but there were so many detainees who required dental care. There needs to be something in place. Constantly sending detainees out for emergency dental care was difficult, as there weren't very many appointments.

Access to Healthcare

63. A description of what healthcare services were provided to individuals in Brook House. In particular, please describe the provision for:

i) ***Primary care (physical health) services;***

Every day at 9am there would be a walk in triage service. We used to see a lot of detainees, up to 25 in one morning. We would do a consultation with them and give them advice. Occasionally, we would ask them to come back for a follow up appointment or we would refer them on to the GP or to the RMNs. If an officer had concerns during the afternoon about a detainee, then the officer could bring the detainee in to healthcare to be seen. In the afternoons, we had chronic disease and wound management clinics. The GP was at Tinsley House in the morning and Brook House in the afternoon.

ii) ***Mental health services;***

Mental health nurses would see detainees that RGNs had referred on for appointments and they would also do ACDT meetings throughout the day with Oscar managers, the wing staff and the detainee.

64. ***How would an individual access healthcare? What was the process for an individual to be able to see a:***

i) ***Nurse;***

Triage would take place for 2 hours from 9am. This was a walk-in service and detainees could attend without an appointment. In the afternoon, we would sometimes get telephone calls to see detainees on the wings. We would only usually go down to the wing if the detainee could not walk, as it is easier to assess them in healthcare where we have the equipment. It is a very noisy environment on the wing. The best place to speak with the detainee is in a clinic room in healthcare. If there was an emergency response to be attended, we would be notified and attend immediately.

ii) ***GP;***

Detainees would first be seen by a RGN or a RMN and we would decide whether the detainee required further treatment from the GP. An appointment must be booked to see the GP. We could arrange emergency appointments if we deemed it necessary.

iii) ***Mental health nurse;***

A RGN would assess the detainee first and refer the person on to a RMN if appropriate. RMNs organised their own appointments, so we could not book the detainees in ourselves.

iv) ***Psychiatrist/psychologist etc?***

A detainee must be seen by the RMN first and if the RMN thought that they needed to be referred on to the psychiatrist, then an appointment would be made. The psychiatrist came into Brook House once a week.

65. ***What were the problems, if any, in individuals accessing healthcare?***

I think detainees had a lot of healthcare access. They got more access to healthcare than the general public receives. Healthcare was always available.

66. ***Were there delays in individuals being able to access healthcare? If so, what was the cause of any delays?***

There were not enough mental health nurses. This occasionally caused delays. The service provided was still of a high standard but more nurses were definitely required. There was only one room and one RMN.

67. ***What, if anything, could be improved?***

I think the healthcare unit needs to be improved. There needs to be more rooms and more equipment. There needs to be a dedicated GP room. Often the GP would be interrupted by nurses who required the room or use of the computer.

Detained Persons

68. ***Provide your views on what the most significant health problems of the detained person population were throughout your employment, focussing on the immediately before, during and after the Relevant period.***

Viral illnesses were very common. Stress related illnesses were probably the most common health problems at Brook House. Detainees often came to healthcare complaining of stress and low mood.

69. ***What are the challenges that healthcare staff face in managing those health conditions in Brook House?***

There was a shortage of RMNs, which made it difficult to get the detainees the care they needed in relation to illnesses such as anxiety and depression. A lot of detainees did not believe RGNs when we advised them that they were suffering from viral illnesses. They would often believe it was more serious and it was difficult to provide advice to them.

Interpreters

70. ***Describe your experience of the use of interpreters in healthcare at Brook House.***

We used interpreters quite a lot in Brook House. A lot of detainees' first language was not English. Some languages were not well known and this made finding interpreters difficult. Occasionally, the detainee would bring a friend to come and translate instead. We got on well with the interpreters, as the same ones would often be used.

71. ***Were interpreters readily available when needed?***

Not all of the time. Sometimes doctors had to re-book appointments because they could not get an interpreter and the consultation could not go ahead because the detainee did not speak English.

72. ***What were the problems, if any, with obtaining interpreters for individuals?***

The detainees would sometimes be very rude to the interpreters and the interpreters would refuse to continue. The detainees would swear or shout at them and this would cause issues.

73. ***How did this impact upon the adequacy of the provision of healthcare to individuals in Brook House?***

It would definitely impact upon the adequacy of the provision of healthcare to individuals in Brook House. We would have to reschedule appointments, this would delay care to the detainees.

Supported Living Plan

74. ***What was the purpose of a Supported Living Plan (SLP)?***

A SLP was to help staff at Brook House monitor certain detainees' health conditions. It was to make everyone aware within the centre that this detainee needed extra assistance and it outlined what that assistance was. They were to help the detainees to manage their own conditions and to help us support them.

75. ***In what circumstances would a detained person have a SLP?***

For example, if detainees had lost a limb and needed help moving around Brook House or if someone suffered with diabetes or asthma. A SLP could be set up for lots of different reasons. It was case dependent.

76. ***What was healthcare staff's role in a detained person's SLP?***

We would see the detainee and assess them to decide whether a SLP was necessary. We would explain to the detainee what a SLP was and how it was there to support them. We would set one up together and ask the detainee to review it and confirm they were happy.

Complaints

77. ***What was the complaints process if an individual had a complaint about healthcare?***

We used to get a lot of complaints surrounding the time it took to see a doctor or detainees not being given a doctors appointment when they thought they needed one. The more formal complaints were directed straight to Sandra as Head of Healthcare. There is a general form down on the wings that the detainee can fill out and put in any of the boxes that are situated around the wing for complaints. Sometimes these were sent back if more information or detail was required. We could also take formal complaints verbally and call the detainee up to healthcare to discuss it.

78. ***Explain your experience of the complaints process, including, in particular:***

i) ***Any examples in which you received a complaint and referred it on for investigation;***

ii) ***Any examples in which you were involved in an investigation, either conducted by G4S Healthcare or the Professional Standards Unit (PSU), in relation to a complaint made against you or another member of staff.***

Please include what happened, any investigation process, the outcome and any lessons learned. If there were lessons learned, whether they were implemented and effective.

There were occasions when I received complaints regarding wait times for appointments and referred them on to Sandra.

I have never been involved in a complaints investigation.

E Wing

79. ***Please refer to E Wing Policy (CJS006043). Describe the nature of the detained persons who were accommodated on E Wing.***

Sometimes E-Wing would contain detainees who had been in segregation. E-Wing was preparing detainees to go back to the normal wing. The detainees had to prove they could be around other people and behave themselves. We also would have extremely vulnerable mental health patients on E-Wing and any detainees who were the subject of age disputes.

80. ***What was the purpose of accommodating an individual on E Wing?***

Detainees could receive higher levels of supervision on E-Wing. There was a higher officer to detainee ratio higher than the normal wings, so more constant monitoring could take place.

81. ***What was healthcare's role in the management of individuals on E Wing?***

Members of healthcare would attend E-Wing every day and check on all detainees. We would ask if they needed to see a doctor or if anyone presented as being very mentally unwell, we would alert the mental health team.

82. ***Please refer to Removal from Association (CJS006040) and Temporary Confinement (CJS006041). What are the criteria for moving an individual to the Care and Separation Unit (CSU)?***

Detainees would be placed in CSU if they were being very violent or were extremely vulnerable. CSU was a very calm environment. The detainees did not interact with each other.

83. ***What was healthcare's role in the management of individuals on the CSU?***

Healthcare staff attended CSU every day. We asked detainees if they needed anything and we also spoke with the officers and asked if they had any concerns about any detainees. We would

also ask officers if they had any plans to de-escalate the detainees out of CSU, as it was not a nice place to be for too long.

Medication

84. ***A description of the process for management of medication for an individual who had been prescribed medication that could remain in their possession.***

A risk assessment was carried out to make sure the detainee was safe to have the medication in their possession. We had a form on the computer that provided questions to ask the detainee such as whether they could understand English. We would have to be confident that they could read the medication and understand what they were taking along with the side effects. If they had severe mental health issues which made them a high risk of overdose, then we could not allow them to keep medication in their possession. We would have to ensure that they understood that they were in charge of this medication and they had to be careful with it, as we would not replace any lost medication. We had a few detainees who would request more and we would have to tell them no. They were carefully monitored and if it became a reoccurring issue, they medication would be taken off them.

85. ***If an individual was prescribed medication that could not remain in their possession what was the process for obtaining required medication?***

We had three medication administration times throughout the day; morning, afternoon and evening. Detainees would attend the pharmacy and we would give them their required dose of medication. If a detainee required more than 3 doses a day, we would go to the wing and find the detainee and give them another dose at a pre-arranged time or we would arrange for them to come to healthcare.

86. ***What were the problems, if any, in the management of detained persons' medication?***

We often had long queues and detainees did not want to wait. Sometimes fights would break out in the queue about who was first and this would impact our concentration. We had to ensure that we were fully concentrating when administering medication. Everyone's medication needed to be correct, so that was often difficult when there were lots of distractions such as arguments and fighting. Sometimes there were patients with very similar names and you had to triple check that their medication was correct. Also, sometimes detainees would try and request appointments during medication administration and we would have to constantly remind them that we could not assess at this time or book them a GP appointment.

87. ***What, if anything, could be improved?***

I think there should be a separate area for medication administration. It can be so chaotic when all of the detainees attend the healthcare unit and it makes it very difficult to do our job. Whilst you are doing medication you also have to assist those who have diabetes and need their blood sugar levels reading. It just doesn't work all being in the one tiny space.

Drug / alcohol misuse

88. ***Please refer to the Drug and Alcohol Strategy (CJS006083). A description of the process for the identification and assessment of individuals with substance misuse issues on their arrival in reception at Brook House.***

We ask all new arrivals about their alcohol intake on arrival as part of the health screen. We ask how many units they normally consume per week and whether they have any issues with illicit substances. This usually gave us an indication of whether they needed further support. We asked detainees to provide urine samples at one point but I can't remember if it was before or after the Relevant Period.

89. ***What treatment was available at Brook House for individuals identified as having a substance misuse issue?***

Detainees were offered methadone treatment if the GP had assessed them and agreed. We could also provide other medications with the agreement of the GP. If the detainee was suffering with severe withdrawal symptoms and we could not manage them, they would be sent to hospital.

90. ***What substance misuse services were available in Brook House during the Relevant Period?***

Detainees suffering with substance misuse issues were referred to our Forward team. They gave counselling and support. The Forward team were a permanent fixture in Brook House.

91. ***Were the services and treatment available for individuals with substance misuse issues adequate in your view?***

I think the services and treatment available were all adequate.

92. ***What, if anything, could be improved?***

I don't think anything needed to be improved.

93. ***A description of the level and nature of substance misuse amongst individuals in Brook House during the Relevant Period.***

There was a large Spice outbreak when I started in Brook House. It was very hard to manage. By the time I left, it had improved a lot.

94. ***What was healthcare staff's role in the management of individuals who were using drugs or alcohol whilst in Brook House?***

Healthcare administered methadone in the morning and observed all detainees who were withdrawing. We would make notes on their condition and agree on any next steps.

95. ***What was your experience of attending to individuals who were intoxicated by drugs or alcohol in Brook House?***

There were a lot of emergency call outs around the time of the Relevant Period. Healthcare were there to keep the detainee safe and ensure they were being observed. We would ensure the detainee was happy with the level of support they were receiving.

96. ***Did you have any concerns about the appropriateness of healthcare staff's management of individuals who were intoxicated?***

I did not have any concerns.

97. ***Did you have any concerns about the appropriateness of detention staff management of individuals who were intoxicated?***

I did not have any concerns.

98. ***If so, did you raise any concerns? If so, who did you raise concerns with? If not, why not?***

Not applicable as I did not have any concerns.

Mental Health

99. ***A description of your experience of the management of individuals who suffered from mental health conditions.***

Sometimes new arrivals would come in with documents that stated that they needed mental assistance, in that case they would be referred straight to a RMN. In other cases when detainees complained of stress and poor sleep, we would refer them to the mental health team after we had done an assessment. The mental health team would then decide what care they needed and whether they needed to be referred to the psychiatrist. I think he came in every Wednesday but he could come in more often if it was an emergency.

100. ***Did you have any concerns about the appropriateness of healthcare staff's management of individuals who suffered from mental health conditions?***

I think the mental health team were very good. If a detainee was waiting to be sectioned however, they would need to be removed from the wing and put into segregation whilst they awaited a mental health bed. We would try and move them away from anyone who may be able to manipulate or coerce them. The waiting time for a mental health bed could be weeks. I don't think this was very good for their wellbeing. The mental health team would be very stressed, as sometimes numerous detainees would be waiting for beds.

101. ***Did you have any concerns about the appropriateness of detention staff management of individuals who suffered from mental health conditions?***

I don't think wing staff really understood or knew how to help detainees suffering with mental health issues. They would sit with some detainees for hours trying to engage them in conversation to make them feel better. They really wanted to help them and they would often ask for updates. Officers definitely needed more mental health training.

102. If so, did you raise any concerns? If so, who did you raise concerns with? If not, why not?

We would always speak to Jim Newlands, who was a senior RMN. He was really good. He was very knowledgeable. He would tell us that they were trying their hardest but there just weren't enough beds for the detainees. I would always be pushing for these detainees and trying to help them. The mental health team were very disheartened, as they also wanted the best for the detainees. Sandra was also made aware and she was always working to try and help. She would often try to source private beds.

Rule 35 reports

103. If you were involved in writing Rule 35 reports, please set out your experience of doing so.

I never wrote a Rule 35 report.

104. Set out your understanding of the purpose of a Rule 35 report?

Rule 35 reports are for detainees who have been victims of torture. This torture could be physical, mental or psychological. The report prevents the detainee from being sent back to the country where the torture occurred, as this would be very detrimental to their wellbeing.

105. Describe the approach taken when assessing an individual in accordance with Rule 35 and recording that assessment.

Detainees would come to healthcare and ask for a Rule 35 report. We needed to ensure that they understood what they were asking for and knew the purpose of a Rule 35 report. We would take some initial details and then refer them on to the GP for a full assessment.

106. What criteria are applied to identify suitability for ongoing detention?

If a detainee is significantly mentally or physically unwell and we cannot maintain their wellbeing in detention, we would say they were unfit to remain here.

107. What is the nature of an assessment of an individual for the purposes of a Rule 35 report? How is the assessment carried out?

The assessments are carried out face to face between the detainee and the GP. Sometimes a chaperone also attends. The detainee tells the GP about what happened and if any physical assessments or any body mapping was required this would also be done. A report would be drafted and a copy given to the detainee to approve before it was sent to the Home Office.

108. Who was responsible for ensuring compliance with clinical standards and the effective implementation of the Rules 33-35 of the Detention Centre Rules (DCR) safeguards?

Healthcare. Sandra as Head of Healthcare.

109. ***What are the challenges you face or faced in carrying out Rule 35 assessments? What, if any, problems were there?***

Sometimes detainees would come to us requesting Rule 35 reports and it would not actually be a case for a Rule 35. It was difficult to explain this to them. Some would be told by other people to request Rule 35 appointments, as it would definitely get them out of Brook House, which was not the case. There could be up to a two week wait for a Rule 35 appointment. Detainees could be sent home in these long wait periods or we may not have received a response from the Home Office in time. It normally took five days for the Home Office to respond but when we had a huge backlog, it would take longer.

110. ***Did you have any concerns about the process of assessment and writing of Rule 35 reports?***

I never had any concerns. Everything was checked and approved by the detainee.

111. ***If so, did you raise any concerns? If so, who did you raise concerns with? If not, why not?***

Not applicable.

112. ***What, if anything could be improved?***

I think there could be better management of the long wait times for the appointments.

ACDT and self-harm risk management

113. ***Please refer to the following documents / policies:***

i) ***Suicide Prevention and Self-harm Management (CJS006380);***

ii) ***Safeguarding Policy (CJS006379);***

iii) ***Guidance for staff managing detainees on Constant Observations (CJS006378);***

iv) ***Management of Adults at Risk in Immigration Detention (CJS000731).***

A description of your role and involvement, if any, within the ACDT process

I have been to ACDT meetings. I would sit down with the detainee and discuss how they are feeling. I also opened ACDT documents multiple times.

114. ***A description of how individuals who were at risk of self-harm or suicide were identified and assessed.***

Detainees would sometimes self-declare, they would come to healthcare and tell us that they had been having thoughts of self-harm or suicide. We would talk to them about the problem, refer them on to a RMN and then open an ACDT. Other times, we would notice that detainees

were behaving particularly strangely and we would ask them to come to healthcare for further assessment. Officers would also refer detainees to us that they were concerned about.

115. ***What role did healthcare staff play in the identification and assessment of detained persons who were at risk of self-harm or suicide?***

Healthcare would always complete an initial assessment of detainees suspected of being at risk of self-harm or suicide. On other occasions, we would open ACDTs and notify officers.

116. ***What role did healthcare staff play in the management of individuals who were at risk of self-harm or suicide?***

Healthcare would attend ACDT review meetings and observe the detainees. We would keep records in the detainee's ACDT booklet and ensure the detainee was getting the support they required.

117. ***Did you have any concerns about the appropriateness of healthcare staff's management of individuals who were at risk of self-harm or suicide?***

I did not have any concerns.

118. ***Did you have any concerns about the appropriateness of detention staff management of individuals who were at risk of self-harm or suicide?***

I did not have any concerns.

119. ***If so, did you raise any concerns? If so, who did you raise concerns with? If not, why not?***

Not applicable as I did not have any concerns.

ACDT

120. ***What do you understand the purpose of an ACDT document to be?***

An ACDT document is opened to identify and acknowledge the individual at risk of self-harm and suicide. It is to support them in managing their mental health and to ensure that they are safe.

121. ***When would an ACDT document be opened in relation to an individual?***

If anyone had any concerns or worries about a detainee and their welfare then an ACDT document would be opened.

122. ***What was the threshold for opening an ACDT document?***

There was no threshold.

123. ***What was the process for opening an ACDT document?***

A member of staff would sit down with the detainee and talk to them about how they are feeling. We would open an ACDT booklet and answer the questions within it and record all answers. We would explain the purpose of the ACDT to the detainee and inform the Oscar managers. We would then discuss with the Oscar managers how we could best support the detainee.

124. ***How would an individual be managed on an ACDT document?***

This depends on level of risk. Sometimes detainees would need constant supervision and would be allocated an officer to stay with them all of the time. They would be reviewed every day. Other less severe cases may be once every two or three days.

125. ***What was the review process for individuals with an open ACDT document?***

It was done on a case by case basis. It depended on the level of support the detainee required.

126. ***When would an ACDT document be closed in relation to an individual?***

When there is no longer a risk of self-harm or suicide. The detainee must agree to closing the ACDT and all members of staff involved must be in agreement.

127. ***How could an ACDT be challenged?***

Sometimes members of staff did not think that an ACDT was necessary. They could question your reasoning but if you had genuine concerns then an ACDT could be opened.

128. ***What role did healthcare staff play in the management of individuals on an ACDT document?***

Healthcare staff attended reviews, conducted observations and recorded any meetings with the GP within their ACDT booklet.

129. ***What problems were there, if any, with the process of managing individuals on ACDT documents?***

It was difficult when we had a lot of people on ACDT documents. At one point there were 24 detainees on ACDTs. We needed more staff to carry out all of the close supervision. ACDT meetings can sometimes take an hour, it was very hard to fit them in around our usual day to day tasks.

130. ***What, if anything, could be improved?***

Staffing levels could have been improved. This would have allowed healthcare to balance our workload better.

131. ***The inquiry understands that there were weekly healthcare Multi-Disciplinary Team (MDT) meetings held attended by the mental health team, medical team (GP) and healthcare administration team. Did you attend these meetings? What was their purpose and what was discussed?***

I attended MDT meetings. These meetings would highlight detainees that we had a lot of concerns about. We would discuss these complex cases and how best to help.

132. ***The Inquiry understands that there were Safer Community Meetings and Adults at Risk (AAR) Meetings held in Brook House attended by detention staff. Did healthcare staff attend these meetings? If not, why not?***

I did not attend these meetings. Senior nurses or the Head of Healthcare manager would attend I think.

133. ***Were there any mechanisms in place to offer support or counselling to individuals who had witnessed a violent or distressing event at Brook House?***

Detainees could always talk to healthcare staff. We would refer them on to RMNs if necessary and the RMNs would refer them on to the psychiatrist if they needed additional support.

Food and Fluid Refusal

134. ***Please refer to the Refer to Food & Fluid policy (CJS006084). What was healthcare staff's role in assessing an individual who was refusing food or fluids?***

Food and fluid refusals were very time consuming. Healthcare staff would see the detainee, weigh them and ask them why they did not want to eat and drink. We would take their blood sugar levels and look for signs of dehydration.

135. ***What was healthcare staff's role in managing an individual who was refusing food or fluids?***

Detainees who were refusing food and fluids had to be seen every day. If they had not eaten by day 5, they would have an appointment with the doctor to discuss advanced directives. The doctor would ask the detainee questions such as; would you like to receive lifesaving treatment? Would you like to be resuscitated? Some detainees would refuse to engage with the advanced directive and we would then have to send them to hospital.

136. ***What documentation did healthcare staff need to complete where an individual was refusing food or fluids?***

Food and fluid forms had to be completed daily and sent to Home Office for review.

137. ***Have you had experience of individuals refusing food or fluids? If so, please describe your experience.***

I have had many experiences of detainees refusing food and fluids. It was very difficult to see. We would try our best to encourage them to eat and ensure that we were observing the detainees every day.

138. ***Did you have any concerns about the appropriateness of the management of individuals who refused food or fluids? If so, did you raise any concerns? If so, who did you raise concerns with? If not, why not?***

I had no concerns about healthcare staff and their management of detainees refusing food or fluids. Home Office used to chase for food and fluid forms a lot and when we had a lot of detainees refusing food and fluids, this was hard to keep on top of. Home Office placed undue pressure on nurses to speed up a process that took a while to complete. We had to gain the trust of the detainees in order for them to talk to us about why they were refusing to eat and drink.

Use of Force

139. ***Please refer to the Violence Reduction Strategy (CJS000721). What role do healthcare staff play in the use of force on a detained person individual?***

Healthcare staff would attend briefings before planned uses of force. We would review detainees' medical notes and look at anything that may mean they cannot engage in use of force. We would stop use of force if we thought the detainee's wellbeing was in danger at any point.

140. ***In what circumstances is it permitted to use force on an individual?***

If a detainee was harming himself or other people. If the detainee needed to be removed from an environment and they have refused to go compliantly.

141. ***What records are required to be completed by healthcare staff following a use of force against an individual?***

There were specific use of force forms that we had to complete following any use of force incidents. We would note down what had happened, what the outcome was and if any injuries had been sustained.

142. ***What follow up is carried out by healthcare staff on an detained person following a use of force?***

If they detainee was still volatile following the use of force, we would give them an hour to calm down and then we would go to assess them. We would ask how they were feeling and if they had any injuries. We would body map any bruises and if they had sustained injuries, we would follow up with another appointment the following day.

143. ***Have you ever been involved in the use of force on an individual? If so, please give details. What documentation did you complete afterwards?***

I have been involved in numerous use of force incidents. I always completed the relevant use of force forms.

144. ***Have you ever witnessed the use of force on a detained person? If so, please give details. What documentation did you complete afterwards?***

I have witnessed many use of force incidents. There was one occasion when the officers were restraining a detainee and he was wearing handcuffs. I was concerned about the detainee, so I asked for the handcuffs to come off. The officers complied immediately. I completed a use of force form.

145. ***Did you have any concerns about the appropriateness of the use of force on the individual? If so, did you raise any concerns? If so, who did you raise concerns with? If you did not do so, why not?***

I never had any concerns about the appropriateness of use of force on detainees.

The Panorama Programme

The Inquiry's website has a link to a YouTube channel which has a BBC Panorama programme available to view for free (BBC Panorama - "Undercover: Britain's Immigration Secrets" - YouTube). If you have not already watched the programme, the Inquiry would ask that you do so and consider the following.

146. ***Confirmation as to whether you worked with Callum Tulley (the BBC undercover reporter). If you did, please set out details of when you worked with him.***

I did know Callum. He came across as very hard working, very charming. I was surprised when the Panorama footage was aired. We never worked together closely but we would always chat or say hello when we saw each other in the corridors.

147. ***Whether you appear in the programme. If you do, please confirm the timings on the footage where you appear. It would be helpful if you are able to provide a photograph or description of yourself so that the Inquiry is able easily to identify you.***

I do appear in the programme. During some of the footage I believe I am wearing a beige paisley material hair band. I found it very distressing watching the programme. The first and only time I saw this it gave me anxiety attacks and I am very reluctant to watch this again.

With my solicitors I have identified that at 10:40 minutes into the programme an emergency response is being attended for a detainee who is having a bad reaction to Spice. I am trying to help the detainee and see if he can hear me and respond, I say "you've had a good old time haven't you? Was that fun?" You have to be light hearted sometimes when checking on detainees when they are under the influence of a substance, you do not know how people will react to a substance and I did not want to panic the detainee by speaking to him in a firm manner.

At 10:47 I can be seen on the programme and I say "We've got another one. As we're going out the door another one falls up here". I was talking about the number of patients coming into healthcare under the influence of Spice. It was a real problem in the centre at the time.

148. ***Your opinion on the impact that the Panorama programme (which aired on 4 September 2017) had on staff morale.***

Everyone was really deflated. Everyone was trying to still work hard but it was really sad. I think everyone felt like they were being tarred with the same brush as a result of the actions of a very small group of staff members. Everyone was really down.

149. ***To the extent that you are aware of individuals seeing or become aware of the Panorama programme (e.g. the media), your opinion on the impact that the Panorama programme had on individuals.***

I think a couple of the detainees had seen the programme. One said to me that they had seen me in the programme. This was hard because I didn't want them to think they could not trust healthcare staff because we are actually there to keep them safe. New detainees who were being brought to Brook House had preconceptions of what it was going to be like and were anxious knowing they were being taken to the Panorama Detention Centre. They thought they were not going to be well looked after.

150. ***During the programme, one detained person says that they are underage for detention.***

151. ***Whether you were involved in this (or any other age dispute) case. An explanation of the process to be followed.***

I was not involved in that particular age dispute case but I am aware of the process. We have had quite a few age dispute cases and the first thing we do is isolate them away from adults. Adults in detention should not be mixing with children. We inform social services and the Home Office and social services would come and do an assessment on the detainee. The detainee would then be removed if it was discovered he was underage.

152. ***Whether there were any changes at Brook House following the Panorama programme and your opinion on whether they were effective. If they were not, your opinion on what should have been done to create effective change.***

Everyone became more firm with any potential age dispute cases. The minute suspicions were raised about any detainee, they would be removed to segregation immediately. They would get the same care whilst they were in Brook House but we ensured that we acted quicker.

Specific Individuals

153. ***The following individuals who worked at Brook House were either investigated, disciplined, dismissed or left following the Panorama programme:***

In relation to each of these individuals, set out the following:

i. ***Whether you worked with these individuals. If so, provide details of when you worked together, your working relationship and your opinion of them in a professional capacity. If you had concerns about their personal***

views/behaviours and that this impacted on their care of individuals, please set these out.

ii. ***Whether you witnessed them use derogatory, offensive and/or insensitive remarks about individuals. If so, provide details of what they said, the reaction of the individual, what you did (if anything) and the outcome.***

iii. ***Whether you witnessed any incidents of verbal abuse. If so, provide details of what they said, the reaction of the individual, what you did (if anything) and the outcome.***

iv. ***Whether you witnessed any incidents of physical abuse. If so, provide details of what they said, the reaction of the individual, what you did (if anything) and the outcome.***

a. ***Nathan Ring*** He was one of the more senior officers. He was often out on the wings and would attend meetings regarding SLPs. I had a couple of discussions with him about detainees and I had no concerns from what I saw of him.

b. ***Steve Webb*** I don't know this person.

c. ***Chris Donnelly*** I had a lot of interaction with him and he was always very professional. He would come in to healthcare if he had concerns about detainees. He was also very on the ball with paperwork and would come in asking for food and fluid refusal paperwork if we had not done it. He would always chat to the nurses. I had no concerns about him.

d. ***Kalvin Sanders*** I don't know this person.

e. ***Derek Murphy*** I knew who he was but didn't really have any interaction with him. He seemed to be hardworking. I had no issues.

f. ***John Connolly*** I don't know this person.

g. ***Dave Webb*** I don't know this person.

h. ***Clayton Fraser*** I don't know this person.

i. ***Charles Frances*** I don't know this person.

j. ***Aaron Stokes*** I don't know this person.

k. ***Mark Earl*** I don't know this person.

l. ***Slim Bassoud*** I worked with Slim. He was always really pleasant. He was always there to support detainees when required. He was very professional and I had no issues at all regarding his conduct or behaviour.

m. ***Sean Sayers*** I don't know this person.

n. ***Ryan Bromley*** He was pleasant, professional, hardworking. I never saw anything that raised concerns.

o. ***Daniel Small*** I don't know this person.

p. ***Yan Paschali*** I don't know this person.

q. ***Daniel Lake*** I don't know this person.

r. ***Babatunde Fagbo***I remember him briefly. He was always smiling, always spoke with healthcare. He seemed really professional.

s. ***Shayne Munro / Munroe*** I don't know this person.

t. ***Nurse Jo Buss*** I knew Jo very well. She did my induction and was my mentor when I started in Brook House. She would carry out appraisals and make sure everything was going ok. I was very shocked when I saw her on the footage. I never had any issues with Jo. She was very experienced and very knowledgeable.

Suggestions for Improvements

Part of the Inquiry's remit is to identify learning and make recommendations that would help to prevent the recurrence of such events in the future.

154. ***Where not specifically covered above, set out your opinion of what could be changed or improved at Brook House in order to improve individual health, safety and welfare.***

I have covered everything within my statement.

Any other Concerns

155. ***To the extent not covered by the above, please mention or explain any other matter which relates to the culture of G4S at Brook House, and the treatment of detained persons which you consider may be relevant to the Inquiry. In particular, the Inquiry would welcome any information that you have (this need not be limited to information that you have direct knowledge of) concerning whether in relation to any of the above topics there have been any significant changes such that the situation in Brook House is different now to the situation in 2017.***

I have covered everything within my statement.

156. ***A list of names of individuals working at Brook House who you believe are knowledgeable about the matters that you have mentioned in your statement.***

All staff members employed during the Relevant Period.

157. ***Any further matters which you consider relevant to the Inquiry's work.***

I have covered everything within my statement.

The topics identified above are not intended to be an exhaustive list and if there are other matters relevant to the Inquiry on which you wish to provide evidence then you should do so.

STATEMENT OF TRUTH

I believe that the facts stated in this Witness Statement are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in it's truth.

I am content for this witness statement to form part of the evidence before the Brook House Inquiry and to be published on the Inquiry's website.

Signed: Donna Batchelor **Signature** Donna Batchelor Dated: 04/10/21 Resigned 20/11/21

Name: