

Witness name: Sheila Trower

Statement no: 1

Dated:13.09.21

Brook House Inquiry

DRAFT Witness statement of **Sheila Trower**

I, **SHEILA TROWER**, will say as follows, adopting the headings in the questionnaire provided to me: -

1. I am a Staff Nurse. I am the Practice Nurse for Saxonbrook Medical - 2010 to date. I worked 3 days a week there. Because Saxonbrook was contracted at that time to provide healthcare, I was asked if I would like to work a day in additional time to make my hours up to a full working week. This was in approximately late 2010/2011. Sandra Calver asked if I would work two days instead of one. So I dropped a day at Saxonbrook and I was contracted to work every Thursday and Friday so at that time worked two days at Brook House and two days at Saxonbrook Medical, for Saxonbrook Medical, until G4S took over healthcare at Brook House and I was tupe'd over to G4S for the two days. This was until November/December 2014. I left part time and started working bank approximately two Saturdays a month, some at Cedars, Brook House and one shift at Tinsley House. I last worked at Brook House in November 2018.

Culture at Brook House

2. I would not say there was a clear, identifiable culture within Brook House.
3. I did not have any particular concerns about how the values of G4S and / or G4S Health Services or any culture impacted on the treatment or management of detained persons and I was not aware of any occasions where a member of healthcare staff raised concerns about the treatment of detained persons in any way.

Training

4. Before starting at Brook House I received an informal induction day. I remember Sandra Calver showing me around Brook house including all the wings and meeting the staff in Healthcare. The day I started I remember filling out paperwork and getting a pass. I remember having Basic Life Support (BLS) training and SystmOne (the electronic clinical records system) training. Although I remember most training days clashed with the days I was working at Saxonbrook Medical, what I did receive aided towards my role at Brook House. I do not remember what month or year.

Staff Behaviour

5. I have not experienced or was aware of any racist attitudes or behaviours amongst staff nor have I experienced or been made aware of any homophobic or misogynist attitudes or behaviours among staff. I have not experienced bullying from any members of staff at Brook House nor am I aware of other staff members being bullied.

Disciplinary and Grievance Process

6. I was subject to an investigation I believe between 2015 – 2017. I do not recall the month or year. I was Hotel 1 and we were short staffed that day. There was one staff nurse and two mental health nurses on that day. There was no health care assistant. There are usually two staff nurses, one health care assistant and one mental health nurse. On this occasion there was no health care assistant and there were two mental health nurses and myself. One mental health nurse was to help with triage. He disappeared leaving me to handle triage alone. The detainee said he was going to commit suicide and I went to get an ACDT book, but there were none in the office. I was on my own and there was no officer to monitor detainees and the clinic was full. I could not go and search for a book. It was very busy that day. In the afternoon, the detainee put a hair dryer cord around his neck. When I realised who it was I immediately told the manager, who was present. I was escorted off the premises. The detainee was fine, it was a cry for help. The outcome was there was no disciplinary action taken against me. As a result of this incident the staffing level improved, agency staff were employed, there was an officer in the Healthcare waiting room, the Healthcare door was locked and no more than 10 detainees were allowed in the waiting room at a time.

Management of healthcare staff

7. During the relevant period clinical supervision of healthcare staff was provided by Hotel 1 during the shift.

Staffing levels

8. Staffing levels in Healthcare were such that staff were able to perform their tasks. At times it became extremely busy but it was manageable.

Relationship with G4S staff

9. I got on with all members of healthcare staff at Brook House.

Relationship with Home Office

10. I did not have many dealings with the Home Office staff who worked within Brook House.

Treatment of Detained Persons

11. My practice regarding the usual healthcare screening process for detained persons on their arrival at Brook House was to take make a note of what language they spoke and what country they are from, to use language to help communicate if needed. I took their height, weight and blood pressure, smoking status and checked to see if there was a BCG scar. I would make a note, if any, their medication if they have any, to take medication back up to Healthcare and make a note of any health conditions they might have and make an appointment to see the doctor the next day.
12. I would describe the physical resources and/or equipment provided to deal with the health conditions with which detained persons presented as adequate for a 12 hour shift, but they can always be improved. From what I can remember there was not a very large selection of wound care supplies. At one time I needed to irrigate an ear but the machine's plastic plug was missing so was not able to fill it up. I obtained a plastic plug from Saxonbrook surgery and the irrigation unit worked properly and was able to irrigate a detained person's ear. I am aware that not all healthcare staff were trained to use an irrigation unit at that time. I believe the equipment should be in good working order for the next person.
13. Healthcare services provided to detained persons at Brook House would be to come to Healthcare for their insulin, BP monitoring, wound dressing, ear syringing if needed, asthma/COPD and diabetes monitoring. This was done by a PM appointment system.
14. The most significant health problems of the detained person population at Brook House in the period of time immediately before, during and after 1 April 2017 – 31 August 2017 were depression and managing appointments to see the GP for it. The nurses were able to manage this with dispensing medication prescribed. Interpreters were readily available at Brook House either with a friend or language line.
15. Detained persons' medication was managed and distributed in the healthcare setting three times a day. Detained persons who could come to Healthcare queued for their medication. There were always 2 nurses who double checked medication given.
16. If a detained person came in as a drug or heroin addict they were identified and put on a detox programme.
17. I did not have much experience of substance or alcohol misuse. Detained persons with this type of problem were sent to other detention centres because Brook House did not cater for those problems until about a year before I left. I could not comment on how the service could be improved as I am not experienced enough on this matter.
18. I only attended a few times to drug related incidents. Observations were taken by healthcare staff on the spot while the detained person recovered.
19. While I was working at Brook House I had no concerns about the appropriateness of healthcare or detention staff management of individuals who were intoxicated.
20. If a detained person declared they were mentally ill they would be booked to see the mental health nurse and GP. While I was working at Brook House I had no concerns about the appropriateness of healthcare or detention staff management of detained persons with mental health conditions.

21. I cannot remember much about the Rule 35 process. An appointment for a doctor for Rule 35 purposes would be made. I cannot confirm if I received training for C & R or rule 35 as it was so long ago. I cannot refer to any policies as I have not worked for G4S at the detention centre for approximately four years.
22. If a detained person would declare they would self-harm or were suicidal while speaking to a member of the nursing staff an ACDT red booklet would be filled out by the nurse.
23. The role of nursing staff in the management of detained persons during the ACDT process would be that they would arrange an appointment for the detainee to see a doctor and a mental health nurse. The ACDT book would be given to staff on the wing.
24. I understand that the purpose of an ACDT is to make everyone aware that a person could potentially commit self-harm or suicide. If you believed or suspect or a detained person declared they would or would be likely to commit self-harm or suicide an ACDT would be raised. I believe the threshold would be if you are concerned at any point the detained person would commit self-harm or suicide. Anyone can open an ACDT. I believe staff on the wing would manage the ACDT.
25. After opening of an ACDT I do not remember the review process of the ACDT. Healthcare did not get involved in the process of closing the ACDT so I cannot comment on it. I do not remember the process so could not comment on how it would be challenged.
26. I believe healthcare staff did not treat detained persons on the ACDT any differently in management to their physical health. I cannot comment on their mental health as I am not a mental health nurse. I cannot remember any problems when detainees were on an ACDT so cannot comment upon it. I cannot comment if any improvements can be made to an ACDT as healthcare staff only opened the ACDT.
27. I would have attended some MDT meetings but as it was so long ago I do not remember the details and I cannot comment.
28. I do not remember if healthcare staff attended any AAR meetings.
29. I am sure there were mechanisms in place to offer support or counselling for staff who witnessed a violent or distressing event at Brook House but I never needed it.
30. If a detained person was refusing food or fluids nursing staff would monitor blood pressure and monitor the food and fluid chart. I had no concerns about the appropriateness of the management of detained persons who refused food or fluids.
31. In relation to the healthcare team's role in the management of detained persons on E Wing and the Care and Separation Unit nurses would visit E wing and distribute detained persons' medication or carry out any checks that were required i.e. food and fluid charts and BP.

General

32. In relation to incidents involving the use of force/control and restraint techniques immediately before or during 1 April 2017 – 31 August 2017 I would comment that on removal of detained person a briefing and video was taken of who is attending. They usually went smoothly and there was a briefing after. I do not remember any problematic force/control or restraint techniques.
33. During my time at Brook House I have had no concerns about abuse of detained persons by staff or the abuse of detained persons by other detained persons.

34. During my time at Brook House I did not receive any complaints. A nurse received a complaint I think from another nurse but I cannot remember the full details. She was dismissed.

The Panorama Programme

35. I did not appear in the Panorama programme. The reaction of the staff on airing of the programme was disbelief. It was felt the programme did not show the compassion shown by staff working at Brook House. I was not aware of any changes implemented by Brook House following the Panorama programme. I only worked a 2 hour shift twice a month.

36. Following the Panorama programme a number of individuals who worked at Brook House were either investigated, disciplined, dismissed or left. I worked with Nurse Jo Buss. I can only remember working with Jo once in Tinsley. I found her professional, caring and respectful at all times. I may recognise the other members of staff by sight but not their names.

Other Matters

37. I have not worked at Brook House for a few years but when I was there staffing levels were sometimes stretched, especially if a staff member went sick, but this had been addressed with agency nursing staff. I have no opinion on Brook House 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 of its truth.

Signature

SHEILA TROWER

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DATED