BROOK HOUSE INQUIRY

SECOND WITNESS STATEMENT OF DONNA BATCHELOR

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 18 January 2022.

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:

General

1. In my opinion, not a lot of steps were taken by senior staff to improve staff morale following the Panorama documentary. They gave us occasional pep talks and tried to organise a few team building exercises such as charity cake bakes but I feel more could have been done to help.

2. I think document CJS007027 is an accurate representation of the training that I received during 2017. There are a couple of training courses on there that I don't recall doing such as diabetes and epilepsy in custody. I completed lots of training courses. It is hard to remember every single one.

3. The delays mentioned in the report in document CJS002741 were attributable to a lack of detention staff. There were not enough detention staff to get detainees to medical appointments. At least two members of detention staff needed to be available to escort staff off site for safety reasons. As there were staffing issues, this was not always possible as staff were needed on the wing.

4. If a detainee arrived at Brook House and requested medication but the notes from their previous establishment were unclear as was the case of the incident referred to in CJS001984, we could not allow the detainee to access this medication without approval from the GP. A GP appointment would be arranged for the following day and it would be up to the GP to carry out an assessment and decide if the medication was clinically required. If the medication the detainee required was urgent, we could call the pharmacy and ask them to transfer it to us with the delivery for that day. We would then arrange for the GP to see the detainee urgently. The situation could therefore be rectified on the same day or within 24 hours depending on the severity.

5. a. If a detainee was vulnerable I would make the managers on the wing aware. This information would then be filtered down to the officers looking after the wing and it would be handed over each day to the new officers on the wing. Healthcare would already know if a detainee had been assessed and was deemed vulnerable.

   b. When informing the wing managers, I would do this verbally. I would ask the wing manager to come to my clinic room and we would discuss the detainee's needs confidentially.

   c. The information would be recorded in the detainee's medical notes, the wing handover book and within the detainee's ACDT document if they had one.

   d. An example of a vulnerability would be if a detainee was at risk of suicide or self-harm. In order to help the detainee as much as we could and provide the best care, we would open an ACDT document and determine what level of observations they needed. We would ensure that everything was documented in the detainee's medical notes and we would talk to them about how they were feeling and ensure that they were aware they could always come to healthcare for support. Another example is if a detainee was underage. In this instance we would separate them from adults on the wing and place them in E-Wing immediately. We would contact Social Services and request that they came out to conduct a full age assessment. Based on the results of that assessment, we would transfer the individual out of the centre safely.

6. a. When moving a detainee to CSU, a full review of their medical notes would be required. We would have to ensure that they were fit to be there. For example, if they suffered with mental health issues we would ensure that a RMN assessed them before they were placed in CSU. We would have to check that they did not suffer with claustrophobia or PTSD from being in locked rooms etc. We needed to clarify that they would be safe and well. As use of force was sometimes required to transfer a detainee to CSU, we would also have to be sure that wing staff knew of any medical conditions that the detainee suffered from which would prevent the use of force being used. This would be documented in the detainee's medical notes and use of force form.

   b. If I considered that a detainee was not suitable to be detained in CSU, I would inform the Detention Custody Managers. I would ask if we could place the detainee on E-Wing as it is less restricted. We could discuss our concerns with Sandra and the GP and obtain their input.

   c. The purpose of document CJS0001749 is to ensure that individuals are fit for removal from association. Medical records would be reviewed in order to confirm that it was safe to remove the certain individual from association.

7. The report by Dr Hard relates to a detainee that was taking double doses of Asprin at paragraphs 5.279 and 6.3.3.6. I asked to see the detainee's medication to check how much he had been taking. I conducted a spot check and realised that he had been taking double the prescribed dosage. I disagreed with Dr Hard's conclusion that the autonomy of the individual overcomes any safety measures introduced to reduce the risk of harm to the patient from potential overdose or self harm. I suggested that this medication should not have been in the detainee's possession, as the detainee was volatile, suffered with a heart condition and was at risk of harming himself. The medication could be easily administered during medication times and this would ensure that the detainee consumed the correct amounts each day.

8. a. I cannot comment on how successful SIRs were as a method of reducing drug use within Brook House. I do not think I am qualified to make that judgment. How successful they were depended on the certain individual in my opinion.

   b. After a detainee was given drugs during a family visit, I stated I had no concerns. This was in relation to his medical state, this did not relate to security. I had no input into security therefore it was not my place to comment.

   c. I did not have any concerns about the detainee's health.

9. a. In order to remind detainees of their healthcare appointments, we would send out reminder slips the night before. These would be put under the door of the detainees' room. Our team worked very hard to remind detainees of their appointments, as being forced to go down onto the wing looking for detainees who had failed to attend was very time consuming. If an appointment was missed, the detainee would be booked in for another one automatically and informed of the new date. If they did failed to turn up for two follow-up appointments, they would need to be referred before another one was made.

   b. I have been asked about an entry I made on 21 May 2017 in document CJS002053. I would not have assessed any detainee in relation to mental health as I am not a mental health nurse. Detainees are assessed by RMNs before being placed in CSU. There is always an officer present in CSU and they observe the detainee. The officers would be made aware of the detainee's mental health issues and a RMN could be called at any time to further assist.

10. a. Following a review of Document CJS003697, I cannot recall why I could not attend the meeting on 2 June 2017 in person. It was likely due to staff shortages. There may not have been enough nurses in healthcare for me to attend this meeting in person.

    b. It is very difficult to say whether this had a negative effect on the detainee. Ideally you want people from healthcare physically present in the meeting but sometimes

it just was not possible. You could not be in two places at once. There were a lot of emergency call outs around this time as a result of the Spice outbreak in the centre.

c. In order to give information to the officer prior to the meeting, I would have accessed the detainee's medical notes. I would have reviewed the notes and noted any changes. I also would have reviewed the detainee's ACDT documents and any comments made by members of staff.

11. If a detainee did not suffer with a diagnosed mental health condition but required counselling or other support, they could still speak to the RMNs about how they were feeling. I do not specialise in this area, so I am unsure what the full process was. I would always refer detainees on to RMNs who were feeling like this.

12. a. I can confirm that I did complete the Form 213 referenced in document CJS005544.

b. I did not sign the document. I can only assume that this was because we were very busy in healthcare that day and I forgot.

c. I cannot recall this specific use of force incident. I am unable to recall what information I received from officers. They would usually inform us of any injuries that the detainee had sustained however healthcare would always be present at use of force incidents, so we would always speak to the detainee directly.

d. We would ask the detainee outright whether they had suffered any injuries. We would indicate on a body map any injuries that they did have. We would visit them in their room about an hour after the incident if they were calm and ask how they were feeling and if they were hurt.

e. In relation to Document CJS005588, healthcare were told by officers that the detainee was violent towards other detainees and members of staff. He had been re-located. I cannot recall this from memory, I am just going from the information in the document. It was so long ago, I cannot remember this specific incident.

f. I cannot confirm if I had any concerns about the detainee's mental health. I cannot remember. I would need to see his medical records in order to confirm this. I cannot tell from the document.

g. I would not review a detainee's mental health. This is not my speciality. A RMN would have reviewed a detainee in relation to this.

13. I have been asked to review Document CJS005593 and describe the steps I took to ascertain the cause of earlier injuries in relation to a detainee. In order to ascertain whether an injury on the detainee's body was older, we would ask the detainee when he sustained them. We would ask for details of how they happened and document this. This would enable us to confirm if they were attributable to the use of force.

14. a. I cannot confirm how often detainees sustained injuries to their wrists during use of force. It depends on whether they are resisting and how much. Staff are always very professional when carrying out use of force and their intention is never to harm the detainee.

    b. Our use of force paperwork had a body map. We would mark the map to show where any injures had occurred and we would hand this to the Duty Custody Manager on the wing. We would also discuss any concerns we had with him regarding any injuries to the detainee. If at any point we were concerned for the detainee's welfare during a use of force, we would ask officers to stop and they always did.

15. a. I have been asked to review Documents CJS000984 and CJS005650. On 31 May 2017, I attempted to assess a detainee following a use of force and he refused. I would always follow this up the same day. I would ask if he was ok and ask if he had sustained any injuries. I would explain that I was documenting his injuries and he could come and see us at any time if he required care or treatment.

    b. Initially the detainee was highly aggressive, which prevented me from completing the assessment.

Incident with D2054

16. a. I have been asked to review Documents CJS001627 and HOM002389 relating to a self-harm incident prior to a planned removal. I cannot recall what information I was provided with before the call regarding this detainee.

    b. The process following a self-harm incident prior to removal differs. It is done on a case by case basis. Healthcare would need to assess whether the detainee was medically fit to be removed. We would need to ensure that his ACDT document was transferred to his next establishment. A fitness to fly assessment potentially should have been completed.

    c. I cannot remember if an ACDT was already open in relation to this detainee.

d. I attended a first response call on 28 June 2017 in relation to this detainee. I attended to treat the detainee and provide emergency care.

Staff Meetings

17. a. I do not know when staff meetings first began.

b. Some of the tasks at the meeting were ongoing. How frequently tasks were completed depended on the type of task.

c. There were a number of different actions that followed staff meetings. For example, everyone had to ensure their training and healthcare documentation was up to date.

d. I would raise any concerns that I had at staff meetings. For example, if I was concerned about a particular detainee or if I just wanted to discuss anything in more detail then I would raise it.

e. Following a review of Document CJS004285 – Meeting Minutes 7 June 2017, I recall that this was the period when F213 forms were going missing in June 2017. The forms were being passed on to the Oscar managers but we kept being told that they were disappearing. We had to physically hand it to an Oscar manager from then on. We could not leave it on desks in locked rooms, they had to be physically handed over. We also scanned them in electronically as opposed to using hard copies.

f. I was seriously assaulted by a detainee in Brook House and was off work for one month as a result. I raised that I would like to be debriefed following serious incidents because I wanted to know what we could learn from these incidents and how we could avoid them in future (Document CJS004286- Meeting Minutes 2 November 2017).

g. Morale did not improve in Brook House following the Panorama documentary in my opinion. It was consistently low. A lot of staff left and trying to recruit new people was very difficult as nobody wanted to be associated with Brook House. It was a very difficult period (Document CJS004289- Meeting Minutes 22 March 2018).

Post Panorama

18. a. I don't recall being invited to attend the Panorama review meeting.

b. I don't think there is anything else to add regarding the culture in Brook House other than what is already on the list in document CJS0073838.

c. System One templates were improved following Panorama. Nicola Rourke did a lot of work on the System One templates and body maps etc. were improved. There were also efforts to recruit new staff.

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: Signature Dated: 07/02/2022

Name: Donna Batchelor