

## **BROOK HOUSE MONITORING PRIORITIES 2020**

### **BROOK HOUSE STAFF CULTURE AND BEHAVIOUR (Serco, Healthcare and HO)**

#### **A. HOW WILL WE MONITOR AND RECORD THIS?**

##### For weekly rota visits:

- There will be a standing item/heading “Staff Culture and Behaviour” in the rota report template.
- For guidance on indicators to look for when on your visit/rota week, see Annex A.
- Note: you do not have to check on every one of these items – it is a prompt list. Perhaps print Annex A off, put it in your notebook and look at it before your visit. If you don’t observe anything relevant, then you don’t need to say anything on the topic in your report.
- But, if you do observe something, it must be recorded and shared with the Board (as with AR, we need to evidence issues to raise them with Serco, Healthcare or HO).
- Put it in your rota report. Or, if it is something that you feel shouldn’t be so public (eg, concerns about a particular officer but not to name, or something just not feeling right), you need to do an email to the whole Board, and this will go into the shared email folder on cjsm.
- The key message here is that it should not just stay in your notebook or in your head to be raised at some later point.

##### For thematic monitoring:

- Besides the indicators to look for on a regular rota week basis, there are other indicators which we’ll look at from data and other sources. These are –
  1. Are Serco, Healthcare or HO doing any new training or other work on BH staff culture and behaviour?
  2. Is there any training and/or support for Serco, Healthcare or HO staff on secondary trauma (which may affect how they deal with people with complex needs)?
  3. What are outside charities etc hearing? eg Talk with GDWG and BID.
  4. Identify staff whose view you respect and talk with them for their perspective and whether they have any concerns on the topic.
  5. Are there spikes or increases in self-harm? – reasons?
  6. Is the care and control balance right (eg handcuffing, hours of lock up)?
  7. Monitor UOF: excessive? Proportionate? Questions with particular officers appearing regularly?
  8. Monitor complaints: number upheld/or not? Use of language?
- These themes could be looked at in designated months/“Culture Months” when duty members put additional effort into a focus on these.

B. REVIEWING OUR FINDINGS?

Produce a summary report twice a year, drawing together our rota observations, our thematic monitoring and anything from the shared cjsm folder and try to identify broad themes or issues. Schedule for IMB only discussion in September and March Board meetings – with a preceding “Culture Month” in August and February. This would form the basis for discussion at Board meetings in Oct and April with HO and Serco. If there are Healthcare issues, we could invite them to attend the Board meeting for this discussion.

First “Culture Month” in Aug 2020 and summary report in Sept 2020 for Sept 16 Board meeting. Our findings and discussions will also feed into the 2020 Annual Report.

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**ANNEX A: WEEKLY ROTA VISITS - INDICATORS/WATCH FOR**

1. Interactions between staff and detainees – both positive and negative.
2. Do staff have the requisite time to help detainees? How many officers are on the wings, in Activity areas, on the yards? Are staff staying in the office/standing around together?
3. Staff relationships with each other (incl banter, “laddish” behaviour?)
4. Relationships between different categories of staff or e.g. between HO and Serco, Serco and healthcare, healthcare and HO, etc.
5. Stereotyping language (eg, TSFNOs “deserve it”, “The Poles are like that”, etc).
6. OR Positive indicators and efforts by staff to empathise and see detainee point of view.
7. Indications of burn out, eg. comments from staff (HO and Serco/HC) about feeling unable to help or not listened to, hypersensitivity to criticism, irritability, etc.
8. What is being said by detainees?
9. How are vulnerable detainees treated, eg with empathy and patience on ACDT and constant watch reviews? Paperwork - quality of content in reviews?
10. Staff relationships with management – are DCOs actively managed by DCMs and feel supported by them? Do DCOs and DCMs, Welfare, education etc feel supported by senior management? Do staff feel that their work conditions are fair and reasonable and that they have adequate training?
11. Are there signs of silos between different areas? (eg frontline staff v Healthcare v Chaplaincy v education etc).