

Brook House Inquiry

First witness statement of Christopher Martin Donnelly

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006, dated xx/07/2021.

I, Christopher Martin Donnelly, of [DPA] will say as follows:

Introduction I joined G4S in December 2008 as a Detainee Custody Manager (DCM), and have been a DCM since Brook House opened in March 2009. The majority of the 12 years working at Brook House, my job role has been Duty Operations Manager, Oscar 1, overseeing and coordinating the day-to-day operation of the centre, reporting to the Duty Director. I have also performed the function of residential wing manager and also reception manager, but for 10 years I have been Oscar 1, Duty Operations Manager, and was in that role throughout 2017. I completed the required Initial Training course (ITC) to qualify for DCO accreditation and work in an IRC, and have completed various management training courses since then. Prior to joining G4S, I was a manager in the retail sector, working for Safeway (later Morrisons) for 20 years from 1997 to 2007, as a Deputy Store manager.

Evidence :

Background:

1. Christopher Martin Donnelly, D.O.B [DPA]
2. I joined G4S in December 2007 as a Detainee Custody Manager (DCM) . I underwent G4S management training prior to the DCO (detainee custody officer) initial training course in January 2008. I was a Detainee Custody Manager when the centre opened in March 2008. For the 10 of the 12 years, I have worked at Brook House as a DCM, I have performed the role of Duty Operations Manager, Oscar 1, in overall supervisory control and co-ordination of the day-to-day operation of the centre. I have also performed the role of residential wing manager and reception Manager.

3. As noted above, I have worked at Brook House continuously from 2008 to the current time, and have been; Reception Manager (approx 2001), residential manager (approx 2012), for the rest of the time I have been Duty Operations Manager, Oscar 1
4. I am still currently working at Brook House IRC.
5. I was attracted to Brook House as it appeared to be an exciting opportunity to join a major new venture, in an environment and industry, although unknown to me, was of interest. I had resigned from Morrisons in 2007, after 20 years. This coincided with a **Sensitive/Irrelevant** **Sensitive/Irrelevant** and I decided I wanted a change of career. I had been a senior manager in the retail industry and applied, in mid 2008, for DCM, and was successful in my application.
6. In retrospect, I do not believe the recruitment process prepared any of us for the reality of life in an IRC. It was not apparent that the majority of detainees would be ex foreign national prisoners, nor that some of these would be in the centre for extended periods of time, sometimes in excess of 2 years. Nor was it pointed out that some of those detainees would have mental health issues and be violent and refractory. To be fair to G4S, the existing IRCs, Tinsley House and Oakington, which the company managed, were a far smaller, calmer and less challenging centres than Brook House turned out to be.
7. As far as "culture" at Brook House is concerned, I would characterise it as co-operative, working together as a team in the face of sometimes horrendous abuse and violence from some detainees. The ethos was to try our best to care for detainees, and also to support co-workers, and try to be professional at all times. The staff and managers were all ordinary, decent people in a very challenging situation. Within my own work group, Oscar 1 and DCMs, we would all endeavour to work co-operatively, and help each other in difficult situations, and share workloads. This was a particular source of pride and pleasure for me, and one of the best aspects of the job. The majority of detainees were also a pleasure to work with, and had positive and cordial working relationships with them, assisting many, many of them; particularly those in distress, through ACDT case reviews etc. This co-operative team working ethos, from my perspective, has been a constant throughout my time in Brook House.

8. I believe that staff morale was what it usually was at Brook House; most just getting on with the job, others genuinely not happy. Staff morale is something that is always fluctuating, with the most dissatisfied people usually being the most vocal. After 4 years, I cannot honestly recall what the overall level of morale was, prior, during or subsequent to the relevant period, and I cannot speak for others. Personally, my own level of morale has always been fairly level and consistent.
9. Throughout my time at Brook House, I believe that the standard of care for, and general attitude of staff towards detainees was overwhelmingly positive, polite and professional.
10. The values and culture of G4S at Brook House were, on the whole, professional and caring; officers, DCM and senior management were genuinely interested in the welfare of detainees and staff. Protection of vulnerable detainees was, and is, taken very seriously by everyone who works at Brook House. The culture and values of G4S were perfectly appropriate to the care of all detainees, and in my opinion, the care for the vulnerable through the management of ACDTs, raised concern documents, the violence reduction programme etc were of a high standard, and I believe this has been borne out during HMIP inspections. I personally conducted numerous ACDT case reviews daily with vulnerable detainees, and had a very positive and collaborative relationship with all the RMNs (mental health nurses) and healthcare staff, and I can state, very strongly, that the level of care for detainees was of a high standard. Attitudes towards detainees, for my own part, and from what I saw and heard from other officers, were overwhelmingly positive and professional. As I have stated before, the vast majority of detainees were polite, well behaved and staff had no issues working with them. The minority of detainees who were rude and/ or violent to others, staff and detainees, were more challenging, but I have always been surprised and impressed by the resilience and professionalism of the officers at Brook House.
11. I believe the culture and values were to provide a genuinely good environment for detainees and staff. My opinion of the values and priorities of the senior management team is hampered by the fact that I do not know, exactly, what they were. Day to day smooth operation of the centre, avoiding Home Office fines and favourable HMIP inspections and action plans seem to have dominated the agenda.

12. To my recollection, I cannot recall a situation regarding mis-treatment of individuals or groups, or allegations thereof. I, personally, have never been involved in, or accused of mistreating anyone.
13. a) I believe the recommendations accepted were implemented, and they were effective. b) I do not have any strong opinions on this
14. As part of my DCM duties, I deal with formal detainee complaints, and I have dealt with dozens over the years. These complaints have included allegations of victimisation or unfair treatment by staff. I cannot recall the exact details, but after rigorous, documented investigations, I did not uphold a single complaint. Every one of them, without exception, was entirely without merit. Other complaints, regarding missing property, for example, I have upheld and recommended reimbursement, but nothing regarding victimisation. I simply do not believe, based on my experience, that the claimed victimisation by staff actually happened. The IMB – independent, impartial body, whose role it is to oversee the treatment of detainees, to ensure they are looked after to the required standard. I have worked closely with the IMB over the last 12 years, and would say that while they have had criticisms of the regime, for example, they have never, to my knowledge, suggested that detainees have been systematically, or individually, mistreated, nor has the centre ignored or improperly dealt with any complaint. Gatwick Detainee welfare group - independent charity, who visit detainees on request, and also assist with detainee requests for clothing or money donations. Medical Justice – charity that supports detainees who have claimed torture (Rule 35) or have other, medical, issues, providing specialist legal advice and assistance. Bail for immigration detainees, charity that advises and assists detained people with bail application. They used to visit Brook House, and run workshops for detainees.
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detainees who have claimed torture (Rule 35) or have other, medical, issues, providing specialist legal advice and assistance. Bail for immigration detainees, charity that advises and assists detained people with bail application. They used to visit Brook House, and run workshops for detainees.

16. Brook House was designed and built to the specifications of a category B prison. Those specifications are specific, and it seems pointless to make recommendations after the fact. G4S made a concerted efforts to “soften” the environment within Brook House following recommendations from a previous HMIP inspections, spending considerable monies on furniture, furnishing, artworks, decoration etc. Brook House when it first opened was very austere, and not at all welcoming. I believe that the centre had been transformed by the measures taken, and that by the time of the “relevant period” the atmosphere was much “softer” and much, much more welcoming.
17. I do not have any strong opinion on this.
18. A third, “bunk” style bed was placed above the bed on the side of the room that the toilet was situated, and a “stable” style door was fitted to the toilet. This was introduced on the ground floor rooms on A, C and D wings. This increased our capacity by 60 beds, but was hardly ever used. Staff had major concerns about 3 detainees in such a confined space, health and safety concerns about accessing the top bunk via a very small thin ladder, and also the risk of serious injury if a detainee had to be moved from the top bunk using force. In the end, the third bunk was never used, and the idea was eventually abandoned and the extra bunk removed, quite rightly in my opinion.
19. a) E wing had several uses; there were 2 medical beds, for detainees suffering from alcohol or drug withdrawal. There were 2 rooms designated ACDT constant supervision rooms, with large toughened glass panels in the doors, to facilitate the observation and care of detainees at high risk of suicide or serious self harm. It was the designated “pre departure” wing, where detainees were relocated prior to escorted (flying with escorts) removal directions. It was also used to monitor detainees who had been de-escalated from Rule 40 or 42 in the adjoining CSU (care and separation unit). Additionally, it could be used to accommodate detainees identified as being at risk from other detainees.

b) Detainees were only moved to E wing for the reasons listed above, a form being completed prior to the move, agreement being required by the Duty Director.

c) As part of the relocation process, and noted on the E wing paperwork, an agreed regime was put in place, ensuring it was clear what access to the centre were permitted and when, always ensuring that they had full access to the required activities.

d) It was not significantly different than other wings, but each detainee had an agreed regime, and being a much smaller wing, it was easier to control and monitor. e) as noted above, the e-wing paperwork (from memory) listed the required criteria that had to be met.

#### Policies and Procedures

1. I am aware of the policies, and was informed of them separately, over a number of years.

a) RSRA – I was informed when the DSO came out, worked with this daily.

b) Incentive scheme policy – don't remember this one

c) Reception and departures policy - aware of it, but I did not work in reception

d) General security risks policy – aware of it

e) ACDT – aware of it from initial training, involved in this daily

f) Supported living plan – aware of it since launch, involved in this daily.

g) Minimising and managing physical restraint – aware of this, use of force is an integral part of my job

h) Violence reduction policy – Aware of this since launch, involved daily

i) Removal from association (Rule 40) and CSU policy aware since initial training.

As Oscar 1, this was a daily part of my job.

j) Age dispute policy – aware since initial training, as Oscar 1 - daily duty

k) DSO 03/2015 - made aware when it came out – dealing with complaints was a regular part of the role .

l) DSO adults at risk – made aware when it came out, regular part of my role

- m) Drug and alcohol strategy – made aware when it came out – regular part of Oscar 1 role
- n) Regimes and activities policy – aware of policy, but did not work in that department
  - o) Removal from association policy – aware of update, Oscar 1's manage this area of the operation.
  - p) R40/R42 - as above, an integral part of my role
  - q) Managing food/fluid refusal – fully aware of this. Oscar 1's manage and report this function.
- 3) These policies and procedures were very helpful, and gave a formal, systematic structure to guide managers and officers in performing their duties to the required standard. They were the foundation for my work, and , in my opinion, they were fit for purpose.
- 4) I believe these were properly maintained and updated, when necessary.
- 5) These were all real life, day to day, bread and butter things, all in use on a daily basis. No major deviation between policy and practice that I can recall.

#### Training

- 6) I attended the initial training course on joining the company, January 2009. Prior to that, from 8<sup>th</sup> December 2008, for 4 weeks, there was a specialist management training course for those who had been successful in their DCM application.
- 7) The management training and the ITC both happened before the centre opened. Training for a job that wasn't live yet, in a centre that wasn't open, was not ideal.
- 8) The ITC is a good grounding for new DCOs, but they really start to learn the job, on the job. A system of shadowing an experienced officer was in use, and that system, I believe, was a bit hit and miss; it depended on the willingness of the "shadowee" to impart knowledge and skills.
- 9) I had no role with regards training or induction, and as Oscar 1 we did not have a specific team as such.

10) we had mandatory C&R refresher annually, First aid refresher every 3 years, and a yearly staff refresher annually. All of which I attended. This I believe to be sufficient.

11) Activities training I do not know about, I did not work in or manage that department, and I know nothing about their training.

12) I underwent a management training course in December 2008. For 4 weeks, the content of which I do not recall.

13) A period of shadowing an experienced DCM should, in my opinion, be sufficient to master all the technical aspects of the job. The requisite personal skills, I believe, were demonstrated at the selection process.

14) Personal protection was covered in the week long C&R training in 2009. This is not usually covered in the annual C&R refresher train

15) I remember this training to have been very basic, and did not teach me anything I did not know already.

16) I had C&R training on my initial training course in February 2009, and the annual refreshers since then, dates I am unable to recall.

17) I believe the training was good, and to a high standard – very relevant to the job, delivered professionally.

18) I believe this to be a fair description of the job.

19) My engagement with detainees was always polite, helpful and professional. If a detainee did not speak English very well, we would ask another detainee or staff member to translate. Failing that we would use telephone translation services, like BigWord, which I used daily.

20) I would not say we had a system of incentives, ie rewards, for good behaviour that I recall. I believe it may have helped. What would have been more beneficial would have been a rigorous system of disincentives for bad behaviour.

21) DCMs are designated case managers within the process; They chair multi-disciplinary review meetings, deciding observation level, closure, caremap management etc – they are central to that process.

22) SLP management – these documents were exclusively opened by healthcare to assist detainees with mental or physical challenges. DCMs were part of the review process, but healthcare made the main recommendations – accommodation, regime etc.



23) The system for preventing drugs entering the centre comprised several elements – visitors and detainees searched prior to social visits, and monitored while social visits are happening. Property entering the centre is searched and x-rayed. Staff are randomly searched on entry to the building. This system was not 100% successful, as drugs did enter the centre, for reasons I do not know. Visitors caught with drugs were arrested by the police. To my recollection, no staff have been caught with drugs, but they would be arrested and dismissed.

24) I did not experience any racist attitudes from staff at Brook House.

25) I am not aware of any homophobic or misogynistic attitudes among staff.

26) I am not aware of any staff member bringing drugs into the centre.

27) I did not experience any bullying at Brook House.

28) I am not aware of any bullying of staff at Brook House.

29) As duty operations manager I had extensive contact with the Home Office on a daily basis. I would attend Rule 40 reviews with them daily. I would conduct any ACDT constant supervision reviews with them daily. I would attend meetings regarding charters regularly. I would contact them regularly on behalf of detainees for case updates etc. All of this was with on site Home office. I have always found the Home office staff to be decent and fair in their dealings with detainees, and there is no-one I would single out as being of concern to me.

30) As Oscar 1, I would have regular contact with the Duty Director of the day, updating them on the progress and issues of the day. All DCMs attended a daily morning meeting with senior management, Home office, healthcare etc. While, apart from the Duty Director of the day, senior management were not highly visible around the centre, they were always contactable, and approachable.

31) We had annual appraisals with our line managers. I cannot recall who my line manager was in 2017.

32) I think they were doing a decent job in difficult circumstances.

33) Annual appraisals for my line reports were completed in October to November. I cannot recall who exactly I line managed in 2017.

34) I do not recall any specific training needs arising during the appraisal process in 2017.

35) My experience of working with my fellow DCMs is overwhelmingly positive and a source of pride and comfort in a sometimes very bleak environment. We have

always worked co-operatively as a team, sharing work loads, and assisting and supporting each other. I always felt I could rely on my fellow DCMs.

36) As alluded to earlier, all DCMs attended a daily meeting with senior management, Home Office, healthcare, IMB (sometimes) - at which the management handover was discussed in detail – the events of the previous day, also the situation for the current day was discussed. Additionally, and matters of concern, or future events were discussed. I believe they were a good forum for the management of the centre.

37) a) day to day, I mostly worked with healthcare during ACDT case reviews, where an RMN or RGN was always present. Also during Rule 40 reviews. During incidents, planned or spontaneous, healthcare were always involved.

b) Healthcare always attended planned uses of force, and also attended incidents such as “first response” and “medical response” calls over the radio. I found no issue with healthcare during these incidents, although the response time to spontaneous event was sometimes hampered due to having patients in the consulting rooms/pharmacy at the time of the call.

c) Overall, communication was good regarding detainee's medical needs – SLP were opened, by healthcare, for those who met the criteria for requiring one.

d) Overall, I found the attitude of healthcare staff professional and caring.

38) I honestly cannot recall any disciplinary matters from 2017, I was not subject to any, I may have been involved in absence disciplinarys, but I do not recall any details.

39) I have not been part of any grievance procedures that I can recall.

40) The staffing levels always met the minimum contract standard. Sometimes we struggled to provide emergency escorts, bed-watches etc, but as Oscar 1, I would say that we met the contract during this period.

41) I am not aware what other staff may or may not have raised concerns regarding this.

42) I do not know what is meant by staffing plan. Cental detail department write the daily rotas, and HR department manage hiring and firing of staff. I had no input, only saw the daily rota. I was not asked for comment or feedback. I am well used to managing the centre with what I have, and trust HR and central detail to do their function.

43) I am not sure what is meant by September 2017 review of staffing levels, and I was not involved.

44) To my recollection, although staffing levels were “tight” we offered, by and large, the contracted level of activities and services under the contract. This was monitored constantly by the Home Office, and I do not remember any significant discussion regarding any shortfall.

45) I believe that the impact of perceived staff shortages had a negative effect on morale, for some, but not all staff. I have worked at Brook House since it opened and do not consider that particular period as drastically worse than any other period. I do not believe staff safety was compromised.

46) I don’t have an opinion on healthcare staffing levels. It was 4 years ago and I don’t have an overwhelming impression one way or the other.

47) Again, I do not remember what the staffing level of a department I did not manage was like 4 years ago.

48) In 2017, I was not involved in this process.

49) I cannot say how easy or otherwise recruitment was in 2017 as I was not involved in it. Whether a particular salary was attractive to other people, is also not something I feel able to comment on.

50) I was not involved in the process, so I feel I cannot comment.

51) I believe there were issues retaining staff. My opinion is that the environment, and particularly the abuse and assaults on staff by detainees, were a significant factor in this, and that some people simply did not wish to put up with it. I believe that the DCO salary was quite reasonable, but that at 46hrs per week, it was simply too much for some. I have worked at Brook House for 12 years, so I do not share those views. After the relevant period, G4S took some very bold steps to assist with staff retention: reducing DCO hours from 46 to 40 on the same salary, and having a comprehensive, consultative review of staff shift patterns, which I believe counteracted a lot of the negative aspects of the job.

52) I would say that although I acknowledge that there was a retention issue with staff, I do not have any particular insight of this period, apart from half remembered discussions with a few staff who left around this time, and I have set those recollections down in the answer above.

53) To my recollection, we have always worked 13.5 hour shifts, apart from the very early days of the centre, and DCOs used to work 48hr before it was reduced to 46, which I thought happened long prior to 2017. I am of the opinion that that was the job and the conditions. The 13.5 hour day had been the norm for at least many years, and maximised the days not spent at work.

54) The biggest improvement would be to give applicants a true picture of what working life is like in an IRC, which would deter many applicants for whom the environment is simply too challenging.

55) I remember many Tinsley staff were resistant to, and afraid of, working at Brook House, but a minority. The Tinsley staff were placed with experienced Brook staff to shadow, and my overall impression is that the exercise worked well, overall, and I found Tinsley staff, once they realised it was not as terrifying as they had feared, got on with the job, and worked well with Brook staff and detainees.

56) I had not worked regularly in reception for many years by 2017, but did cover occasional Oscar 2 (reception and visits manager) shifts. My impression is that detainees were treated well in reception and discharge, and that welfare, food, property etc were dealt with well, on the whole. Occasionally the reception department would be overwhelmed by the level of, particularly, arrivals in a short space of time, and sometimes there would be a delay in healthcare in performing there screening examination, but overall, I believe the department worked well.

57) During the relevant period, on those occasions when I was Oscar 2, I oversaw the induction wing, and was responsible for overseeing the induction process, and signing off the relevant paperwork. It is my recollection that this process was performed well, and to the required standard. Any shortfall, which happened occasionally, would be rectified before I signed off on the paperwork.

58) I do not recall any times during the relevant period when the yards went unopened, or when IT, gym, library etc were not available. Activities staff, as I remember, did lots of football, pool, cricket etc competitions.

59) I cannot think of anything additional which would be practical within Brook House.

60) I had no particular role as Oscar 1 within the Rule 35 process. If a detainee was undergoing Rule 35 process, this would be taken into account during any ACDT, SLP or raised concern reviews.



61) To my recollection, the Rule 35 procedure worked quite efficiently, and I cannot remember any particular instances when there was a delay or refusal by the GP to conduct the relevant examination.

62) As a DCM, and particularly as Oscar1, I was regularly in planned uses of force within the centre, as the supervising officer, for planned removals of detainees for removal directions (deportations) or moving to Rule 40. Occasionally, I may have been involved personally in spontaneous use of force, but I cannot remember any specific incidents. As to the frequency of planned uses of force, again I cannot remember the specifics of this period, but all planned uses of force would be with prior consultation with, and agreement from, the duty director, home office and healthcare would be informed prior to the planned briefing.

63) I can not recall any incident which gave me cause for concern during this period. I know only of incidents, planned or spontaneous, with which I was personally involved.

64) I believe, and understand it to be indisputable fact, that Control & Restraint is the only authorised method of physical control in the prison and IRC estates. I believe it to be totally fit for purpose.

65) The only other method, used exclusively for spontaneous self defence and evasion only, is "personal protection" which is taught during the ITC. Again, they are effective in my opinion.

66) During the ITC, mental health was covered, I also attended a mental health first aid course, the date of which I do not recall, and previously I had a 1 day course on mental health.

67) We are not mental health professionals, nor do we pretend to be. Mental health management is left exclusively to the inhouse mental health professionals, and the visiting Psychiatrist.

68) Mental health professionals were on site every day, and were involved in all ACDT reviews. There were mental health consultation, Psychiatric referrals, talking therapy sessions. We also had on site drug rehabilitation workers. I believe the provision of mental health care to have been sufficient for the needs of the detainees in our care.

69) Some illegal drugs did enter Brook House, principally cannabis, but also Psychoactive substances "spice". These substances are found in every IRC and HMP,

to my knowledge, despite the measures to prevent their entry. I cannot comment decisively on how drugs entered the centre, although we did have drug finds in social visits, and in property being sent into the centre from outside. There is no doubt that spice in particular had an adverse effect on the mental wellbeing of those detainees who took them.

70) There were dedicated drug rehabilitation workers at Brook House, 5 days a week, the service is currently provided by Forward Trust, but I cannot remember if that was the same provider in 2017.

71) Chaplaincy is there to cater to the religious needs of our detainees, provide appropriate worship spaces and lead religious ceremonies. They also attend ACDT case reviews, for example, and spend time talking with detainees of all denominations, not only their own. I cannot remember any particular instances of concern raised by chaplaincy, although there may well have been some. If there had been, they would have been taken seriously and managed appropriately and co-operatively in a multi disciplinary manner.

72) When a detainee self harmed, they were placed on constant supervision immediately, an ACDT document opened if it was not opened previously, and they would be moved to one of the constant supervision rooms on E wing (E007, E008) which are specifically designed to facilitate constant supervision. An assessment and multi disciplinary case review would then take place within 24 hours, the Home office would be notified via a "part c" document emailed to them. In my experience, this was very effective in safeguarding detainees in crisis, and there has never been a death in custody at Brook House, which bears this out. The ACDT process is the official way of dealing with self harm and suicide attempts within the IRC and HMP estates, and I believe it is fit for purpose.

73) I cannot remember the exact procedure from 4 years ago, it has changed several times since then. In essence, lunch and dinner served at the wing servery counter is monitored by staff. If a detainee misses both meals, he is then placed on the food and fluid refusal log. Healthcare then conducts daily medical examinations, and Brook House staff continue to monitor food intake – from servery, shop or cultural kitchen, and an ACDT would be opened, after a certain period (possibly 48 hours - I cannot recall).

74) I did not work with TSFNOs in reception

75) The treatment of TSFNOs and non, was exactly the same.

76) For the same reason we treated TSFNOs the same as non offenders, there was no stipulation to treat them differently with regard to room sharing. Treating people the same is an important part of the ethos of the centre. Ex offenders had served their time, and unless they were identified as high risk, and therefore requiring single occupancy in a room, they were treated as all detainees were treated; fairly.

77) I did not witness any verbal or physical abuse of detainees by officers at Brook House. Verbal and physical abuse of officers, myself included, by detainees, was a regular, if not daily occurrence.

78) No I did not. In my experience, abuse was a one way street. Detainees (a small minority) abusing staff and others.

79) Complaint forms were on the wing and could be posted in locked dedicated complaints boxes for the Home Office, and, separately IMB. Chaplaincy, IMB were all walking regularly around the centre, as were officers and DCMs if a detainee chose to make a complaint verbally.

A) The internal complaints procedure was managed and monitored by the Home office, complaints were required to be completed by the (usually DCM) they were allocated to, the response had to be in a specific format, using specific forms and requiring the production of specific evidence, within a specified timeframe.

B) Those complaints deemed by the Home Office were referred to the PSU, who would conduct there own formal investigations.

80) a)I have never received a complaint and referred it on, to my recollection.

b) I have been investigated by PSU, I cannot remember the exact date or the details; the allegation that spontaneous force used by me and another DCM was unnecessary and excessive. The PSU investigation completely exonerated myself and the other DCM and the complaint was not upheld.

81) The process seems thorough and fair to me.

82) I believe the complaints were dealt with in the same way as described above – managed and monitored by the Home Office.

83) Yes I did work with Callum Tulley, from whenever he joined, until when he left.

84) I do appear in the programme, at 44.38 minutes in. I am the DCM in the white shirt removing the ligature from a detainee.

85) Devastatingly negative. Outraged. People felt betrayed, cheated and lied to. Overwhelmingly, every staff member said it was an outrageous travesty, unfair, biased and deceitful. They did not recognise it as the place where they worked.

86) I do not understand this question.

87) I was not involved, so far as I can remember, in this case. I was, however, involved in many other age dispute cases. An emergency, multi disciplinary case review would be conducted, and a care plan started.

88) There were many changes at Brook House following the programme, some of which were effective.

89) a) Nathan Ring – 1) I worked with Nathan as he was part of the DCM team I always worked with. I always found him to be effective and efficient. I had no concerns about him in a professional capacity 2) I cannot remember any specific instances of this. 3) No I did not witness any abuse. 4) No I did not witness any physical abuse.

b) Steve Webb. 1) I worked with Steve – he was part of the DCM group I routinely worked with. I always found Steve to be very helpful and polite to detainees, and I had no concerns about him. 2) I cannot remember any specific instances of this. 3) I never witnessed any verbal abuse of detainees. 4) I never witnessed any physical abuse.

c) I think it is inappropriate for me to answer these questions about myself.

d) Calvin Sanders – never really worked with him, think he was from Tinsley house - don't really know anything about him.

e) Derek Murphy 1) I worked with Derek, he was one of the DCMs I worked with. I had no concerns about his professionalism 2) I cannot recall any instances of this 3) I never witnessed any verbal abuse. 4) I never witnessed any physical abuse

f) John Connelly – I very seldom worked with John, and he was based mostly at Tinsley House. I never had any concerns about John's professionalism. 2) I do not recall any instances of this. 3) I never witnessed any verbal abuse. 4) I never witnessed any physical abuse.

g) Dave Webb 1) I worked with Dave, as he worked on E wing, which I spent a lot of time in. I found Dave to be very capable and good with detainees 2) I do not recall any specific instances of this. 3) I never witnessed any verbal abuse. 4) I never witnessed any physical abuse.



- h) Clayton Fraser. - I never really worked with Clayton, as he was mostly Tinsley. I cannot say much about him at all.
- i) Charles Francis 1) I worked a lot with Charles, as he worked on e-wing. I remember him as an excellent officer. Polite, friendly and professional with detainees, and very helpful and co-operative with work mates. I have never seen Charles do anything that gave me the slightest cause for concern. 2) I do not recall any instances of this. 3) I never witnessed any verbal abuse. 4) I never witnessed any physical abuse.
- j) Aaron Stokes. I cannot remember this person.
- k) Mark Earl. I cannot remember this person.
- l) Slim Bessaoud 1) I worked with Slim for a number of years, and he was very helpful if we needed an Arabic translator. I have never had any reason to doubt Slim's professionalism. 2) I cannot recall any instances of this. 3) I never witnessed any verbal abuse. 4) I never witnessed any physical abuse.
- m) Sean Sayers. I remember the name, but do not recall much else.
- n) Ryan Bromley. 1) I worked with Ryan, but not closely. I have never had any reason to doubt Ryans professionalism, and I have always found him to be polite and helpful with detainees and co-workers alike. 2) I do not recall any instances of this. 3) I never witnessed any verbal abuse. 4) I never witnessed any physical abuse
- o) Daniel Small – I remember the name, but not much else.
- p) Yan Paschali 1) I worked with Yan quite a lot, as he was an E wing officer. He was an experienced ex-HMP officer, and I always thought he was very capable and knowledgeable. I also found him to be helpful and professional when dealing with detainees. 2) I do not recall any instances of this. 3) I never witnessed any verbal abuse. 4) I never witnessed any physical abuse.
- q) Daniel Lake – I do not remember this person.
- r) Babatunde Fagbo 1) I worked with Babatunde over a number of years, I had no reason to doubt his competence or professionalism. 2) I do not recall any instances of this. 3) I never witnessed any verbal abuse. 4) I never witnessed any physical abuse.
- s) Shayne Munro – I do not remember this person
- t) nurse Jo Buss 1) I worked with Jo many times over the years, and I thought she was a very caring and decent person., and a very experienced nurse, and I never had any cause for concern or reason to doubt her professionalism. 2) I cannot recall any

instances of this. 3) I never witnessed any verbal abuse. 4) I never witnessed any physical abuse.

90) Many things were changed after the programme came out. Those things were changed again when Serco took over in May 2020. 2017 is four years ago now.

91) No comment.

92) No comment.

93 No comment.

#### 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 its truth

Signed

**Signature**

Name

CHRISTOPHER MARTIN DONNELLY

Date

17.02.22