

<p>1 Friday, 1 April 2022</p> <p>2 (10.00 am)</p> <p>3 THE CHAIR: Good morning. Thank you.</p> <p>4 MS MOORE: Good morning, chair. We start with the evidence</p> <p>5 of Mr Hewer.</p> <p>6 MR STEVEN HEWER (sworn)</p> <p>7 Examination by MS MOORE</p> <p>8 MS MOORE: Good morning, Mr Hewer.</p> <p>9 <b>A. Good morning.</b></p> <p>10 Q. Could you confirm for us your full name please?</p> <p>11 <b>A. Steven Hewer.</b></p> <p>12 Q. You should have documents in front of you which I may</p> <p>13 refer you to, but I will probably show them on the</p> <p>14 screen instead. Tab 1 of that folder is your witness</p> <p>15 statement which you made to the inquiry and signed on</p> <p>16 1 March 2022, and you might wish to have that open.</p> <p>17 Chair, I would ask for that to be adduced in full.</p> <p>18 The reference is &lt;SER000451&gt; and what that means,</p> <p>19 Mr Hewer, the fact that that is adduced means that we</p> <p>20 will not have to go over everything in your statement,</p> <p>21 that is already your evidence to the inquiry --</p> <p>22 <b>A. I understand.</b></p> <p>23 Q. -- we just want to focus on some key issues. So you are</p> <p>24 giving corporate evidence today to the inquiry on behalf</p> <p>25 of Serco and that is due to your current role. You are</p> <p style="text-align: center;">Page 1</p>	<p>1 was that before you joined?</p> <p>2 <b>A. It was, yes.</b></p> <p>3 Q. And allegations within that were made about the</p> <p>4 treatment of detainees there. Shortly after that, there</p> <p>5 was an unannounced HMIP inspection and the CQC</p> <p>6 inspection, and then there were four independent</p> <p>7 reviews, I understand, by Kate Lampard for Serco, by</p> <p>8 Stephen Shaw for the Home Office, by Bedford Council and</p> <p>9 by the CQC, and responses were drawn up both by Serco</p> <p>10 and the Home Office?</p> <p>11 <b>A. Yes.</b></p> <p>12 Q. We are not going to go through those reports, but one</p> <p>13 helpful source of the primary findings is the NAO</p> <p>14 report, which I would ask to be brought up on screen, it</p> <p>15 is at &lt;INQ000186&gt;, please, which you should see up here</p> <p>16 before you in a moment and if we could go, when that is</p> <p>17 open, to page 9, please, paragraph 5.</p> <p>18 So in summary, this report says that the reviews did</p> <p>19 not find evidence of a culture of abuse and it notes</p> <p>20 that 80 per cent of residents felt that staff were</p> <p>21 treated -- staff treated them with respect, but, as we</p> <p>22 see at paragraph 5, there were a number of problems</p> <p>23 identified and the report says there were common themes</p> <p>24 between them which included:</p> <p>25 "The quality of the services and facilities</p> <p style="text-align: center;">Page 3</p>
<p>1 the director of Gatwick IRCs, which is Brook House,</p> <p>2 Tinsley House and the pre-departure accommodation?</p> <p>3 <b>A. That's correct.</b></p> <p>4 Q. You set out in your statement, at paragraph 12, your</p> <p>5 professional background. So, page 1, you have worked</p> <p>6 for Serco for 27 years, predominantly in custodial</p> <p>7 settings, which includes managing prisons, secure</p> <p>8 training centres and secure escorting services?</p> <p>9 <b>A. Correct.</b></p> <p>10 Q. And as to the immigration sector, you first worked at</p> <p>11 Yarl's Wood IRC and that was as a director, you say six</p> <p>12 years ago, so 2016?</p> <p>13 <b>A. Correct, yes.</b></p> <p>14 Q. And you became director of Gatwick IRCs when Serco took</p> <p>15 over Brook and Tinsley House, which was on 21 May 2020?</p> <p>16 <b>A. Yes.</b></p> <p>17 Q. As you say at paragraph 2, Serco only runs one other</p> <p>18 IRC, which is Yarl's Wood, which they have run since</p> <p>19 2007, and which you were director of, as I said before,</p> <p>20 Brook House, which is a centre for women, adult families</p> <p>21 and, on a short-term basis, men, I think?</p> <p>22 <b>A. That's right, yes.</b></p> <p>23 Q. We have seen some reports about Yarl's Wood around this</p> <p>24 time. To summarise, there was an undercover documentary</p> <p>25 as well about Yarl's Wood. That was in March 2015. So</p> <p style="text-align: center;">Page 2</p>	<p>1 provided, for example residents, many of whom were</p> <p>2 vulnerable, were not able to access a comprehensive</p> <p>3 mental healthcare service;</p> <p>4 "The needs of residents and the extent to which they</p> <p>5 are being met, for example staff were not properly</p> <p>6 trained to understand residents' experiences, and there</p> <p>7 were not enough female staff; and ..."</p> <p>8 Finally:</p> <p>9 "The management decisions and measures taken by</p> <p>10 contractors to ensure that services met residents needs,</p> <p>11 for example residents who had been victims of torture</p> <p>12 were not identified when they arrived, or identified</p> <p>13 quickly enough."</p> <p>14 So they were the summary of concerns.</p> <p>15 Then, if we go to page 10, paragraph 7, there is</p> <p>16 some comment on the source of those issues. So I will</p> <p>17 not read them all, but the first bullet point there says</p> <p>18 that problems arose from the Home Office's contract,</p> <p>19 which allowed for a reduced number of staff, and notes</p> <p>20 that a number of the reviews criticised staff shortages.</p> <p>21 Second, there were gaps between the two contracts'</p> <p>22 specifications, primarily on healthcare issues, with no</p> <p>23 clear process of raising concerns.</p> <p>24 And, thirdly, provisions in the contract were not</p> <p>25 fully implemented; for example, Serco staff were</p> <p style="text-align: center;">Page 4</p>

<p>1 supposed to receive mental health training from</p> <p>2 G4S Health staff, but no training actually happened</p> <p>3 until a year after the contract and, at the date of the</p> <p>4 NAO review, only 27 per cent of staff had received it</p> <p>5 then.</p> <p>6 We will not go much further into this document, but</p> <p>7 it notes under the next heading that the Home Office had</p> <p>8 not reflected lessons. So under "Key findings", the</p> <p>9 Home Office had not reflected lessons from inspections</p> <p>10 when agreeing the service specifications with Serco.</p> <p>11 For example, it notes that many of the concerns raise in</p> <p>12 2015 had also been raised in 2011 and 2013. In</p> <p>13 particular, it refers to rule 35 reporting issues and,</p> <p>14 at the next paragraph, that Serco's reduction of staff</p> <p>15 meant that there were insufficient operational or</p> <p>16 management staff. And in summary it states that, by the</p> <p>17 2015 report, 59 per cent of the 2013 recommendations had</p> <p>18 not been achieved with little evidence that issues had</p> <p>19 been tackled until recently.</p> <p>20 We can take that off the screen now. Obviously, you</p> <p>21 would have been aware of the various reviews and reports</p> <p>22 I have mentioned and summarised in the NAO report?</p> <p>23 <b>A. Yes.</b></p> <p>24 Q. And of concerns raised about things like staffing</p> <p>25 levels, mental health training and the needs of</p> <p style="text-align: center;">Page 5</p>	<p>1 Q. First, did you personally work on developing the bid or</p> <p>2 the contract for Brook House?</p> <p>3 <b>A. I assisted in part of the reviewing of the bid process,</b></p> <p>4 <b>yes, as part of the team.</b></p> <p>5 Q. We will come on to that in a bit more detail shortly,</p> <p>6 but do you know how, if at all, learning from what had</p> <p>7 happened at Yarl's Wood, and the reviews that followed,</p> <p>8 fed into that contract?</p> <p>9 <b>A. It is fair to understand that the Brook House contract</b></p> <p>10 <b>is a totally different contract to what the Yarl's Wood</b></p> <p>11 <b>contract is, so it is obviously a mandated staffing</b></p> <p>12 <b>model, there's more resources, more staffing resources,</b></p> <p>13 <b>within that and I think that is learned from some of the</b></p> <p>14 <b>learning from the contract at Yarl's Wood where there</b></p> <p>15 <b>was a reduction in staff numbers when the contract was</b></p> <p>16 <b>relet to Serco in 2015, so totally different model and</b></p> <p>17 <b>some of the learning from the NAO report, the Lampard</b></p> <p>18 <b>report, the Shaw report, was obviously put into the bid</b></p> <p>19 <b>model and to the upper (inaudible) from the Home Office</b></p> <p>20 <b>for the contract for Gatwick.</b></p> <p>21 Q. As we saw with the last thing that I mentioned in</p> <p>22 relation to the NAO report, there appears to have been</p> <p>23 an issue with the Home Office not implementing</p> <p>24 recommendations from previous HMIP reports. Is that</p> <p>25 something that you were aware of and alive to?</p> <p style="text-align: center;">Page 7</p>
<p>1 vulnerable residents.</p> <p>2 <b>A. (Witness nods).</b></p> <p>3 Q. Sorry, instead of nodding, you have to say "yes" for the</p> <p>4 transcript.</p> <p>5 <b>A. Yes. Sorry.</b></p> <p>6 Q. Those concerns that you would have been aware of, would</p> <p>7 they have been shared across the immigration estate, so</p> <p>8 with other centres?</p> <p>9 <b>A. The NAO report was published in, I think, June 2016,</b></p> <p>10 <b>just a little time before I started as director of</b></p> <p>11 <b>Yarl's Wood, because I started in July, 4 July 2016, so</b></p> <p>12 <b>I was fully aware of the report and some of the findings</b></p> <p>13 <b>and concerns, and there was, at that point in time,</b></p> <p>14 <b>an action plan, from a Serco perspective, to address the</b></p> <p>15 <b>concerns and the actions as well.</b></p> <p>16 Q. What about sharing it with other immigration detention</p> <p>17 centres across the country --</p> <p>18 <b>A. I am not aware the report was shared. The NAO report</b></p> <p>19 <b>was specifically about Yarl's Wood and the findings at</b></p> <p>20 <b>Yarl's Wood at that time. Whether that was shared</b></p> <p>21 <b>across the estate, I am not sure of that.</b></p> <p>22 Q. More specifically, obviously, the inquiry is interested</p> <p>23 in how, if at all, Serco took into account these issues</p> <p>24 when it took over Brook House much later in 2020?</p> <p>25 <b>A. Yes.</b></p> <p style="text-align: center;">Page 6</p>	<p>1 <b>A. Not that I was aware of. We -- from a Serco</b></p> <p>2 <b>perspective, which I managed from Yarl's Wood, and</b></p> <p>3 <b>likewise in Gatwick, we have a performance improvement</b></p> <p>4 <b>plan, we look at all third party recommendations, and</b></p> <p>5 <b>HMIP recommendations, and we will action and go through</b></p> <p>6 <b>those and discuss and sit down with the Home Office as</b></p> <p>7 <b>well and share that detail.</b></p> <p>8 Q. And when a business takes over -- like Serco, takes over</p> <p>9 a new contract rather than in relation to its ongoing</p> <p>10 contracts, do you look at previous HMIP --</p> <p>11 <b>A. Yes, yes, from a Home Office perspective, still legacy</b></p> <p>12 <b>actions that we pick up that the previous contractor may</b></p> <p>13 <b>have not completed, and we will address those as well.</b></p> <p>14 Q. Are you able to say whether, specifically in relation to</p> <p>15 Brook House, that was done with the new contract there?</p> <p>16 <b>A. Yes, yes. Yes. And we are still closing off a number</b></p> <p>17 <b>of recommendations still now that were -- that needed</b></p> <p>18 <b>closure from the Home Office from their audit team as</b></p> <p>19 <b>well.</b></p> <p>20 Q. I want to turn, as I said I would, more specifically to</p> <p>21 the contract itself. Now, we have looked, for obvious</p> <p>22 reasons, in some detail at the contract between the</p> <p>23 Home Office and G4S that was in place during the</p> <p>24 relevant period, but we have also been provided with the</p> <p>25 Serco contract with the Home Office.</p> <p style="text-align: center;">Page 8</p>

<p>1 <b>A. Yes.</b></p> <p>2 Q. You have helpfully described many of the key features of</p> <p>3 it within your statement, too, and, as I said, your</p> <p>4 statement will be adduced in full.</p> <p>5 In summary, while, as you say -- and we will go on</p> <p>6 to discuss -- the content of the contract is very</p> <p>7 different --</p> <p>8 <b>A. Yes.</b></p> <p>9 Q. -- it functions, doesn't it, in a similar way to the G4S</p> <p>10 contract, in that it contains a series of key</p> <p>11 performance indicators, against which are fixed</p> <p>12 penalties or points that translate into financial</p> <p>13 deductions?</p> <p>14 <b>A. Correct, yes.</b></p> <p>15 Q. I am going to summarise, at this stage, your description</p> <p>16 of the Serco contract and how, in terms of overview, it</p> <p>17 differs from the G4S contract. This is from your</p> <p>18 page 2, paragraph 4.</p> <p>19 We will go on later to discuss the ins and outs, but</p> <p>20 just by way of overview for now, as you say at</p> <p>21 paragraph 4:</p> <p>22 "When designing the contract, the Home Office made</p> <p>23 significant changes to the specification of operational</p> <p>24 standards."</p> <p>25 You say they were informed from the Shaw, Lampard</p> <p style="text-align: center;">Page 9</p>	<p>1 <b>cohorts because of Covid as well through that period.</b></p> <p>2 Q. Was that particular unlock period, 7.00 am until</p> <p>3 10.00~pm specified in the standards?</p> <p>4 <b>A. Yes.</b></p> <p>5 Q. So everyone who made a bid had to comply?</p> <p>6 <b>A. Yes, yes.</b></p> <p>7 Q. You mentioned also increased access to activities. Was</p> <p>8 this, in particular, required in the operational</p> <p>9 standards or is it just the result of a longer core day?</p> <p>10 <b>A. No, there were additional activities also specified and</b></p> <p>11 <b>we had to provide additional activities throughout the</b></p> <p>12 <b>range, and a range of activities and education provision</b></p> <p>13 <b>as well.</b></p> <p>14 Q. If you can recall, the operational standards specified</p> <p>15 which activities, or did it just say you need to provide</p> <p>16 more activities?</p> <p>17 <b>A. More activities, and then it were up to the bidders to</b></p> <p>18 <b>have some innovation and provide those as well.</b></p> <p>19 Q. You mention that an increase in staffing levels was also</p> <p>20 prescribed, so mandated staffing levels are those</p> <p>21 recorded in the contract. You summarise them, and I'm</p> <p>22 just skipping forward to your page 8, paragraph 27.</p> <p>23 They're drawn from annex B, which is within the</p> <p>24 contract, but it is easier to set out what you say in</p> <p>25 the statement.</p> <p style="text-align: center;">Page 11</p>
<p>1 and related reports. So now we are talking about the</p> <p>2 reports into Brook House rather than Yarl's Wood?</p> <p>3 <b>A. Yes.</b></p> <p>4 Q. So just stopping there, the Home Office, as you say,</p> <p>5 made changes to the specification of operational</p> <p>6 standards. So the Home Office, does it specify certain</p> <p>7 standards and all of the bidders have to show that they</p> <p>8 have met them in their bid?</p> <p>9 <b>A. Correct, yes.</b></p> <p>10 Q. And at paragraph 4, to cover some of them, you mention</p> <p>11 an extended core day; so that's to reduce the amount of</p> <p>12 time locked in rooms. I understand the core day, is it</p> <p>13 now 7.00 am until 10.00 pm?</p> <p>14 <b>A. That's correct, yes.</b></p> <p>15 Q. So between these times, the rooms aren't locked at all?</p> <p>16 <b>A. Other than for mandatory roll counts and checks, that's</b></p> <p>17 <b>all, for short periods of time.</b></p> <p>18 Q. You may say this depends on Covid, but can the detainees</p> <p>19 leave their wings during this period or just their</p> <p>20 rooms?</p> <p>21 <b>A. Yes.</b></p> <p>22 Q. So free movement around the detainee parts of the</p> <p>23 centre?</p> <p>24 <b>A. Yes, yes. And as you say, there has been some</b></p> <p>25 <b>restrictions and where we have had to bubble certain</b></p> <p style="text-align: center;">Page 10</p>	<p>1 <b>A. Yes.</b></p> <p>2 Q. You say at 27:</p> <p>3 "I can confirm that annex B provides that on</p> <p>4 weekdays (daytime), there should be 10 DCMs and 75 DCOs</p> <p>5 at Brook House, on weekends (daytime), 9 DCMs and</p> <p>6 76 DCOs, and overnight 2 DCMs and 18 DCOs."</p> <p>7 <b>A. Correct.</b></p> <p>8 Q. You say, "This is a minimum requirement".</p> <p>9 <b>A. Yes.</b></p> <p>10 Q. Then you say that that doesn't vary with occupancy.</p> <p>11 <b>A. No.</b></p> <p>12 Q. We have also received your services description, which</p> <p>13 is mentioned at schedule 2.1 of the contract, but you</p> <p>14 refer to it at page 8, paragraph 31, and it looks like</p> <p>15 a spreadsheet which bidders must complete to detail how</p> <p>16 many staff Serco would employ in total. So rather than,</p> <p>17 who is in the centre, how many people are on the</p> <p>18 payroll?</p> <p>19 <b>A. Yes.</b></p> <p>20 Q. And this is across, I understand it, all Gatwick sites</p> <p>21 and it provides in summary for 7 SMT members?</p> <p>22 <b>A. Yes.</b></p> <p>23 Q. 60.8 DCMs, now called DOMs?</p> <p>24 <b>A. Yes.</b></p> <p>25 Q. 406.6 DCOs?</p> <p style="text-align: center;">Page 12</p>

<p>1 <b>A. Yes.</b></p> <p>2 Q. And then various cleaning, admin and religious and</p> <p>3 maintenance roles?</p> <p>4 <b>A. Yes.</b></p> <p>5 Q. And finally on the specification and bidding process, we</p> <p>6 have seen details of the bid for the original</p> <p>7 Brook House contract with G4S, although GSL won it and</p> <p>8 then it transferred. And GSL won that despite not</p> <p>9 receiving the highest marks for the operational</p> <p>10 elements, and that was due, we heard in short, to the</p> <p>11 cost element. And at the time of the original bid, we</p> <p>12 have heard, the financial side was worth 50 per cent of</p> <p>13 the marks given to the bid and quality was the other 50,</p> <p>14 and you explain, at paragraph 2, now, the breakdown is</p> <p>15 currently -- at the time that you won the bid,</p> <p>16 65 per cent technical quality versus 35 per cent price?</p> <p>17 <b>A. Yes.</b></p> <p>18 Q. Is that weighting set by the Home Office?</p> <p>19 <b>A. Yes, it is, or by the competitive tender arrangements</b></p> <p>20 <b>with the Home Office, set for all bidders.</b></p> <p>21 Q. I want to ask now about the contract as it works in</p> <p>22 practice.</p> <p>23 So, first, auditing. As I mentioned, there is</p> <p>24 a series of key performance indicators -- I will call</p> <p>25 them KPIs -- which can give rise to penalty points,</p> <p style="text-align: right;">Page 13</p>	<p>1 Q. And who set the £50,000?</p> <p>2 <b>A. Part of the initial bid.</b></p> <p>3 Q. Set by the Home Office?</p> <p>4 <b>A. Yes, specification by the Home Office.</b></p> <p>5 Q. Before we move on to the detail, paragraph 2.3 there,</p> <p>6 that I read out, reads that the cost value will be</p> <p>7 a percentage of the anticipated average monthly service</p> <p>8 profit margin.</p> <p>9 So we don't need to know what that figure was, but</p> <p>10 the average anticipated, by the sound of it, was</p> <p>11 something projected at the initiation of the contract?</p> <p>12 <b>A. That's right.</b></p> <p>13 Q. Meaning that the penalties are not dynamic, so if your</p> <p>14 profits are, in fact, lower than projected, the penalty</p> <p>15 takes a bigger chunk out of the bottom line?</p> <p>16 <b>A. Yes.</b></p> <p>17 Q. And if your profits are higher than projected, the</p> <p>18 penalty takes a smaller chunk out of the bottom line?</p> <p>19 <b>A. Yes.</b></p> <p>20 Q. So turning, then, to the key performance indicators</p> <p>21 themselves, can we turn to 210 where they start.</p> <p>22 Is that page 210? 211? Sorry. There we go. So we</p> <p>23 have KP1 and 2. They're the only two critical</p> <p>24 failures. So that is self-harm resulting in detainee</p> <p>25 death, and the second one is an escape, and you have</p> <p style="text-align: right;">Page 15</p>
<p>1 which works, in effect, as deducting a sum from the</p> <p>2 monthly fee, so it translates into a financial penalty.</p> <p>3 Can we see on the screen, please, &lt;SER000226&gt;, which is</p> <p>4 the full contract, and if we go to page 203 of that.</p> <p>5 At paragraph 2.3, there is a table which shows that</p> <p>6 the cost value listed against the performance failure</p> <p>7 category is a percentage of the anticipated average</p> <p>8 monthly service profit margin, and we see there that,</p> <p>9 for performance failures that are minor, the credit</p> <p>10 value is 0.25 per cent; serious is 1 per cent; severe is</p> <p>11 5 per cent; and critical is a fixed rate of £50,000 per</p> <p>12 critical --</p> <p>13 <b>A. Correct.</b></p> <p>14 Q. So the level of severity affects the cost of the</p> <p>15 failure?</p> <p>16 <b>A. Yes.</b></p> <p>17 Q. Who set these percentages? Was it the Home Office or</p> <p>18 were they put forward in the bid?</p> <p>19 <b>A. The Home Office set the percentages.</b></p> <p>20 Q. And who determined which failures are classed as minor,</p> <p>21 which are serious and which are severe?</p> <p>22 <b>A. The Home Office, as part of the specification.</b></p> <p>23 Q. And again, it was the Home Office who said which</p> <p>24 failures were critical?</p> <p>25 <b>A. Yes.</b></p> <p style="text-align: right;">Page 14</p>	<p>1 told us that these are set by Home Office as critical</p> <p>2 failures.</p> <p>3 The performance level for these in the fifth column,</p> <p>4 and indeed for all of them, is set at 100 per cent. Do</p> <p>5 you know what that means?</p> <p>6 <b>A. Part of that is performance, so it is a critical level,</b></p> <p>7 <b>so it will be 100 per cent of the profit.</b></p> <p>8 Q. They are all 100 per cent, I think, as we see.</p> <p>9 <b>A. Yes.</b></p> <p>10 Q. So for critical, serious, severe?</p> <p>11 <b>A. Yes.</b></p> <p>12 Q. If we move to 214 then, so this is the next level down</p> <p>13 in terms of severity, and these are the ones that would</p> <p>14 attract the 5 per cent penalty, we see there KP6, which</p> <p>15 is entitled "Hospitalisation", halfway down, and that is</p> <p>16 defined as:</p> <p>17 "Failure to comply with any obligation under the</p> <p>18 agreement that results in an occurrence of injury or</p> <p>19 harm, including incidents of deliberate</p> <p>20 self-harm/physical injury to any person requiring</p> <p>21 hospitalisation."</p> <p>22 After KP6, the penalties go down to the serious</p> <p>23 level, so these are the ones that attract the 1 per cent</p> <p>24 penalty. And if we go to 215, we see KP9,</p> <p>25 "Substantiated complaints". So, "Any substantiated, or</p> <p style="text-align: right;">Page 16</p>

<p>1 partially substantiated, complaint against a member of</p> <p>2 staff (whether [they are] specifically identified or</p> <p>3 not) in respect of any allegation that -- if upheld --</p> <p>4 would be considered serious misconduct", is a serious</p> <p>5 failure, and that is, as it says, per occurrence.</p> <p>6 And KP10 -- so we know from evidence in the inquiry</p> <p>7 that, under the G4S contract, there was no penalty</p> <p>8 related to improper use of force. But we see here -- as</p> <p>9 I understand it, we see here at KPI10:</p> <p>10 "Failure to comply with obligations under the</p> <p>11 agreement ..."</p> <p>12 And the schedule is given:</p> <p>13 "... relating to appropriateness of use of force</p> <p>14 techniques, recording, reporting and scrutiny of use of</p> <p>15 force incidents, care of staff and detainee following</p> <p>16 a use of force incident and the availability of</p> <p>17 an advanced control &amp; restraint team."</p> <p>18 <b>A. Yes.</b></p> <p>19 Q. To break that down, there is a number of different</p> <p>20 things that could go wrong and any of those, it seems</p> <p>21 from here would give rise to a serious failing?</p> <p>22 <b>A. Yes.</b></p> <p>23 Q. KP11, again refers to injury or harm, it is called</p> <p>24 "Healthcare intervention", and it looks like it doesn't</p> <p>25 have to be self-inflicted, just an injury that requires</p> <p style="text-align: center;">Page 17</p>	<p>1 Q. So it is called "Healthcare intervention", but actually,</p> <p>2 it is -- that is the product of what happens?</p> <p>3 <b>A. That is the product, yes.</b></p> <p>4 Q. Not the issue, fine. So the hypothetical --</p> <p>5 <b>A. If we fail to meet any of their needs, et cetera, the</b></p> <p>6 <b>residents' needs.</b></p> <p>7 Q. Or any part of schedule 2.1?</p> <p>8 <b>A. Yes.</b></p> <p>9 Q. So this hypothetical person who has been injured, how</p> <p>10 does his injury come to the attention of the people who</p> <p>11 have to assess contractual performance KPI?</p> <p>12 <b>A. All the injuries, or any incident, shall I say, is fully</b></p> <p>13 <b>reported to the Home Office and to -- and discussed at</b></p> <p>14 <b>our morning briefings, morning meetings, and it would be</b></p> <p>15 <b>fully investigated by an onsite team and discussed at</b></p> <p>16 <b>the Adults at Risk meeting and our suicide self-harm</b></p> <p>17 <b>meetings as well, which we have on a monthly basis, so</b></p> <p>18 <b>there will be -- and reviewed, possibly, by our</b></p> <p>19 <b>safeguarding manager as well, the lead, but that is --</b></p> <p>20 <b>there is a full incident report and actions that will go</b></p> <p>21 <b>from that as well.</b></p> <p>22 <b>And if the risk was too great and the self-harm,</b></p> <p>23 <b>obviously we would look at ACDT reviews as well and</b></p> <p>24 <b>contra reviews if -- as required.</b></p> <p>25 Q. So does every injury then, by whichever of those</p> <p style="text-align: center;">Page 19</p>
<p>1 healthcare intervention and that would give rise to</p> <p>2 a serious failing. So it reads here:</p> <p>3 "Failure to comply with any obligation under the</p> <p>4 agreement that results in an occurrence of injury ..."</p> <p>5 So it can be any obligation under the whole</p> <p>6 agreement and, while the outcome is different in KPIs 1,</p> <p>7 death; 6, hospitalisations; and 11, healthcare</p> <p>8 intervention, the wording is similar as the requirement</p> <p>9 is "failure to comply with any obligation" before it</p> <p>10 applies?</p> <p>11 <b>A. Yes, yes.</b></p> <p>12 Q. I will ask you, if you can, to help me with how this</p> <p>13 works now. Let's take a completely hypothetical example</p> <p>14 and a detained man on E wing has bruises to his neck as</p> <p>15 a result of self-inflicted ligature injury. So even if</p> <p>16 he didn't need treatment, would this require healthcare</p> <p>17 intervention on the face of it?</p> <p>18 <b>A. Yes.</b></p> <p>19 Q. Presumably, healthcare would attend?</p> <p>20 <b>A. Yes, but, I mean, the failure offence -- if you look at</b></p> <p>21 <b>the schedule clause, it is 2.1, that is the full</b></p> <p>22 <b>schedule of 2.1. So it is any failure to meet not</b></p> <p>23 <b>particularly the treatment or any -- it is any part of</b></p> <p>24 <b>2.1, if we fail to meet that obligation to deliver that</b></p> <p>25 <b>service.</b></p> <p style="text-align: center;">Page 18</p>	<p>1 processes, come under review to see, also, if it was</p> <p>2 a breach of the KPI?</p> <p>3 <b>A. Yes, everything, yes. That would be full transparency</b></p> <p>4 <b>from our side of it as well, and the Home Office may --</b></p> <p>5 <b>the complaints team may look at that part of it as well,</b></p> <p>6 <b>to see if there was any failure or complaints issue, as</b></p> <p>7 <b>well, from Serco.</b></p> <p>8 Q. You mentioned that the event would come to be discussed</p> <p>9 at the weekly operations review meeting, so the WORM?</p> <p>10 <b>A. Yes.</b></p> <p>11 Q. And who attends that meeting?</p> <p>12 <b>A. That is attended by one of my assistant directors for</b></p> <p>13 <b>governance and services and the compliance area manager</b></p> <p>14 <b>for the Home Office as well.</b></p> <p>15 Q. Who is the assistant director for governance and</p> <p>16 services?</p> <p>17 <b>A. Currently, it is a chap called Chris Barford(?),</b></p> <p>18 <b>currently, and previously Mark Demian.</b></p> <p>19 Q. And someone from the Home Office compliance team?</p> <p>20 <b>A. Yes.</b></p> <p>21 Q. Are healthcare involved with this meeting?</p> <p>22 <b>A. Not the WORM meeting, no, but they would be part of the</b></p> <p>23 <b>Adults at Risk meeting, where we discuss all cases of</b></p> <p>24 <b>self-harm on a weekly basis.</b></p> <p>25 Q. So if you need to address how the injury came to be</p> <p style="text-align: center;">Page 20</p>

<p>1 caused, so whether it was somebody who self-harmed who</p> <p>2 did this, whether it was caused by an underlying</p> <p>3 condition, some change in their treatment for example,</p> <p>4 that would all require the input of healthcare somewhere</p> <p>5 along the way, wouldn't it?</p> <p>6 <b>A. Yes.</b></p> <p>7 Q. Let's say, in this hypothetical case, that it is</p> <p>8 determined that the person was trying to kill</p> <p>9 themselves, the next step, I suppose, then, is to look</p> <p>10 at whether it was due to a failure. You have told us</p> <p>11 about the meetings where this would be discussed. What</p> <p>12 sort of documentation do you look at to determine</p> <p>13 whether it was due to a failure?</p> <p>14 <b>A. We would have a full incident report, there would be</b></p> <p>15 <b>a review if there is any CCTV footage or any body cam</b></p> <p>16 <b>footage, and to share all that relevant information to</b></p> <p>17 <b>look at the actions, the actions of staff, the actions</b></p> <p>18 <b>of the healthcare, and there would be a full healthcare</b></p> <p>19 <b>report into the injury as well.</b></p> <p>20 Q. So that is documentation that already exists at the</p> <p>21 time.</p> <p>22 <b>A. Yes.</b></p> <p>23 Q. What about looking at gathering new information; for</p> <p>24 example, speaking to people involved, including the</p> <p>25 detained person?</p> <p style="text-align: right;">Page 21</p>	<p>1 happened, that would still give rise to a penalty?</p> <p>2 <b>A. It could do, yes. Yes.</b></p> <p>3 Q. And is that because -- the reason why ACDT matters, is</p> <p>4 that because it is incorporated into the agreement under</p> <p>5 schedule 2.1?</p> <p>6 <b>A. Yes.</b></p> <p>7 Q. So we will not turn it up, but paragraph 1 of</p> <p>8 schedule 2.1 says that the agreement incorporates,</p> <p>9 amongst other things, all Detention Centre Rules and all</p> <p>10 DSOs as well, which would include the ACDT policy?</p> <p>11 <b>A. Which also comes under KPI25 as well.</b></p> <p>12 Q. That's correct.</p> <p>13 If an injury was the result of an improper or</p> <p>14 unnecessary use of force -- so if that is the reason why</p> <p>15 someone is injured -- as well as being a failure under</p> <p>16 KPI10, the use of force KPI, would it be a separate</p> <p>17 failure as well under KPI11?</p> <p>18 <b>A. It could be, it depends on the circumstances. We would</b></p> <p>19 <b>carry out a full investigation on that, and possible it</b></p> <p>20 <b>would be referred to the Professional Standards Unit as</b></p> <p>21 <b>well for a full investigation, independent investigation</b></p> <p>22 <b>as well. And we just ensure full transparency with the</b></p> <p>23 <b>Home Office to share that detail.</b></p> <p>24 Q. So again, in my hypothetical example, if, looking back</p> <p>25 through this man's documentation, it comes to light that</p> <p style="text-align: right;">Page 23</p>
<p>1 <b>A. Yes, that would all be part of the full investigation of</b></p> <p>2 <b>the matter. If you required that full investigation,</b></p> <p>3 <b>that is. It depends on the seriousness of the injury as</b></p> <p>4 <b>well.</b></p> <p>5 Q. Let's say you looked at all the information and you now</p> <p>6 know, in my hypothetical example, that the man was</p> <p>7 a level 2 Adult at Risk and he was on ACDT hourly</p> <p>8 observations but they hadn't been done for three hours</p> <p>9 when he self-harmed. Is that enough to say it was due</p> <p>10 to a failure or do you have to show that more regular</p> <p>11 observations would have prevented it?</p> <p>12 <b>A. Hypothetically, I would be very concerned if the</b></p> <p>13 <b>observations and the ACDT observations were not done in</b></p> <p>14 <b>time, so that would relate to a failure in 2.1, if that,</b></p> <p>15 <b>hypothetically, was the case, so --</b></p> <p>16 THE CHAIR: Mr Hewer, I'm so sorry to interrupt, and it</p> <p>17 might just be me, but do you mind just slowing the pace</p> <p>18 of your answers very slightly?</p> <p>19 <b>A. Okay, sorry.</b></p> <p>20 THE CHAIR: I am struggling to keep up with you. Thank you</p> <p>21 very much.</p> <p>22 <b>A. Okay.</b></p> <p>23 MS MOORE: You were telling us that an ACDT failure, is</p> <p>24 that, potentially, even if, with more regular</p> <p>25 observations, you don't know whether it would have still</p> <p style="text-align: right;">Page 22</p>	<p>1 there was a failure to comply with the provisions of</p> <p>2 rule 35 -- so let's say, a month ago, his ACDT</p> <p>3 continuous notes or his healthcare notes or maybe even</p> <p>4 his own account that he said to somebody show that he</p> <p>5 had suicidal intentions a month ago, so rule 35(2) was</p> <p>6 engaged and should have led to a report being sent to</p> <p>7 the Home Office and, when you looked at the records,</p> <p>8 this was never done, would that be a failure under the</p> <p>9 agreement?</p> <p>10 <b>A. It could be, may well be, yes, but, again, we would have</b></p> <p>11 <b>to have further discussions and look at if there is any</b></p> <p>12 <b>further mitigation to discuss that with the Home Office.</b></p> <p>13 Q. So there is two stages, aren't there, we will come to,</p> <p>14 there's the reporting the failure, and then there's</p> <p>15 potentially mitigating it once it is reported check?</p> <p>16 <b>A. Yes.</b></p> <p>17 Q. Leaving aside that hypothetical example -- and thank you</p> <p>18 for your assistance with that -- you have given us the</p> <p>19 KPI data, in fact, and we can see that from when you</p> <p>20 took over to October 2021, which I think is the latest</p> <p>21 data we have, there were no KPI11 failures, so no</p> <p>22 injuries requiring healthcare which was due to a failure</p> <p>23 under the agreement and also none requiring</p> <p>24 hospitalisation --</p> <p>25 <b>A. Yes.</b></p> <p style="text-align: right;">Page 24</p>

<p>1 Q. -- and also, happily, no deaths. We know for example,</p> <p>2 and you can open it, if you wish, but you have provided</p> <p>3 to us, and it is at your tab 23, that in the last</p> <p>4 six months of 2020, there were 162 self-harm or</p> <p>5 attempted suicide incidents. So 162 incidents in the</p> <p>6 last six months of 2020; 27 a month that works out, so</p> <p>7 almost one a day.</p> <p>8 According to the KPI data you have given us, none of</p> <p>9 those almost daily incidents was the result of a failure</p> <p>10 to comply with an obligation under the agreement.</p> <p>11 Does that include obligations provided by the Adults</p> <p>12 at Risk policy for example?</p> <p>13 <b>A. Yes.</b></p> <p>14 Q. And ACDT and, as you have told us, also, potentially,</p> <p>15 rule 35?</p> <p>16 <b>A. Yes.</b></p> <p>17 Q. When it was one person a day who was nearly -- either</p> <p>18 with self-harm or attempted suicide incidents, was there</p> <p>19 time to properly check all of those to ensure that they</p> <p>20 complied?</p> <p>21 <b>A. Yes, I mean some of those cases were -- you were</b></p> <p>22 <b>averaging at one a day, but some were multiple people --</b></p> <p>23 <b>multiple self-harm from one particular resident as well.</b></p> <p>24 Q. But you still need to investigate each one?</p> <p>25 <b>A. Yes, yes. So every case would have been reviewed, fully</b></p> <p style="text-align: center;">Page 25</p>	<p>1 <b>A. -- and I think we have also shared the full KPI</b></p> <p>2 <b>dashboard, et cetera, so from a process of, if you are</b></p> <p>3 <b>talking about mitigation wise, and looking at the KPIs,</b></p> <p>4 <b>on a -- as I said, we would discuss each failure</b></p> <p>5 <b>throughout the previous week at the weekly operational</b></p> <p>6 <b>review meeting and that is with one of my senior</b></p> <p>7 <b>managers, the assistant director and the Home Office as</b></p> <p>8 <b>well. So there is full transparency and openness to</b></p> <p>9 <b>what our failures are. So we disclose our failures and,</b></p> <p>10 <b>if there are any failures they identify as well, from an</b></p> <p>11 <b>Home Office perspective as well, they will also put them</b></p> <p>12 <b>on the table and then we would have that discussion and</b></p> <p>13 <b>look at mitigation of -- if we're looking to introduce</b></p> <p>14 <b>new procedures or there's certain things that are</b></p> <p>15 <b>outside our control as well, for mitigation as well.</b></p> <p>16 <b>They are the two main areas.</b></p> <p>17 Q. Reporting a failure, whether under KPI11 or any other</p> <p>18 one of the KPIs, means noticing the issue has happened,</p> <p>19 acknowledging it is a failure, officially reporting it</p> <p>20 and potentially losing profit unless it is mitigated?</p> <p>21 <b>A. Correct.</b></p> <p>22 Q. Would you agree, as a general principle, that it is not</p> <p>23 in Serco's financial interest to report or record such</p> <p>24 failures then?</p> <p>25 <b>A. No, I wouldn't agree. We have to be open, honest and</b></p> <p style="text-align: center;">Page 27</p>
<p>1 reviewed, the circumstances and looking at the injury,</p> <p>2 if there is -- looking at policy and procedure, we</p> <p>3 followed the policies and procedures that we have laid</p> <p>4 out and ACDT policies as well.</p> <p>5 Q. Was it quite a heavy workload to review all of those to</p> <p>6 that level?</p> <p>7 <b>A. The resource we have now within the centre, so we have</b></p> <p>8 <b>a full team monitoring that part of it, the safeguarding</b></p> <p>9 <b>team as well and support of the welfare team as well.</b></p> <p>10 <b>So the Safer Custody Team would have investigated that</b></p> <p>11 <b>and looked at the circumstances and reported back on</b></p> <p>12 <b>that, so these further resources are within the contract</b></p> <p>13 <b>now to do that part of the work as well.</b></p> <p>14 Q. You have discussed the contractual compliance mechanism</p> <p>15 there. Is it, the way that it is investigated, a set</p> <p>16 process or does it depend on the KPI? I think you have</p> <p>17 said that with injuries, for example, healthcare would</p> <p>18 be involved --</p> <p>19 <b>A. Yes.</b></p> <p>20 Q. -- and obviously with use of force?</p> <p>21 <b>A. Yes.</b></p> <p>22 Q. So the KPI contract monitoring depends on the nature of</p> <p>23 the --</p> <p>24 <b>A. Yes --</b></p> <p>25 Q. -- potential derogation?</p> <p style="text-align: center;">Page 26</p>	<p>1 transparent, and that is not -- I mean, from the</p> <p>2 provider perspective, that is not in line with our core</p> <p>3 values within Serco, about trust and pride and</p> <p>4 innovation and care of what we do as well, so that is</p> <p>5 totally against what we would do. So, ethically, it is</p> <p>6 not the right behaviour, so it's not something I would</p> <p>7 actually prescribe to or do in any way.</p> <p>8 Q. Would you, nevertheless, agree that, despite the ethical</p> <p>9 implications, it is still necessary and important for</p> <p>10 bodies that don't have a financial interest to be</p> <p>11 involved in the scrutiny of the contract? So, for</p> <p>12 example, the Home Office, which isn't going to be</p> <p>13 financially impacted?</p> <p>14 <b>A. I mean, the Home Office monitor the contract. From my</b></p> <p>15 <b>perspective, as I've just said, it is more about</b></p> <p>16 <b>openness and transparency with the Home Office too. If</b></p> <p>17 <b>there are any failures, we will share those failures</b></p> <p>18 <b>and, likewise, they will do the same and indicate any</b></p> <p>19 <b>failures as well.</b></p> <p>20 Q. You will, of course, be aware that in 2019, Serco was</p> <p>21 fined over £19 million plus costs as part of</p> <p>22 a settlement with the Serious Fraud Office, one of its</p> <p>23 subsidiaries, having taken responsibility for three</p> <p>24 offences of fraud and two of false accounting between</p> <p>25 2010 and 2013 related to understating profits from</p> <p style="text-align: center;">Page 28</p>

7 (Pages 25 to 28)

<p>1 electronic monitoring contracts with the 2 Ministry of Justice. Now, Serco has publicly said that 3 company reform followed these events. 4 <b>A. That's correct.</b> 5 Q. Do we see that in this process? 6 <b>A. Yes, I mean, I am obviously aware of those issues that</b> 7 <b>were raised, that has been addressed by our CEO</b> 8 <b>Rupert Soames and there's lots of statements been</b> 9 <b>submitted by our CEO on that matter.</b> 10 <b>They've had, since that point in time, a full root</b> 11 <b>and branch action across Serco on ethics, basically, so</b> 12 <b>ethically positive behaviour and there has also been</b> 13 <b>a hell of a lot of training in respect of that, and</b> 14 <b>mandatory training, on a yearly basis, for all Serco</b> 15 <b>staff and managers in respect of ethically responsible</b> 16 <b>behaviour as well.</b> 17 Q. Have you received that training? 18 <b>A. Yes, I do it on a yearly basis.</b> 19 Q. Before we move away from the contract, you mentioned one 20 of the KPIs, I think KPI25, which is failure to comply 21 with the requirements set out in the Detention Centre 22 Rules, Detention Centre Operating Standards, 23 pre-departure, accommodation operating standards or any 24 of the DSOs so that in itself, regardless of whether it 25 falls within one of the others, is also a failure, isn't</p> <p style="text-align: center;">Page 29</p>	<p>1 must require a proactive approach? 2 <b>A. Yes, we do do a lot of self-reporting. I can give</b> 3 <b>examples, you will see examples on some of the data we</b> 4 <b>have shared where somebody has not correctly locked</b> 5 <b>a door, et cetera, somebody will report that. So it is</b> 6 <b>all about culture. So we have a culture of reporting</b> 7 <b>failures and the purpose of that is to improve our</b> 8 <b>operational efficiency and the operation and the service</b> 9 <b>we give.</b> 10 Q. But the failure I mentioned there is a failure to report 11 a serious incident, so a serious incident has happened 12 and someone has failed to report it? 13 <b>A. I would have to see the context of that report, if you</b> 14 <b>could put that on screen --</b> 15 Q. How do you go about -- it is just the data that you 16 provided us. 17 <b>A. Right, okay.</b> 18 Q. But how do you go about, for example, ensuring that 19 people are reporting serious incidents? 20 <b>A. Again, as I said, it is really about that ethical</b> 21 <b>behaviour, and we will ensure that people report</b> 22 <b>incidents. So everything within the centre, every</b> 23 <b>incidence that occurs within the centre is reported on</b> 24 <b>a daily basis, and we will maintain that. And part of</b> 25 <b>the training of the managers and the SMTs is to ensure</b></p> <p style="text-align: center;">Page 31</p>
<p>1 it -- 2 <b>A. Correct.</b> 3 Q. -- and that is a minor failure? 4 <b>A. Yes.</b> 5 Q. And you say that is also designated and set by the 6 Home Office as a failure and as a minor failure? 7 <b>A. Yes.</b> 8 Q. We've mentioned this already in brief, but the next step 9 in the process is mitigation. So we have heard about 10 this from the G4S's contract's perspective. If 11 a failure is mitigated, it still gets reported but it 12 doesn't give rise to a financial penalty? 13 <b>A. Correct, yes.</b> 14 Q. You have provided a full log of KPIs to us, including 15 the number of mitigations, and I don't need to bring 16 them up now, but by way of an example, they show that, 17 in September 2020, there were two failures to report 18 a serious incident recorded, in accordance with the 19 policy; one was mitigated and one was not. So half -- 20 the penalty attaches to one and not to the other? 21 <b>A. Correct, yes.</b> 22 Q. Just before we go on, that was, as I said, a failure to 23 report a serious incident. People don't report 24 a failure to report necessarily, so how do you go about 25 finding out that there has been a failure like that? It</p> <p style="text-align: center;">Page 30</p>	<p>1 <b>that we report all information. And these are</b> 2 <b>obviously, now, monitoring of the contract more, and by</b> 3 <b>the onsite team from the Home Office as well, they</b> 4 <b>report everything and they will share any positive and</b> 5 <b>negative work as well, throughout the contract.</b> 6 Q. We were just on mitigation, you discuss this at page 4 7 of your statement, paragraph 11, where you address the 8 meaning of mitigation. And you say that it is based on 9 two factors: extraordinary situations, outside of 10 Serco's control that significantly impact the ability to 11 deliver; or where Serco have introduced new systems or 12 processes that will stop the failure from happening 13 again. 14 <b>A. Yes.</b> 15 Q. That second part, does it mean, where there is 16 an actual, contractual failure, you can still get 17 mitigation, ie incur no penalty if you can show that new 18 systems have been introduced? 19 <b>A. That's correct, yes.</b> 20 Q. Who came up with that, is it Serco or the Home Office? 21 <b>A. That is in agreement with the Home Office, so any system</b> 22 <b>that we feel -- if we can improve that, we will do it.</b> 23 <b>A root cause analysis on that particular part of it is</b> 24 <b>we will improve the system or the operation or procedure</b> 25 <b>and we can then mitigate that as a failure if we have</b></p> <p style="text-align: center;">Page 32</p>



<p>1 <b>improved that so there is no reoccurrence of that</b></p> <p>2 <b>failure.</b></p> <p>3 Q. So it means it's no different, then, in outcome between</p> <p>4 avoiding failures in the first place and failing but</p> <p>5 changing something afterwards, in terms of financial</p> <p>6 penalty?</p> <p>7 <b>A. Yes.</b></p> <p>8 Q. How is that of benefit to the compliance with the</p> <p>9 contract? Doesn't it remove incentive to avoid failures</p> <p>10 and making errors?</p> <p>11 <b>A. No, it -- the purpose of that is to improve the delivery</b></p> <p>12 <b>of the contract and for the customer and for the</b></p> <p>13 <b>Home Office.</b></p> <p>14 Q. But contractual failings should encourage you to change</p> <p>15 your processes anyway, shouldn't they, with or without</p> <p>16 going back and reducing the previous failure?</p> <p>17 <b>A. That is in agreement with the Home Office; the</b></p> <p>18 <b>Home Office would agree that. It is not like every case</b></p> <p>19 <b>it is agreed. So depending on the level of failure and</b></p> <p>20 <b>the amount of failure in a particular KPI or process,</b></p> <p>21 <b>where we can show we can improve that process, and we</b></p> <p>22 <b>will do that, they will accept mitigation.</b></p> <p>23 Q. You say, at 13 and 14 of your statement, that whether or</p> <p>24 not mitigation is accepted, you always investigate the</p> <p>25 issue and implement a plan to improve?</p> <p style="text-align: center;">Page 33</p>	<p>1 <b>A. July 2021.</b></p> <p>2 Q. And what additional services did the Home Office request</p> <p>3 Serco to provide in July 2021?</p> <p>4 <b>A. We were requested to offer support and staffing in -- to</b></p> <p>5 <b>immigration asylum hotels, which were located near to</b></p> <p>6 <b>Gatwick area.</b></p> <p>7 Q. I see. So along with continuing to manage Brook House,</p> <p>8 Tinsley House and pre-departure accommodation, you were</p> <p>9 working outside of that in those three areas?</p> <p>10 <b>A. Yes.</b></p> <p>11 Q. And offering support and staffing, so DCOs, DCMs?</p> <p>12 <b>A. Correct, yes.</b></p> <p>13 Q. Why did that mean that there would be any change to the</p> <p>14 KPI monitoring?</p> <p>15 <b>A. Because we had moved staff out of the centre to -- to</b></p> <p>16 <b>support the staffing numbers at the asylum hotel</b></p> <p>17 <b>accommodation. We could not meet the mandated numbers</b></p> <p>18 <b>on the model, for that reason, and that is why relief</b></p> <p>19 <b>was given by the Home Office, at their request, to do</b></p> <p>20 <b>this. It is not something we requested initially, but</b></p> <p>21 <b>we supported -- we were flexible in our approach to</b></p> <p>22 <b>support the numbers coming over the channel, et cetera,</b></p> <p>23 <b>and things like that, and into the asylum accommodation.</b></p> <p>24 <b>And it was local to Gatwick.</b></p> <p>25 Q. When you were asked to do that by the Home Office, who</p> <p style="text-align: center;">Page 35</p>
<p>1 <b>A. Yes, yes.</b></p> <p>2 Q. And lastly, on the general contract, can we have on the</p> <p>3 screen, please, &lt;SER000451&gt;. This is your statement as</p> <p>4 well, so you have it in front of you. It is page 7.</p> <p>5 If we turn to page 7 and paragraph 23, you say</p> <p>6 here -- sorry, page 7, paragraph 23, yes. At the top,</p> <p>7 you say here that from May 2020 to August 2020:</p> <p>8 "There was a three-month KPI relief period."</p> <p>9 So no financial penalties, that is just when you</p> <p>10 first had the contract, when you first joined?</p> <p>11 <b>A. Yes, that was when we took over the contract, so from</b></p> <p>12 <b>a Serco perspective, we took over a new contract and</b></p> <p>13 <b>took over new staff from G4S to Serco, so there was</b></p> <p>14 <b>a certain bedding-in period where new staff had to</b></p> <p>15 <b>understand new policies, procedures, et cetera, and that</b></p> <p>16 <b>is why there was a three-month period of accepting</b></p> <p>17 <b>mitigation and no penalties applying.</b></p> <p>18 Q. Did you still have to report the failures?</p> <p>19 <b>A. Everything was still reported, yes. There was</b></p> <p>20 <b>100 per cent mitigation, yes.</b></p> <p>21 Q. I see. And then you say, still at 23, sort of halfway</p> <p>22 down the paragraph:</p> <p>23 "From July 2021, the Home Office requested Serco to</p> <p>24 provide additional services."</p> <p>25 Do you mean July 2020 or July 2021?</p> <p style="text-align: center;">Page 34</p>	<p>1 was it who suggested that that be also met with</p> <p>2 a derogation from the KPI? Did you suggest it and the</p> <p>3 Home Office accepted it?</p> <p>4 <b>A. It was a joint discussion that we would request relief</b></p> <p>5 <b>because we obviously couldn't meet that requirement.</b></p> <p>6 Q. Just to be clear about the requirements that were part</p> <p>7 of that negotiation, as you say, in this paragraph, that</p> <p>8 involved KPI12, which relates to the number of DCOs and</p> <p>9 DCMs, part of the agreement?</p> <p>10 <b>A. Yes.</b></p> <p>11 Q. 13, required staffing levels; 14, recruitment processes;</p> <p>12 15, staff culture and conduct; and 16, ensuring staff's</p> <p>13 training, induction and mentoring.</p> <p>14 Why not, instead of just derogating from all of</p> <p>15 these requirements, adjust the contract to account for</p> <p>16 the need to provide the additional services?</p> <p>17 <b>A. Because this were a temporary arrangement and that is</b></p> <p>18 <b>the only reason it were a temporary and this were</b></p> <p>19 <b>covered by an agreement shared by the Home Office and</b></p> <p>20 <b>a temporary then -- what they call a contract amendment</b></p> <p>21 <b>notice, which is 031 -- I think it has been shared as</b></p> <p>22 <b>well. We agreed that and that was signed up by us to</b></p> <p>23 <b>agree this temporary arrangement. This arrangement was</b></p> <p>24 <b>only in place while we were still operating the asylum</b></p> <p>25 <b>hotel.</b></p> <p style="text-align: center;">Page 36</p>

<p>1 Q. When did you stop operating the asylum hotels?</p> <p>2 <b>A. It is still continuing. It has been extended currently</b></p> <p>3 <b>until the end of June 2021.</b></p> <p>4 Q. We see there, when you wrote your statement, it was to</p> <p>5 finish "yesterday"?</p> <p>6 <b>A. Correct. It has been extended since then.</b></p> <p>7 Q. Till when, sorry, June?</p> <p>8 <b>A. Currently, until the end of June.</b></p> <p>9 Q. And the result of that is that none of these KPIs can</p> <p>10 give rise to a penalty?</p> <p>11 <b>A. Correct, yes.</b></p> <p>12 Q. This has now been -- it will be about a year, nearly</p> <p>13 a year, July 2021 until the end of June?</p> <p>14 <b>A. Yes.</b></p> <p>15 Q. You say it is temporary, but it is quite a fundamental</p> <p>16 derogation from some key provisions of your contract,</p> <p>17 isn't it?</p> <p>18 <b>A. Yes.</b></p> <p>19 Q. Do you think it would be better to have an amendment to</p> <p>20 the KPIs, rather than just derogating from them</p> <p>21 entirely?</p> <p>22 <b>A. I think part of the issue here, the length of the</b></p> <p>23 <b>support has gone a bit longer than anticipated, from</b></p> <p>24 <b>an Home Office perspective, while they decide on the</b></p> <p>25 <b>next strategy on -- well, accommodation wise. So</b></p> <p style="text-align: center;">Page 37</p>	<p>1 Q. -- or per --</p> <p>2 <b>A. In total. In total, yes, with a -- obviously, there'll</b></p> <p>3 <b>be a relief factor on, on a rota'd basis.</b></p> <p>4 Q. We will shortly come to a derogation by the Home Office</p> <p>5 in respect of use of force training during Covid to</p> <p>6 allow those who are out of ticket to continue to use</p> <p>7 force.</p> <p>8 Have there been, apart from that and the derogating</p> <p>9 that you set out here, any other derogations agreed</p> <p>10 during the time of the contract?</p> <p>11 <b>A. Not to my knowledge, no.</b></p> <p>12 Q. So the result then is, from May to August 2020, there</p> <p>13 were no KPI penalties at all when you took over and,</p> <p>14 from July 2021 to the issue in the end of June this</p> <p>15 year, unless it is extended again, no penalties could</p> <p>16 have applied to any of these areas which include</p> <p>17 culture, training and staffing requirements.</p> <p>18 Staying, then, with the topic of staffing and staff</p> <p>19 training -- that can be taken down now, thank you --</p> <p>20 I asked you, when we were discussing the bid, about the</p> <p>21 contractual operational staffing levels?</p> <p>22 <b>A. Yes.</b></p> <p>23 Q. You helped me with the levels of staff who should be at</p> <p>24 the centre at particular times. So you said 10 DCMs and</p> <p>25 75 DCOs on weekdays, for example?</p> <p style="text-align: center;">Page 39</p>
<p>1 <b>a number of factors have influenced this, I suppose,</b></p> <p>2 <b>that's happened in society as well.</b></p> <p>3 Q. When were you made aware that it would be until the end</p> <p>4 of June, approximately?</p> <p>5 <b>A. Approximately, before the -- I think probably</b></p> <p>6 <b>early March.</b></p> <p>7 Q. If you can help us -- just give us rough figures, if you</p> <p>8 can't, but what sort of percentage of your workforce is</p> <p>9 used to support that service?</p> <p>10 <b>A. We currently manage one hotel currently now. There was</b></p> <p>11 <b>two hotels, initially. One hotel which is situated near</b></p> <p>12 <b>Gatwick and, usually, we have -- supporting that, we</b></p> <p>13 <b>have 20 DCOs and 4 DOMs. Predominantly, they are taken</b></p> <p>14 <b>from our staff group from Tinsley House because the</b></p> <p>15 <b>hotel -- these are staff that are trained working with</b></p> <p>16 <b>children and have the acquired skills, and that is why</b></p> <p>17 <b>we chose that number of staff. So they are associated,</b></p> <p>18 <b>generally, from the PDA area in Tinsley House --</b></p> <p>19 <b>pre-departure accommodation -- so they are working with</b></p> <p>20 <b>families and children, and the hotel currently that they</b></p> <p>21 <b>are managing and supporting is for families and</b></p> <p>22 <b>children.</b></p> <p>23 Q. So 20 DCOs and four DOMs. Is that the amount of people</p> <p>24 working in the hotel in total --</p> <p>25 <b>A. Yes.</b></p> <p style="text-align: center;">Page 38</p>	<p>1 <b>A. Yes.</b></p> <p>2 Q. And you also helped me with the number of employed staff</p> <p>3 you should have overall.</p> <p>4 Now, this is under the contract, but can you help</p> <p>5 with the situation as it is now at the centre. For</p> <p>6 example, how many members of staff per residential wing</p> <p>7 are there during the daytime now?</p> <p>8 <b>A. Per wing? Mandated-wise, there would be three DCOs as</b></p> <p>9 <b>a minimum and one DOM as a minimum.</b></p> <p>10 Q. And during the night state, how many operational staff</p> <p>11 are in site in total?</p> <p>12 <b>A. As per -- I believe it is 18 in total and two --</b></p> <p>13 Q. 18 DCOs and two DCMs -- DOMs?</p> <p>14 <b>A. DOMs, yes.</b></p> <p>15 Q. Do you know how many people would be on E wing at night?</p> <p>16 <b>A. I wouldn't off the top of my head, I presume it would be</b></p> <p>17 <b>one on each area, but ...</b></p> <p>18 Q. And, the chair, when Mr Houghton gave evidence to the</p> <p>19 inquiry, asked him about staffing now and whether there</p> <p>20 were staffing shortages, and he confirmed that this was</p> <p>21 still an issue. He said that it was difficult to</p> <p>22 recruit, that there is a competitive labour market,</p> <p>23 especially with things opening up again post Covid, he</p> <p>24 said it was a tough place to work, some people start</p> <p>25 and, soon after, find it is not for them. And while, in</p> <p style="text-align: center;">Page 40</p>

<p>1 his view, Serco have improved conditions for staff, he</p> <p>2 says there is always pay issues and you can get paid</p> <p>3 more in less pressurised roles. And he said that those</p> <p>4 factors drive both recruitment and retention issues.</p> <p>5 Now, you were nodding, is there anything there that</p> <p>6 you disagree with?</p> <p>7 <b>A. Yes, I would probably disagree with a lot of what was</b></p> <p>8 <b>said there, to be honest.</b></p> <p>9 Q. What do you disagree with?</p> <p>10 <b>A. From a recruitment perspective, we still have a healthy</b></p> <p>11 <b>pool of recruits coming through. Part of what we are</b></p> <p>12 <b>developing is a culture to maintain the staff within the</b></p> <p>13 <b>centre. It is fair to say that, at the point when we</b></p> <p>14 <b>took over the contract, that we were -- we had a ramp-up</b></p> <p>15 <b>period. So we have increased the staffing quite</b></p> <p>16 <b>dramatically over circa -- over 250 new staff within the</b></p> <p>17 <b>centre, across all disciplines as well. We have lost</b></p> <p>18 <b>a number of staff going back to previous roles, because</b></p> <p>19 <b>that was in the middle of Covid, so -- but, you know,</b></p> <p>20 <b>I have recently introduced a new salary rise for the</b></p> <p>21 <b>DCOs as well, so it is fair to say they are the highest</b></p> <p>22 <b>paid DCOs across any other IRC as well, so --</b></p> <p>23 Q. What is the salary now for a DCO?</p> <p>24 <b>A. The current salary for a DCO is 27,441, which is quite</b></p> <p>25 <b>competitive and is above any other IRC salary.</b></p> <p style="text-align: right;">Page 41</p>	<p>1 <b>A. Yeah, we have just started a new course or gone on to</b></p> <p>2 <b>it, so I think we've been as much -- as the highest</b></p> <p>3 <b>point we've been since reviewing the contract, it's</b></p> <p>4 <b>around about 30 vacancies.</b></p> <p>5 Q. So you have just started a new course. Do you mean you</p> <p>6 have just had a new ITC?</p> <p>7 <b>A. An new ITC started, yes. And then we've ITCs planned</b></p> <p>8 <b>out for the remainder of the year to, you know, refresh</b></p> <p>9 <b>and replace any leavers from the contract.</b></p> <p>10 Q. We have heard a little about the ITC, the training</p> <p>11 during the relevant period, and I understand there is</p> <p>12 a new training programme in place and you have provided</p> <p>13 us with some materials that are drawn from that.</p> <p>14 The inquiry has heard significant evidence about the</p> <p>15 lack of adequate training and repeat training,</p> <p>16 particularly relating to mental illness and PTSD and</p> <p>17 torture for detention operational staff. We have heard</p> <p>18 multiple times from staff members, including</p> <p>19 Mr Loughton, Mr Farrell, Mr Dix and Mr Povey-Meier --</p> <p>20 I understand they all still work there -- that they</p> <p>21 couldn't distinguish behavioural issues with underlying</p> <p>22 mental health reasons from, let's just say, detainees</p> <p>23 who were just being disruptive and difficult.</p> <p>24 Obviously, they are not mental health</p> <p>25 professionals --</p> <p style="text-align: right;">Page 43</p>
<p>1 Q. Does that increase the longer you work there, is there</p> <p>2 an annual increment?</p> <p>3 <b>A. It is an annual percentage, and annual percentages rise,</b></p> <p>4 <b>so, yes. That was introduced as of today, the new</b></p> <p>5 <b>salary rise. So I have just negotiated a new salary</b></p> <p>6 <b>over the last -- which was a two-year period with --</b></p> <p>7 Q. What was the reason for introducing the new salary?</p> <p>8 <b>A. Part of the annual pay review.</b></p> <p>9 Q. So Mr Haughton said there were still staffing shortages.</p> <p>10 Do you disagree with that in general?</p> <p>11 <b>A. At this point in time, there are no staff shortages in</b></p> <p>12 <b>any way, shape or form. We continue to recruit and we</b></p> <p>13 <b>have been meeting our staffing obligations, regarding</b></p> <p>14 <b>staff numbers. I think, at this point in time, we are</b></p> <p>15 <b>probably around about 15 staff short, so there has been</b></p> <p>16 <b>peaks and attrition rises depending on months. We have</b></p> <p>17 <b>been averaging possibly around about ten leavers a month</b></p> <p>18 <b>and we have been filling those vacancies up.</b></p> <p>19 Q. So you are 15 staff short now of the total complement of</p> <p>20 people that need to be on the payroll, rather than in</p> <p>21 the centre?</p> <p>22 <b>A. Yes.</b></p> <p>23 Q. How long has that relatively low level of vacancies been</p> <p>24 the case? Was there a time, a few months ago, when it</p> <p>25 was much higher, for example?</p> <p style="text-align: right;">Page 42</p>	<p>1 <b>A. No.</b></p> <p>2 Q. -- would you expect them to have that difficulty in</p> <p>3 distinguishing?</p> <p>4 <b>A. I would say, as part of the contract and as part of the</b></p> <p>5 <b>initial training course, that we deliver to staff -- and</b></p> <p>6 <b>refresher as well; so we have a yearly staff refresher</b></p> <p>7 <b>as well for all staff that has been introduced as</b></p> <p>8 <b>well -- there is a focus more on safeguarding mental</b></p> <p>9 <b>health, as part of that training.</b></p> <p>10 <b>That level of training packages also been agreed</b></p> <p>11 <b>with the Home Office as well, to what we deliver, but</b></p> <p>12 <b>you're right, they are not clinicians, and part of the</b></p> <p>13 <b>new -- you have probably heard from PPG, the Practice</b></p> <p>14 <b>Plus Group, they have -- part of their contract is now</b></p> <p>15 <b>heavily weighted and they are delivering more on mental</b></p> <p>16 <b>health as well, so they have increased their staffing</b></p> <p>17 <b>complement. So we would signpost and refer to the</b></p> <p>18 <b>Registered Senior Mental Health Nurses and the</b></p> <p>19 <b>psychologists and psychiatrists as well.</b></p> <p>20 Q. So you have mentioned that there's training on</p> <p>21 safeguarding mental health?</p> <p>22 <b>A. Yes.</b></p> <p>23 Q. Is there any training for the custodial staff on the</p> <p>24 particular mental health issues or vulnerabilities --</p> <p>25 <b>A. Yes.</b></p> <p style="text-align: right;">Page 44</p>

<p>1 Q. -- that you see in the IRC demographic; for example,</p> <p>2 PTSD?</p> <p>3 <b>A. Not particularly PTSD, but it is generalising -- as</b></p> <p>4 <b>I say, they are not clinicians and we can only give them</b></p> <p>5 <b>the certain skills, what they can absorb, and identify</b></p> <p>6 <b>it and refer and pass the information on and signpost.</b></p> <p>7 Q. I want to ask you now about staff culture.</p> <p>8 <b>A. Yes.</b></p> <p>9 Q. Obviously, you have seen Panorama and, as you recognise</p> <p>10 at paragraph 44, culture doesn't change overnight. It</p> <p>11 needed to change, obviously, in light of what you saw on</p> <p>12 Panorama, didn't it?</p> <p>13 <b>A. Yes.</b></p> <p>14 Q. And when you knew you were going to become director of</p> <p>15 Brook House, I assume that what was shown on Panorama</p> <p>16 wasn't too far from your mind.</p> <p>17 You discuss, at paragraph 44, the Positive Detention</p> <p>18 Culture Programme now in place, which is led by</p> <p>19 an external academic, Dr Lavis, through a company called</p> <p>20 The Appreciative Partnership, which you describe as</p> <p>21 being designed to assess the culture and conduct of the</p> <p>22 centres, and you also note it is linked to a KPI, so</p> <p>23 it's linked to KPI15, which gives rise to a failure if</p> <p>24 you fail to ensure that staff adhere to that.</p> <p>25 Could I ask for, on screen, to be &lt;SER000023&gt;. Now</p> <p style="text-align: center;">Page 45</p>	<p>1 what extent have detained, or formerly detained, people</p> <p>2 been involved in developing your cultural strategy?</p> <p>3 <b>A. I mean, as part of the work of developing all the PDC,</b></p> <p>4 <b>or Positive Detention Culture, there was discussions</b></p> <p>5 <b>with all stakeholders, including residents, at the time</b></p> <p>6 <b>as well. So initial analysis and initial survey of what</b></p> <p>7 <b>we call an health check was done prior to Serco taking</b></p> <p>8 <b>over and it was still largely G4S running the contract</b></p> <p>9 <b>and that involved a number of residents and their</b></p> <p>10 <b>opinions as well and the staff group at that time.</b></p> <p>11 <b>So they did have a voice and they would use a voice</b></p> <p>12 <b>to have -- the last health check we did, which was last</b></p> <p>13 <b>year, last September, again, the current resident</b></p> <p>14 <b>population we had were surveyed as well, at that point</b></p> <p>15 <b>in time, as well as all the staff, so we had 75 per cent</b></p> <p>16 <b>representation of the staff to understand where we --</b></p> <p>17 <b>which direction we were going in from our culture</b></p> <p>18 <b>development.</b></p> <p>19 Q. What percentage representation of the detainees?</p> <p>20 <b>A. I think there were about 40 per cent of them engaged</b></p> <p>21 <b>with that discussion.</b></p> <p>22 Q. Can we move to page 15, please. So on page 15, at the</p> <p>23 top, under "D5 Emotional Load" -- this under the</p> <p>24 subheading "Motivating and influencing others" -- it</p> <p>25 says:</p> <p style="text-align: center;">Page 47</p>
<p>1 this is the Positive Detainee -- sorry, Positive</p> <p>2 Detention Culture proposal, so it is a 21-page document</p> <p>3 including a series of workshops and an action plan and</p> <p>4 it is dated November 2020. Is this proposal now in</p> <p>5 force?</p> <p>6 <b>A. It is fully in force, yes.</b></p> <p>7 Q. We see that there's products and services offered to</p> <p>8 Serco by this company, there is development of the SMT</p> <p>9 and other levels through workshops and assessments. And</p> <p>10 if we go to page 14, for example -- so it looks like</p> <p>11 a sort of review of what was going on was done at the</p> <p>12 time and red, amber and green ratings were given. So</p> <p>13 page 14, for example, is about DCMs. So we see at the</p> <p>14 top the title "Detention Custody Managers and</p> <p>15 Non-operational Managers".</p> <p>16 The first entry there, in green, "D4 Detainee</p> <p>17 Focus", it says:</p> <p>18 "... try to understand what is prompting task</p> <p>19 focused rather than person focused approach to ensure</p> <p>20 consistent approach across the sites."</p> <p>21 D9, there, the second one down, says, in terms of</p> <p>22 enhancing team effectiveness you should "include key</p> <p>23 stakeholders to get their views."</p> <p>24 Now, this may or may not be particularly related to</p> <p>25 this, but in terms of including key stakeholders, to</p> <p style="text-align: center;">Page 46</p>	<p>1 "Understanding and developing strategies to reduce</p> <p>2 emotional load [and self and others] (... Being able to</p> <p>3 authentically be myself at work and ... Feeling safe and</p> <p>4 maintaining wellbeing at work)."</p> <p>5 The inquiry has heard recommendations on staff and</p> <p>6 culture made by Professor Bosworth. Have you read her</p> <p>7 reports?</p> <p>8 <b>A. Yes, I am aware of her reports, and previous reports,</b></p> <p>9 <b>in -- I think it's in detention and managing, some of</b></p> <p>10 <b>the reports she published in 2019 as well, managing</b></p> <p>11 <b>quality of life in detention, which she has previously</b></p> <p>12 <b>reported on as well.</b></p> <p>13 Q. And you have read the ones to the inquiry as well?</p> <p>14 <b>A. Yes, and some of the recommendations of that as well,</b></p> <p>15 <b>yes.</b></p> <p>16 Q. She notes the impact of immigration detention on mental</p> <p>17 health and adds that it would be naive to assume that</p> <p>18 such matters do not also have a collateral impact on</p> <p>19 staff.</p> <p>20 <b>A. Yes.</b></p> <p>21 Q. You would agree, would you, that working in this</p> <p>22 environment can have an impact on staff's mental</p> <p>23 wellbeing?</p> <p>24 <b>A. It can, it can, yes, unless -- we have to ensure we have</b></p> <p>25 <b>got the right safeguards in place and support for staff,</b></p> <p style="text-align: center;">Page 48</p>

12 (Pages 45 to 48)

<p>1     <b>which we have a number of things in within -- that we</b>  2     <b>deliver within the contracts. So I have a number of</b>  3     <b>staff that are Mental Health First Aid trained, that</b>  4     <b>deliver a lot of support; I have a care team that</b>  5     <b>obviously offers support to staff; and, within Serco, we</b>  6     <b>have employee assistance programmes as well, where we</b>  7     <b>can get support.</b>  8     Q. You may have heard a former Home Office employee,  9     Mr Castle, tell the inquiry -- he was talking there  10    about detainees -- "I am sure there would have been  11    a number of occasions where the men would have been  12    suffering from mental health issues. I think, if you  13    spend more than 24 hours in Brook House, you are going  14    to develop mental health issues. It is not a nice place  15    to be."  16    Would you agree with that?  17    <b>A. I am not sure there is a direct correlation between</b>  18    <b>being in Brook House and mental health at this point in</b>  19    <b>time. No, I don't fully agree with that.</b>  20    Q. But you would say it could give rise to an impact on --  21    <b>A. It could give rise, it could give rise, yes.</b>  22    Q. An impact on --  23    <b>A. I never said --</b>  24    Q. For both staff and detainees, people's mental wellbeing  25    generally?</p> <p style="text-align: right;">Page 49</p>	<p>1     Q. Is the care team specifically there for staff or is  2     it --  3     <b>A. For staff, I'm talking staff only on this point --</b>  4     Q. Professor Bosworth also recommended, as I just read,  5     a graduate programme, and she also says this in her  6     report at 59 to -- sorry, 5.9 to 5.11, saying that,  7     "Creating a graduate pathway would acknowledge some of  8     complexities of this job and potentially assist in  9     professionalising it". Is that something you have  10    looked at?  11    <b>A. Not particularly, long term. We have graduate schemes</b>  12    <b>within Serco. And I have had graduates allocated, was</b>  13    <b>within Gatwick as well, but looking at more an</b>  14    <b>higher-level perspective of it than anything else.</b>  15    Q. While we are on those recommendations and culture  16    issues, Professor Bosworth notes at 2.25 of her report:  17    "Another suggestion that has been made multiple  18    times and has been trialled in some forms at various  19    times would be to create a system of personal officers."  20    She says:  21    "Currently, IRCs like Brook House rely either on  22    individuals who are particularly motivated or on their  23    welfare staff to offer additional assistance to people  24    in need in detention. Such arrangements put a lot of  25    pressure on a small number of individuals."</p> <p style="text-align: right;">Page 51</p>
<p>1     Professor Bosworth adds -- and this is 2.24 of her  2     first report, but I'll just read it out:  3     "For some years now, I have been advocating training  4     and secondary trauma for staff. In 2018, Stephen Shaw  5     noticed the absence of a graduate programme as well for  6     immigration custodial staff."  7     And she says that both of these provisions could  8     assist in building resilience and professionalism  9     amongst the staff group.  10    So, first, secondary trauma training, is that  11    something that has ever been explored?  12    <b>A. It has not been particularly explored. I think, post</b>  13    <b>the inquiry, it is something that will be explored and</b>  14    <b>it is something I would support, yes.</b>  15    Q. And more generally about the development of, say, coping  16    mechanisms for staff members who witness traumatic  17    things like detainees who have self-harmed or in severe  18    mental distress, is there anything in place more  19    generally there?  20    <b>A. I mean, generally-wise, we have -- any incident that</b>  21    <b>occurs within the centre, we refer, for support-wise, to</b>  22    <b>our care team that is led by a social worker, onsite</b>  23    <b>social worker, at this point in time, and we are</b>  24    <b>supportive in that nature and see what other support we</b>  25    <b>can signpost them to as well.</b></p> <p style="text-align: right;">Page 50</p>	<p>1     Have you looked at personal officers?  2     <b>A. No.</b>  3     Q. Why not?  4     <b>A. From a personal perspective, the time that some of our</b>  5     <b>residents spend within -- I mean, personal officers are</b>  6     <b>designed specifically to look at relationships and where</b>  7     <b>a particular group or a number of residents has been</b>  8     <b>allocated to that particular officer. With the movement</b>  9     <b>of locations and the movement of wings at this point in</b>  10    <b>time, if it is a more stable number of residents within</b>  11    <b>the centre, there is a possibility then it could work</b>  12    <b>a little bit better. But the time they spend with us in</b>  13    <b>general in Brook House, and it could be anything from</b>  14    <b>25 to 35 days with us, is -- it's hard to develop</b>  15    <b>meaning relationships with the residents from a personal</b>  16    <b>officer perspective.</b>  17    Q. 25 to 35 days, is that the current average length of  18    detention?  19    <b>A. In between, yes, on average. The average is 35</b>  20    <b>currently. Although we have one particular resident who</b>  21    <b>has been with us longer. That is in my report.</b>  22    Q. You mentioned in your statement someone who had been  23    there at the time of your statement just under a year?  24    <b>A. Just over a year now, yes.</b>  25    Q. Just over a year now?</p> <p style="text-align: right;">Page 52</p>

<p>1 <b>A. Yes.</b></p> <p>2 Q. I understand from your statement there are further</p> <p>3 measures to promote healthy culture. If we could open,</p> <p>4 please, &lt;SER000041&gt;, and this, Mr Hewer, is the healthy</p> <p>5 staff culture SOP. We see, on the front page there, it</p> <p>6 is issued on 15 January 2021. If we go to page 2, it</p> <p>7 says, at 1.1:</p> <p>8 "The purpose of the healthy staff culture policy is</p> <p>9 to ensure we have consistency in the investigation of</p> <p>10 allegations made against Serco employees regardless of</p> <p>11 the origin of the investigation made."</p> <p>12 So is healthy staff culture here just about</p> <p>13 investigating allegations or is it more broadly about</p> <p>14 cultural change?</p> <p>15 <b>A. This is -- well, they go hand in hand. It is about</b></p> <p>16 <b>investigation and also about culture as well, and this</b></p> <p>17 <b>obviously ties in with our code of conduct as well,</b></p> <p>18 <b>which we shared with the inquiry.</b></p> <p>19 Q. So this is one of the mechanisms by which --</p> <p>20 <b>A. Yes, one of many that relate to 16.4.1 of the contract.</b></p> <p>21 Q. Yes, and also to the KPI on healthy staff culture, 15?</p> <p>22 <b>A. Correct, yes.</b></p> <p>23 Q. We see at 1.2 how the policy works, it says it provides</p> <p>24 a standard framework to investigate any instances where</p> <p>25 there have been three instances of misconduct, or</p> <p style="text-align: center;">Page 53</p>	<p>1 <b>A. Just this example. It could be myself, it could be</b></p> <p>2 <b>another senior manager as well.</b></p> <p>3 Q. And the investigator there is Steve Loughton --</p> <p>4 <b>A. As an example.</b></p> <p>5 Q. -- head of operations. Does he always investigate it or</p> <p>6 could it be someone else?</p> <p>7 <b>A. It could be allocated to any senior manager who has the</b></p> <p>8 <b>skills to do this.</b></p> <p>9 Q. The sources of evidence there are listed: use of force</p> <p>10 log; complaints; healthy staff culture, HR; and CCTV.</p> <p>11 And the process of the investigation, which is written</p> <p>12 out there at the bottom, might include, it says,</p> <p>13 a statement from the detained person, which you helped</p> <p>14 us with in relation to the KPI.</p> <p>15 <b>A. Yes.</b></p> <p>16 Q. Overleaf, there are further investigative methods set</p> <p>17 out, so it could include documentary evidence, reviewing</p> <p>18 footage, checking various records.</p> <p>19 And then there is a space there for persons</p> <p>20 interviewed, and then, underneath, findings, and</p> <p>21 finally, on the next page, conclusions, facts</p> <p>22 established, mitigating factors, conclusions,</p> <p>23 recommendations and, at the bottom, whether any action</p> <p>24 or no action is required.</p> <p>25 Then it says, I think, on the last page, that it is</p> <p style="text-align: center;">Page 55</p>
<p>1 alleged misconduct, within a three-month period:</p> <p>2 "This process will allow Serco to monitor and record</p> <p>3 patterns of behaviour, identify trends and, more</p> <p>4 importantly, ensure early intervention is applied, where</p> <p>5 needed, to maintain a healthy staff culture."</p> <p>6 <b>A. Yes.</b></p> <p>7 Q. What if there are, say, seven instances of misconduct in</p> <p>8 a year but no more than two in any three-month period,</p> <p>9 will that still be picked up?</p> <p>10 <b>A. Everything would be picked up, yes.</b></p> <p>11 Q. So you continue to monitor instances?</p> <p>12 <b>A. Yes, and we have a log of every -- we keep a log of</b></p> <p>13 <b>every -- since we operated the contract, of every</b></p> <p>14 <b>instance, and our historic cases or historic issues with</b></p> <p>15 <b>staff as well.</b></p> <p>16 Q. And you have provided us with that?</p> <p>17 <b>A. I think it has all been provided, yes.</b></p> <p>18 Q. If we turn to annex C, which is page 7, we perhaps get</p> <p>19 an overview of how an investigation into this might</p> <p>20 work. I will ask you about it, just in brief because</p> <p>21 you can sort of see it from annex C?</p> <p>22 <b>A. Yes.</b></p> <p>23 Q. It looks like, here, investigation authorised by</p> <p>24 Sarah Newland, deputy director. Does she always</p> <p>25 authorise it or just this example?</p> <p style="text-align: center;">Page 54</p>	<p>1 to be submitted -- in brackets at the bottom there -- to</p> <p>2 the APCM without delay.</p> <p>3 What is the APCM, do you know, or just tell me who</p> <p>4 it is submitted to if you don't know what the acronym</p> <p>5 is?</p> <p>6 <b>A. I am not sure what the acronym is.</b></p> <p>7 Q. Who gets a copy of this then?</p> <p>8 <b>A. It is shared with the Home Office.</b></p> <p>9 Q. Yes.</p> <p>10 <b>A. And, obviously, the senior Serco team as well are all on</b></p> <p>11 <b>site, the Gatwick team.</b></p> <p>12 Q. Yes. What about the IMB?</p> <p>13 <b>A. They would -- I don't think they get a copy of this.</b></p> <p>14 <b>This is just part of the investigation. So this is</b></p> <p>15 <b>probably some of the detail that is added to the</b></p> <p>16 <b>spreadsheet, which, again, we have not put on screen,</b></p> <p>17 <b>but we have seen. And it -- it feeds into that</b></p> <p>18 <b>particular document.</b></p> <p>19 Q. Do the --</p> <p>20 <b>A. I mean, the IMB are made fully aware of any</b></p> <p>21 <b>investigations or incidents as well, so they are part of</b></p> <p>22 <b>it, as are the Home Office.</b></p> <p>23 Q. And if they wanted to see it, they would be entitled to?</p> <p>24 <b>A. Yes, yes. I have a policy of total transparency, so if</b></p> <p>25 <b>they wish to see any documents of that nature, anything</b></p> <p style="text-align: center;">Page 56</p>

<p>1 related to staff issues, anything they -- they are quite</p> <p>2 entitled to see that.</p> <p>3 Q. Would the detainee who made the complaint be entitled to</p> <p>4 see a copy of it?</p> <p>5 <b>A. The detainee -- they wouldn't see the investigation but</b></p> <p>6 <b>they would have a full -- and response of -- it depends</b></p> <p>7 <b>if they put a complaint in about the officer as well.</b></p> <p>8 <b>So ...</b></p> <p>9 Q. Why wouldn't they see the investigation?</p> <p>10 <b>A. Depending on what the context is of the investigation.</b></p> <p>11 Q. You have also provided us, as we have alluded to -- that</p> <p>12 can come off the screen now, thank you, with</p> <p>13 a spreadsheet. I don't need to bring it up now, but the</p> <p>14 reference for the note is &lt;SER000464&gt; and it relates to</p> <p>15 the SOP and if tracks misconduct issues, so both ongoing</p> <p>16 and then, in a separate tab, historic?</p> <p>17 <b>A. Correct.</b></p> <p>18 Q. Staff-related complaints which includes the name of the</p> <p>19 complainant, the nationality, obviously, if they are</p> <p>20 a detainee, a bit of detail, and it says whether the</p> <p>21 complaint is ongoing or concluded?</p> <p>22 <b>A. Yes.</b></p> <p>23 Q. Is data retained, even if a misconduct or a complaint is</p> <p>24 concluded and not substantiated?</p> <p>25 <b>A. It is all -- yes all the data is on the spreadsheet.</b></p> <p style="text-align: center;">Page 57</p>	<p>1 what you saw on Panorama?</p> <p>2 <b>A. It is part of the contract. It is part of 2.1 of the</b></p> <p>3 <b>contract, and the healthy staff culture. It is written</b></p> <p>4 <b>into the contract, so that is why we monitor that.</b></p> <p>5 Q. Finally, there is a use of force log which lists use of</p> <p>6 force events, gives a brief description and lists</p> <p>7 everyone involved?</p> <p>8 <b>A. Yes.</b></p> <p>9 Q. That is how you get the data for who has been --</p> <p>10 <b>A. Yes, and just clear up, the spreadsheet is a high-level</b></p> <p>11 <b>spreadsheet and sat behind that is lots of other</b></p> <p>12 <b>information and data that feeds into that.</b></p> <p>13 Q. Yes. So that is how you monitor culture, with some of</p> <p>14 documents that you use to do that.</p> <p>15 <b>A. Yes, as part of that.</b></p> <p>16 Q. I mentioned KPI15, which provides a penalty for failures</p> <p>17 and healthy staff culture.</p> <p>18 <b>A. Yes.</b></p> <p>19 Q. But, as you say, and according to your paragraph 23,</p> <p>20 that is currently not being enforced by the Home Office,</p> <p>21 as we have previously discussed?</p> <p>22 <b>A. No.</b></p> <p>23 Q. So there is currently no contractual onus on Serco</p> <p>24 to comply with --</p> <p>25 <b>A. No. On a fortnightly basis we go through all the</b></p> <p style="text-align: center;">Page 59</p>
<p>1 Q. Because a string of complaints, even if unsubstantiated,</p> <p>2 might start to give rise to a concern, mightn't it?</p> <p>3 <b>A. Yes. Whether substantiated or not substantiated, it</b></p> <p>4 <b>would be on the log and retained on the log at all</b></p> <p>5 <b>times.</b></p> <p>6 Q. There is a list of leavers and their leaving reasons?</p> <p>7 <b>A. Yes.</b></p> <p>8 Q. Then there is a tab that is called "UOF 3in3", so that's</p> <p>9 people who have done three use of force in three months?</p> <p>10 <b>A. Yes, correct.</b></p> <p>11 Q. Why is that relevant to record?</p> <p>12 <b>A. To see if there is any pattern of behaviour where they</b></p> <p>13 <b>are involved, as we are aware historically people get</b></p> <p>14 <b>involved in a number of use of forces so every -- if</b></p> <p>15 <b>somebody has been involved in a use of force, we keep</b></p> <p>16 <b>a record of that and then we will sit down and address</b></p> <p>17 <b>and look at the circumstances and address if there are</b></p> <p>18 <b>any issues regarding their involvement in the use of</b></p> <p>19 <b>force, any patterns of behaviour or concerns or issues.</b></p> <p>20 Q. What happens next if there are?</p> <p>21 <b>A. We will address that if there is any disciplinary action</b></p> <p>22 <b>or any actions or retraining or anything we need to do</b></p> <p>23 <b>in that; it is keeping an understanding and a record of</b></p> <p>24 <b>it.</b></p> <p>25 Q. Is that decision to monitor that, did that arise from</p> <p style="text-align: center;">Page 58</p>	<p>1 <b>spreadsheets with the Home Office. So it is</b></p> <p>2 <b>transparency that they see (inaudible) afterwards and it</b></p> <p>3 <b>is updated and shared with all the SMT and Home Office</b></p> <p>4 <b>senior managers as well. So there is full visibility of</b></p> <p>5 <b>any issues within the centre and the spreadsheet.</b></p> <p>6 Q. Are they still monitored but always mitigated, or are</p> <p>7 they not recorded within the KPI log, any failures</p> <p>8 within KPI15?</p> <p>9 <b>A. Everything is recorded in the KPI log, yes.</b></p> <p>10 Q. But it is 100 per cent mitigation?</p> <p>11 <b>A. Yes.</b></p> <p>12 Q. I see.</p> <p>13 KPI aside, are you satisfied that these processes,</p> <p>14 so the learning plus the monitoring, properly address</p> <p>15 the need to change the cultural issues we saw on</p> <p>16 Panorama?</p> <p>17 <b>A. It is work in progress. Lots of our policies and</b></p> <p>18 <b>procedures are meeting the requirements of what</b></p> <p>19 <b>I expect. I think the key piece of work for me is the</b></p> <p>20 <b>positive detention culture. I think that will drive</b></p> <p>21 <b>further cultural change throughout the centre and that</b></p> <p>22 <b>is one of the key things for me, key drivers. That has</b></p> <p>23 <b>been developed, as I say, prior to us taking over the</b></p> <p>24 <b>contract, with a lot of academical work by</b></p> <p>25 <b>Dr Victoria Lavis and part of what we have done, we have</b></p> <p style="text-align: center;">Page 60</p>

<p>1 done quite a lot of training, we have done -- SMT have</p> <p>2 carried out, as part of PDC, a lot of training and</p> <p>3 development on strategy of development and leadership.</p> <p>4 That has now moved down -- all our detention</p> <p>5 operational managers have completed that training as</p> <p>6 well, with workshops as well. It is now rolling out</p> <p>7 through all the staff group as well now, so to date we</p> <p>8 have trained up to -- in the past four weeks, another</p> <p>9 294 staff have been trained in culture workshops. So it</p> <p>10 is rolling out through the staff group altogether.</p> <p>11 So it is a process and it will take time to move</p> <p>12 forward.</p> <p>13 Q. So it requires a sort of grassroots upwards approach,</p> <p>14 doesn't it?</p> <p>15 A. Yes.</p> <p>16 Q. Culture is all pervasive.</p> <p>17 Would you agree that the most important things to</p> <p>18 address first were the really obvious examples of poor</p> <p>19 culture and then you need to have a more background</p> <p>20 check?</p> <p>21 A. Yes, as I say --</p> <p>22 Q. So -- sorry, go on?</p> <p>23 A. And part of this, obviously, developing this, we would</p> <p>24 have another health check, so we will look at progress.</p> <p>25 In Serco we have done one health check. The next one is</p> <p style="text-align: center;">Page 61</p>	<p>1 A. Yes, they would.</p> <p>2 Q. Because it is completely unacceptable.</p> <p>3 You were of course nothing to do with Brook House at</p> <p>4 this time; if it happened in front of you, you would act</p> <p>5 now, wouldn't you?</p> <p>6 A. Obviously, yes. I would hope the staff had the</p> <p>7 encouragement and ability that they could -- that there</p> <p>8 would be other channels where they could report things,</p> <p>9 via Speak Up or -- where we could take action as well,</p> <p>10 which as I would expect them to do.</p> <p>11 Q. As you have heard officers, as we've seen in some other</p> <p>12 footage in a planned use of force, briefly speaking</p> <p>13 about a man with cardiac conditions, and saying "If he</p> <p>14 dies, he dies", you would presumably do something about</p> <p>15 that as well?</p> <p>16 A. Yes.</p> <p>17 Q. And if you didn't hear or see these things but they</p> <p>18 happened at Brook House under your watch, you would want</p> <p>19 them investigated and dealt with?</p> <p>20 A. Yes.</p> <p>21 Q. The inquiry has heard about a number of events at</p> <p>22 Brook House during the relevant period, some of which</p> <p>23 were shown on Panorama, one was the planned removal of</p> <p>24 D1914 -- this is a detainee with a cardiac condition.</p> <p>25 He had a heart attack and a triple bypass. He had been</p> <p style="text-align: center;">Page 63</p>
<p>1 in May; we will do the full health check, we will be</p> <p>2 questioning all the staff group and they will have</p> <p>3 a view on whether the culture, the leadership, looking</p> <p>4 at the 14 dimensions we put on screen are moving in the</p> <p>5 right direction in the cultural change programme we are</p> <p>6 developing.</p> <p>7 Q. So the most kind of extreme examples that we have seen</p> <p>8 and we have discussed in relation to Panorama, like</p> <p>9 using abusive or mocking language to detainees, would</p> <p>10 you hope that that had now been addressed?</p> <p>11 A. Yes, most definitely. We will not tolerate that</p> <p>12 behaviour in any way, shape or form and I think some of</p> <p>13 the evidence we have submitted shows that we have</p> <p>14 addressed some actions of that.</p> <p>15 Q. Inappropriate or unjustified use of force and physical</p> <p>16 assaults is not tolerated also in any way, shape or</p> <p>17 form?</p> <p>18 A. No. Well, every one is fully investigated and we will</p> <p>19 take it from there.</p> <p>20 Q. Where potentially physical assaults -- so we have heard</p> <p>21 many times during the inquiry from D1527 about</p> <p>22 Mr Paschali hands around neck, saying "Don't move you</p> <p>23 fucking piece of shit, I'm going to put you to fucking</p> <p>24 sleep", and anyone watching that would be horrified</p> <p>25 obviously, Mr Hewer?</p> <p style="text-align: center;">Page 62</p>	<p>1 recently been to hospital and he was awaiting further</p> <p>2 surgery. Force was used on him, Mr Loughton briefed the</p> <p>3 use of force team about his heart condition and his</p> <p>4 triple bypass and undercover recording, obviously done</p> <p>5 by Mr Tulley, shows that Mr Tulley, who had heard that</p> <p>6 he had a medical background and was being prepared to be</p> <p>7 involved, said:</p> <p>8 "Now you have got me nervous for slightly different</p> <p>9 reasons now."</p> <p>10 Yan Paschali said:</p> <p>11 "Relax, man, you'll be fine."</p> <p>12 Then the transcript shows Dave Webb said:</p> <p>13 "If he dies, he dies."</p> <p>14 Yan said:</p> <p>15 "Yeah, exactly."</p> <p>16 Dave Webb said:</p> <p>17 "It's nothing on us."</p> <p>18 Shortly after Callum says:</p> <p>19 "I suppose Dave Webb is actually on the restraints,</p> <p>20 isn't he?"</p> <p>21 Dan Lake said:</p> <p>22 "Yeah."</p> <p>23 Callum Tulley said:</p> <p>24 "We will see what happens."</p> <p>25 Dan Lake says:</p> <p style="text-align: center;">Page 64</p>



<p>1 "If he dies, he dies."  2 Callum Tulley says:  3 "I hope -- well, obviously, I hope not."  4 How do you feel, Mr Hewer, hearing people say that  5 in relation to the imminent use of force on a detainee?  6 <b>A. It is just totally unacceptable. It is not the</b>  7 <b>behaviour we would expect or condone in any way, shape</b>  8 <b>or form.</b>  9 Q. Mr Loughton gave evidence on 1 March. Did you watch his  10 evidence?  11 <b>A. Some of it, yes.</b>  12 Q. We have provided you with excerpts from his transcript  13 and, like all live evidence in the inquiries, it is  14 available online as well.  15 <b>A. Yes.</b>  16 Q. I asked him about this event, for which he did the  17 briefing, as I mentioned, although he wasn't in the room  18 when these comments were made by the looks of it but  19 they were made by his team and I read them to him, as  20 I just did to you now. I asked him about "If he dies,  21 he dies", and, just as I asked you, I said:  22 "How do you feel listening to people saying in  23 relation to use of force, this planned use of force on  24 someone?"  25 And he said:</p> <p style="text-align: right;">Page 65</p>	<p>1 <b>that were said, that you have quoted, obviously, are</b>  2 <b>totally unacceptable in the context of any use of force</b>  3 <b>or anything of that nature. I would not expect any of</b>  4 <b>my staff or any of the managers to agree with that</b>  5 <b>statement, because it is obviously totally wrong.</b>  6 Q. You say that was then and this is now, but I only asked  7 him about it a couple of weeks ago and he refused to  8 accept that they were using that in the middle of  9 a planned use of force?  10 <b>A. I mean it is hard for me to understand. Obviously,</b>  11 <b>I wasn't there at that point in time and obviously</b>  12 <b>Mr Loughton was at that point in time. So it's his</b>  13 <b>understanding of the question, I'm not sure. So it's,</b>  14 <b>contextually-wise, I haven't got a reply to that one.</b>  15 Q. Could it be seen by him as a denial of the seriousness  16 of what was happening and a refusal to learn from  17 mistakes at the time?  18 <b>A. Knowing Mr Loughton, I wouldn't think or see it as being</b>  19 <b>a denial in any shape or form but probably not</b>  20 <b>understanding the questioning at that point in time.</b>  21 Q. Do you think if he didn't understand my question?  22 <b>A. I am not sure, to be honest.</b>  23 Q. Do you know whether anything relating to his evidence  24 has been taken up with him before, after he gave  25 evidence?</p> <p style="text-align: right;">Page 67</p>
<p>1 "I don't think they did."  2 I reread it to him and I showed him the transcript  3 and the comment coming right in the middle of the  4 conversation about force and D1914's heart condition,  5 and he still refused to accept that they were talking  6 about the detainee. He said he had heard "If he dies,  7 he dies", but it was just from a film and not referring  8 to detainees. I said:  9 "Do you accept that is used in relation to the use  10 of force they are planning?"  11 He said:  12 "I don't think."  13 I said:  14 "You think they were just quoting from a film in the  15 middle of a conversation?"  16 And he said:  17 "Yeah, that's why he's laughing afterwards. It's  18 probably just something he's just said. No one wants to  19 see anyone die, do they?"  20 Is that being open about poor culture in the past  21 and learning from it?  22 <b>A. Obviously, there is a misinterpretation of what was said</b>  23 <b>at the point, yes. That was then, I suppose; this is</b>  24 <b>now, at this point in time. The culture -- all I would</b>  25 <b>say is the culture is -- it's not acceptable. The words</b></p> <p style="text-align: right;">Page 66</p>	<p>1 <b>A. Not that I am aware of, no.</b>  2 Q. I won't go through other examples in detail but I also  3 asked Mr Loughton about the language he used in front of  4 the same detainee -- sorry, about a different detainee,  5 D1527, who had just been found with a ligature around  6 his neck on 25 April 2017.  7 Mr Loughton, we saw on the footage, had described  8 the detainee as "a cock" in front of the detainee.  9 Later he described him as "sulking" and Mr Ring had made  10 comments about calling the detainee "a Duracell bunny",  11 and I asked Mr Loughton if he would have challenged  12 these if he had heard them, which he said he didn't, and  13 he accepted it might have been a bit hypocritical to  14 challenge Mr Ring, given that he had just called the  15 detainee "a cock" himself. Then he added that, when  16 I was questioning his use of the terms, that I was  17 focusing too much on language and reading too much into  18 it.  19 Do you think that raising concerns about staff using  20 terms like this in front of detainees and about them is  21 focusing too much on language?  22 <b>A. No. No.</b>  23 Q. Is the impression that you received at Brook House, if  24 and when you challenge staff about language use, that  25 you are focusing too much on language or do they accept</p> <p style="text-align: right;">Page 68</p>

<p>1 it is serious?</p> <p>2 <b>A. I think now they accept it is serious. I think,</b></p> <p>3 <b>culturally-wise, the tone we set about language in front</b></p> <p>4 <b>of residents and appropriateness and decency is --</b></p> <p>5 <b>I think the majority of the staff now fully understand</b></p> <p>6 <b>that.</b></p> <p>7 Q. Do you think from the evidence and from what Mr Loughton</p> <p>8 said that he maybe doesn't understand that?</p> <p>9 <b>A. At that point in time he didn't. I don't think he did</b></p> <p>10 <b>then.</b></p> <p>11 Q. When he gave evidence to the inquiry?</p> <p>12 <b>A. I am clear in my leadership with him now, he understands</b></p> <p>13 <b>what is expected and what is not expected language-wise.</b></p> <p>14 Q. When you say "that point in time", do you mean when he</p> <p>15 gave evidence?</p> <p>16 <b>A. No, I am not talking about the evidence; I am talking</b></p> <p>17 <b>about the quotation.</b></p> <p>18 Q. But when he gave evidence --</p> <p>19 <b>A. Because I have challenged him -- I have challenged him</b></p> <p>20 <b>on this, on the wording, et cetera, and he tells me that</b></p> <p>21 <b>the words were said when he closed the bedroom door and</b></p> <p>22 <b>exited because he was frustrated --</b></p> <p>23 Q. Sure. Well, we see him --</p> <p>24 <b>A. -- at this time, and he said he apologised for that as</b></p> <p>25 <b>well at the time.</b></p> <p style="text-align: center;">Page 69</p>	<p>1 Mr Fraser informally, as far as you remember, about</p> <p>2 failing to do constant observations?"</p> <p>3 He said:</p> <p>4 "I don't think so, no."</p> <p>5 I said:</p> <p>6 "Did you take any action at all to ensure that what</p> <p>7 you call a safeguarding issue here doesn't happen</p> <p>8 again?"</p> <p>9 He said:</p> <p>10 "What, with Mr Fraser?"</p> <p>11 I said "Yes", and he said:</p> <p>12 "I didn't speak to Clayton. He didn't often work at</p> <p>13 Brook House."</p> <p>14 Is that something you followed up, does that cause</p> <p>15 you concern?</p> <p>16 <b>A. It is not something I followed up on, no.</b></p> <p>17 Q. Does it cause us you concern?</p> <p>18 <b>A. It does cause some concern, yes, because I would expect</b></p> <p>19 <b>senior managers to address actions, particularly when</b></p> <p>20 <b>there is a level of vulnerability of residents that need</b></p> <p>21 <b>to be cared for as well.</b></p> <p>22 Q. Finally, in concluding his evidence, Mr Loughton was</p> <p>23 asked about Facebook comments he had made about</p> <p>24 Callum Tulley in which he said "Don't be fooled", and</p> <p>25 "He's a fake", and "It's all an act". He denied that he</p> <p style="text-align: center;">Page 71</p>
<p>1 Q. Okay. Well, we see him on the footage calling the</p> <p>2 detainee "a cock" while he is walking in front of him,</p> <p>3 not when he has left the room.</p> <p>4 <b>A. Okay. I didn't see that.</b></p> <p>5 Q. In any event, you say, when you have challenged him on</p> <p>6 it, he has taken it seriously?</p> <p>7 <b>A. Yes. Yes.</b></p> <p>8 Q. Despite that, when I asked him about it, he said I was</p> <p>9 focusing too much on language?</p> <p>10 <b>A. Yes.</b></p> <p>11 Q. Discussing the same event, Mr Loughton said that the</p> <p>12 incident with D1527 should never have happened,</p> <p>13 shouldn't have got to the point of him having a ligature</p> <p>14 around his neck, and he said that he should have been on</p> <p>15 constant watch by Mr Fraser.</p> <p>16 I asked him:</p> <p>17 "Did you report Mr Fraser for failing to do proper</p> <p>18 observations, as you see it?"</p> <p>19 He said:</p> <p>20 "I didn't report him, no. I was frustrated at the</p> <p>21 time because I felt I did his job for him."</p> <p>22 Then he explained a little more about how he entered</p> <p>23 the room.</p> <p>24 I said:</p> <p>25 "You said you didn't report him. Did you speak to</p> <p style="text-align: center;">Page 70</p>	<p>1 called Mr Tulley a snitch but said that he did feel let</p> <p>2 down by him.</p> <p>3 He was then asked by the chair if he was surprised</p> <p>4 by the Panorama footage and he said "Such as?" Then,</p> <p>5 when he was asked:</p> <p>6 "The use of force in particular."</p> <p>7 He said:</p> <p>8 "Which use of force?"</p> <p>9 Then, when pressed to comment particularly about the</p> <p>10 incident with Mr Paschali and D1527, he said:</p> <p>11 "I wasn't there so I can't comment on that. You</p> <p>12 have spoken to people involved in that previously, so it</p> <p>13 is down to them to comment on that."</p> <p>14 You don't have to be present at that event to have</p> <p>15 a view on it, do you, Mr Hewer?</p> <p>16 <b>A. No, you don't. No.</b></p> <p>17 Q. You have told us yourself it is obviously unacceptable?</p> <p>18 <b>A. Yes. Yes.</b></p> <p>19 Q. Finally, Mr Loughton was asked about how staff might be</p> <p>20 assisted, again by the chair, to cope with distressing</p> <p>21 events. He said he tries to support his staff but you</p> <p>22 cannot teach coping mechanisms; he said they are not</p> <p>23 taught and he doesn't believe they can be taught.</p> <p>24 Mr Loughton is now assistant director at</p> <p>25 Brook House. He is or might be, as we have seen,</p> <p style="text-align: center;">Page 72</p>

<p>1 involved in investigating staff cultural issues. Is it</p> <p>2 fair to assume, given the evidence he gave to the</p> <p>3 inquiry, that he hadn't really reflected on the events</p> <p>4 he was involved in?</p> <p>5 <b>A. It is fair to assume that, yes.</b></p> <p>6 Q. What do you intend to do about that?</p> <p>7 <b>A. Well, I will separately discuss with my senior</b></p> <p>8 <b>management team on the matter.</b></p> <p>9 Q. He has been promoted in fact, hasn't he, between the</p> <p>10 relevant period and now?</p> <p>11 <b>A. He has indeed, yes.</b></p> <p>12 Q. He was a DCM then and he became a E1 in 2019 and in 2020</p> <p>13 a further promotion saw him join the senior management</p> <p>14 team where he remains?</p> <p>15 <b>A. Yes.</b></p> <p>16 Q. Another senior director is Mr Dix. He gave evidence on</p> <p>17 9 March and was asked by Ms Townshend about a number of</p> <p>18 events in which he was involved. One related to</p> <p>19 a detained person who was to be moved to the CSU under</p> <p>20 rule 40. If you saw his evidence, or you have read</p> <p>21 Mr Collier's report, you will be familiar with this</p> <p>22 event.</p> <p>23 <b>A. Yes.</b></p> <p>24 Q. It is a use of force on D1978 on 26 May, and in short</p> <p>25 I will just read from Mr Collier's report because it</p> <p style="text-align: center;">Page 73</p>	<p>1 However, when asked about the debrief of the event, he</p> <p>2 only said that there was a discrepancy, and I am reading</p> <p>3 from his account now:</p> <p>4 "... which have I have admitted was a mistake but at</p> <p>5 the time, again -- and I have no extra training to be</p> <p>6 a supervisor and I would only hope that, obviously, if</p> <p>7 it was a review after these sorts of errors would have</p> <p>8 been made where I would have been made aware of it."</p> <p>9 Ms Townshend asked him:</p> <p>10 "Did you need extra training to tell the truth at</p> <p>11 a debrief?"</p> <p>12 He said:</p> <p>13 "I am not saying I haven't told the truth. I am</p> <p>14 saying it was a mistake and I was concentrating on the</p> <p>15 version of events."</p> <p>16 He says bear in mind your adrenaline is running</p> <p>17 high, he may have been working 13 to 15 hours that day:</p> <p>18 "It was a mistake that slipped my mind."</p> <p>19 Ms Townshend said:</p> <p>20 "It couldn't have slipped your mind, could it,</p> <p>21 because you said the exact opposite of what in fact</p> <p>22 happened?"</p> <p>23 He said:</p> <p>24 "I don't -- at the time of the debrief, it's just</p> <p>25 an initial response to what happened. Sometimes you are</p> <p style="text-align: center;">Page 75</p>
<p>1 summarises it at paragraph 384. There is no need to</p> <p>2 turn it up. Mr Collier's report says:</p> <p>3 "The footage from the debrief [and the debrief was</p> <p>4 by Mr Dix] provides a different version of events when</p> <p>5 described by DCM Dix as compared to what actually</p> <p>6 happened. During the debrief he states D1978 started to</p> <p>7 encroach towards him and he had no option but to deploy</p> <p>8 the team. The scene footage clearly shows DCM Dix stand</p> <p>9 aside to allow D1978 to leave the room and then the team</p> <p>10 move in and restrain D1978. DCM Dix makes a</p> <p>11 half-hearted attempt to stop staff, but only after the</p> <p>12 first DCM has entered the room. DCM Dix utters quietly</p> <p>13 to himself 'No, no, no'."</p> <p>14 Now, Mr Dix accepted during his evidence that he</p> <p>15 didn't wait for the detainee to leave compliantly. He</p> <p>16 said, "Obviously, I wish I did." He said that looking</p> <p>17 at the footage, which shows the detainee nod and walk</p> <p>18 towards the door, he said:</p> <p>19 "It looked like he was going to comply and obviously</p> <p>20 there was a mistake and I've tried to stop them [meaning</p> <p>21 his team] by going 'No, no, no'."</p> <p>22 He was asked why he then said at the debrief that</p> <p>23 the detainee started to encroach and so the team had no</p> <p>24 choice but to use force, and he kept repeating it was</p> <p>25 difficult incident, he had been verbally abused.</p> <p style="text-align: center;">Page 74</p>	<p>1 going to miss things, sometimes you make mistakes, but</p> <p>2 in hindsight, you know, if I had been aware of the</p> <p>3 mistakes I had made and it had been picked up, it would</p> <p>4 have been picked up, but I didn't have any prior</p> <p>5 knowledge to what the footage showed, or anything like</p> <p>6 that."</p> <p>7 So he failed, in short, to accept during the debrief</p> <p>8 that he had lied about why force was used, when asked by</p> <p>9 the inquiry. He did accept that force should never have</p> <p>10 been used but, even when faced with footage of the</p> <p>11 incident and the debrief and with the inquiry's expert</p> <p>12 report, he wouldn't accept that he didn't tell the truth</p> <p>13 in the debrief.</p> <p>14 It is a really serious thing to fabricate, isn't it,</p> <p>15 the rationale for the use of force?</p> <p>16 <b>A. Yes. Yes.</b></p> <p>17 Q. I will ask you what Mr Dix was asked: you don't need</p> <p>18 training, do you, to not lie in a debrief? He shouldn't</p> <p>19 rely, as he seems to, on someone else picking up his</p> <p>20 mistake by watching the footage, he should have been</p> <p>21 honest and accurate at the debrief in the first place.</p> <p>22 Does it concern you, or did it when you were</p> <p>23 watching his evidence, that Mr Dix wouldn't accept that</p> <p>24 he had lied?</p> <p>25 <b>A. It did concern me and, obviously, I expect honest,</b></p> <p style="text-align: center;">Page 76</p>

<p>1 <b>truthful evidence given at the time.</b></p> <p>2 Q. You say it did concern you. So you did watch his</p> <p>3 evidence, did you?</p> <p>4 <b>A. I did watch his evidence, yes. I have questioned, after</b></p> <p>5 <b>that evidence, asked for some explanation on some of</b></p> <p>6 <b>that as well.</b></p> <p>7 Q. And did you get an explanation?</p> <p>8 <b>A. That he had made a mistake at the point in time and</b></p> <p>9 <b>there was no intention to send the team into the room at</b></p> <p>10 <b>that point in time. So ...</b></p> <p>11 Q. Yes, so that is about the use of force. What did he</p> <p>12 tell you about the lie at the debrief?</p> <p>13 <b>A. No.</b></p> <p>14 Q. Did you ask him about that?</p> <p>15 <b>A. I haven't asked him about that, no.</b></p> <p>16 Q. Why not?</p> <p>17 <b>A. Because I have not recalled that part of it.</b></p> <p>18 Q. So you watched his evidence --</p> <p>19 <b>A. I didn't see every part of his evidence, I will be quite</b></p> <p>20 <b>honest, so ...</b></p> <p>21 Q. Will you now ask him about that?</p> <p>22 <b>A. Yes.</b></p> <p>23 Q. What do expect to get from him?</p> <p>24 <b>A. A full and frank understanding of the circumstances.</b></p> <p>25 Q. Does it concern you, not only generally but also when</p> <p style="text-align: center;">Page 77</p>	<p>1 a delay in responding and he accepted that the failure</p> <p>2 to include this almost looked like a cover up. He said</p> <p>3 he left it out because he didn't want to look bad.</p> <p>4 Now, unlike Mr Dix, when he gave evidence he did</p> <p>5 accept that his account at the time was inaccurate -- in</p> <p>6 a serious respect, I am sure you would agree. Have you</p> <p>7 been through this event with Mr Donnelly since you took</p> <p>8 over at Serco?</p> <p>9 <b>A. I haven't, no.</b></p> <p>10 Q. Why not?</p> <p>11 <b>A. I have not had the opportunity to discuss it with him.</b></p> <p>12 Q. You haven't had the opportunity?</p> <p>13 <b>A. No, I have not discussed it with him at all.</b></p> <p>14 Q. Do you intend now to discuss it with him?</p> <p>15 <b>A. Yes, we will have a discussion with him, and part of my</b></p> <p>16 <b>senior team will as well.</b></p> <p>17 Q. Mr Hewer, there is no time today to go through the</p> <p>18 evidence of other individuals who remain employed at</p> <p>19 Brook House and ask you about whether their accounts to</p> <p>20 the inquiry show a lack of reflection, or failure to</p> <p>21 learn lessons, or in some case a denial that they heard</p> <p>22 or saw things when the footage places them right at the</p> <p>23 centre of an event.</p> <p>24 I have mentioned three people to you now, and you</p> <p>25 said you will speak to them; are you going to speak to</p> <p style="text-align: center;">Page 79</p>
<p>1 you have a contract which relies to some extent on</p> <p>2 self-reporting and holding up your hands and admitting</p> <p>3 to mistakes, that your senior management team might not</p> <p>4 be doing so?</p> <p>5 <b>A. I would hope so, that culturally-wise and from my</b></p> <p>6 <b>leadership, that the team is open, honest and fully</b></p> <p>7 <b>transparent now.</b></p> <p>8 Q. Yes, but we have seen some examples of that not being</p> <p>9 the case.</p> <p>10 <b>A. Yes.</b></p> <p>11 Q. We have also heard from Mr Donnelly. He was a DCM</p> <p>12 during the relevant period and he is still a DCM now,</p> <p>13 I believe?</p> <p>14 <b>A. Correct.</b></p> <p>15 Q. He was asked by Mr Altman about his actions during</p> <p>16 an event where he had entered a room and found</p> <p>17 a detainee on the floor -- that was D865. He completed</p> <p>18 an incident report where he failed to mention that the</p> <p>19 detainee had a ligature around his neck, which he hadn't</p> <p>20 noticed until about two minutes later when Mr Tulley</p> <p>21 pointed it out. He didn't mention on the incident</p> <p>22 report that it had taken Mr Tulley to point out before</p> <p>23 he acted. He accepted that there was a paragraph</p> <p>24 missing from his report which should have mentioned both</p> <p>25 that the ligature had been missed and that there was</p> <p style="text-align: center;">Page 78</p>	<p>1 other people who I have not mentioned but who have given</p> <p>2 evidence to the inquiry if their evidence causes you a</p> <p>3 concern?</p> <p>4 <b>A. I think it is fair to say there will be a review of</b></p> <p>5 <b>everyone that has took part in the inquiry, who's gave</b></p> <p>6 <b>evidence from a Serco perspective, and then discuss with</b></p> <p>7 <b>my legal team as well.</b></p> <p>8 Q. Mr Hewer, a healthy culture document and a spreadsheet</p> <p>9 is one thing, but real change depends on individuals</p> <p>10 accepting their errors, being open and honest and</p> <p>11 holding themselves to account and being held</p> <p>12 accountable. Has this happened yet?</p> <p>13 <b>A. In respect of?</b></p> <p>14 Q. Some of the incidents I have just referred to, for</p> <p>15 example?</p> <p>16 <b>A. Yes. It is not evident that it is part of it and part</b></p> <p>17 <b>of the cultural change programme that we are developing</b></p> <p>18 <b>and moving forward and things are changing and things</b></p> <p>19 <b>are getting for the better, yes, but that is depending</b></p> <p>20 <b>on my leadership and my direction as well within the</b></p> <p>21 <b>centre.</b></p> <p>22 Q. Michelle Brown was a member of the SMT during the</p> <p>23 relevant period. She was both head of safeguarding and,</p> <p>24 at another point, head of security. Stayed on under</p> <p>25 Serco. She says at the end of her witness statement to</p> <p style="text-align: center;">Page 80</p>

<p>1 the inquiry at paragraph 126:</p> <p>2 "I could not cope working for G4S or Serco any</p> <p>3 longer. I felt excluded and pushed out. In this</p> <p>4 inquiry I fully expect current employees to close ranks</p> <p>5 and it would take a brave person at Gatwick to speak the</p> <p>6 truth about current conditions for detainees and staff."</p> <p>7 It is concerning, isn't it, that a former member of</p> <p>8 staff would say at that, not just about G4S but about</p> <p>9 Serco instead?</p> <p>10 Is your experience that employees have closed ranks?</p> <p>11 <b>A. No, not at all. Not at all.</b></p> <p>12 Q. Ms Brown also discusses in her statement a grievance she</p> <p>13 submitted, which has now been provided to the inquiry.</p> <p>14 I presume you were aware of it at the time, although it</p> <p>15 is addressed to Ms Newland?</p> <p>16 <b>A. It wasn't addressed directly to me but I am aware of it</b></p> <p>17 <b>now.</b></p> <p>18 Q. To Ms Newland and not to you, yes.</p> <p>19 <b>A. Yes.</b></p> <p>20 Q. The same reasons effectively for the grievance were the</p> <p>21 reasons for her resignation, which she discusses both of</p> <p>22 in her statement. She mentions you in her statement,</p> <p>23 and you have been provided with that. At page 43,</p> <p>24 paragraph 72, she describes attending a case review</p> <p>25 where a detainee was speaking about witnessing his</p> <p style="text-align: center;">Page 81</p>	<p>1 Is that because, as Ms Shayne Munroe told the</p> <p>2 inquiry, it is just the same staff in a different</p> <p>3 uniform?</p> <p>4 <b>A. I don't know that – I don't believe that to be true in</b></p> <p>5 <b>any way, shape or form.</b></p> <p>6 MS MOORE: Chair, it is 11.35. I suggest we have</p> <p>7 a 15-minute break now and return at 11.50.</p> <p>8 THE CHAIR: Thank you very much. Thank you, Ms Moore.</p> <p>9 Thank you, Mr Hewer.</p> <p>10 (11.35 am)</p> <p>11 (A short break)</p> <p>12 (11.55 am)</p> <p>13 THE CHAIR: Thank you very much. Thank you, Ms Moore.</p> <p>14 MS MOORE: We continue with Mr Hewer's evidence.</p> <p>15 Mr Hewer, I want to ask now about the Brook House</p> <p>16 building and facilities briefly.</p> <p>17 We have heard original proposals were for it to be</p> <p>18 a short term holding facility. We have seen of course,</p> <p>19 during the relevant period, that people were held for</p> <p>20 years and you mentioned to us earlier that the longest</p> <p>21 detained person had been there, now, for just over a</p> <p>22 year I think?</p> <p>23 <b>A. That's right.</b></p> <p>24 Q. In terms of the building itself, are there challenges in</p> <p>25 holding someone for this long in a centre apparently</p> <p style="text-align: center;">Page 83</p>
<p>1 family being killed, which she found very upsetting and</p> <p>2 moving. She says she went to your office where you and</p> <p>3 Ms Newland were and says:</p> <p>4 "I remember saying to them, 'I have just sat in on</p> <p>5 one of the saddest case reviews ever and the entire</p> <p>6 panel was moved', and I recall Steve Hewer replying,</p> <p>7 'Well, what lies is he telling you then?' She adds,</p> <p>8 'I was shocked at this comment, the sheer lack of</p> <p>9 interest or compassion and denial of an individual's</p> <p>10 trauma'."</p> <p>11 Do you recall that event happening?</p> <p>12 <b>A. Not at all, and I will totally refute that to that</b></p> <p>13 <b>comment and I think the same question was put to</b></p> <p>14 <b>Sarah Newland and she does not recognise that comment</b></p> <p>15 <b>and it is not something I would say.</b></p> <p>16 Q. It would be inappropriate as a thing to say?</p> <p>17 <b>A. It would be totally inappropriate and not the language</b></p> <p>18 <b>I would use.</b></p> <p>19 Q. We don't need to go through the ins and outs of</p> <p>20 Ms Brown's resignation and complaint, but the point,</p> <p>21 Mr Hewer, is she was a senior and experienced member of</p> <p>22 staff, she was dissatisfied and raised concerns while</p> <p>23 she was under G4S; Serco took over but, clearly from her</p> <p>24 point of view, things didn't change to the extent that</p> <p>25 she felt able to stay.</p> <p style="text-align: center;">Page 82</p>	<p>1 built to hold people, on average, for a short period?</p> <p>2 <b>A. Yes.</b></p> <p>3 Q. What sort of challenges are there?</p> <p>4 <b>A. I mean the challenges are the built environment. The</b></p> <p>5 <b>built environment is what we have obviously took over</b></p> <p>6 <b>and inherited. Structurally-wise, there is little</b></p> <p>7 <b>change you can make to the built environment. What we</b></p> <p>8 <b>have tried to do is tried to soften certain areas to</b></p> <p>9 <b>make it more decent, and by way of opening more gates</b></p> <p>10 <b>and doors and open up the areas, et cetera, and just be</b></p> <p>11 <b>redcoration, lots of decoration throughout the centre</b></p> <p>12 <b>as well. So that is what we have tried to do to soften</b></p> <p>13 <b>some of the aspects of it, more than anything.</b></p> <p>14 There is very little else we can do with the built</p> <p>15 environment without radical changes, unfortunately.</p> <p>16 Q. You describe at paragraph 47 of your statement "a huge</p> <p>17 investment in changing the physical appearance",</p> <p>18 obviously limited to what you can do.</p> <p>19 <b>A. Yes.</b></p> <p>20 Q. You say this is stuff like keeping gates open where</p> <p>21 possible, redecoration; is there anything else that has</p> <p>22 formed part of this investment?</p> <p>23 <b>A. A number of innovative initiatives we have moved forward</b></p> <p>24 <b>on as well, which is biometric gates, so the entrance to</b></p> <p>25 <b>each wing location has a biometric gate where residents</b></p> <p style="text-align: center;">Page 84</p>

<p>1 can go in and out of, to the activities area as well.</p> <p>2 So there is -- it allows free movement, shall I say.</p> <p>3 Post-Covid it allows a lot more free movement, and in</p> <p>4 Covid it was restricted a little bit.</p> <p>5 Q. Sure. Not just the building but what about the regimes</p> <p>6 and the activities you can offer? Are these suited for</p> <p>7 detention of the sorts of lengths that you might be</p> <p>8 looking at?</p> <p>9 A. From an activities perspective, we try to put a range of</p> <p>10 activities on and part of the solution, the bid solution</p> <p>11 we put forward, was to a range of activities and</p> <p>12 education. So from art classes -- things that interest</p> <p>13 people, interest different cultures as well, and</p> <p>14 gymnasium, additional gymnasiums, a weights room and</p> <p>15 generally activities on the wings and on the yards as</p> <p>16 well.</p> <p>17 So we have tried to encourage as many people to take</p> <p>18 part in activities. Unfortunately, we cannot force</p> <p>19 everybody to be part of that but we make it as enticing</p> <p>20 as possible for them to take part.</p> <p>21 Q. There are enticements I think in terms of</p> <p>22 competitions -- I have heard about pool competitions</p> <p>23 where you can win, is it sort of financial credits that</p> <p>24 you can spend?</p> <p>25 A. Yes, so they can spend in the shop et cetera. It is</p> <p style="text-align: center;">Page 85</p>	<p>1 make the delivery of a humane and supportive regime very</p> <p>2 difficult."</p> <p>3 Do you agree with the fact that the building and the</p> <p>4 restrictions that go with it do pose challenges to the</p> <p>5 delivery of a human regime?</p> <p>6 A. It does pose challenges, yes, just by pure design of the</p> <p>7 building as well, yes.</p> <p>8 Q. Turning, now, to staff visibility around the wings, you</p> <p>9 may be aware that an issue we have heard about</p> <p>10 repeatedly in relation to the relevant period was the</p> <p>11 lack of visibility and engagement from the SMT towards</p> <p>12 staff on the wing floor and with detainees, and you say,</p> <p>13 at paragraph 21, that the SMT are now fully visible</p> <p>14 across both Gatwick sites, although the examples that</p> <p>15 you give at 21, just pertain mainly to Tinsley House or</p> <p>16 to some arrangements that were notionally in place, for</p> <p>17 example, that the SMT would attend various meetings.</p> <p>18 Can you just tell us, in practical terms, what steps</p> <p>19 Serco has taken to increase that level of visibility?</p> <p>20 A. Yes, as per my paragraph 21, we have to be visible</p> <p>21 across both sites to -- Gatwick IRCs is held of</p> <p>22 Brook House and Tinsley House, so we have residents in</p> <p>23 both areas, so we spend our time in both sites and that</p> <p>24 is why I give reference to have a morning meeting at</p> <p>25 Tinsley on a Tuesday and Thursday, where we share time.</p> <p style="text-align: center;">Page 87</p>
<p>1 a cashless society but we put credits on their account,</p> <p>2 and there's competitions and pool games and table</p> <p>3 tennis, et cetera, and things like that.</p> <p>4 Q. Dr Hindpal Singh Bhui of the HMIP said in his live</p> <p>5 evidence last week:</p> <p>6 "Brook House is a centre which looks and feels like</p> <p>7 a prison and it is designed like a prison. As we have</p> <p>8 said many times, that is inappropriate for a detainee</p> <p>9 population."</p> <p>10 He went on to say the:</p> <p>11 "I think we have reported on this in a number of</p> <p>12 centres with high numbers of people with mental health</p> <p>13 problems and serious mental health problems. That kind</p> <p>14 of environment is not appropriate for people with mental</p> <p>15 health difficulties. They should be held in a normal</p> <p>16 location if possible."</p> <p>17 Thinking specifically, Mr Hewer, about people with</p> <p>18 mental health difficulties then, detained as they are in</p> <p>19 this prison-like environment, do you accept Dr Bhui's</p> <p>20 concerns there?</p> <p>21 A. Yes.</p> <p>22 Q. And Professor Bosworth also commented on the building,</p> <p>23 at paragraph 9.9 of her first report. She said:</p> <p>24 "The restrictions of a category B prison make no</p> <p>25 sense for those held under Immigration Act powers. They</p> <p style="text-align: center;">Page 86</p>	<p>1 There is a permanent SMT member in Tinsley House,</p> <p>2 Mr Haughton, and my office and the dep's office is in</p> <p>3 Brook House, so we spend a lot of time in Brook House as</p> <p>4 well.</p> <p>5 From a visibility point of view, we have</p> <p>6 an assistant director that is covering operations and he</p> <p>7 will go round every -- visit every area as part of his</p> <p>8 tour on a daily basis, as lots of the SMT will. So the</p> <p>9 visibility part is led by us to look at -- go through</p> <p>10 all wing areas and tours of the centre as well.</p> <p>11 Q. Does that include E wing and CSU?</p> <p>12 A. Yes.</p> <p>13 Q. Professor Bosworth commented on the question of</p> <p>14 visibility in her first report at 4.53. She says that</p> <p>15 the lack of formal and informal interactions between</p> <p>16 senior management and DCOs draws into question the</p> <p>17 extent to which the SMT were aware of the kinds of</p> <p>18 problems staff in the detained community were facing,</p> <p>19 talking about 2017.</p> <p>20 A. Yes.</p> <p>21 Q. And she adds that this should be remedied by relocating</p> <p>22 SMT out of the administrative offices for a greater</p> <p>23 proportion of their day and moving their offices into</p> <p>24 the main body of the building. And she says that more</p> <p>25 attention should also be paid to formal and informal</p> <p style="text-align: center;">Page 88</p>

<p>1 communication channels.</p> <p>2 What is your view on the SMT location question?</p> <p>3 <b>A. We are in the main body of the building, so I'm a little</b></p> <p>4 <b>bit perplexed by that statement, because we are in the</b></p> <p>5 <b>main part of the building and my office is some</b></p> <p>6 <b>20 metres away from each of the wings' --</b></p> <p>7 Q. What about the --</p> <p>8 <b>A. -- office areas.</b></p> <p>9 Q. What about the question of attention being paid to</p> <p>10 formal and informal communication channels; would you</p> <p>11 agree that is important?</p> <p>12 <b>A. Yes, very much so. One of the things we kind of -- we</b></p> <p>13 <b>pride ourself is more access to communications for staff</b></p> <p>14 <b>and for residents as well within the centre and that is</b></p> <p>15 <b>from a number of updates for staff groups, better access</b></p> <p>16 <b>to IT and email for staff groups as well, so they can</b></p> <p>17 <b>access, particularly, procedural stuff, and better</b></p> <p>18 <b>access to -- for residents to see SMT members. And part</b></p> <p>19 <b>of 16.4.1 culture-wise is to meet on a monthly basis</b></p> <p>20 <b>and, obviously, on the wing forum with senior managers</b></p> <p>21 <b>as well. So there's more access than ever there has</b></p> <p>22 <b>been.</b></p> <p>23 Q. Just an example of that then, if a detainee wanted to</p> <p>24 see a member of the SMT, what would they have to do?</p> <p>25 <b>A. They would either -- the DOM would ask for to us attend</b></p> <p style="text-align: center;">Page 89</p>	<p>1 authority -- I presume that means the Home Office -- of</p> <p>2 those who have been victims of torture and those whose</p> <p>3 physical and mental health is seriously affected by</p> <p>4 detention, ensuring referral to healthcare staff who are</p> <p>5 appropriately trained to deal with this?</p> <p>6 <b>A. Yes.</b></p> <p>7 Q. So overseeing the implementation of Adults at Risk, does</p> <p>8 that fall within the responsibility of Serco?</p> <p>9 <b>A. The policy they set out -- obviously, from an Home</b></p> <p>10 <b>Office perspective, the policy, which has recently</b></p> <p>11 <b>been -- well, it has been updated in recent years,</b></p> <p>12 <b>obviously, as we've heard from previous evidence, but in</b></p> <p>13 <b>respect of rule 35, I mean, our staff are fully aware of</b></p> <p>14 <b>the process procedures and we will -- welfare department</b></p> <p>15 <b>will share that and signpost residents if they have</b></p> <p>16 <b>concerns or questions in respect of that.</b></p> <p>17 Q. So rule 35, Serco and your operational staff's role is</p> <p>18 to say --</p> <p>19 <b>A. We will signpost it, yes, no other part in it.</b></p> <p>20 Q. And in terms of Adults at Risk, what is Serco's role</p> <p>21 there?</p> <p>22 <b>A. We have weekly Adults at Risk meetings and any residents</b></p> <p>23 <b>we have concerns -- and that is multidisciplinary as</b></p> <p>24 <b>well, so the IMB will attend that meeting and the</b></p> <p>25 <b>Home Office will attend that meeting and the healthcare</b></p> <p style="text-align: center;">Page 91</p>
<p>1 <b>the wing to see them and/or have a discussion with them,</b></p> <p>2 <b>or they can put in an application to see us. So there</b></p> <p>3 <b>are various ways they can do that.</b></p> <p>4 Q. How frequently does that happen?</p> <p>5 <b>A. Quite frequently actually, quite frequently.</b></p> <p>6 Q. I want to turn now to the population itself, in</p> <p>7 particular to vulnerable detained persons?</p> <p>8 <b>A. Yes.</b></p> <p>9 Q. You make the point on a couple of occasions in your</p> <p>10 witness statement that you cannot really comment on the</p> <p>11 function or otherwise of rule 35 in 2020, or now,</p> <p>12 because that is a matter primarily for PPG --</p> <p>13 <b>A. Yes, that's correct.</b></p> <p>14 Q. -- and the Home Office.</p> <p>15 Serco's contractual service provision, however,</p> <p>16 gives rise to an obligation which we have discussed to</p> <p>17 put into place procedures' compliance with DSOs, which</p> <p>18 would include Adults at Risk procedures, wouldn't it?</p> <p>19 <b>A. Yes.</b></p> <p>20 Q. Serco is also contractually obliged, as I understand it,</p> <p>21 to put into place sufficient operating arrangements to</p> <p>22 allow Serco to work with the healthcare provider to</p> <p>23 identify the health and social needs of detainees who</p> <p>24 may be subject to torture and trauma and have procedures</p> <p>25 in place for appropriate communications with the</p> <p style="text-align: center;">Page 90</p>	<p>1 <b>will attend that meeting as well, so it is a joint,</b></p> <p>2 <b>multidisciplinary meeting that will discuss any -- if we</b></p> <p>3 <b>feel there is risk, concern or vulnerabilities with as</b></p> <p>4 <b>well.</b></p> <p>5 Q. Have you heard evidence during this phase from Ms Calver</p> <p>6 and the GPs working at Brook House?</p> <p>7 <b>A. Briefly, not too much --</b></p> <p>8 Q. Has any of it been summarised to you?</p> <p>9 <b>A. No.</b></p> <p>10 Q. Did what you heard, or just your experience of how</p> <p>11 things work now, tell you anything about how effectively</p> <p>12 Adults at Risk is working at the moment in Brook House?</p> <p>13 <b>A. I don't think I am best placed to comment on that.</b></p> <p>14 Q. So from Serco's perspective?</p> <p>15 <b>A. As far as I am aware, it is working well, and it is</b></p> <p>16 <b>working fine at this point in time with the numbers.</b></p> <p>17 Q. What about any other protections to assure people, who</p> <p>18 perhaps shouldn't be detained or whose detention should</p> <p>19 be reviewed, are being reviewed?</p> <p>20 <b>A. Serco play no part in detention or in who is allocated</b></p> <p>21 <b>to the centre. The Home Office are obviously best</b></p> <p>22 <b>placed to answer that question.</b></p> <p>23 Q. At paragraphs 113 and 115 of your witness statement, you</p> <p>24 say that PPG and the Home Office would be better placed</p> <p>25 to comment on the number of rule 35 reports in 2020 and</p> <p style="text-align: center;">Page 92</p>

<p>1 2021?</p> <p>2 <b>A. Yes.</b></p> <p>3 Q. Do you consider there to be any relevance of Serco to</p> <p>4 understand why the numbers of those reports appeared to</p> <p>5 be so low and whether they accurately reflect the</p> <p>6 detained population's needs?</p> <p>7 <b>A. As I said, we don't play a part in, other than</b></p> <p>8 <b>supporting, it. I mean, our role is to support</b></p> <p>9 <b>vulnerable residents and -- that come within our care</b></p> <p>10 <b>and signpost them in that direction, if there's -- if</b></p> <p>11 <b>there is reports of torture, or of that nature, we will</b></p> <p>12 <b>refer them more than anything.</b></p> <p>13 <b>And we have a comprehensive welfare department to</b></p> <p>14 <b>support residents on that.</b></p> <p>15 Q. If you can then next, it would help if you could</p> <p>16 clarify, if you are able to, some evidence we heard from</p> <p>17 Mr Haughton about a different issue, but particular</p> <p>18 mental health needs. He referred to the weekly</p> <p>19 vulnerable meetings that you mention as well in the</p> <p>20 multidisciplinary meetings?</p> <p>21 <b>A. Yes.</b></p> <p>22 Q. He said, "You know, we look after at Brook House some</p> <p>23 mentally unwell people". He said, "We look after people</p> <p>24 that are on section. Are staff adequately trained to</p> <p>25 properly manage someone who is under a section? No.</p> <p style="text-align: center;">Page 93</p>	<p>1 transfer?</p> <p>2 <b>A. Yes, and the mental institute would come in and assess</b></p> <p>3 <b>them and they would look then for a place for them to be</b></p> <p>4 <b>transported there.</b></p> <p>5 Q. So Brook House could be sort of a temporary facility</p> <p>6 where -- until they are removed?</p> <p>7 <b>A. It has been, yes.</b></p> <p>8 Q. Thank you for clarifying that. Turning then to rule 40</p> <p>9 briefly, so removal from association, and perhaps 42 as</p> <p>10 well, in your statement, at paragraph 103, you say that</p> <p>11 rule 40 is no longer used pre-emptively in advance of</p> <p>12 charter flights; is that right?</p> <p>13 <b>A. That's correct.</b></p> <p>14 Q. Only as a last resort, where required, where the</p> <p>15 detainee's behaviour impacts on the good order and</p> <p>16 stability of the sector?</p> <p>17 <b>A. Yes.</b></p> <p>18 Q. Who made the decision that rule 40 would no longer be</p> <p>19 used pre-emptively?</p> <p>20 <b>A. There is no decision been made on that. It is -- well,</b></p> <p>21 <b>it's appropriateness of rule 40 in the first place.</b></p> <p>22 Q. So rule 40 shouldn't be used pre-emptively, in your</p> <p>23 view?</p> <p>24 <b>A. It shouldn't be, no.</b></p> <p>25 Q. And did that cease to happen from when you took over --</p> <p style="text-align: center;">Page 95</p>
<p>1 But they would need to be clinically trained in order to</p> <p>2 do that". And then he said, "They do an amazing job".</p> <p>3 Do Brook House hold people who are under section?</p> <p>4 By which I mean -- I presume you meant detained under</p> <p>5 the Mental Health Act?</p> <p>6 <b>A. There are a number of residents we have held in the past</b></p> <p>7 <b>18 months that have actually been sectioned under</b></p> <p>8 <b>section 48 and been referred and sectioned to a mental</b></p> <p>9 <b>institution, so there's a number of residents we have</b></p> <p>10 <b>held that have been quite vulnerable, yes, and we have</b></p> <p>11 <b>cared and supported those residents with the appropriate</b></p> <p>12 <b>care we would expect from our staff.</b></p> <p>13 Q. So, for those who are not as aware of the Mental Health</p> <p>14 Act as perhaps others, section 48 is a provision by</p> <p>15 which somebody can be removed to a secure institution?</p> <p>16 <b>A. Correct, yes.</b></p> <p>17 Q. So you don't hold people who were detained under, for</p> <p>18 example, sections 2 or 3?</p> <p>19 <b>A. No, we'd have to wait for a -- they would be referred</b></p> <p>20 <b>then, obviously, by a psychiatrist, and they would refer</b></p> <p>21 <b>them.</b></p> <p>22 Q. A psychiatrist might give rise to a concern that</p> <p>23 somebody needs to be transferred under section 48?</p> <p>24 <b>A. Yes. Yes.</b></p> <p>25 Q. And Brook House would potentially hold them until that</p> <p style="text-align: center;">Page 94</p>	<p>1 <b>A. Well, I can't comment to the relevant period. Is that</b></p> <p>2 <b>what you are talking about? No?</b></p> <p>3 Q. Sure. It hasn't happened since you were there?</p> <p>4 <b>A. No, no. It is whether it is appropriate and affects the</b></p> <p>5 <b>good order and stability of the centre.</b></p> <p>6 Q. You state at 102, just above, that any use of rule 40 is</p> <p>7 agreed by the Home Office?</p> <p>8 <b>A. Yes.</b></p> <p>9 Q. Does that mean agreed in advance?</p> <p>10 <b>A. If there is any pre-authorisation, we would submit under</b></p> <p>11 <b>rule 40, we would submit an annex B for authorisation,</b></p> <p>12 <b>a written annex B. They would then authorise that and</b></p> <p>13 <b>agree with the terms and, if there is any risk or</b></p> <p>14 <b>concerns that -- unless there is a necessity to put in</b></p> <p>15 <b>place a rule 40.</b></p> <p>16 Q. So there is also a process by -- I think it's</p> <p>17 rule 40(2), by which, in urgent cases, somebody at the</p> <p>18 detention centre can --</p> <p>19 <b>A. That's correct, yes.</b></p> <p>20 Q. -- authorise it and then report it later?</p> <p>21 <b>A. We would report it immediately to the Home Office to get</b></p> <p>22 <b>authorisation and that would then be reviewed within</b></p> <p>23 <b>the -- within 24 hours as well.</b></p> <p>24 Q. So both of those provisions are still used --</p> <p>25 <b>A. Yes, yes --</b></p> <p style="text-align: center;">Page 96</p>



<p>1 Q. -- the pre-authorisation and the urgent process?</p> <p>2 <b>A. -- yes, indeed.</b></p> <p>3 Q. And, again, you weren't there during the relevant</p> <p>4 period, of course, but it has been suggested in evidence</p> <p>5 we have seen that only 13 per cent of rule 40s were</p> <p>6 approved in advance by the Home Office in 2017 and the</p> <p>7 rest were done under the urgent procedure.</p> <p>8 Do you know now -- obviously, roughly rather than</p> <p>9 with any specificity -- how often it is done urgently</p> <p>10 versus pre-authorised?</p> <p>11 <b>A. I couldn't give you an exact figure, to be honest.</b></p> <p>12 Q. Does --</p> <p>13 <b>A. I would say there were a larger percentage are</b></p> <p>14 <b>pre-authorised at this point in time.</b></p> <p>15 Q. A larger percentage than during the relevant period?</p> <p>16 <b>A. Yes.</b></p> <p>17 Q. Do you know if that is the majority or is that too</p> <p>18 difficult to say?</p> <p>19 <b>A. I wouldn't be able to say at this point. I can find</b></p> <p>20 <b>out.</b></p> <p>21 Q. Is rule 40 used at present for detainees with mental</p> <p>22 health problems?</p> <p>23 <b>A. Not particularly, no.</b></p> <p>24 Q. Is the E wing used to hold such people?</p> <p>25 <b>A. Depending on the circumstances and the vulnerabilities,</b></p> <p style="text-align: center;">Page 97</p>	<p>1 case but only depending on particular circumstances?</p> <p>2 <b>A. Yes.</b></p> <p>3 Q. Mr Dix also was asked about this by the chair. She</p> <p>4 asked:</p> <p>5 "You told us about people being placed on rule 40,</p> <p>6 so taken off association, and that they could find</p> <p>7 themselves on E wing rather than in the CSU. Is that</p> <p>8 still the case at the moment?"</p> <p>9 And he said:</p> <p>10 "Yes, so the majority of people, if they are</p> <p>11 refractory or something like that, could go on to CSU,</p> <p>12 but obviously E wing, because they have Safer Custody</p> <p>13 suites, so obviously, if someone was in there, but they</p> <p>14 couldn't be placed on rule 40 at the same time in that</p> <p>15 room."</p> <p>16 And the chair asked:</p> <p>17 "Those would be the circumstances that someone would</p> <p>18 be there; is that right?"</p> <p>19 And he said:</p> <p>20 "Yes, if they are on an ACDT."</p> <p>21 And the chair asked:</p> <p>22 "Being held on rule 40 at the same time?"</p> <p>23 And Mr Dix said:</p> <p>24 "Yes."</p> <p>25 So just to be clear, are people being held in CSU</p> <p style="text-align: center;">Page 99</p>
<p>1 <b>it's a case-by-case review.</b></p> <p>2 Q. What about the CSU?</p> <p>3 <b>A. The same would apply but very rarely.</b></p> <p>4 Q. What circumstances would make it appropriate to hold --</p> <p>5 <b>A. If there are certain levels of violence or concerns with</b></p> <p>6 <b>staff and offences against other residents as well, so</b></p> <p>7 <b>there could be -- depending on the circumstances.</b></p> <p>8 Q. So --</p> <p>9 <b>A. Each case would be dealt with individually.</b></p> <p>10 Q. Would there be circumstances where the detained person</p> <p>11 hasn't done anything themselves, for example, been</p> <p>12 violent in a way that would normally mean that you could</p> <p>13 take them to E wing or CSU but, because of their</p> <p>14 vulnerabilities, they are taken there?</p> <p>15 <b>A. The only assistance, we use a quieter area, depending on</b></p> <p>16 <b>their -- it's all depending on their vulnerabilities.</b></p> <p>17 <b>E wing, as we are aware, is a quieter area and there is</b></p> <p>18 <b>some better visibility and bedroom visibility if there</b></p> <p>19 <b>are any concerns of self-harm or issues as well.</b></p> <p>20 <b>So it is a case-by-case, individual basis.</b></p> <p>21 Q. We heard from Mary Molyneux from the IMB last week, and</p> <p>22 she said there are too many people coming in who, it</p> <p>23 becomes apparent very quickly, have serious mental</p> <p>24 health problems. And she says CSU and E wing are still</p> <p>25 being used for those, and you said that might be the</p> <p style="text-align: center;">Page 98</p>	<p>1 for the purposes of being constantly observed under</p> <p>2 ACDTs, as far as you know?</p> <p>3 <b>A. No. Not always. We have our residents who are observed</b></p> <p>4 <b>constantly on the wing as well.</b></p> <p>5 Q. So they are not always held, but they might be held?</p> <p>6 I want to ask you now about a situation which arose</p> <p>7 in late 2020, which you mention briefly in your</p> <p>8 statement and which we have heard about from other</p> <p>9 witnesses as well. So this is from late July 2020.</p> <p>10 Brook House was used to host a population of asylum</p> <p>11 seekers who the UK was to send to other EU Member States</p> <p>12 under the Dublin Convention. So they were mostly</p> <p>13 people, as I understand it, who had crossed the channel</p> <p>14 on small boats?</p> <p>15 <b>A. Yes.</b></p> <p>16 Q. And there was a window to be able to move them to</p> <p>17 a different country which would have to determine their</p> <p>18 asylum claim and that window was before Britain left the</p> <p>19 EU?</p> <p>20 <b>A. Correct.</b></p> <p>21 Q. So 31 December 2020. You describe that as "Esparto</p> <p>22 flights", but is it the same thing?</p> <p>23 <b>A. That's correct, yes, Dublin Convention flights.</b></p> <p>24 Q. What knowledge, if any, did you have, before those</p> <p>25 asylum seekers began to arrive, of the numbers you would</p> <p style="text-align: center;">Page 100</p>

<p>1 be expecting at Brook House?</p> <p>2 <b>A. Probably little knowledge at that time.</b></p> <p>3 Q. And when did you become aware that that would happen?</p> <p>4 <b>A. We took an influx due to the Home Office enforced by</b></p> <p>5 <b>activity in respect of Esparto flights from August</b></p> <p>6 <b>onwards, right through to December.</b></p> <p>7 Q. And when did you know that was going to happen, how long</p> <p>8 before you started to take the influx?</p> <p>9 <b>A. We will have been notified when -- probably in June</b></p> <p>10 <b>or July, that that were the activity or the strategy at</b></p> <p>11 <b>that point in time.</b></p> <p>12 Q. So quite shortly after you took the contract?</p> <p>13 <b>A. Yes. Yes.</b></p> <p>14 Q. What knowledge, if any, did you have about the</p> <p>15 characteristics or vulnerabilities of the people who had</p> <p>16 been arriving before you met them?</p> <p>17 <b>A. Only by knowledge and -- having worked in previous IRCs</b></p> <p>18 <b>and having a knowledge of asylum seekers and some of</b></p> <p>19 <b>their vulnerabilities and actions, that is prior</b></p> <p>20 <b>knowledge, and some of the staff and senior management</b></p> <p>21 <b>team had knowledge of that.</b></p> <p>22 Q. So you were alive, because of your experience, to the</p> <p>23 fact that asylum seekers, particularly who had just</p> <p>24 recently crossed the Channel in small boats, would have</p> <p>25 different vulnerabilities?</p> <p style="text-align: center;">Page 101</p>	<p>1 and it says:</p> <p>2 "This report found from late July, the centre's</p> <p>3 detainee population shifted to detainees who had arrived</p> <p>4 after crossing the channel in small boats.</p> <p>5 The last bullet point there:</p> <p>6 "The combination of the compressed nature of the</p> <p>7 charter flight programme with Brook House as its sole</p> <p>8 base for Dublin Convention flights and the fundamental</p> <p>9 changes in the centre's population and nationalities,</p> <p>10 with different vulnerabilities and their needs, put the</p> <p>11 centre systems, detainees and staff under great stress</p> <p>12 and raised some concerns for the board. Most notably,</p> <p>13 there was a dramatic increase in levels of self-harm and</p> <p>14 suicidal ideation, deficiencies in the induction process</p> <p>15 and increased needs for legal support and Detention</p> <p>16 Centre Rule 35 assessments."</p> <p>17 Do you agree with that as a summary?</p> <p>18 <b>A. Yes, yes.</b></p> <p>19 Q. Under paragraph 3.2, which I think is a bit further down</p> <p>20 the page:</p> <p>21 "Main judgments: how safe is the IRC?</p> <p>22 "The board's view is that due to circumstances</p> <p>23 related to the Dublin Convention charter programme, in</p> <p>24 the latter months of 2020, Brook House was not a safe</p> <p>25 place for vulnerable detainees who had crossed the</p> <p style="text-align: center;">Page 103</p>
<p>1 <b>A. Yes.</b></p> <p>2 Q. And were you able to put anything, and, if so, what, in</p> <p>3 place before they arrived?</p> <p>4 <b>A. I mean, part of our role was just to ensure -- we did</b></p> <p>5 <b>not decide who were allocated to the centre and</b></p> <p>6 <b>whatever. From an enforcement activity, that was</b></p> <p>7 <b>decided by the Home Office.</b></p> <p>8 <b>What we did do is we were able to bring -- move</b></p> <p>9 <b>staff around the centres, who could actually --</b></p> <p>10 <b>communication, obviously, is key in these particular</b></p> <p>11 <b>areas, et cetera, and given that lots of the residents</b></p> <p>12 <b>on the small boat cases for the Esparto flights were</b></p> <p>13 <b>either, you know, Iranian, Iraqi, et cetera, so we had</b></p> <p>14 <b>a number of staff that speak Farsi and Arabic,</b></p> <p>15 <b>et cetera, and they assisted in keeping them safe and</b></p> <p>16 <b>calm, and they also were mediating with them as well.</b></p> <p>17 <b>So that assisted, that allowed us to do that part and we</b></p> <p>18 <b>did move a lot of staff just to manage that particular</b></p> <p>19 <b>aspect of it. Communication was key in that.</b></p> <p>20 Q. Yes. I am going to refer you to the IMB report, 2020,</p> <p>21 which dealt -- part of it deals with this situation. If</p> <p>22 I can ask to be shown on screen, please, &lt;IMB000202&gt;,</p> <p>23 and if we can look at page 5 and just leave that up,</p> <p>24 that document, on the screen, please. So charter</p> <p>25 flights are there, mentioned from the third bullet point</p> <p style="text-align: center;">Page 102</p>	<p>1 channel in small boats."</p> <p>2 It goes on to say this is evidenced by the</p> <p>3 high-levels of self-harm and suicidal ideation at the</p> <p>4 time. Do you agree, during this period, Brook House was</p> <p>5 not a safe place for the detainees?</p> <p>6 <b>A. Not particularly -- it wasn't safe. We made it as safe</b></p> <p>7 <b>as possible and cared for the residents we had in our</b></p> <p>8 <b>care.</b></p> <p>9 <b>They were obviously allocated, from an Home Office</b></p> <p>10 <b>perspective, ready for their flights. I have to say it</b></p> <p>11 <b>was a difficult period. There was a lot of self-harm,</b></p> <p>12 <b>particularly from the residents, and use of force, which</b></p> <p>13 <b>you will see in the statistics that correlate with that.</b></p> <p>14 <b>But our role is to prevent self-harm and support the</b></p> <p>15 <b>residents, and we did many functions, and I suppose, at</b></p> <p>16 <b>that time, there were quite a number of residents on</b></p> <p>17 <b>constant supervisions to supervise and support them as</b></p> <p>18 <b>well, plus the staff that spoke their language as well</b></p> <p>19 <b>that assisted them.</b></p> <p>20 Q. Overleaf on page 6, under "How fairly and humanely were</p> <p>21 detainees treated?", the IMB says:</p> <p>22 "The detainees were generally treated humanely at</p> <p>23 Brook House."</p> <p>24 But says:</p> <p>25 "However, the board's view is that the circumstances</p> <p style="text-align: center;">Page 104</p>

<p>1 in Brook House relating to the Dublin Convention charter</p> <p>2 programme amounted to inhumane treatment of the whole</p> <p>3 detainee population by the Home Office in the latter</p> <p>4 months of 2020."</p> <p>5 Do you agree or disagree with?</p> <p>6 <b>A. Yes, that that would be for the Home Office to answer,</b></p> <p>7 <b>I suppose. It is -- they are best placed to answer</b></p> <p>8 <b>that. From my perspective, my staff did a fantastic job</b></p> <p>9 <b>in caring and supporting the people in their care.</b></p> <p>10 Q. So in terms of the responsibility which you, on behalf</p> <p>11 of Serco, and also as director at the time, take from</p> <p>12 these findings, that Brook House was not a safe place to</p> <p>13 be for these detainees and that the circumstances</p> <p>14 amounted to inhuman treatment of the whole population,</p> <p>15 your answer was you made it as safe as you could?</p> <p>16 <b>A. As safe as possible, yes. I mean, we cared -- our role</b></p> <p>17 <b>is to care and support our residents in our care and</b></p> <p>18 <b>make it as humane as possible, and that is what we did.</b></p> <p>19 <b>And give them what, in the environment, we possibly</b></p> <p>20 <b>could do and the support we can.</b></p> <p>21 Q. Despite making it as safe as you possibly could, it is</p> <p>22 correct to say that there was inhumane treatment. Where</p> <p>23 would the responsibility for that lie?</p> <p>24 <b>A. I mean using the term "inhumane", whether it is</b></p> <p>25 <b>inhumane, that is a matter of perspective; from my</b></p> <p style="text-align: center;">Page 105</p>	<p>1 people had heard. I know they had heard from Serco</p> <p>2 concerns about the numbers and the numbers of self-harm.</p> <p>3 In spite of that, numbers kept coming through from the</p> <p>4 charter flights."</p> <p>5 Is that correct?</p> <p>6 <b>A. Yes, yes.</b></p> <p>7 Q. And the IMB's report notes some of the specific issues</p> <p>8 in more detail throughout. So if I ask to go to</p> <p>9 page 10 -- we won't go through all of them, but page 10</p> <p>10 has a graph and you have already alluded to this, as to</p> <p>11 the spike, so it is the graph there. The blue line is</p> <p>12 the number of people on ACDT, and we see a really</p> <p>13 significant jump, obviously, from August, which is when</p> <p>14 you mentioned it started?</p> <p>15 <b>A. Yes.</b></p> <p>16 Q. And acts of self-harm is the orange line. Again,</p> <p>17 a significant jump?</p> <p>18 <b>A. Yes.</b></p> <p>19 Q. And overleaf there, at page 11, there is a table.</p> <p>20 It is headed:</p> <p>21 "The response to serious incidents of self-harm and</p> <p>22 threats of suicide was often constant supervision by</p> <p>23 officers to prevent further harm. The table below shows</p> <p>24 the number of detainees placed on constant supervision</p> <p>25 in the months of the charter programme."</p> <p style="text-align: center;">Page 107</p>
<p>1 <b>perspective, it wasn't -- any treatment was not inhumane</b></p> <p>2 <b>from my staff or Serco. I can't comment for the</b></p> <p>3 <b>Home Office.</b></p> <p>4 Q. I put these findings to Mr Castle, who is from the</p> <p>5 Home Office, or he was at the time, he's moved on now.</p> <p>6 He was the DES area manager for the IRCs.</p> <p>7 <b>A. That's right.</b></p> <p>8 Q. I asked him where responsibility lay and he mentioned</p> <p>9 that Serco and Home Office staff based at Brook House</p> <p>10 were doing a difficult job to the best of their</p> <p>11 abilities, and he said you all made the best of, in his</p> <p>12 words, "an incredibly bad job". I asked him about what</p> <p>13 difficulties or constraints there were, and he said that</p> <p>14 the political drive to remove people who had crossed the</p> <p>15 channel in small boats was difficult to keep up with.</p> <p>16 Would you agree with that?</p> <p>17 <b>A. Yes, yes.</b></p> <p>18 Q. I also asked Ms Molyneux of the IMB where responsibility</p> <p>19 lay for these findings, and she said:</p> <p>20 "I think the problem was more that the Home Office</p> <p>21 kept bringing these people in. The Home Office were</p> <p>22 aware of the problem. So when a safeguard failure --</p> <p>23 and when I say 'overloaded', the Home Office knew this</p> <p>24 happening. This wasn't the first they had heard of it,</p> <p>25 you know, they had heard the minister -- I mean, senior</p> <p style="text-align: center;">Page 106</p>	<p>1 Obviously, I won't not read it all out, but, for</p> <p>2 example, in August, against the daily population on</p> <p>3 average of 93, 32 of those people were on constant</p> <p>4 supervision during that month.</p> <p>5 And constant supervision, for those who have not</p> <p>6 heard it, are people who are always being watched,</p> <p>7 because the concern is, in layman's terms, if you look</p> <p>8 away, they will try and hurt themselves.</p> <p>9 <b>A. Correct.</b></p> <p>10 Q. It carries on:</p> <p>11 "In writing this report, the board struggles to</p> <p>12 convey how disturbing these numbers of detainees on</p> <p>13 constant supervision are. Concerns about a detainee's</p> <p>14 state of mind must be very high indeed to justify</p> <p>15 assigning staff to watch them at all times. Moreover,</p> <p>16 these are only the most extreme cases. More detainees</p> <p>17 were, at the same time, on hourly, overnight or less</p> <p>18 frequent watch."</p> <p>19 So 32, for example, out of 93, is only the people</p> <p>20 who were on that very highest level of round-the-clock</p> <p>21 watch?</p> <p>22 <b>A. Yes.</b></p> <p>23 Q. This was obviously highly distressing for the detainee?</p> <p>24 <b>A. Yes.</b></p> <p>25 Q. And not just for the ones who were being watched, but</p> <p style="text-align: center;">Page 108</p>

1 for everyone who was in this environment?

2 **A. Yes, it were an extremely busy period and -- yeah,**

3 **particularly for the residents, and for the staff as**

4 **well, so I am extremely grateful to the staff. They**

5 **were doing a fantastic job to care and support the**

6 **residents in a difficult time. Really difficult.**

7 Q. That was -- my next question was going to be about the

8 staff.

9 **A. Yes.**

10 Q. So what, if anything, could you do to support your staff

11 at this time?

12 **A. I mean lots of things we did for the staff, particularly**

13 **with the Mental Health First Aid trained staff and the**

14 **care team, and that was checking in on all the staff,**

15 **particularly, and making sure -- and the difficulty,**

16 **sometimes, for staff is doing a constant watch is quite**

17 **a hard task as well, and giving frequent breaks and**

18 **supporting in that nature as well, and as much**

19 **supervision as possible.**

20 Q. I read to what you Ms Molyneux had said and she noted

21 that Serco had made the Home Office aware of the levels

22 of self-harming and the concerns. But maybe you can

23 help us a bit more with what steps, if any, did you take

24 to raise concerns about the nature of the detainees and

25 their vulnerabilities?

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1 **A. I mean, it is fair to say that, because of the spike in**

2 **self-harm and the use of force, all the -- there was**

3 **a lot of discussion with the Home Office and the IMB and**

4 **other stakeholders as well. And it was discussed on**

5 **a weekly basis at the -- a monthly basis at the Safer**

6 **Custody meetings as well, and on a daily basis at**

7 **operational meetings every morning as well. So I think**

8 **the Home Office, ourselves and the IMB had got concerns**

9 **about some of the issues and the spike as well. So**

10 **everybody was aware of it.**

11 Q. Where Ms Molyneux says that Serco raised concerns with

12 the Home Office, do you know if she means just the

13 Home Office who were based at Brook House?

14 **A. We would have raised -- I had discussions with the**

15 **Home Office and -- I mean, there is weekly meetings,**

16 **I have a monthly operational meeting with the**

17 **Home Office, and quarterly meetings as well, so they are**

18 **in the minutes of those meetings as well.**

19 Q. Who from the Home Office attends the monthly meetings,

20 for example?

21 **A. It would be the service delivery manager, G7, from the**

22 **Home Office, who is on site.**

23 Q. Who is that?

24 **A. Currently, now, that is Simon Murrell.**

25 Q. Okay. And is that the only Home Office person who went

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1 to the meetings or is it different people at different

2 things?

3 **A. Simon and his deputy, who, at this point, is the area**

4 **manager who took over from Ian Castle.**

5 Q. I see. When you raised these concerns with the

6 Home Office, as you say you did, what was their

7 response?

8 **A. They acknowledged, obviously, the concerns and the risks**

9 **associated with it.**

10 Q. Do you think, looking back, that when you were raising

11 these concerns, you made it clear that the actions -- or

12 the fact of these people being detained was raising

13 really serious risks of these people hurting themselves

14 or dying?

15 **A. Yes, there is a full acknowledgment of that.**

16 Q. Did there come a point when you believed you simply

17 couldn't provide a safe detention setting environment

18 for these people?

19 **A. We never came to that point, no. And I had no control**

20 **on what were allocated to us when. From a Home Office**

21 **perspective, they decided on who they allocated as part**

22 **of their enforcement activity.**

23 Q. And one thing that can be done when you cannot comply

24 with certain provisions of the contract for example, is

25 derogate from certain provisions of the contract. Can

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1 you also refuse to take more people?

2 **A. No. No, there would be certain -- probably, under no**

3 **circumstances, have I ever refused to take anybody at**

4 **this point in time, if I have the availability, but --**

5 Q. If you have got a bed?

6 **A. Yes.**

7 Q. While we are in this document, can we go, please, to

8 page 22, this is a slightly different issue, but while

9 we have it on screen, we might as well deal with it

10 here. The last paragraph of this, states:

11 "The board also questioned the ..."

12 It is about ACDT reviews:

13 "The board also questioned the absence of

14 Home Office personnel in ACDT or constant supervision

15 reviews, being of the view that it would be fair and

16 respectful to detainees to have a presence, given the

17 impact of Home Office decisions on their lives. We have

18 been told by the Home Office that it is the decision of

19 the Serco manager to request Home Office presence if

20 they wish."

21 And it says that their presence might have

22 a detrimental as well as a beneficial effect.

23 Is this correct, do you know that Home Office,

24 firstly, are not present at ACDT reviews?

25 **A. I am not aware they are. They are invited to ACDT**

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28 (Pages 109 to 112)

<p>1 reviews. Some of them -- sometimes they will send</p> <p>2 a report or some information. I am not aware -- I don't</p> <p>3 attend them myself, so I am not 100 per cent sure</p> <p>4 whether it is sporadic or they don't attend at all, to</p> <p>5 be honest.</p> <p>6 Q. We also heard from Ms Molyneux that she thought it would</p> <p>7 be a good idea for case workers in general to be present</p> <p>8 at Brook House because she said there was potentially</p> <p>9 a disconnect between the detained person and the</p> <p>10 decision maker because you have a kind of a go-between.</p> <p>11 Do you agree with that, that that might be</p> <p>12 beneficial?</p> <p>13 <b>A. It would be beneficial because most of the questions of</b></p> <p>14 <b>the residents are related to their case. If there was</b></p> <p>15 <b>easier or better access, it would be better for them,</b></p> <p>16 <b>yes.</b></p> <p>17 Q. Have you ever raised that as a possibility?</p> <p>18 <b>A. I haven't raised it, no.</b></p> <p>19 Q. We will come to more of Mr Collier's recommendations, so</p> <p>20 our use of force expert. But while we're on it, one he</p> <p>21 does make is that Home Office staff should be the ones</p> <p>22 to inform detainees of removal orders. So he said the</p> <p>23 Home Office staff should inform the detainee, in the</p> <p>24 presence of a DCM, to support and familiarise themselves</p> <p>25 with the individual case.</p> <p style="text-align: center;">Page 113</p>	<p>1 Q. How many of those are on constant watch?</p> <p>2 <b>A. Two.</b></p> <p>3 Q. Out of a total population of how many?</p> <p>4 <b>A. 169.</b></p> <p>5 Q. That is the data from this morning, I understand?</p> <p>6 <b>A. This morning's meeting, yes.</b></p> <p>7 Q. Okay. Let's turn back to 2020 then.</p> <p>8 So leaving this report on the screen, please, last</p> <p>9 week we also heard from Ms Molyneux about a letter she</p> <p>10 sent on behalf of the IMB to the immigration minister</p> <p>11 and many others at the Home Office on 2 October 2020.</p> <p>12 It sets out many of the same concerns that we see in</p> <p>13 more detail in the 2020 report, so it set out evidence</p> <p>14 about the number of men on ACDT, it included a graph,</p> <p>15 the number of people who were at risk if removal</p> <p>16 directions were served, the number of men on food and</p> <p>17 fluid refusal, and it gave examples of people</p> <p>18 self-harming before removal, so a man who poured boiling</p> <p>19 water on his legs, someone who was hospitalised for</p> <p>20 self-harm and then on returning to Brook House was put</p> <p>21 on a flight. And it summarised, the letter did, that</p> <p>22 the cumulative effect of these concerns amounts to</p> <p>23 inhumane treatment. Ms Molyneux told us she sent a copy</p> <p>24 to you after she had sent it to the minister for your</p> <p>25 information. Do you recall receiving it?</p> <p style="text-align: center;">Page 115</p>
<p>1 I understand that doesn't happen at the moment, or</p> <p>2 does it?</p> <p>3 <b>A. It does happen. It has been a -- for the past</b></p> <p>4 <b>18 months, in between, obviously, the Covid and the</b></p> <p>5 <b>outbreaks, et cetera, it has been sporadic, so ...</b></p> <p>6 <b>A lot of the time, they do inform them. Sometimes</b></p> <p>7 <b>it is done by letter, sometimes by telephone, it is done</b></p> <p>8 <b>by a mixture of medium of communications.</b></p> <p>9 Q. And if you can do it face to face, then --</p> <p>10 <b>A. If you can do it face to face, we will do it face to</b></p> <p>11 <b>face.</b></p> <p>12 Q. And sometimes the Home Office attend?</p> <p>13 <b>A. Yes.</b></p> <p>14 Q. But, again, it wouldn't be the case worker, obviously,</p> <p>15 it would be the representative?</p> <p>16 <b>A. It would be the DET, yes, the detainee engagement</b></p> <p>17 <b>officer.</b></p> <p>18 Q. On ACDTs, I know you don't do them yourselves, so tell</p> <p>19 me if you don't know, but do healthcare attend ACDT</p> <p>20 reviews?</p> <p>21 <b>A. Yes, they do.</b></p> <p>22 Q. I am asked to ask you about today's situation, so if you</p> <p>23 can give us statistics about the number of people on</p> <p>24 ACDTs today at Brook House?</p> <p>25 <b>A. Five currently.</b></p> <p style="text-align: center;">Page 114</p>	<p>1 <b>A. Yes, indeed.</b></p> <p>2 Q. At the time did you agree with its contents insofar as</p> <p>3 you were able to?</p> <p>4 <b>A. Yes, factually the information was correct.</b></p> <p>5 Q. Did you take any steps to endorse those concerns, so to</p> <p>6 tell the Home Office you agreed with them?</p> <p>7 <b>A. No, no, I didn't.</b></p> <p>8 Q. Turning, please, to page 13 of this report, so this is</p> <p>9 still the IMB 2020 report, I want to ask about what it</p> <p>10 says here about Adults at Risk, so the second paragraph</p> <p>11 under the heading "Adults at Risk" it says "These</p> <p>12 issues", so some issues from a previous report:</p> <p>13 " ... were not resolved in 2020 and indeed were</p> <p>14 arguably worsened with the large numbers of detainees</p> <p>15 with vulnerable mental health status on ACDTs and</p> <p>16 self-harming but not all being added to the Adults at</p> <p>17 Risk log."</p> <p>18 Did you know at the time that this was not being</p> <p>19 done in the case of every detainee with vulnerable</p> <p>20 mental health status?</p> <p>21 <b>A. No, I can't recall.</b></p> <p>22 Q. When you read this report, did you then become aware of</p> <p>23 it?</p> <p>24 <b>A. When I read the report, yes.</b></p> <p>25 Q. What, if anything, did you do to ensure that in future</p> <p style="text-align: center;">Page 116</p>

1 people on the log are added to the Adults at Risk log?

2 **A. Well, I don't manage -- from an Adults at Risk**

3 **perspective on the levels, 1, 2 and 3, that is managed**

4 **by the Home Office so I don't set those levels, it's**

5 **something the Home Office and the case workers --**

6 Q. It is an issue though, isn't it, that people get placed

7 on ACDTs, which is something that's managed by Serco

8 staff?

9 **A. Yes, it is managed by us, yes.**

10 Q. And then they need to be added to the log?

11 **A. Yes.**

12 Q. So how does Serco make sure that --

13 **A. We share that detail by a note to the Home Office and to**

14 **the case worker.**

15 Q. So the Home Office knows that they are on ACDT?

16 **A. Yes.**

17 Q. And that therefore they should be added to the log?

18 **A. Yes, we don't manage the log.**

19 Q. Is that detail shared by way of a part C?

20 **A. It is, yes.**

21 Q. Finally on that page, rule 35 claims, you said that

22 rule 35 by way of process is for healthcare and

23 Home Office?

24 **A. Yes.**

25 Q. But were you aware that the increase in rule 35 claims

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1 Q. And release should have been considered if the

2 requirements were met. So are you able to help us with

3 why the safeguards of Adults at Risk and rule 35 were

4 not necessarily being employed or being employed

5 properly to lead to that decision to release or not

6 release?

7 **A. I can't assist with that because it would be answered by**

8 **the Home Office why they're not complying with some of**

9 **it.**

10 Q. You state at 101, I don't need that on screen anymore --

11 you state in your statement at 101, you said similar to

12 us just now, that you "supported those individuals in

13 line with resources available to us and to the best of

14 our ability" and you have told us that you kept them as

15 safe as you could.

16 The resources available to you though and the best

17 of your ability were not enough to keep them safe, were

18 they, if we look at the levels of self-harm for example?

19 **A. Well, we'll follow process with ACDT in supporting that,**

20 **when we talk about process and the fact that everyone is**

21 **supported, yes, high level of self-harm, but everyone**

22 **was supported from a social work perspective, from**

23 **a healthcare perspective and in that manner --**

24 Q. So processes -- sorry, go on.

25 **A. We follow process basically, yes.**

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1 for a while here overwhelmed the capacity for

2 appointments such that there was a 21-day waiting list

3 and a back log of 60 people?

4 **A. Only by I have a monthly meeting with the healthcare**

5 **provider and on that day obviously a level of detail was**

6 **shared at the meeting, so I was aware of the concerns**

7 **over that.**

8 Q. Did you do anything about that?

9 **A. No, not at that point in time because it were being**

10 **addressed with -- addressing trying to bring additional**

11 **doctors in, so I was given assurance that they were**

12 **addressing the issues at that point in time.**

13 Q. And Serco doesn't contract, does it, with healthcare or

14 with the doctors?

15 **A. None at all, no.**

16 Q. They separately contract?

17 **A. Yes, it's commissioned by NHS England.**

18 Q. This though, rule 35, and Adults at Risk are the roots

19 by which the very vulnerable people might be released by

20 the Home Office, although of course the decision is for

21 the Home Office?

22 **A. Yes.**

23 Q. And you would agree from what you said that they were

24 vulnerable people?

25 **A. Yes.**

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1 Q. Processes were all followed, appropriately?

2 **A. Yes, yes, and care.**

3 Q. And care, and you did the best that you could. And so

4 did --

5 **A. In a very difficult situation, I might add, yes.**

6 Q. And yet there were these levels of self-harm?

7 **A. Yes.**

8 Q. In terms of improving detainee welfare at Brook House,

9 your statement has some focus on increasing staffing

10 levels and how that is, I think from what you have said,

11 a key factor in improving welfare, is that fair?

12 **A. Yes.**

13 Q. But you would agree, wouldn't you that even increased

14 staffing levels in 2020 couldn't alleviate all of the

15 pressures that were placed on the centre?

16 **A. I think we managed the situation, managed the concerns,**

17 **managed the self-harm rises and the use of force to**

18 **control the self-harm at that point in time, with the**

19 **resource that we had.**

20 **At that point in time, this were a time we'd**

21 **obviously taken over the contract in May 2020, and we**

22 **were still bringing in new staff, training new staff,**

23 **part of the transformation of the contract and ramp up**

24 **of the staffing as well. So, yes, it was a difficult**

25 **period, I'll say that on record. A very difficult**

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30 (Pages 117 to 120)

<p>1 <b>period for everybody involved. Not only all the staff</b></p> <p>2 <b>and the managers at that point in time but, as I say,</b></p> <p>3 <b>I were immensely proud of the work they did.</b></p> <p>4 Q. I suppose the simple question is: just more staff cannot</p> <p>5 be the only response?</p> <p>6 <b>A. No, no, it's not a ...</b></p> <p>7 Q. Even, I think, at the time there was quite a low</p> <p>8 population compared to the capacity?</p> <p>9 <b>A. There was, yes.</b></p> <p>10 Q. How else can detainee welfare be ensured if more staff</p> <p>11 is not the answer? The processes you have described of</p> <p>12 course?</p> <p>13 <b>A. The processes and the culture, that we care and support</b></p> <p>14 <b>our residents. Unfortunately I -- you know, I don't</b></p> <p>15 <b>dictate the policy in -- it is done by government and</b></p> <p>16 <b>Home Office on who is brought to us within the centre.</b></p> <p>17 <b>Our role is quite distinct in that we're caring,</b></p> <p>18 <b>advising and supporting people.</b></p> <p>19 Q. You don't control the policy that leads to people coming</p> <p>20 in?</p> <p>21 <b>A. Correct.</b></p> <p>22 Q. And you also cannot control the decisions on whether or</p> <p>23 not to release them?</p> <p>24 <b>A. That's correct.</b></p> <p>25 Q. But you can, I suppose, have some control, within</p> <p style="text-align: center;">Page 121</p>	<p>1 <b>41, an officer can use force which is necessary and</b></p> <p>2 <b>proportionate in the circumstances and one is to prevent</b></p> <p>3 <b>self-harm.</b></p> <p>4 <b>That is to prevent people hurting themselves.</b></p> <p>5 Q. And can I ask for &lt;LIB000176&gt; to be shown, please.</p> <p>6 This is a Serco use of force presentation</p> <p>7 from November 2020.</p> <p>8 So towards the end of that period. If we go to</p> <p>9 page 2, please, it says there at the top:</p> <p>10 "Charter flights continue to be going well and the</p> <p>11 main focus of business."</p> <p>12 In what sense were they going well?</p> <p>13 <b>A. In the sense that we were managing the process. I mean,</b></p> <p>14 <b>part of our contract is to present people to perform</b></p> <p>15 <b>a removal and that is the part of the business that</b></p> <p>16 <b>was -- we were managing and supporting them.</b></p> <p>17 Q. The penultimate bullet point there says:</p> <p>18 "The level of self-harm in November remained high.</p> <p>19 This resulted in force being used on 14 occasions out of</p> <p>20 26."</p> <p>21 We see on the next slide, reflecting what you have</p> <p>22 told us, force was used 26 times at Brook House and 14</p> <p>23 of those were to prevent self-harm.</p> <p>24 <b>A. To prevent harm, yes.</b></p> <p>25 Q. If we flip to page 18, we see the third heading there</p> <p style="text-align: center;">Page 123</p>
<p>1 Brook House there could be some control over allowing</p> <p>2 them to get to the point where their release is</p> <p>3 considered?</p> <p>4 <b>A. Yes.</b></p> <p>5 Q. I think you have just alluded to it as well, along with</p> <p>6 the IMB 2020 report and letter, we have asked you about</p> <p>7 another document that raises concern about Brook House</p> <p>8 both in 2020 and 2021, which is an article in The</p> <p>9 Observer that referred to the use of force and</p> <p>10 dispensation that you have just mentioned?</p> <p>11 <b>A. Yes.</b></p> <p>12 Q. This was an article published on Boxing Day 2021 in The</p> <p>13 Observer entitled "Suicidal asylum seekers subjected to</p> <p>14 'dangerous' use of force by guards at detention centre"</p> <p>15 and you comment on that in your statement. Do you</p> <p>16 remember if you read it at the time?</p> <p>17 <b>A. I think I did. It was shared with me from a Serco</b></p> <p>18 <b>perspective, yes.</b></p> <p>19 Q. It is based on some 180 documents obtained by The</p> <p>20 Observer and by Liberty Investigates and it notes</p> <p>21 an uptick in the use of force around the charter</p> <p>22 programme. In brief, why was there an increased use of</p> <p>23 force that went with that?</p> <p>24 <b>A. In brief, there was use of force because there was</b></p> <p>25 <b>a rise in self-harm and, as per detention centre rule</b></p> <p style="text-align: center;">Page 122</p>	<p>1 the 3 in 3 use of force system which you have already</p> <p>2 told us about?</p> <p>3 <b>A. Yes, correct.</b></p> <p>4 Q. So you thank someone for setting it up and you note that</p> <p>5 36 out of 36 3 in 3s have been completed. And then the</p> <p>6 next slide, obviously all the names of staff have been</p> <p>7 redacted, but it tells you how many people had been</p> <p>8 involved: planned, spontaneous, grand total, and then it</p> <p>9 says "status "Y". What does that mean? Do you know?</p> <p>10 You may not have made this table.</p> <p>11 <b>A. I think that's stated: is completed.</b></p> <p>12 Q. So there 3 in 3 processes have happened?</p> <p>13 <b>A. It is completed, yes.</b></p> <p>14 Q. I appreciate I am asking you about a table that I don't</p> <p>15 know whether or not you completed so it may just be</p> <p>16 a guess.</p> <p>17 The last slide, 20, I will read it:</p> <p>18 "Over the month of November we have seen a recurring</p> <p>19 problem with prevention of self-harm which has been the</p> <p>20 biggest issue we have faced since August 2020 and I can</p> <p>21 project this will be the biggest mitigation for use of</p> <p>22 force while we're running rolling charter operation."</p> <p>23 What does mitigation mean there?</p> <p>24 <b>A. I think it is just a justification of the high rising</b></p> <p>25 <b>force more than anything, I think that is what the</b></p> <p style="text-align: center;">Page 124</p>

<p>1 <b>intention of that word is.</b></p> <p>2 Q. So the biggest reason for use of force, in other words?</p> <p>3 <b>A. The biggest reason, yes.</b></p> <p>4 Q. And the IMB found that use of force had doubled from</p> <p>5 what it was in 2019 and 2018, with about 17 per cent of</p> <p>6 detained people subjected to force in each month in</p> <p>7 2020, compared with about 7 or 8 per cent in 2019 and</p> <p>8 2018.</p> <p>9 So there is the correlation with the increased use</p> <p>10 of force, with higher levels of self-harm and suicidal</p> <p>11 attempts.</p> <p>12 <b>A. Yes.</b></p> <p>13 Q. And this reflected, didn't it, the change in the</p> <p>14 detainee profile?</p> <p>15 <b>A. Correct.</b></p> <p>16 Q. So the people who arrived on small boats, mainly asylum</p> <p>17 seekers, as you have said, and therefore increased</p> <p>18 vulnerable detainees?</p> <p>19 <b>A. Yes.</b></p> <p>20 Q. Did you raise specifically the concern about the</p> <p>21 increased use of force with the Home Office?</p> <p>22 <b>A. Yes, it were discussed at every meeting to be honest.</b></p> <p>23 Q. In the same meetings that we have already referred to?</p> <p>24 <b>A. Yes.</b></p> <p>25 Q. We can take that down now, thank you. A key matter</p> <p style="text-align: center;">Page 125</p>	<p>1 <b>used on planned use of force but they could use</b></p> <p>2 <b>spontaneous force and still do their role. That were</b></p> <p>3 <b>part of the dispensation.</b></p> <p>4 Q. So only people who were out of ticket could be used in</p> <p>5 unplanned use of force, you wouldn't use them for</p> <p>6 a planned event? They wouldn't be used for a planned</p> <p>7 event?</p> <p>8 <b>A. That's correct.</b></p> <p>9 Q. Being used in unplanned events, they are more reactive</p> <p>10 and unpredictable events though, aren't they?</p> <p>11 <b>A. Correct, yes.</b></p> <p>12 Q. Was there a concern about that?</p> <p>13 <b>A. No, no concern about it.</b></p> <p>14 Q. Did you consider or do you consider now that the</p> <p>15 deployment of officers out of ticket to these incidents,</p> <p>16 unplanned incidents, might have presented a risk of the</p> <p>17 misuse of force against these vulnerable detainees?</p> <p>18 <b>A. No, no. I had no risk whatsoever. We caught up</b></p> <p>19 <b>straight away afterwards, from August-wise, so --</b></p> <p>20 <b>I think by Christmas we were back up to about 96,</b></p> <p>21 <b>98 per cent compliance on all our staff training use of</b></p> <p>22 <b>force. The only percentage were people who were off</b></p> <p>23 <b>maternity or long term absence.</b></p> <p>24 Q. So you think there was no risk. What is the point then</p> <p>25 in having refresher training at all?</p> <p style="text-align: center;">Page 127</p>
<p>1 discussed in the article was the fact that officers at</p> <p>2 Brook House were working while out of ticket, so they</p> <p>3 didn't have update up-to-date use of force training. So</p> <p>4 I understand use of force training is done before you</p> <p>5 join, before you can start?</p> <p>6 <b>A. Yes.</b></p> <p>7 Q. And then every year there's a refresher course?</p> <p>8 <b>A. Every 12 months a full refresher, yes.</b></p> <p>9 Q. And the purpose is of course to keep skills and</p> <p>10 knowledge up to date?</p> <p>11 <b>A. Correct.</b></p> <p>12 Q. And ultimately, I assume, to ensure that force is used</p> <p>13 in a safe and lawful way?</p> <p>14 <b>A. Yes.</b></p> <p>15 Q. You received a dispensation to use officers who didn't</p> <p>16 have the updated training?</p> <p>17 <b>A. That's right, yes, correct. That were a national</b></p> <p>18 <b>dispensation across all IRCs, it wasn't just specific to</b></p> <p>19 <b>Gatwick and in was relation to Covid.</b></p> <p>20 Q. Did you seek it then or was it granted to all IRCs?</p> <p>21 <b>A. It was granted across all IRCs and at that point in time</b></p> <p>22 <b>we resumed our force, use of force training</b></p> <p>23 <b>in August 2020, and caught up all our people that were</b></p> <p>24 <b>out of date or out of the -- the term is out of ticket.</b></p> <p>25 <b>Even though they were out of ticket they could not be</b></p> <p style="text-align: center;">Page 126</p>	<p>1 <b>A. The point in refresher training is to make sure that</b></p> <p>2 <b>people are up to date and up to date with any new</b></p> <p>3 <b>changes. I am not aware of any new changes or anything.</b></p> <p>4 <b>Staff would not be deployed on any planned use of</b></p> <p>5 <b>force if they were out of -- the term used out of</b></p> <p>6 <b>ticket.</b></p> <p>7 Q. Do you consider then that you only need to update</p> <p>8 people's use of force training if there has been</p> <p>9 a change in use of force policy?</p> <p>10 <b>A. No, it is mandatory every 12 months.</b></p> <p>11 Q. More generally then on the use of force, have you read</p> <p>12 the three reports of Mr Collier, the use of force expert</p> <p>13 to the inquiry?</p> <p>14 <b>A. Yes, I have seen a number of recommendations from</b></p> <p>15 <b>Mr Collier, yes.</b></p> <p>16 Q. Have you read the full reports or just the</p> <p>17 recommendations?</p> <p>18 <b>A. Just the recommendations.</b></p> <p>19 Q. That is what I am going to ask you about.</p> <p>20 Did you see his live evidence on Wednesday this</p> <p>21 week?</p> <p>22 <b>A. No.</b></p> <p>23 Q. I can tell you what he said to the inquiry. Is there</p> <p>24 any reason why you didn't watch Mr Collier's live</p> <p>25 evidence?</p> <p style="text-align: center;">Page 128</p>

32 (Pages 125 to 128)



<p>1 <b>A. Because I were busy in meetings at -- in my operation,</b>  2 <b>unfortunately. I would love to have watched it but</b>  3 <b>I didn't have the capacity.</b>  4 Q. Do you intend to catch up on it?  5 <b>A. Yes. Yes.</b>  6 Q. Obviously he wasn't asked to comment on any incidents  7 which occurred during your time at Brook House --  8 <b>A. Yes, it's all in the relevant period, I believe, is it?</b>  9 Q. All while Serco ran the centre, but I understand from  10 others, including Mr Haughton, that other staff -- he  11 mentioned he had read the report and the recommendations  12 as well. I want to ask you first about training, so  13 Mr Connolly, you will be aware, was dismissed by G4S in  14 2017, you may be aware, and he was --  15 <b>A. I don't know who Mr Connolly is, sorry.</b>  16 Q. He was a person who was dismissed after Panorama and he  17 was seen using the N word about a detainee, which he  18 accepted when he gave evidence to the inquiry.  19 <b>A. Okay.</b>  20 Q. And he was formally a use of force instructor at  21 Brook House.  22 <b>A. Right.</b>  23 Q. It is necessary, isn't it, as a general principle, to  24 ensure that the appropriate people are involved in use  25 of force from the top down, so from training down to the</p> <p style="text-align: center;">Page 129</p>	<p>1 <b>A. Not particularly, but, I mean, there these aspects of</b>  2 <b>the training, even on the initial training and the</b>  3 <b>one-day refresher, a percentage of that covers</b>  4 <b>medical -- a medical presentation, shall I say. And it</b>  5 <b>talks about -- a little bit about mental illness and</b>  6 <b>concerns around that, and part of the other is a lot</b>  7 <b>around inter-personal skills and managing conflict</b>  8 <b>resolution as well, that is part of the syllabus of the</b>  9 <b>day.</b>  10 Q. So there is a medical element?  11 <b>A. Yes.</b>  12 Q. Is it delivered by anyone with clinical expertise?  13 <b>A. It is delivered by a doctor. The medical element is</b>  14 <b>a pre-loaded video that has been probably not updated</b>  15 <b>for three or four years -- to the best of my knowledge,</b>  16 <b>Dr Ian Maconochie his name is and he presents that and</b>  17 <b>before every use of force refresher you have to watch</b>  18 <b>his video and it talks about the medical aspects and</b>  19 <b>asphyxiation et cetera and that part of it, so it's</b>  20 <b>a medical video.</b>  21 Q. Mr Collier has recommended that all DCMs have incident  22 scene management training before taking up the post,  23 which would focus on scene control and defensible  24 decision-making using the model within the use of force  25 training manual along with negotiation skills and staff</p> <p style="text-align: center;">Page 131</p>
<p>1 people who carry out the force?  2 <b>A. Yes.</b>  3 Q. And that training is adequate.  4 Mr Collier recommends internal and external quality  5 assurance of locally delivered training in the use of  6 force, including peer observations and independent  7 external body observations of training.  8 Is this done at the moment?  9 <b>A. It is done at the moment, yes.</b>  10 Q. In what way is that done?  11 <b>A. So all our trainers, SENAR(?) trainers, who deliver our</b>  12 <b>up-skilling and refreshers, they go for an annual</b>  13 <b>revalidation with the Prison Service or HMPPS and</b>  14 <b>externally we have the part of the Home Office, they</b>  15 <b>come and view our delivery of training as well, so they</b>  16 <b>have a use of force expert in the Home Office who will</b>  17 <b>come and revalidate and do observations on our training</b>  18 <b>delivery as well.</b>  19 Q. So the Home Office person who comes is the independent  20 external body?  21 <b>A. Yes.</b>  22 Q. Then the training itself, I don't understand that it  23 covers specific guidance on the use of force in the  24 context of detainees with mental illness or, for  25 example, histories of torture?</p> <p style="text-align: center;">Page 130</p>	<p>1 management. This is his recommendation number 1.  2 <b>A. Yes, and all my staff, all my DOMs now, or new appointed</b>  3 <b>DOMs as well, have all gone through scene bronze</b>  4 <b>training and gone through that process delivered by</b>  5 <b>an external provider accredited up to the Prison Service</b>  6 <b>as well.</b>  7 Q. Is that before they can start working as a DOM?  8 <b>A. Not before they can start working but they've all gone</b>  9 <b>through it and unless we've refreshed new DOMs et cetera</b>  10 <b>that would be the next role or part of it as well.</b>  11 Q. So refreshing the people who are already in post?  12 <b>A. Yes, yes.</b>  13 Q. As I mentioned within that training and negotiation,  14 this is further developed at recommendation number 10,  15 where Mr Collier says in his view Brook House should  16 have trained negotiators to assist with the resolution  17 of serious incidents who are available 24/7 on a rota.  18 He said they should be deployed before resorting to use  19 of force unless there is an imminent risk that requires  20 --  21 <b>A. Yes, that's completed. We have 22, I think, trained</b>  22 <b>hostage negotiators within the contract, all trained by</b>  23 <b>HMPPS.</b>  24 Q. Is there one there 24/7 on a rota basis?  25 <b>A. They're on a rota basis, I can't confirm they're on</b></p> <p style="text-align: center;">Page 132</p>

<p>1 <b>24 hours but they're on shift basis.</b></p> <p>2 Q. Sorry, did you say they are trained by HMPPS?</p> <p>3 <b>A. That's correct, so a recognised training provider, yes.</b></p> <p>4 Q. When did that come in?</p> <p>5 <b>A. I've had a number of staff that have recently been for</b></p> <p>6 <b>training, it has been in place a number of years but we</b></p> <p>7 <b>are talking particularly about hostage negotiator</b></p> <p>8 <b>training, that is what I am talking about.</b></p> <p>9 Q. Hostage negotiator training, is that just for when</p> <p>10 somebody is taken hostage?</p> <p>11 <b>A. Yes.</b></p> <p>12 Q. What about negotiations, as Mr Collier recommends it,</p> <p>13 who assist with serious incidents before force is used</p> <p>14 more generally, so negotiations against someone who's</p> <p>15 maybe --</p> <p>16 <b>A. Other than specifically on the refresher training, there</b></p> <p>17 <b>is a conflict resolution, there is that part of</b></p> <p>18 <b>negotiation, but there is no other particular thing</b></p> <p>19 <b>that's delivered package-wise other than the refresher</b></p> <p>20 <b>at this point in time.</b></p> <p>21 Q. You don't understand there to be an available different</p> <p>22 type of negotiation training?</p> <p>23 <b>A. Not that I am aware of, no.</b></p> <p>24 Q. Still on training, Mr Collier recommends that local use</p> <p>25 of force training should include a scenario-based</p> <p style="text-align: center;">Page 133</p>	<p>1 <b>review it, and review the footage, CCTV and body-worn</b></p> <p>2 <b>video as well.</b></p> <p>3 Q. When would healthcare be required?</p> <p>4 <b>A. If there is any concern, they would be part of it, yes.</b></p> <p>5 Q. If there was an injury?</p> <p>6 <b>A. Yes. We -- irrespective of that, any use of force will</b></p> <p>7 <b>be what they call a 2123 form completed by healthcare</b></p> <p>8 <b>and submitted as part of the pack.</b></p> <p>9 Q. That is injury to detainee form?</p> <p>10 <b>A. Correct.</b></p> <p>11 Q. Would a healthcare representative also attend the review</p> <p>12 if there was potentially an underlying mental health</p> <p>13 problem with a detainee even if they were not injured?</p> <p>14 <b>A. Yes, I mean, separately -- we may have a separate case</b></p> <p>15 <b>review or MDT, multidisciplinary team, meeting on that</b></p> <p>16 <b>aspect.</b></p> <p>17 Q. I understand you have set up also a use of force review</p> <p>18 committee which meets monthly?</p> <p>19 <b>A. Correct.</b></p> <p>20 Q. Chaired by the assistant director of security?</p> <p>21 <b>A. Yes.</b></p> <p>22 Q. Who is that at the moment?</p> <p>23 <b>A. Well, it is currently chaired by the assistant director</b></p> <p>24 <b>of operations, use of force comes under, which currently</b></p> <p>25 <b>is Steve Skitt.</b></p> <p style="text-align: center;">Page 135</p>
<p>1 element which is regularly reviewed and focuses on real</p> <p>2 incidents and is designed to cascade good practice and</p> <p>3 identify potential issues. Is a scenario-based</p> <p>4 real-incident-based training used?</p> <p>5 <b>A. Yes, as part of the full five day initial C&amp;R course</b></p> <p>6 <b>there is a full scenario-based training element. I was</b></p> <p>7 <b>a little confused with that recommendation because</b></p> <p>8 <b>I know there is one.</b></p> <p>9 Q. Does that look at real incidents that have happened in</p> <p>10 Brook House and how they could be appropriately managed?</p> <p>11 <b>A. No, they're just scenario-based incidents that could</b></p> <p>12 <b>happen.</b></p> <p>13 Q. Does it look at real incidents or just scenarios?</p> <p>14 <b>A. No, it doesn't.</b></p> <p>15 Q. Just scenarios?</p> <p>16 <b>A. Yes.</b></p> <p>17 Q. In terms of reviewing and auditing force, you discuss</p> <p>18 this in your statement at 58 to 65, you say every use of</p> <p>19 force is audited within 24 hours now.</p> <p>20 <b>A. Yes.</b></p> <p>21 Q. Who is that done by?</p> <p>22 <b>A. That's done by the assistant director of operations or</b></p> <p>23 <b>another assistant director, use of force coordinator and</b></p> <p>24 <b>the Home Office as well for full transparency, they</b></p> <p>25 <b>will -- and healthcare if required, they will sit in and</b></p> <p style="text-align: center;">Page 134</p>	<p>1 Q. Mr Skitt, is currently operations?</p> <p>2 <b>A. Yes.</b></p> <p>3 Q. Mr Collier recommends that a detainee representative</p> <p>4 should be included and he said on Wednesday:</p> <p>5 "I think provides transparency, I think it allows</p> <p>6 the detainee group to have knowledge of how incidents</p> <p>7 are reviewed, that if force is used against them, that</p> <p>8 it is properly scrutinised, that if is any inappropriate</p> <p>9 actions or anything that's come out of it, it's being</p> <p>10 addressed at the correct level."</p> <p>11 What is your view on that?</p> <p>12 <b>A. In some cases there may be an advantage but there is not</b></p> <p>13 <b>always the ability to allow them to attend a meeting of</b></p> <p>14 <b>that nature, because -- where the meeting takes place,</b></p> <p>15 <b>looking at footage et cetera, things like that, they are</b></p> <p>16 <b>in staff areas, so they wouldn't be able to attend that</b></p> <p>17 <b>type of meeting.</b></p> <p>18 Q. It could be held somewhere else though, couldn't it?</p> <p>19 <b>A. It could be, yes. It could be. It is a consideration.</b></p> <p>20 <b>I think the model is probably looking at it, regarding</b></p> <p>21 <b>MMPR, which is managing minimising physical restraint,</b></p> <p>22 <b>which is some of my staff are trained in, that is the</b></p> <p>23 <b>model they're using with young people and children.</b></p> <p>24 Q. I see.</p> <p>25 <b>A. So they will allow them to attend the meeting and</b></p> <p style="text-align: center;">Page 136</p>

<p>1 review -- so they understand the reasons, the rationale</p> <p>2 for the force as well.</p> <p>3 Q. Is that something that is used at Tinsley House, for</p> <p>4 example?</p> <p>5 A. Not currently because we have not had any children in</p> <p>6 for a long while actually.</p> <p>7 Q. I see. You said it is something that could be</p> <p>8 considered, is it something you are going to consider?</p> <p>9 A. We will after the inquiry has finished, we will look at</p> <p>10 all the considerations and recommendations.</p> <p>11 Q. He notes here that at these monthly meetings one</p> <p>12 incident per month is reviewed and he says it should be</p> <p>13 more than that. Why is it only one?</p> <p>14 A. Just time permitting and that is picked at random, so we</p> <p>15 will look at any particular incident, a health concern</p> <p>16 or some are quite routine incidents, so it is just</p> <p>17 relying on the type that are in, we can't see everyone,</p> <p>18 it depends on the numbers basically.</p> <p>19 Q. Can you tell me quickly about the storage of footage and</p> <p>20 documents received. How long does Brook House keep body</p> <p>21 worn video camera footage?</p> <p>22 A. Contractually, all CCTV and body-worn footage is</p> <p>23 contractually we keep it for 120 days. If there is</p> <p>24 an incident, if it is related, if the footage is related</p> <p>25 to an incident, use of force, et cetera, anything like</p> <p style="text-align: center;">Page 137</p>	<p>1 management of the IRCs. This issue was subsequently</p> <p>2 clarified with staff and they were informed that the</p> <p>3 wording used was incorrect. Staff were aware that they</p> <p>4 have the right to add to their reports rather than amend</p> <p>5 them."</p> <p>6 Before that clarification, if you know, did staff</p> <p>7 believe that they were entitled to amend their reports?</p> <p>8 A. I think the staff believed differently, yes, contrary to</p> <p>9 what the correct advice that is, that's why it were</p> <p>10 addressed and advised correctly: you can amend.</p> <p>11 Q. You can amend?</p> <p>12 A. The right to add to, sorry, the right to add to the</p> <p>13 report if need be.</p> <p>14 Q. So previously they --</p> <p>15 A. If latterly you feel there is something you've missed or</p> <p>16 remembered.</p> <p>17 Q. Previously they believed that you could amend and then,</p> <p>18 from, say, 2020 --</p> <p>19 A. It were just a clarification, yes.</p> <p>20 Q. -- you said no, actually, you to have to leave it as it</p> <p>21 is but you can add to it?</p> <p>22 A. Add to it, yes.</p> <p>23 Q. Mr Collier was asked about that yesterday and his view</p> <p>24 was that staff should not amend their reports and</p> <p>25 secondly he noted that the Prison Service model was to</p> <p style="text-align: center;">Page 139</p>
<p>1 that, the footage it is all downloaded and retained in</p> <p>2 security indefinitely. So if it's required again in the</p> <p>3 future, downloaded to a USB.</p> <p>4 Q. By "if there is an incident", you mean if there is</p> <p>5 a concern about it?</p> <p>6 A. Concern. If any concern or anything of that nature that</p> <p>7 is raised to us, even if it's a complaint by a resident</p> <p>8 raising a concern, and we don't believe there is any</p> <p>9 incident, we will download all the footage and it will</p> <p>10 all be retained indefinitely on a storage hard drive and</p> <p>11 retained in security.</p> <p>12 Q. Chair, I'm aware it is 12.55, I have only probably got</p> <p>13 10 more minutes, so it probably makes sense to continue</p> <p>14 with Mr Hewer until just after 1.00 if that suits you?</p> <p>15 THE CHAIR: That is fine, thank you very much.</p> <p>16 MS MOORE: On use of force paperwork now, at paragraph 76 of</p> <p>17 your statement, page 18, you refer to one of the</p> <p>18 documents which was disclosed to Liberty Investigates,</p> <p>19 the people who were gathering documents before The</p> <p>20 Observer article.</p> <p>21 You say at 76 with reference to that document:</p> <p>22 "I have been made aware of an allegation that</p> <p>23 officers were reserving their right to later change</p> <p>24 reports. The minutes referred to were</p> <p>25 dated October 2020, four months after Serco took over</p> <p style="text-align: center;">Page 138</p>	<p>1 write those reports within 72 hours of the event. He</p> <p>2 said that he doesn't think 24 hours gives sufficient</p> <p>3 time and he notes that it can be hard during a shift to</p> <p>4 complete the paperwork to the requisite standard.</p> <p>5 He said 72 hours would be ideal, although 48 would</p> <p>6 still be better.</p> <p>7 What is your view on the time period?</p> <p>8 A. We have to support -- I mean, contractually we have to</p> <p>9 submit all the reports of the incident within 24 hours</p> <p>10 to the Home Office. So that is part of why we do it</p> <p>11 within 24 hours.</p> <p>12 Q. I see. Do you think, if you have any knowledge of it,</p> <p>13 it does raise issues with people in maybe a busy</p> <p>14 shift trying to --</p> <p>15 A. It does, yes, and sometimes it is challenging. It is</p> <p>16 challenging to get the information and get the right</p> <p>17 information at that point in time.</p> <p>18 Q. As a result of the considerations that you are going to</p> <p>19 have after the inquiry, you think longer would be</p> <p>20 better, is it something you could discuss with the</p> <p>21 Home Office?</p> <p>22 A. It would, to make sure we get the correct factual</p> <p>23 paperwork together, yes.</p> <p>24 Q. Still at page 18 of your statement, a use of force</p> <p>25 report is referred to there in November 2020, and the</p> <p style="text-align: center;">Page 140</p>

35 (Pages 137 to 140)

<p>1 reference just for the note is L I B 000176 but I don't</p> <p>2 need it bringing up, that report states that:</p> <p>3 "Use of force paperwork had been an issue over the</p> <p>4 month of November with incorrect paperwork being handed</p> <p>5 in and signed off by the time it reaches me.</p> <p>6 Home Office have been in regular contact with me about</p> <p>7 this."</p> <p>8 You say in your statement that this was then</p> <p>9 addressed by the coordinator and through further</p> <p>10 training?</p> <p>11 <b>A. Yes.</b></p> <p>12 Q. There was an issue with incorrect paperwork being handed</p> <p>13 in?</p> <p>14 <b>A. It were a training need because we brought lots of new</b></p> <p>15 <b>staff on, new policies, new procedures, they were</b></p> <p>16 <b>understanding how it -- it were new to them so we were</b></p> <p>17 <b>supporting in that and offered them additional training</b></p> <p>18 <b>and updated the ITC.</b></p> <p>19 Q. At page 23, at paragraph 97, despite the issues that</p> <p>20 I just noted, so amending use of force reports and also</p> <p>21 the paperwork issues that needed clarification through</p> <p>22 training, you say at paragraph 97 that in the last</p> <p>23 18 months there has only been one disciplinary</p> <p>24 investigation carried out against staff relating to</p> <p>25 failure to correctly complete use of force forms. Why</p> <p style="text-align: right;">Page 141</p>	<p>1 Q. Finally on use of force, Mr Collier on a number of</p> <p>2 occasions in his report into planned use of force</p> <p>3 criticises the use of PPE in individual events he has</p> <p>4 looked at. He told the inquiry this week that there was</p> <p>5 a perception that every planned use of force needs to be</p> <p>6 in PPE but he said that is not the case. He was taken</p> <p>7 to the manual and I don't need to bring it up but for</p> <p>8 the note it is N O M 0000001 which says that this is the</p> <p>9 manual that is applied in the detention centre even</p> <p>10 though I think it is a prison document?</p> <p>11 <b>A. PSO 1600.</b></p> <p>12 Q. That's right. It says there may be occasions where</p> <p>13 staff must where suitable PPE and he gives examples such</p> <p>14 as where a prisoner -- he refers to prisoners because it</p> <p>15 is a prison manual -- is behaving aggressively or where</p> <p>16 the prisoner has or is likely to have a weapon but he</p> <p>17 says in fact every situation should be evaluated on its</p> <p>18 own unique circumstances and he explained, for example,</p> <p>19 the difficulty of communicating through helmets, the</p> <p>20 obvious difficulties in rapport building when in PPE and</p> <p>21 said that if PPE is removed during an incident when it</p> <p>22 becomes clear it is not necessary, this can be</p> <p>23 deescalating not just to the person on whom force can be</p> <p>24 used but to other people watching as well. Presumably</p> <p>25 you accept Mr Collier's expertise in lawful and</p> <p style="text-align: right;">Page 143</p>
<p>1 is there only one investigation when there were</p> <p>2 apparently fairly widespread issues with documentation</p> <p>3 and amendments?</p> <p>4 <b>A. I think that is one official investigation. Others</b></p> <p>5 <b>would have been addressed formally by a manager. It's</b></p> <p>6 <b>not gone to a disciplinary issue, obviously this one</b></p> <p>7 <b>has.</b></p> <p>8 <b>I am not sure exactly which one that one is.</b></p> <p>9 Q. Something like late paperwork or amending paperwork</p> <p>10 wouldn't necessarily be official?</p> <p>11 <b>A. No, no. It is -- that could be obviously a disciplinary</b></p> <p>12 <b>matter against our code of ethics.</b></p> <p>13 Q. Mr Collier recommends at recommendation 7 that line</p> <p>14 managers, assisted by the use of force instructor,</p> <p>15 should carry out random quality assurance checks on use</p> <p>16 of force statements submitted by their direct reports.</p> <p>17 Is that done?</p> <p>18 <b>A. We quality check the use of force coordinator and the</b></p> <p>19 <b>team quality check all the statements.</b></p> <p>20 <b>So, I mean, announcement of this contract is we have</b></p> <p>21 <b>two dedicated use of force coordinators and part of that</b></p> <p>22 <b>is to ensure we get all the documentation, the paperwork</b></p> <p>23 <b>and we get it set to a good standard as well.</b></p> <p>24 Q. Is that part of the review that happens within 24 hours?</p> <p>25 <b>A. Yes.</b></p> <p style="text-align: right;">Page 142</p>	<p>1 appropriate use of force?</p> <p>2 <b>A. Yes.</b></p> <p>3 Q. Now that it is clear that PPE is not mandatory for</p> <p>4 planned use of force, is this something that will in</p> <p>5 practice change?</p> <p>6 <b>A. Well, I would have to say it is common practice in --</b></p> <p>7 <b>I mean, mostly areas and establishments I have worked in</b></p> <p>8 <b>is common practice, if you are requesting staff to do</b></p> <p>9 <b>a planned use of force within into a bedroom, where</b></p> <p>10 <b>you're uncertain if there is any weapons or visible</b></p> <p>11 <b>threats to those staff, you will then -- I mean, as</b></p> <p>12 <b>a responsible employee, employer, and under the Health</b></p> <p>13 <b>and Safety At Work Act, I have the responsibility to</b></p> <p>14 <b>protect my staff as well, so I would not knowingly send</b></p> <p>15 <b>them into an area -- it's a risk assessment -- into an</b></p> <p>16 <b>area where they could be injured without the proper PPE</b></p> <p>17 <b>as well, so it is -- I would say it is a discussion,</b></p> <p>18 <b>a contentious issue, and I don't fully agree with</b></p> <p>19 <b>Mr Collier's views on that.</b></p> <p>20 Q. There is not a risk assessment, though, is there, it is</p> <p>21 just a blanket policy at the moment of always using PPE?</p> <p>22 <b>A. It is a blanket policy and it has been -- I'd have to be</b></p> <p>23 <b>-- I'd like to see the reference where it says that it</b></p> <p>24 <b>may -- because routinely, any planned use of force, if</b></p> <p>25 <b>you're sending staff -- depending what the situation is,</b></p> <p style="text-align: right;">Page 144</p>

<p>1 <b>you would ask them to put PPE in, to protect the staff.</b></p> <p>2 Q. In the manual, for example, it says that it should be</p> <p>3 where a prisoner is aggressive or where they're likely</p> <p>4 to have a weapon or do have a weapon.</p> <p>5 <b>A. Yes, yes.</b></p> <p>6 Q. Likely to have or do have a weapon is different from we</p> <p>7 don't know what is in bedroom, isn't it?</p> <p>8 <b>A. Yes, and what intelligence there is as well. So there</b></p> <p>9 <b>may be intelligence that they have got a weapon or they</b></p> <p>10 <b>have got a sharp blade or something as well, so it is</b></p> <p>11 <b>an assessment and it is based on intelligence as well.</b></p> <p>12 Q. But at the moment there is not any assessment.</p> <p>13 <b>A. Not particularly. We will -- if there is a risk we will</b></p> <p>14 <b>kit people up, yes.</b></p> <p>15 Q. At the moment at Brook House, it is not that there is</p> <p>16 an assessment at all, it is always the case that PPE is</p> <p>17 worn?</p> <p>18 <b>A. For planned use of force, yes.</b></p> <p>19 Q. And it is not always going to be the case, is it, when</p> <p>20 you go into someone's bedroom or otherwise plan a use of</p> <p>21 force on them that there will be any underlying</p> <p>22 concerns?</p> <p>23 <b>A. No, it's not.</b></p> <p>24 Q. You cannot assume that all detainees might have</p> <p>25 a weapon?</p> <p style="text-align: center;">Page 145</p>	<p>1 two abusive or racist -- events of language against</p> <p>2 an ex resident which was partially substantiated. Does</p> <p>3 either the volume or the nature of these complaints</p> <p>4 concern you, particularly given the low levels of the</p> <p>5 population at Brook House?</p> <p>6 <b>A. I wouldn't say it concerns me overly.</b></p> <p>7 <b>I think what it does show is that staff are prepared</b></p> <p>8 <b>-- other staff are prepared -- we're building a culture</b></p> <p>9 <b>a where staff are prepared to report things and other</b></p> <p>10 <b>staff from swearing or, you know, unethical behaviour</b></p> <p>11 <b>and things we wouldn't expect as part of our code of</b></p> <p>12 <b>conduct. I am more content that things are being</b></p> <p>13 <b>reported, are being addressed and we are making the</b></p> <p>14 <b>right actions and right decisions.</b></p> <p>15 Q. I am asked on behalf of Duncan Lewis to ask about</p> <p>16 a freedom of information response received by that firm</p> <p>17 which shows the annual complaint report from January</p> <p>18 to December 2021, and according to Duncan Lewis this</p> <p>19 shows 102 complaints received at Brook House and Tinsley</p> <p>20 together, of which only 10 were substantiated and two</p> <p>21 were partially substantiated, 689 unsubstantiated,</p> <p>22 20 withdrawn and two withdrawn and unsubstantiated, only</p> <p>23 six that went to PSU from Brook House. So that's a lot</p> <p>24 of figures but in short 102 complaints and only</p> <p>25 10 substantiated. Is that a low level in your view of</p> <p style="text-align: center;">Page 147</p>
<p>1 <b>A. No, we can't.</b></p> <p>2 Q. There may be some people who there are those concerns?</p> <p>3 <b>A. I also have a responsibility to protect the staff as</b></p> <p>4 <b>well.</b></p> <p>5 Q. That responsibility must be weighed, must it not,</p> <p>6 against the benefits of not using PPE?</p> <p>7 <b>A. Yes.</b></p> <p>8 Q. The last topic I want to ask about then is complaints</p> <p>9 and oversight.</p> <p>10 You state from paragraph 92, page 21 over the last</p> <p>11 18 months there have been nine disciplinary</p> <p>12 investigations against staff relating to the</p> <p>13 mistreatment of detained people and you have summarised</p> <p>14 them for us and they include an officer swearing at</p> <p>15 residents, an alleged assault and they both resulted,</p> <p>16 you said, in final written warnings, and there was</p> <p>17 another which involved the DCO acting in a provocative</p> <p>18 manner to provoke detainees, after which point they</p> <p>19 resigned, others which included improper language</p> <p>20 towards the detainee and improper comments that were</p> <p>21 made. You state at 94 that there had be four</p> <p>22 disciplinary investigations for racist, homophobic or</p> <p>23 sexist behaviour, including an officer screaming in</p> <p>24 a detainee's face, which was unsubstantiated, behaviour</p> <p>25 towards a female member of staff which was pending and</p> <p style="text-align: center;">Page 146</p>	<p>1 substantiated complaints?</p> <p>2 <b>A. Not particularly, no. I wouldn't say it were low level.</b></p> <p>3 <b>I suppose what I would expect is that any complaint</b></p> <p>4 <b>is robustly investigated and a fair response given and</b></p> <p>5 <b>a look at the circumstances. I am not sure whether all</b></p> <p>6 <b>those complaints were centred at looking at the</b></p> <p>7 <b>statistics, whether they were all passed on to Serco</b></p> <p>8 <b>issues or the number could relate to a number of</b></p> <p>9 <b>complaints that have gone to healthcare or the</b></p> <p>10 <b>Home Office as well.</b></p> <p>11 <b>So as we know, a DCF9 or a complaint form is sent</b></p> <p>12 <b>directly to the Home Office and they allocate it out</b></p> <p>13 <b>to whoever they -- if it is complaint about Serco, it</b></p> <p>14 <b>will come to us and we will log that information and</b></p> <p>15 <b>take the appropriate action and response to it.</b></p> <p>16 Q. You also state at paragraph 95 that in the last</p> <p>17 18 months there has been no disciplinary investigation</p> <p>18 carried out against staff relating to a failure to</p> <p>19 report complaints or incidents of mistreatment?</p> <p>20 <b>A. Correct.</b></p> <p>21 Q. Ms Molyneux for the IMB raised her concerns in oral</p> <p>22 evidence about the efficacy of the current complaints</p> <p>23 process and said this:</p> <p>24 "We do not think the complaints system as it is</p> <p>25 working on the ground is fair or gives confidence it is</p> <p style="text-align: center;">Page 148</p>

<p>1 fair. We suggest that the Home Office really needs to</p> <p>2 review it. The warning sign is it is about 13 per cent</p> <p>3 success rate for a number of years and also there are</p> <p>4 some fundamental issues that the people who are</p> <p>5 investigating the complaints are also Serco staff in</p> <p>6 terms of a perception of fairness."</p> <p>7 Do you agree that it would be more confidence and</p> <p>8 trust if the complaints process was undertaken</p> <p>9 independently?</p> <p>10 <b>A. I suppose it would give more transparency but I think</b></p> <p>11 <b>the system works and it is an (inaudible) system at this</b></p> <p>12 <b>point in time.</b></p> <p>13 Q. Ms Molyneux also noted that too many responses the IMB</p> <p>14 see seemed technical and contorted and while she hadn't</p> <p>15 seen the contract, she says that there's a sense that</p> <p>16 these responses might be driven by penalties. Do you</p> <p>17 accept that as a legitimate concern?</p> <p>18 <b>A. No, there is no -- I can assure you our responses are</b></p> <p>19 <b>not based on penalties or failures in any way, shape or</b></p> <p>20 <b>form. Any response that Serco makes is quality assured</b></p> <p>21 <b>and there is a percentage from the on-site Home Office</b></p> <p>22 <b>team conducting a percentage of our responses and also</b></p> <p>23 <b>the Home Office regional team also the -- what they call</b></p> <p>24 <b>the detainee enforcement services complaints team, they</b></p> <p>25 <b>also sample our responses as well to make sure they are</b></p> <p style="text-align: right;">Page 149</p>	<p>1 made?</p> <p>2 <b>A. Yes.</b></p> <p>3 Q. Is it shared with their manager, the DOM, so they can</p> <p>4 take action?</p> <p>5 <b>A. Yes, because we have to track that and that information</b></p> <p>6 <b>is tracked make sure we have met the recommendations</b></p> <p>7 <b>from a PSU perspective.</b></p> <p>8 Q. You state at paragraph 122 that Serco takes appropriate</p> <p>9 action where issues are raised by residents, staff and</p> <p>10 Home Office or stakeholders, and I am asked to ask you</p> <p>11 on behalf of HMIP what would your attitude be if matters</p> <p>12 of concern were raised by HMIP after an unannounced</p> <p>13 inspection?</p> <p>14 <b>A. We would, again, address the concerns, and I've worked</b></p> <p>15 <b>with HMIP in different contracts and everything we do,</b></p> <p>16 <b>they are there to advise, support and look at the</b></p> <p>17 <b>decency agenda, et cetera, so we would take the</b></p> <p>18 <b>appropriate action to address any concerns that HMIP had</b></p> <p>19 <b>within Brook House.</b></p> <p>20 Q. Just turning back to a couple of matters I already asked</p> <p>21 you about, I asked you firstly about rule 14 and you</p> <p>22 said it wasn't now used pre-emptively, can I ask what is</p> <p>23 your understanding of who out of Serco staff rather than</p> <p>24 Home Office staff are able to authorise the use of</p> <p>25 a rule 40 under the urgent procedure?</p> <p style="text-align: right;">Page 151</p>
<p>1 fair responses and we have done the relevant</p> <p>2 investigates.</p> <p>3 <b>They do about 20 per cent as well, so ...</b></p> <p>4 Q. Mr Farrell, Shane Farrell, gave evidence to the inquiry</p> <p>5 and he was asked by the Chair about feedback from PSU or</p> <p>6 internal investigations about staff conduct. He said</p> <p>7 that he personally doesn't receive feedback with</p> <p>8 findings from investigations into staff he manages, so</p> <p>9 he is a DOM, so he has staff he manages.</p> <p>10 <b>A. Yes.</b></p> <p>11 Q. He says he doesn't receive feedback, including if they</p> <p>12 are given advice, and he said he would like to think</p> <p>13 that he would be made aware of it but he doesn't believe</p> <p>14 at the moment that he is. Is there a process for</p> <p>15 this --</p> <p>16 <b>A. A PSU report?</b></p> <p>17 Q. Yes, PSU recommend something --</p> <p>18 <b>A. Yes, once they have concluded their report, we get</b></p> <p>19 <b>a copy of their recommendations and we get a full report</b></p> <p>20 <b>and we log that information on our improvement plans and</b></p> <p>21 <b>that is shared with appropriate SMT members to share</b></p> <p>22 <b>with a member of staff and if there are any actions or</b></p> <p>23 <b>changes we need to take as a result of that</b></p> <p>24 <b>investigation.</b></p> <p>25 Q. It is shared with the member of staff about who it is</p> <p style="text-align: right;">Page 150</p>	<p>1 <b>A. From a Serco perspective it generally would be a DOM or</b></p> <p>2 <b>the relevant assistant director or deputy director.</b></p> <p>3 Q. Is that any DOM or is it a DOM with a particular role on</p> <p>4 the day?</p> <p>5 <b>A. It all depends what the circumstances are. Generally if</b></p> <p>6 <b>it is an incident, it would be the Oscar 1 of that day that</b></p> <p>7 <b>would take that action, depending on the timing and the</b></p> <p>8 <b>circumstances.</b></p> <p>9 Q. Does it have to be the Oscar 1 or can it be any DOM?</p> <p>10 <b>A. It can be other DOMS as well, it doesn't have to be the</b></p> <p>11 <b>Oscar 1.</b></p> <p>12 Q. Returning to another thing I asked about, when I was</p> <p>13 asking about various matters that fed into the design of</p> <p>14 the contract, so earlier on, I asked you about</p> <p>15 electronic monitoring issues at Serco in 2010 to 2013 in</p> <p>16 Serco's statement that the company reform had followed</p> <p>17 it and I asked you whether that reform fed into the</p> <p>18 process and you said that it did and that it was</p> <p>19 followed by root and branch reform and ethically</p> <p>20 positive behaviour was promoted and you said that that</p> <p>21 included training that you received, so all managers</p> <p>22 including you?</p> <p>23 <b>A. That's correct, yes.</b></p> <p>24 Q. I hope that it was clear but just for the avoidance of</p> <p>25 confusion, it's not suggested that you obviously were</p> <p style="text-align: right;">Page 152</p>

<p>1 involved in the 2010 and 2013 issues and neither was</p> <p>2 Brook House.</p> <p>3 <b>A. No, that's correct.</b></p> <p>4 Q. Finally, I just want to ask about looking into the</p> <p>5 future, so the situation in 2020 and the IMB's findings</p> <p>6 of inhumane treatment were made at a time when the</p> <p>7 population was very low, due to Covid obviously?</p> <p>8 <b>A. Yes.</b></p> <p>9 Q. And when due to the new Serco contract staffing levels</p> <p>10 were much higher than they had been during the relevant</p> <p>11 period.</p> <p>12 You noted in paragraph 50 with reference to the</p> <p>13 reduced population that recent trends are not useful</p> <p>14 predictors for future occupancy levels or demographics.</p> <p>15 Do you expect your capacity to continue to grow?</p> <p>16 <b>A. I do, yes. I do. I expect over the coming months we</b></p> <p>17 <b>are changing policy and direction, I expect our</b></p> <p>18 <b>population to rise, yes.</b></p> <p>19 Q. You told us before you don't have any control over the</p> <p>20 number of people who come in, other than the number of</p> <p>21 beds you have got?</p> <p>22 <b>A. No.</b></p> <p>23 Q. You don't, I understand, have any control over the</p> <p>24 number of people in the centre who have particular needs</p> <p>25 or vulnerabilities either?</p> <p style="text-align: center;">Page 153</p>	<p>1 <b>time.</b></p> <p>2 Q. Mr Hewer, I don't have any further questions for you.</p> <p>3 The Chair may have questions however.</p> <p>4 THE CHAIR: Thank you, Ms Moore.</p> <p>5 Thank you, Mr Hewer, I do have a couple of questions</p> <p>6 for you, if I may.</p> <p>7 Questions from THE CHAIR</p> <p>8 THE CHAIR: You told Ms Moore that your office is</p> <p>9 approximately 20 metres from the wings. Is that the</p> <p>10 same office that, as far as you are aware, Mrs Saunders</p> <p>11 would have occupied during the relevant period?</p> <p>12 <b>A. I believe so, yes.</b></p> <p>13 THE CHAIR: There has been no fundamental structural change</p> <p>14 to that?</p> <p>15 <b>A. Not that I am aware of.</b></p> <p>16 THE CHAIR: How often do you go to the wings.</p> <p>17 <b>A. Every other day or weekly depending on what time I have</b></p> <p>18 <b>available.</b></p> <p>19 THE CHAIR: Thank you.</p> <p>20 Ms Moore also asked you some questions about some</p> <p>21 specific members of staff who worked at G4S during the</p> <p>22 relevant period, now work for Serco and who have given</p> <p>23 evidence to the inquiry. I am not going to ask you</p> <p>24 anything about specific members of staff but I would</p> <p>25 like to have an indication from you how many members of</p> <p style="text-align: center;">Page 155</p>
<p>1 <b>A. No.</b></p> <p>2 Q. Home Office detention, decision-making and any</p> <p>3 enforcement priorities which might be seen in the future</p> <p>4 are also beyond your control. You may receive, as you</p> <p>5 did before, some advanced notice but you cannot take any</p> <p>6 decision?</p> <p>7 <b>A. Yes.</b></p> <p>8 Q. You don't have any real choice, do you, if, for example,</p> <p>9 there was another decision to use Brook House as</p> <p>10 a pre-departure facility for charter flights?</p> <p>11 If this occurred with a similar population,</p> <p>12 self-harm may go up again as it did before?</p> <p>13 <b>A. It could do, yes.</b></p> <p>14 Q. The use of force may therefore increase as well.</p> <p>15 There would be a risk, wouldn't there, of a rerun of</p> <p>16 what had been described by Mr Castle as a very bad job</p> <p>17 and by the IMB as humane.</p> <p>18 What, if anything, can you do then to avoid another</p> <p>19 2020 situation?</p> <p>20 <b>A. In respect -- I mean, there will -- unfortunately,</b></p> <p>21 <b>I have -- I have little control on what is allocated to</b></p> <p>22 <b>us from that -- I think that probably the question is</b></p> <p>23 <b>best placed answered by the Home Office in respect of</b></p> <p>24 <b>their strategy, accommodation strategy in the future.</b></p> <p>25 <b>It is not something I have knowledge of at this point in</b></p> <p style="text-align: center;">Page 154</p>	<p>1 staff do you have currently employed by Serco who were</p> <p>2 TUPE'd over from G4S?</p> <p>3 <b>A. At the point in time when they were -- on 21 May -- was</b></p> <p>4 <b>the question how many staff were remaining that</b></p> <p>5 <b>were TUPE'd over or how many at the point time?</b></p> <p>6 THE CHAIR: If you could give me both that would be very</p> <p>7 helpful.</p> <p>8 <b>A. At the point in time I think there were about --</b></p> <p>9 <b>obviously I'm giving you an approximate number and</b></p> <p>10 <b>I think there were about 330 TUPE'd, which I had no</b></p> <p>11 <b>control over, which are people who will give evidence to</b></p> <p>12 <b>this inquiry, were all TUPE'd over to me at that point</b></p> <p>13 <b>in time, on 21 May.</b></p> <p>14 THE CHAIR: Do you know how many of those remain at the</p> <p>15 moment?</p> <p>16 <b>A. I would say a vast majority, at least 200 still remain</b></p> <p>17 <b>on the contract.</b></p> <p>18 THE CHAIR: At least 200?</p> <p>19 <b>A. At least 200, yes. I would have to check the figures,</b></p> <p>20 <b>obviously, for that.</b></p> <p>21 THE CHAIR: Thank you.</p> <p>22 Then my final question, Ms Moore also asked you some</p> <p>23 questions about men currently detained at Brook House</p> <p>24 who are on constant watch, on an ACDT constant watch.</p> <p>25 In response to her question around where men on</p> <p style="text-align: center;">Page 156</p>

<p>1 constant watches may be held in Brook House, you said</p> <p>2 that they are not always held in the CSU, that you may</p> <p>3 have people who are also observed on the wing as well?</p> <p>4 <b>A. Correct.</b></p> <p>5 Q. You told her that you had two currently on constant</p> <p>6 watch. Can you tell me where they are located?</p> <p>7 <b>A. I only -- I got the statistics this morning from --</b></p> <p>8 <b>I have not been to work this morning, obviously,</b></p> <p>9 <b>I looked at the report. I would have to confirm,</b></p> <p>10 <b>I believe one may be on the CSU, one may be on the wing.</b></p> <p>11 <b>I would have to check the location. I'm not sure.</b></p> <p>12 THE CHAIR: Thank you, I would appreciate it.</p> <p>13 Thank you. I have no other questions for you.</p> <p>14 Thank you very much for coming to give your evidence</p> <p>15 this morning, I appreciate it.</p> <p>16 MS MOORE: Thank you, Chair. I suggest we return at 2.00</p> <p>17 for the evidence of Dr Sarah Bromley on behalf of PPG.</p> <p>18 THE CHAIR: Thank you very much.</p> <p>19 (1.16 pm)</p> <p>20 (The short adjournment)</p> <p>21 (2.00 pm)</p> <p>22 MS SIMCOCK: The next witness is Dr Sarah Bromley.</p> <p>23 DR SARAH BROMLEY (sworn)</p> <p>24</p> <p>25</p> <p style="text-align: center;">Page 157</p>	<p>1 yesterday and that he said that PPG effectively didn't</p> <p>2 have much experience of working in IRCs prior to the</p> <p>3 Gatwick IRCs; is that right?</p> <p>4 <b>A. Yes, so we were in Campsfield House for a couple of</b></p> <p>5 <b>years before it closed. That was certainly my first</b></p> <p>6 <b>experience of the IRC environment. We also provided</b></p> <p>7 <b>healthcare in the Verne, but that quickly rerolled to</b></p> <p>8 <b>a prison shortly after we took over.</b></p> <p>9 Q. So most of the company's prior and current experience is</p> <p>10 mainly in the provision of healthcare in prisons; is</p> <p>11 that right?</p> <p>12 <b>A. That's right, so we operate in 48 establishments at the</b></p> <p>13 <b>moment, 47 of which are prisons.</b></p> <p>14 Q. Thank you. You would accept though, as he did, that the</p> <p>15 IRC operates as a different detention environment to</p> <p>16 a prison, primarily because detainees are not in an IRC</p> <p>17 by order of a court, but rather because of</p> <p>18 an administrative power being exercised by the</p> <p>19 Home Office, is that right?</p> <p>20 <b>A. That's right, yes.</b></p> <p>21 Q. And there is also, in IRCs, no time limit to detention;</p> <p>22 is that your understanding?</p> <p>23 <b>A. That is my understanding.</b></p> <p>24 Q. The role of healthcare then in an IRC is not just to</p> <p>25 provide primary healthcare, but to provide important</p> <p style="text-align: center;">Page 159</p>
<p>1 Examination by MS SIMCOCK</p> <p>2 THE CHAIR: Please take a seat.</p> <p>3 <b>A. Thank you.</b></p> <p>4 MS SIMCOCK: Thank you, can you give your full name to the</p> <p>5 inquiry, please?</p> <p>6 <b>A. I am Dr Sarah Bromley.</b></p> <p>7 Q. And you have made two statements to the inquiry, they</p> <p>8 are at &lt;PPG000172 and &lt;PPG000173&gt;. I am going to ask</p> <p>9 for those two statements to be adduced in full, please,</p> <p>10 and what that means, Doctor, is I don't need to ask you</p> <p>11 about every single line of those statements because they</p> <p>12 are already in evidence, but I want to ask you some</p> <p>13 questions on some particular topics.</p> <p>14 Can you please tell us what your qualifications are?</p> <p>15 <b>A. So I have a Bachelors of Medicine and Surgery from</b></p> <p>16 <b>Leeds University and I am a member of the Royal College</b></p> <p>17 <b>of GPs, became a fellow of the Royal College in 2013 and</b></p> <p>18 <b>I am a Senior Fellow of the Faculty of Medical</b></p> <p>19 <b>Leadership and Management.</b></p> <p>20 Q. What is your role at PPG?</p> <p>21 <b>A. I am the National Medical Director for Health and</b></p> <p>22 <b>Justice, which means that I look after the sort of</b></p> <p>23 <b>clinical strategy and oversight of the secure</b></p> <p>24 <b>environments that we operate in.</b></p> <p>25 Q. Thank you. We heard from your colleague, Mr Wells,</p> <p style="text-align: center;">Page 158</p>	<p>1 clinical safeguards, which identify who is vulnerable to</p> <p>2 harm in detention and notify the Home Office of those</p> <p>3 people, so that their continued detention can be</p> <p>4 promptly reviewed and that they might be considered for</p> <p>5 removal from detention; is that right?</p> <p>6 <b>A. That is certainly one of the roles of healthcare within</b></p> <p>7 <b>the environment.</b></p> <p>8 Q. And I just want to look, then, at the safeguards that we</p> <p>9 have spent a considerable amount of time on in this</p> <p>10 inquiry, under rules 34 and 35.</p> <p>11 At paragraph 4 of your first witness statement, you</p> <p>12 acknowledge that rule 34 is clear that all residents</p> <p>13 should get an assessment within 24 hours and that there</p> <p>14 is an induction for all staff about the importance of</p> <p>15 rule 34; is that right?</p> <p>16 <b>A. Yes, that is currently the position.</b></p> <p>17 Q. At paragraph 5, you raise the issue of the high rate of</p> <p>18 "Did not attends" to rule 34 appointments and that you</p> <p>19 plan to train staff to talk to detainees about the</p> <p>20 importance and the purpose of rule 34 and to encourage</p> <p>21 them to attend those appointments; is that right?</p> <p>22 <b>A. Yes.</b></p> <p>23 Q. So that training hasn't yet been delivered, is that</p> <p>24 correct?</p> <p>25 <b>A. No, that's correct.</b></p> <p style="text-align: center;">Page 160</p>



<p>1 Q. The intention is to complete that training by the end 2 of May of this year; is that right?</p> <p>3 <b>A. Yes, so the reception screening training is being 4 adapted for the immigration removal environment and that 5 will include information around rule 34, the importance 6 of it and the reasons for it, to try and help staff to 7 encourage people to know what their rights are and to 8 attend for those appointments.</b></p> <p>9 Q. Yes, because rule 34 is an important statutory mechanism 10 that is intended to and should lead to directly 11 a rule 35 report at the earliest opportunity to identify 12 a person who possibly shouldn't be in detention because 13 they are an Adult at Risk; would you agree?</p> <p>14 <b>A. So I think there is a little bit too much of a direct 15 relationship there, but, yes, in circumstances where 16 somebody is unfit for detention, a rule 34 should lead 17 to a rule 35 assessment, but not necessarily for 18 everybody.</b></p> <p>19 Q. Staff don't -- it appears don't currently seem to be 20 explaining to detainees who decline or refuse the 21 rule 34 appointment, its importance, do they, and that 22 is clearly a training need you have identified?</p> <p>23 <b>A. I would agree, yes.</b></p> <p>24 Q. They are not, or they certainly haven't been, up to 25 date, informing detainees that they have a right to</p> <p style="text-align: center;">Page 161</p>	<p>1 <b>deal more depth than I otherwise would have done, the 2 requirements around this.</b></p> <p>3 <b>But I think my assessment from visiting the site and 4 from listening to some of the evidence is the purpose of 5 rule 34 and rule 35 have got lost in the process.</b></p> <p>6 <b>So people are focusing on getting the process, 7 ticking the boxes almost, without remembering why it is 8 there and that it is actually a safeguarding process.</b></p> <p>9 <b>That is why I think, as my colleague said yesterday, 10 we have decided to take a longer view on how we address 11 this issue, rather than a kind of quick-fix solution.</b></p> <p>12 Q. Yes, we will perhaps come to that in more detail in 13 a moment --</p> <p>14 <b>A. Sure.</b></p> <p>15 Q. -- but what monitoring is there of the quality of that 16 reception health screening process currently?</p> <p>17 <b>A. I don't think I could point to anything that gives you 18 much more than activity data. So the -- when somebody 19 undertakes a reception screening, it is recorded on the 20 clinical records system, system 1, and it is done via 21 a template, so we know that it covers a range of topics 22 that have been pre-agreed, and that needs to be explored 23 at each of those reception screenings, but it doesn't 24 tell us much about the quality of the conversation that 25 happened at that point.</b></p> <p style="text-align: center;">Page 163</p>
<p>1 a full medical examination, both physical and mental, 2 including the possible consideration of a rule 35 3 report, at that stage, have they?</p> <p>4 <b>A. That is my understanding.</b></p> <p>5 Q. And so, in that way, the rules -- the staff haven't been 6 explaining that the rules are a safeguard to identify 7 vulnerable people to the Home Office so that their 8 detention can be reviewed, have they, to date?</p> <p>9 <b>A. I am not even sure they have understood that themselves, 10 let alone communicated that.</b></p> <p>11 Q. It is clearly important that that information should be 12 given to detainees, isn't it?</p> <p>13 <b>A. Agreed.</b></p> <p>14 Q. Because, otherwise, any refusal of that appointment or 15 decision that they don't want to attend it is not 16 a properly informed one; would you agree?</p> <p>17 <b>A. Agreed.</b></p> <p>18 Q. Have PPG taken any steps to date to reiterate that to 19 staff conducting that reception health screening, in 20 advance of the training being rolled out by the end 21 of May?</p> <p>22 <b>A. Other than informal conversations, no. I think it is 23 fair to say that we have been on a learning curve as 24 well. I think the inquiry has actually been very 25 helpful, from my perspective, to understand, in a great</b></p> <p style="text-align: center;">Page 162</p>	<p>1 Q. Does PPG intend to take any steps in the future to 2 monitor the quality of that process?</p> <p>3 <b>A. It is quite a difficult thing to do, to find a quality 4 measure that works. So I think that will be something 5 that will be subject to some audit and conversations at 6 the quality assurance meeting.</b></p> <p>7 <b>There are things you can measure, you can pull out 8 of the records system, but it still only really tells 9 that an activity has happened, not what the quality of 10 that conversation has been.</b></p> <p>11 Q. So that is something that PPG is considering how to do?</p> <p>12 <b>A. Absolutely. I just haven't got an answer for you yet.</b></p> <p>13 Q. The inquiry has heard a considerable amount of evidence 14 about the operation of rules 34 and 35, and in 15 particular the inquiry has heard some evidence from 16 Sandra Calver, who was, in 2017, and still is, the head 17 of healthcare in Brook House. Did you listen to her 18 evidence?</p> <p>19 <b>A. I didn't see her evidence but I have read some of the 20 transcripts and I have read a summary of her evidence.</b></p> <p>21 Q. She gave some evidence that GP appointments carried out 22 within the first 24 hours are now ten minutes long; in 23 2017, they were five minutes long. But that is not 24 enough time to do a rule 34 compliant medical 25 examination, because it requires a full physical and</p> <p style="text-align: center;">Page 164</p>

1 mental examination. Were you aware of that?

2 **A. Not until I heard the evidence particularly, but it**

3 **doesn't surprise me either, because GP appointments in**

4 **the community are all ten minutes long, so it would**

5 **stand to reason that that is -- excuse me -- translated**

6 **into the environment as a standard.**

7 Q. Dr Oozeerally gave some evidence that it wasn't possible

8 to do the sort of physical and mental state examination

9 required at that initial GP appointment. He described

10 it as almost like triage. Were you aware of that?

11 **A. That is all you can do, really, in ten minutes, unless**

12 **you are dealing with a specific issue that somebody**

13 **presents with.**

14 Q. Did you watch Dr Oozeerally's evidence?

15 **A. I watched most of it.**

16 Q. He gave evidence that if there was a disclosure -- for

17 example, of torture -- in that initial appointment or

18 something else which raised a concern which meant there

19 should be consideration of a rule 35 report, instead of

20 completing a report immediately at that time, when the

21 disclosure or concern was raised, a further, longer

22 appointment was made at a later time for a further

23 rule 35 assessment and that that built in delays. Were

24 you aware of that?

25 **A. No so specifically, but I guess I would have assumed**

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1 would almost be more sensible to consider

2 vulnerabilities before the detention was even in place,

3 so that indicators of torture and pre-existing mental

4 illness were identified before the person was even

5 detained in the first place; would you agree with that?

6 **A. That would make complete sense.**

7 Q. So improved medical screening by the Home Office prior

8 to detention to identify vulnerabilities and decision

9 making on those unsuitable for detention under the

10 Adults at Risk policy would most effectively reduce the

11 pressures on the rule 34 and 35 process, wouldn't it?

12 **A. Agreed. It makes no sense to send people to a place**

13 **that is unsuitable for them.**

14 Q. If there was better screening, filtering out vulnerable

15 people before detention, the rules would be less likely

16 to be breached, wouldn't they, in detention, because

17 there would simply be less people requiring a rule 35

18 report?

19 **A. Agreed.**

20 Q. Do you think it is likely that, without such screening,

21 prior to detention, the rules will continue to be

22 breached?

23 **A. Again, I don't know the answer to that yet, because I am**

24 **keen to explore what we can do effectively with the**

25 **resources that we have got, but I think it is likely**

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1 **that was the case, yes.**

2 Q. Certainly you are aware of that now, as a result of his

3 evidence?

4 **A. Yes.**

5 Q. So, whilst you are arranging GP appointments within

6 24 hours, that appointment isn't achieving the purpose

7 of rule 34, is it; would you accept that?

8 **A. No. I don't think it is quite as clear-cut when I read**

9 **the rule 35 guidance, but I appreciate that it does ask**

10 **for a full physical and mental assessment, so it**

11 **won't -- it won't achieve that, and I don't think it can**

12 **achieve a decision at the end of that period about**

13 **whether somebody is fit for detention.**

14 Q. Or indeed the completion of the report?

15 **A. Or the completion of the report, no.**

16 Q. And so it is not feasible within the way things are

17 currently arranged in terms of ten minutes -- ten-minute

18 appointments. Would you agree that more resources are

19 needed to comply with the requirements of rule 34 than

20 are currently allocated?

21 **A. I don't know yet. That is something that I am keen to**

22 **explore with the teams to see if we can do things**

23 **differently, to understand how to make that system work**

24 **effectively.**

25 Q. Dr Oozeerally also said that he would argue that it

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1 **that it will continue to be breached, particularly as**

2 **the numbers ramp up in Brook House. At the moment, my**

3 **understanding is numbers are quite low compared to where**

4 **they may be in the future, and obviously that is**

5 **a highly variable number, but the more people that are**

6 **in there, the more likely it is that those timescales**

7 **would be breached.**

8 Q. Yes, I think there are 169 detainees in Brook House at

9 present -- are you aware of that?

10 **A. Just from this morning's evidence, yes.**

11 Q. Exactly. At paragraph 7 of your witness statement, you

12 say that staff have been made aware through induction of

13 the process for obtaining a rule 35 report. But we know

14 from the evidence of both Dr Oozeerally and

15 Sandra Calver that they are not, in fact, being

16 completed as a result of those initial appointments

17 within 24 hours because that appointment isn't

18 an effective rule 34 appointment.

19 Is that your understanding of the current situation?

20 **A. My understanding, at the moment, is that the rule 35**

21 **process is failing at various points through the system,**

22 **one of which is from reception through to that first**

23 **opportunity to assess somebody.**

24 Q. Yes, so it is failing at that initial stage when someone

25 comes into detention; would you agree?

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42 (Pages 165 to 168)

<p>1 <b>A. At times. Obviously, sometimes, it works, but other</b>  2 <b>times, it doesn't.</b>  3 Q. And as we have established, the rule 34 is particularly  4 important to identify vulnerability at the outset of  5 detention and inform the Home Office through rule 35  6 because of the absence of prior screening; would you  7 agree with that?  8 <b>A. Let me just untangle that for a second. So, if people</b>  9 <b>don't come to us, that makes more sense --</b>  10 Q. But if they are, because they are not being screened --  11 <b>A. -- if they are screened out, but if they do come to us,</b>  12 <b>it is important to pick up their vulnerabilities at that</b>  13 <b>point, in order to inform a rule 35 assessment, in order</b>  14 <b>to inform the Home Office decision about the suitability</b>  15 <b>of detention.</b>  16 Q. Yes, at the earliest, very earliest, opportunity of them  17 coming into detention?  18 <b>A. Yes.</b>  19 Q. Your staff don't appear to be doing that on the ground,  20 currently. Do you think that is because of a lack of  21 understanding of the purpose of rule 34 and 35 working  22 together?  23 <b>A. I think there might be a number of reasons for that.</b>  24 <b>One may be a lack of understanding. I think showing</b>  25 <b>somebody a piece of paper about what to do doesn't</b></p> <p style="text-align: center;">Page 169</p>	<p>1 <b>deliver care that meets their needs.</b>  2 <b>So by adopting a person-centred approach on arrival,</b>  3 <b>we can do a better job, but I think that that works best</b>  4 <b>when you have a multidisciplinary team as part of that</b>  5 <b>assessment because then we have a wider understanding</b>  6 <b>that can inform that assessment by the doctor under</b>  7 <b>rule 35, acknowledging that it is the GP that needs to</b>  8 <b>complete the assessment.</b>  9 <b>But that broader multidisciplinary assessment --</b>  10 <b>sorry, I keep hitting the microphone -- from the mental</b>  11 <b>health team, from the nursing staff that are involved,</b>  12 <b>can actually give a much more holistic picture of</b>  13 <b>somebody's needs and vulnerabilities than one single</b>  14 <b>appointment will do with a GP.</b>  15 Q. Yes, agreed, in relation to providing any care or  16 meeting their needs in detention, but of course the  17 importance of the safeguards is to notify the  18 Home Office, so that they are required to undertake  19 a review of their detention, potentially to route those  20 vulnerable people out of detention; that is right,  21 isn't it?  22 <b>A. I agree, but what I would say is this: when people come</b>  23 <b>into an environment, a secure environment, whether that</b>  24 <b>be prison or immigration removal, it is an overwhelming</b>  25 <b>and frightening experience; people don't know what the</b></p> <p style="text-align: center;">Page 171</p>
<p>1 <b>necessarily help them to understand it properly; hence</b>  2 <b>the plan for training.</b>  3 <b>But I think, again, my reading of what is happening,</b>  4 <b>and from the visits I have done, there is a great deal</b>  5 <b>of custom and practice which is in Gatwick, but is also</b>  6 <b>prevalent across other parts of the immigration removal</b>  7 <b>estate, as I understand it. So some of what we need to</b>  8 <b>do is to challenge custom and practice and the</b>  9 <b>interpretation of the rules that have happened to date.</b>  10 Q. And even if your staff understand what needs to be done  11 under rule 34, working together with rule 35, at present  12 they don't have sufficient resources to do it because  13 the appointments are only ten minutes long; do you agree  14 with that?  15 <b>A. So I agree that the ten-minute appointments are not long</b>  16 <b>enough to undertake a full physical and mental health</b>  17 <b>examination.</b>  18 <b>Whether the resources are there or not, I don't know</b>  19 <b>still, yet. We are looking at alternative models about</b>  20 <b>how we better assess people on arrival in immigration</b>  21 <b>removal centres, and my personal view is that time spent</b>  22 <b>up front is time well spent. Even if people remain in</b>  23 <b>detention, having a greater understanding of their</b>  24 <b>physical and mental health needs has to be of benefit in</b>  25 <b>terms of planning for their care and making sure that we</b></p> <p style="text-align: center;">Page 170</p>	<p>1 <b>rules of engagement are, they don't know if they are</b>  2 <b>going to be safe, there are a number of things that will</b>  3 <b>be affecting them at that point. So whether you get</b>  4 <b>a full picture of their vulnerabilities at that point is</b>  5 <b>highly debatable, and a lot of it is about needing to</b>  6 <b>build a rapport and trust with people, in order to</b>  7 <b>enable them to be able to open up and trust you to be</b>  8 <b>able to disclose their vulnerabilities. So I am not</b>  9 <b>convinced that one single appointment will achieve that.</b>  10 Q. No, and, of course, rule 35 is not about one single  11 appointment, is it? It is an ongoing safeguard for  12 whatever time the detainee is in detention?  13 <b>A. Agreed, and this is why I said earlier I think it is</b>  14 <b>failing at multiple points, because I think it is being</b>  15 <b>seen as a process to fulfil a task, rather than</b>  16 <b>a safeguarding process to look after people who are very</b>  17 <b>vulnerable in the environment and that is a culture</b>  18 <b>shift that we have work to do on.</b>  19 Q. Is the Home Office aware of the allocation of resources  20 of ten-minute appointments for rule 34 appointments? As  21 far as you know?  22 <b>A. I don't know. I would assume so, but I don't know.</b>  23 Q. Is the allocation of resources something that PPG is  24 going to be raising with the Home Office in this regard?  25 <b>A. Once we have undertaken our exercise to look at the</b></p> <p style="text-align: center;">Page 172</p>

<p>1 process and how it is working and begun to understand,</p> <p>2 if there is any immediate changes that we can make, that</p> <p>3 are straightforward without requiring further resources,</p> <p>4 then we will definitely be including the Home Office and</p> <p>5 wider partnerships in our discussions about how we move</p> <p>6 forward.</p> <p>7 Q. At paragraph 8 of your first witness statement, you deal</p> <p>8 with training staff in the identification of conditions</p> <p>9 that may be detrimentally affected by detention. Does</p> <p>10 that training cover nurses only or is that all staff?</p> <p>11 A. No, I think it needs to be all staff. And the reception</p> <p>12 screening would largely be directed at nursing staff</p> <p>13 because it is them who see people when they first</p> <p>14 arrive. But the rule 35 training we are developing will</p> <p>15 also be training doctors and more senior nurses to</p> <p>16 understand those conditions as well.</p> <p>17 Q. What is your understanding of the conditions that may be</p> <p>18 detrimentally affected by detention?</p> <p>19 A. That is actually quite a difficult question to answer.</p> <p>20 I know it is in the Adults at Risk policy that is</p> <p>21 defined in terms of the vulnerabilities, so it may be</p> <p>22 a number of physical health conditions, and it depends</p> <p>23 on the severity of those conditions, frequent</p> <p>24 hospitalisation, for example, people who are elderly,</p> <p>25 people with mental ill-health, people who are suicidal,</p> <p style="text-align: right;">Page 173</p>	<p>1 A. It is a concern.</p> <p>2 Q. In relation to rule 35, your colleague, Mr Wells, said,</p> <p>3 at paragraph 15 of his statement, that provision is also</p> <p>4 made for two rule 35 appointments per day over and above</p> <p>5 provision for primary care services and also separate to</p> <p>6 those rule 34 ten-minute appointments.</p> <p>7 Do you consider that to be sufficient provision?</p> <p>8 A. I suspect not. That is something that we have inherited</p> <p>9 as practice and I think, again, as the numbers ramp up</p> <p>10 within Brook House, that is going to have to be reviewed</p> <p>11 in order to make sure that we have got adequate</p> <p>12 provision.</p> <p>13 Q. Yes. You are aware that a high proportion of detainees</p> <p>14 in immigration detention have clinically significant</p> <p>15 levels of depression, PTSD and anxiety; is that right?</p> <p>16 A. Of course.</p> <p>17 Q. Are you also aware that PTSD is frequently linked with</p> <p>18 a history of torture or other forms of serious</p> <p>19 ill-treatment?</p> <p>20 A. Yes.</p> <p>21 Q. Would you agree that detention is likely to precipitate</p> <p>22 significant deterioration of mental health in the</p> <p>23 majority of cases?</p> <p>24 A. Yes. I don't know about how you define "majority" but,</p> <p>25 yes, it is likely to precipitate a deterioration.</p> <p style="text-align: right;">Page 175</p>
<p>1 and people who have been victims of trauma, torture and</p> <p>2 slavery and so on.</p> <p>3 Q. Is it intended that the training covers the Adults at</p> <p>4 Risk statutory guidance and the list of vulnerabilities?</p> <p>5 A. It certainly will do, but we also reached out to the</p> <p>6 Faculty of Forensic and Legal Medicine for some help</p> <p>7 with that training as well, particularly in terms of the</p> <p>8 identification of symptoms and signs of trauma and</p> <p>9 torture, because they have a great deal of experience</p> <p>10 working in police custody, and so on, in terms of</p> <p>11 identifying -- identification and giving an opinion,</p> <p>12 which I understand has been one of the criticisms of the</p> <p>13 rule 35 reports to date.</p> <p>14 Q. Is the training intended also to make clear that the</p> <p>15 Adults at Risk policy in those indicators of risk is</p> <p>16 connected to the use of the statutory safeguards under</p> <p>17 rule 35?</p> <p>18 A. Yes. I mean, it is quite interesting, I -- having read</p> <p>19 through the documentation, you have to look quite hard</p> <p>20 to see the connection between the Adults at Risk policy</p> <p>21 and the rule 35 assessments but it is there. But</p> <p>22 I think people do see them -- there does seem to be</p> <p>23 a tendency to see them as completely separate, which is</p> <p>24 unfortunate.</p> <p>25 Q. That is a concern?</p> <p style="text-align: right;">Page 174</p>	<p>1 Q. It can, for example, increase a risk of self-harm and</p> <p>2 suicidal ideation?</p> <p>3 A. It can.</p> <p>4 Q. And given the high prevalence of PTSD in people who are</p> <p>5 likely to have a history of torture or ill-treatment in</p> <p>6 their past, who are likely to be harmed by being in</p> <p>7 detention, their prompt identification to the</p> <p>8 Home Office is essential so that their detention can be</p> <p>9 reviewed; would you agree?</p> <p>10 A. I would agree but what I would say is that unless</p> <p>11 somebody has been previously diagnosed with PTSD,</p> <p>12 that is not quite as straightforward as it sounds.</p> <p>13 Q. Dr Oozeerally gave some evidence that there are</p> <p>14 currently delays in getting through the number of</p> <p>15 rule 35s that need to be done, and there is a waiting</p> <p>16 list because only one rule 35 is done a day.</p> <p>17 Would you accept that it is likely that, whether it</p> <p>18 is one or two, there is going to need to be more</p> <p>19 resources allocated to the rule 35 process, as you say,</p> <p>20 once numbers start to increase?</p> <p>21 A. I think that is likely. It is something that we will</p> <p>22 have to keep under close monitoring to understand what</p> <p>23 the waiting times are and be able to respond quickly</p> <p>24 when they -- if they increase.</p> <p>25 Q. Your role, as you have described, at paragraph 1 of your</p> <p style="text-align: right;">Page 176</p>

<p>1 witness statement is governance and the quality of</p> <p>2 healthcare; is that right?</p> <p>3 <b>A. Yes.</b></p> <p>4 Q. You say, at paragraph 36 of your first witness</p> <p>5 statement, that rule 35 training was previously provided</p> <p>6 by the Home Office and NHS England but this has not been</p> <p>7 offered over recent years.</p> <p>8 You say, at paragraph 37, that currently</p> <p>9 DoctorPA Limited, your GP partner, provide new GPs with</p> <p>10 a slide set about the rule 35 process and an example of</p> <p>11 a good rule 35 submission. This is discussed with a GP</p> <p>12 to ensure understanding of the process.</p> <p>13 On what basis did you assess the example provided</p> <p>14 was a good rule 35 submission?</p> <p>15 <b>A. So I didn't and it was a question that I asked myself</b></p> <p>16 <b>when I went into Brook House, as to who has defined what</b></p> <p>17 <b>a good one looks like, and I haven't actually had</b></p> <p>18 <b>a satisfactory answer to that.</b></p> <p>19 <b>I am not sure -- I think there has been some</b></p> <p>20 <b>evidence given as well about oversight of the quality of</b></p> <p>21 <b>rule 35 reports, there doesn't seem to be any standard.</b></p> <p>22 <b>With the training, I wasn't around when the training</b></p> <p>23 <b>was provided by NHS England and the Home Office, it is</b></p> <p>24 <b>something I have had reported to me, but it certainly</b></p> <p>25 <b>hasn't been repeated, so understanding expectations is</b></p> <p style="text-align: center;">Page 177</p>	<p>1 <b>at the whole process and understand how we get better</b></p> <p>2 <b>training and understanding in the GPs working there.</b></p> <p>3 Q. Some evidence was given from Medical Justice of the</p> <p>4 types of deficiencies that they have seen in their case</p> <p>5 work in relation to rule 35 reports and their quality</p> <p>6 and Dr Hard, in his live evidence, agreed that there</p> <p>7 were various different deficiencies as they described in</p> <p>8 the majority of the reports he had seen.</p> <p>9 Sometimes, because of the misapplication of</p> <p>10 threshold for a report, sometimes the failure to</p> <p>11 identify the mental health consequences of torture, as</p> <p>12 I have mentioned, a failure to consider the impact of</p> <p>13 detention, despite the fact that the form directs the</p> <p>14 doctor to do so; and a lack of recognition that having</p> <p>15 a history of torture makes someone vulnerable to harm in</p> <p>16 detention.</p> <p>17 Dr Hard was of the view in his evidence that, in the</p> <p>18 circumstances where Dr Oozeerally's training was likely</p> <p>19 to have been inadequate, and these various deficiencies</p> <p>20 were in so many of the reports, it wasn't acceptable for</p> <p>21 him to be training other GPs. Do you have any comment</p> <p>22 upon that, given that it seems he still is training</p> <p>23 other GPs?</p> <p>24 <b>A. I think there is no training out there for rule 35</b></p> <p>25 <b>assessments. Certainly none that we have been able to</b></p> <p style="text-align: center;">Page 179</p>
<p>1 something that I think has been difficult for GPs</p> <p>2 working in this environment. It is one of the reasons</p> <p>3 why we have decided to take the approach that we have to</p> <p>4 look at what good looks like and to try and understand</p> <p>5 how we then train people to do that, not just as</p> <p>6 a one-off but as a regular refresher, in terms of doing</p> <p>7 high quality rule 35 reports.</p> <p>8 Q. Are you aware that Dr Hard looked at over 80 rule 35</p> <p>9 reports from the relevant period in 2017 and found that,</p> <p>10 in 75 per cent, roughly, of the cases, that they were</p> <p>11 inadequate, in particular because there had been no</p> <p>12 assessment or recording of the continued impact of</p> <p>13 detention?</p> <p>14 <b>A. Yes, I read his report and listened to some of his</b></p> <p>15 <b>evidence on that and that is one of the reasons why we</b></p> <p>16 <b>have reached out to the Faculty of Forensic and Legal</b></p> <p>17 <b>Medicine to help us with increasing confidence in the</b></p> <p>18 <b>GPs in giving an opinion on precisely that.</b></p> <p>19 Q. Yes, because those reports that Dr Hard looked at were</p> <p>20 primarily from Dr Oozeerally and Dr Chaudhary, who of</p> <p>21 course are still working in Brook House and who are</p> <p>22 training other GPs in rule 35. That is of concern,</p> <p>23 isn't it, given Dr Hard's view about the quality of</p> <p>24 those reports?</p> <p>25 <b>A. It is certainly something that has stimulated us to look</b></p> <p style="text-align: center;">Page 178</p>	<p>1 find. So people have had to make do and produce</p> <p>2 something themselves. I think it is a deficiency</p> <p>3 generally across the immigration removal estate and</p> <p>4 something that we are keen to address by developing some</p> <p>5 training. So yes, whilst it is a concern, it is</p> <p>6 something that we are addressing at the moment but</p> <p>7 I don't think it is peculiar to Gatwick.</p> <p>8 Q. Has the deficiencies in those reports, in particular</p> <p>9 that they, for the most part, failed to consider the</p> <p>10 impact of detention, been taken up with Dr Oozeerally to</p> <p>11 date?</p> <p>12 <b>A. I haven't had a conversation with him about it.</b></p> <p>13 Q. Why not? Because I appreciate the -- the lack of</p> <p>14 training out there, but isn't it a relatively</p> <p>15 straightforward thing to bring up with him that,</p> <p>16 "Doctor, you must, as the form directs, consider and</p> <p>17 comment upon the impact of detention on the detainee</p> <p>18 when you complete these reports"?</p> <p>19 <b>A. Yes, I think that is a fair comment. I think what</b></p> <p>20 <b>I would say is that I do not have that much direct</b></p> <p>21 <b>contact with the site, and so the rule 35 pathway</b></p> <p>22 <b>workshop that was discussed yesterday, I have been</b></p> <p>23 <b>seeing as my opportunity to sit down with them. We have</b></p> <p>24 <b>just taken over Heathrow Immigration Removal Centre as</b></p> <p>25 <b>well, and so we will be joining the two teams together</b></p> <p style="text-align: center;">Page 180</p>

<p>1 to do some looking at what works well and what doesn't</p> <p>2 work well and sharing some good practice.</p> <p>3 My understanding so far, and it is limited to</p> <p>4 Heathrow, because, as I say, we have literally just</p> <p>5 taken that, but there are more rule 35(2) reports done</p> <p>6 at Heathrow than there are at Gatwick, for example. So</p> <p>7 there is clearly a different understanding of the</p> <p>8 process and, by bringing the two teams together, we can</p> <p>9 understand why there is difference and why there is</p> <p>10 difference in practice there.</p> <p>11 Q. In the circumstances though, I appreciate what you have</p> <p>12 said about the workshop and the opportunity to sit down</p> <p>13 and talk about these issues, but isn't there an urgent</p> <p>14 need to look at the quality of the reports that</p> <p>15 Dr Oozeerally and Dr Chaudhary are actually completing</p> <p>16 now?</p> <p>17 A. So I understand where you are coming from with that, and</p> <p>18 I think you have asked the question of my colleague</p> <p>19 yesterday: are there likely to be people in detention</p> <p>20 who shouldn't be there, if they had had a better quality</p> <p>21 of rule 35 report done?</p> <p>22 I completely acknowledge the role we have, as</p> <p>23 a healthcare provider, in making that system work to the</p> <p>24 best of our ability, but just to point out we are not in</p> <p>25 control of the final decision about that; it is</p> <p style="text-align: center;">Page 181</p>	<p>1 to date, and the fact that the Home Office has relied in</p> <p>2 cases upon a lack of comment on the impact of detention</p> <p>3 in order to maintain detention? Isn't that something</p> <p>4 you need, as senior management, to be ensuring is</p> <p>5 happening as a matter of urgency?</p> <p>6 A. So, absolutely. It is something that we need to ensure</p> <p>7 is happening and I would just take issue with the idea</p> <p>8 that my simply talking to them would make a huge</p> <p>9 difference to that.</p> <p>10 I think there are a number of things we need to do</p> <p>11 to change the way rule 35s are viewed and the custom and</p> <p>12 practice that has been in place in Gatwick.</p> <p>13 Q. But talking to them and instructing them to do what the</p> <p>14 form says is, at least, one thing you can do immediately</p> <p>15 without putting in place all the other things that will</p> <p>16 come further down the line, isn't it?</p> <p>17 A. Well, it is, but I think the evidence that has been</p> <p>18 given and the conversations and reports that have been</p> <p>19 written have pretty much explained to Dr Oozeerally and</p> <p>20 Dr Chaudhary that the expectation is around that, so</p> <p>21 I don't know I am going to add an awful lot to that.</p> <p>22 Q. Can we look specifically at rules 35(1) and 35 (2)?</p> <p>23 A. Of course.</p> <p>24 Q. Professor Bosworth did a subreview of literature for the</p> <p>25 Shaw review, in 2016, and found that detention is</p> <p style="text-align: center;">Page 183</p>
<p>1 a recommendation and a report that is done on</p> <p>2 healthcare. So we want to do that as well as we</p> <p>3 possibly can.</p> <p>4 We had some debate about how quickly we needed to</p> <p>5 move on this, but felt that, actually, this is largely</p> <p>6 a culture issue and it has been around custom and</p> <p>7 practice, it is the way things have always been done</p> <p>8 and, whilst you can tell people what to do, there is</p> <p>9 quite a lot of other things that need to happen in order</p> <p>10 to change that culture and produce sustained change that</p> <p>11 you can be confident of in the longer term, and that is</p> <p>12 things like the training, like sharing good practice, it</p> <p>13 is supervision, clinical supervision of people.</p> <p>14 So there are a number of factors that we have put in</p> <p>15 place.</p> <p>16 Dr Oozeerally and Dr Chaudhary, in particular, do</p> <p>17 have regular sessions with our regional medical lead for</p> <p>18 the Thames Valley region. I don't know what</p> <p>19 conversations have happened between them. So they may</p> <p>20 have had a conversation about the report, but I don't</p> <p>21 know for sure and it is something I can go back and</p> <p>22 check.</p> <p>23 Q. Isn't it up to the senior management at PPG, including</p> <p>24 you, to ensure that those instructions are being given</p> <p>25 to the doctors, given the poor quality of their reports</p> <p style="text-align: center;">Page 182</p>	<p>1 harmful to those with vulnerabilities and mental</p> <p>2 illness. Were you aware of that at the time?</p> <p>3 A. Professor Bosworth's report?</p> <p>4 Q. Yes?</p> <p>5 A. No.</p> <p>6 Q. Shaw, in his review, was highly critical of the idea of</p> <p>7 managing serious mental illness in detention. He said</p> <p>8 it wasn't possible to meet good practice and described</p> <p>9 it as an affront to civilised values. Were you aware of</p> <p>10 that?</p> <p>11 A. Not specifically, no, I don't think so.</p> <p>12 Q. The Shaw review was also concerned about segregation</p> <p>13 appearing to be used as a default for those with serious</p> <p>14 mental health problems and, in particular, without</p> <p>15 mental health care being provided to them, which he said</p> <p>16 was not consonant with detainees' welfare and could</p> <p>17 represent cruel and unusual punishment. Were you aware</p> <p>18 of that finding in the Shaw report?</p> <p>19 A. So it's some time since I have read the Shaw report, and</p> <p>20 so I can't recall everything that was in it, but none of</p> <p>21 those things come as a surprise to me.</p> <p>22 Q. Would you accept, then, that it is important for the</p> <p>23 rule 35 safeguards to operate to ensure that those with</p> <p>24 mental illness are identified, not so that it can be</p> <p>25 managed in detention, and healthcare provided to them,</p> <p style="text-align: center;">Page 184</p>

<p>1 but so the Home Office can promptly consider their</p> <p>2 continued detention because, otherwise, they may remain</p> <p>3 in detention and open to having force used upon them,</p> <p>4 open to being segregated, which is likely to be damaging</p> <p>5 and to potential deterioration of their mental health?</p> <p>6 <b>A. So do I think that mental illness should be identified</b></p> <p>7 <b>and reported, yes, of course. I don't think it is quite</b></p> <p>8 <b>as straightforward as that.</b></p> <p>9 <b>Would it be so simple as that people arrived with</b></p> <p>10 <b>a label stuck on them to tell you what is exactly what</b></p> <p>11 <b>wrong with them. Unfortunately, healthcare doesn't</b></p> <p>12 <b>really work like that and it can take some time to</b></p> <p>13 <b>understand what is going on with people, it can take</b></p> <p>14 <b>some time for them to open up and express their</b></p> <p>15 <b>concerns, their vulnerabilities and their health needs</b></p> <p>16 <b>and, in the meantime, we need to look after people.</b></p> <p>17 <b>So our job is not only -- it is definitely to do</b></p> <p>18 <b>with these safeguards and we take our responsibility for</b></p> <p>19 <b>that seriously, but our role is much wider than that</b></p> <p>20 <b>within healthcare, and it is to look after people, so we</b></p> <p>21 <b>need to make sure we get the balance of that right and,</b></p> <p>22 <b>if we focus too much on one or the other, then we are</b></p> <p>23 <b>not meeting the needs of people effectively.</b></p> <p>24 Q. Rule 35(1) is a key statutory reporting mechanism for</p> <p>25 triggering a detention review in respect of someone</p> <p style="text-align: center;">Page 185</p>	<p>1 <b>A. Yes.</b></p> <p>2 Q. Does senior management also bear some responsibility in</p> <p>3 the failure in the safeguards currently?</p> <p>4 <b>A. So yes, we are responsible for what goes on in the</b></p> <p>5 <b>Gatwick Immigration Removal Centre.</b></p> <p>6 Q. The very low numbers, even currently, suggest that the</p> <p>7 safeguard continues to fail. Would you agree with that?</p> <p>8 <b>A. Well, I don't know, because I don't know what conditions</b></p> <p>9 <b>people have come into Gatwick with, and that is</b></p> <p>10 <b>something that we want to explore as we go forward.</b></p> <p>11 Q. But, of course, rule 35(1) doesn't require a condition,</p> <p>12 does it, it requires a likelihood of harm in detention?</p> <p>13 <b>A. No, and one might argue that anybody coming into</b></p> <p>14 <b>detention has a likelihood of harm from being in</b></p> <p>15 <b>detention.</b></p> <p>16 Q. I would like to just look at a couple of examples,</p> <p>17 please, that come from the recent past. In some</p> <p>18 evidence from Theresa Schleicher from Medical Justice,</p> <p>19 about some case studies that she had looked at, is at</p> <p>20 her -- in her second witness statement, at annex 2,</p> <p>21 page 118, she set out a case of a detained person known</p> <p>22 as RNA(?), and he had a mental health appointment on</p> <p>23 11 September 2021 -- so this would have been after PPG</p> <p>24 had taken over healthcare in Brook House. He disclosed</p> <p>25 feeling hopeless, anxious and having difficulties</p> <p style="text-align: center;">Page 187</p>
<p>1 likely to be injuriously affected by continued</p> <p>2 detention; it doesn't require actual harm, does it?</p> <p>3 <b>A. Yes, from my understanding, yes.</b></p> <p>4 Q. There have only been -- there has only been one</p> <p>5 rule 35(1) report from September 2021 to January 2022,</p> <p>6 according to your witness statement.</p> <p>7 Sandra Calver, certainly in her evidence, has</p> <p>8 accepted that she had misunderstood the threshold for</p> <p>9 a rule 35(1) report and she and her staff were applying</p> <p>10 too high a threshold. Her evidence was that this</p> <p>11 misunderstanding had led to very few rule 35(1)s at the</p> <p>12 time in 2017, and it appears there remain very few</p> <p>13 rule 35(1)s being completed in Brook House; would you</p> <p>14 agree?</p> <p>15 <b>A. Yes.</b></p> <p>16 Q. That was a failure at the time, in 2017, she took some</p> <p>17 responsibility for, along with the Home Office; would</p> <p>18 you agree with that?</p> <p>19 <b>A. I don't know whether she took responsibility.</b></p> <p>20 Q. In her evidence, she accepted that the failure in the</p> <p>21 safeguards, in that there were so few rule 35(1) reports</p> <p>22 when there should have been more, was partly her</p> <p>23 responsibility, along with the Home Office.</p> <p>24 <b>A. Okay.</b></p> <p>25 Q. Would you agree?</p> <p style="text-align: center;">Page 186</p>	<p>1 sleeping. But there was no rule 35(1) report completed</p> <p>2 at that stage.</p> <p>3 Do you accept it should have been?</p> <p>4 <b>A. I don't know. With that level of information,</b></p> <p>5 <b>I couldn't say. Like I say, I think pretty much anybody</b></p> <p>6 <b>coming into detention would have trouble sleeping. And</b></p> <p>7 <b>feel anxious, and one could argue that that is</b></p> <p>8 <b>detrimental to anybody entering detention.</b></p> <p>9 Q. On 14 September, he was still showing those symptoms and</p> <p>10 he had also self-harmed a week beforehand by banging his</p> <p>11 head against the wall.</p> <p>12 No rule 35(1) report was completed at that stage.</p> <p>13 Do you accept that, at that stage, it should have done?</p> <p>14 <b>A. Again, I don't know. With that level of detail, it is</b></p> <p>15 <b>very difficult to make an assessment on that.</b></p> <p>16 <b>Self-harm is interesting, people self-harm for</b></p> <p>17 <b>a whole variety of reasons and not necessarily related</b></p> <p>18 <b>to mental illness, but it does rather depend on how you</b></p> <p>19 <b>define mental ill-health. It is not good for your</b></p> <p>20 <b>mental health to have control taken away from you and to</b></p> <p>21 <b>feel powerless and, therefore, most people's mental</b></p> <p>22 <b>health, in that definition of it, would deteriorate when</b></p> <p>23 <b>coming into detention.</b></p> <p>24 Q. By 21 September, he was reporting auditory</p> <p>25 hallucinations. No mental health assessment was done on</p> <p style="text-align: center;">Page 188</p>

<p>1 him. Do you accept that, given the reporting of those</p> <p>2 symptoms, he should have had a mental health assessment?</p> <p>3 <b>A. Yes, I would expect a mental health assessment at that</b></p> <p>4 <b>point.</b></p> <p>5 Q. The GP who saw him didn't complete a mental state</p> <p>6 examination; he should have done, shouldn't he?</p> <p>7 <b>A. Certainly he should have undertaken some form of mental</b></p> <p>8 <b>health examination, but a GP mental health examination</b></p> <p>9 <b>is very different to what a psychiatrist would undertake</b></p> <p>10 <b>and it is obviously briefer.</b></p> <p>11 Q. Of course.</p> <p>12 He went on, in November 2021, to undertake a period</p> <p>13 of food refusal. Again, no further examination was done</p> <p>14 in relation to his mental health. Should a period of</p> <p>15 food refusal have at least prompted consideration of</p> <p>16 a mental health assessment?</p> <p>17 <b>A. It would certainly -- it should -- somebody who has</b></p> <p>18 <b>undertaken food refusal should be seen by a doctor and</b></p> <p>19 <b>try to understand the reasons behind the food refusal.</b></p> <p>20 Q. That doesn't seem to be happening in Brook House</p> <p>21 currently either, does it?</p> <p>22 <b>A. To be honest, I don't know the answer to that.</b></p> <p>23 Q. Medical Justice became involved and informed healthcare</p> <p>24 of their concerns on 23 November, but, again, no mental</p> <p>25 health assessment was carried out. At that stage, when</p> <p style="text-align: center;">Page 189</p>	<p>1 being completed; would you accept that?</p> <p>2 <b>A. Yes.</b></p> <p>3 Q. It seems, then, that deteriorating mental health in</p> <p>4 detention is being managed in detention, even though</p> <p>5 that was said to be poor psychiatric practice by as long</p> <p>6 ago as 2016 by the Shaw review; would you agree with</p> <p>7 that?</p> <p>8 <b>A. Can you just say that again, sorry?</b></p> <p>9 Q. Deteriorating mental health is -- appears to be managed</p> <p>10 in detention, despite Shaw's criticism of that as being</p> <p>11 poor psychiatric practice as long ago as 2016. Would</p> <p>12 you agree?</p> <p>13 <b>A. Yes.</b></p> <p>14 Q. So it is not simply about enabling staff to manage and</p> <p>15 treat conditions in detention, it is about the</p> <p>16 importance of those safeguards notifying the Home Office</p> <p>17 in order to review detention, isn't it?</p> <p>18 <b>A. As I say, there is a balance to be had, isn't there,</b></p> <p>19 <b>between those two elements of the care that we provide?</b></p> <p>20 <b>We are largely commissioned to provide community</b></p> <p>21 <b>equivalent healthcare in detained settings and there is</b></p> <p>22 <b>no community equivalent of rule 35, of course. So that</b></p> <p>23 <b>is an additional duty that exists in immigration removal</b></p> <p>24 <b>centres that is not normal for general practice outside</b></p> <p>25 <b>and, of course, we don't have the luxury, as you have</b></p> <p style="text-align: center;">Page 191</p>
<p>1 an external body involving clinical expertise in this</p> <p>2 area is informing healthcare of concerns, that should</p> <p>3 have prompted some further exploration of his mental</p> <p>4 state, shouldn't it?</p> <p>5 <b>A. I would expect it to, yes.</b></p> <p>6 Q. They wrote to -- Medical Justice wrote to healthcare, on</p> <p>7 2 December, to raise concerns about his mental</p> <p>8 ill-health and a diagnosis of PTSD. Would you agree</p> <p>9 that there seems to be here, from this case study,</p> <p>10 various different failures in the safeguards happening,</p> <p>11 in terms of a lack of mental health assessment, a lack</p> <p>12 of consideration of rule 35(1), and at least a -- not</p> <p>13 taking account of concerns raised by other medical</p> <p>14 professionals?</p> <p>15 <b>A. So on face value of everything you have said, of course</b></p> <p>16 <b>there are points at which assessment could have been</b></p> <p>17 <b>undertaken to have made a difference. I don't know any</b></p> <p>18 <b>of the circumstances surrounding this or any other</b></p> <p>19 <b>factors relating to it, so being painted a line in that</b></p> <p>20 <b>direction, of course the conclusion is there are points</b></p> <p>21 <b>at which they could have intervened but I don't know</b></p> <p>22 <b>what else was going on.</b></p> <p>23 Q. He was only released from detention after litigation.</p> <p>24 Again, the Home Office haven't had a chance to review</p> <p>25 his detention, because the rule 35 reports were not</p> <p style="text-align: center;">Page 190</p>	<p>1 <b>rightly pointed out, of 45-minute and hour-long</b></p> <p>2 <b>appointments to undertake those assessments.</b></p> <p>3 Q. Sandra Calver, in her evidence, accepted that it is</p> <p>4 inappropriate, or it would be inappropriate, to use</p> <p>5 part C instead of rule 35(2) or rule 35(1); would you</p> <p>6 agree with that?</p> <p>7 <b>A. So I don't understand the part C process well enough to</b></p> <p>8 <b>be able to pass much comment on it. What I will say is</b></p> <p>9 <b>that, in my experience of working across secure</b></p> <p>10 <b>environments, there is a lot of processes that kind of</b></p> <p>11 <b>don't quite work and one of the things I discover a lot</b></p> <p>12 <b>when I am travelling around sites is that people put in</b></p> <p>13 <b>work-arounds to make up for the fact that the systems</b></p> <p>14 <b>don't work that well. Part of my role is to challenge</b></p> <p>15 <b>those work-arounds and say, "You might be thinking you</b></p> <p>16 <b>are acting in the best interests of an individual but</b></p> <p>17 <b>actually what we have got to do is make the system work</b></p> <p>18 <b>effectively as best we can", and that is part of the</b></p> <p>19 <b>challenge that is going in now.</b></p> <p>20 Q. The problem with part C is, of course, that it doesn't,</p> <p>21 contrary to rule 35, require the Home Office to review</p> <p>22 detention. So the statutory requirement is contained in</p> <p>23 rule 35 and not in part C.</p> <p>24 Do you think your staff understand that?</p> <p>25 <b>A. I didn't understand that myself until the last couple of</b></p> <p style="text-align: center;">Page 192</p>



<p>1 <b>days of the inquiry, so I can't speak for other people</b></p> <p>2 <b>but certainly I haven't had that level of understanding.</b></p> <p>3 Q. From Dr Oozeerally's evidence, it appears that he is</p> <p>4 still using part C and not rules 35(1) and (2); do you</p> <p>5 agree, in the circumstances, that that practice is</p> <p>6 inappropriate?</p> <p>7 <b>A. So I think people use processes to bypass the system,</b></p> <p>8 <b>when they find them effective.</b></p> <p>9 <b>That seems to indicate to me that there is something</b></p> <p>10 <b>broken in the system of rule 35, that people have been</b></p> <p>11 <b>trying to find ways around.</b></p> <p>12 Q. But he should, at the very least, be doing both,</p> <p>13 shouldn't he? If there's a concern about</p> <p>14 a vulnerability or self-harm or a suicide attempt,</p> <p>15 suicidal ideation, or a deterioration in someone's</p> <p>16 mental health, he could put in a part C but he should</p> <p>17 also, in those circumstances, be using rule 35, given</p> <p>18 their requirement of a review by the Home Office of</p> <p>19 detention; is that right?</p> <p>20 <b>A. That is my understanding of the rules there. I think,</b></p> <p>21 <b>again, from conversations over the years, when I haven't</b></p> <p>22 <b>been particularly involved in immigration removal</b></p> <p>23 <b>centres, I think rule 35 has become kind of shorthand</b></p> <p>24 <b>for discussion around torture.</b></p> <p>25 Q. Yes.</p> <p style="text-align: right;">Page 193</p>	<p>1 a serious failing in the safeguard. Again, that is</p> <p>2 something of serious concern, isn't it?</p> <p>3 <b>A. Yes, as I say, I think the rule 35 process has become</b></p> <p>4 <b>synonymous with looking for torture, so people have</b></p> <p>5 <b>forgotten both parts (1) and part (2).</b></p> <p>6 Q. Were PPG aware of that when they took over the contract?</p> <p>7 <b>A. No.</b></p> <p>8 Q. Because the IMB report of 2021, which covered the period</p> <p>9 of January 2020 to December 2020 described the lack of</p> <p>10 any rule 35(2) reports to be puzzling in the light of</p> <p>11 the scale of self-harm and suicide threats made during</p> <p>12 the latter part of 2020, and they said:</p> <p>13 "We cannot reconcile the evidence of frequent</p> <p>14 suicide ideation with there being absolutely no</p> <p>15 rule 35(2) reports."</p> <p>16 You were not aware of that at the time?</p> <p>17 <b>A. Not until more recently.</b></p> <p>18 Q. Your statistics that you set out at paragraph 131 of</p> <p>19 your first witness statement on ACDTs indicate that</p> <p>20 there were 73 opened with 45 of those a constant watch</p> <p>21 for the period September 2021 to December 2021. Someone</p> <p>22 being on a constant watch indicates a high risk of</p> <p>23 suicide; would you agree?</p> <p>24 <b>A. Certainly a high risk of harm.</b></p> <p>25 Q. And as we have just established, there were no</p> <p style="text-align: right;">Page 195</p>
<p>1 <b>A. The elements that you have been alluding to, parts (1)</b></p> <p>2 <b>and (2), I think have been a little lost along the way.</b></p> <p>3 Q. Yes, the vast majority of reports are rule 35(3) reports</p> <p>4 and it appears that rule 35(2) is not used at all?</p> <p>5 <b>A. Certainly not in Gatwick, no.</b></p> <p>6 Q. We know, in relation to rule 35(2), from the Home Office</p> <p>7 figures that there were no rule 35(2) reports completed</p> <p>8 in Brook House in 2017. Indeed there weren't any in</p> <p>9 2016, 2018, 2019 or 2020 either.</p> <p>10 Your own figures from September 2021 to January 2022</p> <p>11 also confirm no rule 35(2) reports since PPG took over.</p> <p>12 That is of serious concern, isn't it?</p> <p>13 <b>A. It is of concern in light of the number of constant</b></p> <p>14 <b>supervisions that have been happening during that period</b></p> <p>15 <b>of time, yes.</b></p> <p>16 Q. Yes, and I mean -- so in 2017, there were 60 incidents</p> <p>17 of self-harm; there were, in the relevant period, 195</p> <p>18 new ACDTs opened and 248 in total. Sandra Calver</p> <p>19 accepted that in the light of those figures, there</p> <p>20 should have been significantly more of both types of</p> <p>21 report, rule 35(1) and rule 35(2). Do you agree?</p> <p>22 <b>A. One would assume so, yes.</b></p> <p>23 Q. She said nurses don't have a good understanding of</p> <p>24 rule 35(2) and that there is a significant gap in their</p> <p>25 knowledge, both then and now. She accepted that that is</p> <p style="text-align: right;">Page 194</p>	<p>1 rule 35(2) reports at all in that corresponding period.</p> <p>2 Again, that suggests a fundamental, ongoing failure in</p> <p>3 the safeguard, doesn't it?</p> <p>4 <b>A. It does.</b></p> <p>5 Q. Doesn't that need urgently addressing?</p> <p>6 <b>A. I think we are addressing it. But as I say, whilst it</b></p> <p>7 <b>is tempting to think that you can just dive in there and</b></p> <p>8 <b>fix this problem that has been clearly endemic for the</b></p> <p>9 <b>last five years at least, given the numbers you have</b></p> <p>10 <b>just given me, it is tempting, but it is not possible.</b></p> <p>11 <b>There is something deeper that needs to happen which is</b></p> <p>12 <b>a cultural change programme and I think it ties in</b></p> <p>13 <b>together with some of the criticisms that I have read</b></p> <p>14 <b>and I've heard about as part of this inquiry with</b></p> <p>15 <b>a culture of disbelief. So where you have a culture</b></p> <p>16 <b>that builds up, that essentially starts to think people</b></p> <p>17 <b>are just trying to game the system all the time and,</b></p> <p>18 <b>therefore, it becomes a conflict about whether rule 35</b></p> <p>19 <b>should or shouldn't be done, you have a problem there.</b></p> <p>20 <b>Where we need to get to is an understanding that</b></p> <p>21 <b>this is part of the safeguarding procedures to make sure</b></p> <p>22 <b>that people are fit to be detained as best as it is</b></p> <p>23 <b>possible for us to establish that as healthcare</b></p> <p>24 <b>professionals. And that is not something that is easily</b></p> <p>25 <b>quickly fixed either, just by conversation or by writing</b></p> <p style="text-align: right;">Page 196</p>

<p>1 policy but there is something that needs more time.</p> <p>2 I think the other thing I would like to just say</p> <p>3 about that is that it might feel like a long time</p> <p>4 between September and March, but when you take over</p> <p>5 a new service, it can take quite a long time to really</p> <p>6 get under the skin of that service and understand what</p> <p>7 is really going on on the ground rather than just have</p> <p>8 sort of documentation and numbers.</p> <p>9 That has been a little bit hampered by Covid because</p> <p>10 of the number of outbreaks and the limited access, but</p> <p>11 notwithstanding that, we have had quite a number of</p> <p>12 visits into the site.</p> <p>13 But as I said right at the very beginning, this</p> <p>14 inquiry has done us a huge favour, in the sense of being</p> <p>15 able to really expose some of the issues that need</p> <p>16 attention from now on.</p> <p>17 Q. Yes, Dr Oozeerally confirmed in his evidence to the</p> <p>18 inquiry on 14 March, so over two weeks ago, that he is</p> <p>19 still not completing rule 35(2) reports and Dr -- and</p> <p>20 Sandra Calver gave evidence that she has tried to</p> <p>21 encourage the completion of rule 35(2) reports with the</p> <p>22 introduction of her rule 35(2) pathway to no success,</p> <p>23 that GPs still are not completing rule 35(2) reports.</p> <p>24 Sandra Calver gave evidence a month ago today to the</p> <p>25 inquiry.</p> <p style="text-align: center;">Page 197</p>	<p>1 Q. And, indeed, there is likely to be harm actually having</p> <p>2 been caused, because, if people are on ACDTs,</p> <p>3 self-harming, their mental health deteriorating, that is</p> <p>4 actual harm having been caused by them remaining in</p> <p>5 detention in the absence of the safeguards working,</p> <p>6 isn't it?</p> <p>7 A. Potentially. Not everybody that self-harms is mentally</p> <p>8 unwell or has a deteriorating mental health condition,</p> <p>9 and I know that might sound odd, but as I mentioned</p> <p>10 earlier, there are a number of reasons why people would</p> <p>11 self-harm.</p> <p>12 It depends on where you want to put the threshold.</p> <p>13 As I mentioned earlier, everybody's mental health will</p> <p>14 deteriorate as a result of coming into detention.</p> <p>15 Q. Mr Wells seemed to suggest that the reason that the risk</p> <p>16 of harm to vulnerable detainees was accepted by PPG and</p> <p>17 not being addressed immediately, was that PPG didn't</p> <p>18 want to bring in a series of changes to working practice</p> <p>19 that can be confusing to staff and he said he has</p> <p>20 discussed it with you and he also said:</p> <p>21 "I think we took a conscious decision that we wanted</p> <p>22 to ensure that we had a full and robust process and</p> <p>23 policy in place, rather than just making an immediate</p> <p>24 snap decision to put something right."</p> <p>25 He said:</p> <p style="text-align: center;">Page 199</p>
<p>1 Has anyone taken up this issue with -- from senior</p> <p>2 management at PPG, has anyone taken up this issue with</p> <p>3 Dr Oozeerally, Dr Chaudhary or Sandra Calver as to what</p> <p>4 they are currently doing on the ground?</p> <p>5 A. Yes, so there was a contract review meeting between the</p> <p>6 regional manager and the regional medical lead for that</p> <p>7 area, where the rule 35(2) were discussed with</p> <p>8 Dr Oozeerally. They have reached out to me for further</p> <p>9 conversations with them, which I have not yet managed to</p> <p>10 undertake myself but, as I say, we have got this</p> <p>11 workshop in place.</p> <p>12 We were waiting -- I do acknowledge the delay that</p> <p>13 you have pointed out and that is a fair point -- but we</p> <p>14 were waiting until we took over Heathrow so that we</p> <p>15 could have the two teams together, as I mentioned</p> <p>16 earlier.</p> <p>17 Q. Yes, your colleague, Mr Wells, gave evidence yesterday</p> <p>18 that a review is due to take place on 20 April into the</p> <p>19 rule 35 process and that PPG are planning to develop its</p> <p>20 own pathway to ensure compliance with the rules, but he</p> <p>21 accepted that, in the meantime, as we know, rule 35(2)</p> <p>22 reports are not being done, there is a risk of harm to</p> <p>23 detainees, isn't there?</p> <p>24 A. There is always a risk of harm to detainees, but, yes,</p> <p>25 I take your point.</p> <p style="text-align: center;">Page 198</p>	<p>1 "As I said, I think this is about</p> <p>2 a whole-system-approach review, rather than just putting</p> <p>3 in place, for want of a better phrase, a sticking</p> <p>4 plaster over an issue."</p> <p>5 But isn't immediate action needed -- at least some</p> <p>6 immediate action needed to prevent harm coming to these</p> <p>7 vulnerable people who are currently in Brook House at</p> <p>8 the moment?</p> <p>9 A. So I think there are mitigating actions being taken to</p> <p>10 look after people, and to reduce that risk of harm.</p> <p>11 That is the job of the healthcare department. So as</p> <p>12 mentioned earlier, the healthcare is not only there to</p> <p>13 fulfil rules 34 and 35, they are there to deliver</p> <p>14 healthcare to people and to reduce risk and to manage</p> <p>15 health conditions, including mental health conditions</p> <p>16 and there is a mental health team and a psychiatrist</p> <p>17 there to do just that.</p> <p>18 So whilst I appreciate the safeguards around rule 35</p> <p>19 are taking us some time to work through, that doesn't</p> <p>20 mean there is no action being taken to mitigate harm and</p> <p>21 risk.</p> <p>22 Q. It is not a complicated matter to, at the very least,</p> <p>23 give an instruction to Sandra Calver and her staff</p> <p>24 that -- to refer anyone who is on a constant watch on</p> <p>25 an ACDT for a rule 35(2) assessment, and anyone who is</p> <p style="text-align: center;">Page 200</p>

<p>1 on an ACDT at all for a rule 35(1) assessment, is it?</p> <p>2 Couldn't that instruction be given to Sandra Calver?</p> <p>3 <b>A. I think the instruction has been given that everybody</b></p> <p>4 <b>who has an ACDT should have a mental health assessment,</b></p> <p>5 <b>so that they have an understanding of their mental</b></p> <p>6 <b>health and that may well lead on to a further</b></p> <p>7 <b>assessment, but I appreciate there haven't been any</b></p> <p>8 <b>rule 35(2)s done as a result of that.</b></p> <p>9 Q. Nor, indeed, it seems, really, any rule 35(1)s recently?</p> <p>10 <b>A. Agreed.</b></p> <p>11 Q. A corresponding instruction could be given to</p> <p>12 Dr Oozeerally, couldn't it, that where someone is on</p> <p>13 an ACDT, he should consider a rule 35(1) report and,</p> <p>14 where someone is on a constant watch, he should consider</p> <p>15 a rule 35(2) report; couldn't there? Has that</p> <p>16 instruction been given to him?</p> <p>17 <b>A. No.</b></p> <p>18 Q. At least that would then cover the people you actually</p> <p>19 know about, who appear to be deteriorating in detention</p> <p>20 by the fact that they are on an ACDT, wouldn't it?</p> <p>21 <b>A. That may be true. Again, I don't know the -- who is on</b></p> <p>22 <b>ACDTs or any of their conditions.</b></p> <p>23 Q. We know from Mr Hewer's evidence this morning that there</p> <p>24 are five people on ACDTs, two of whom are on a constant</p> <p>25 watch.</p> <p style="text-align: center;">Page 201</p>	<p>1 <b>had we just written a policy and handed it to Gatwick,</b></p> <p>2 <b>but I just take issue with the fact that it would be</b></p> <p>3 <b>effective because I know from experience that simply</b></p> <p>4 <b>issuing those instructions to sites, it doesn't -- it is</b></p> <p>5 <b>not effective in changing custom and practice and it is</b></p> <p>6 <b>certainly not effective in changing the quality of</b></p> <p>7 <b>the report and the likely effectiveness of that report</b></p> <p>8 <b>in actually ending detention. So that is why we have</b></p> <p>9 <b>chosen to go down a much deeper route of looking at</b></p> <p>10 <b>culture change and challenging custom and practice, in</b></p> <p>11 <b>order to actually fix the issue.</b></p> <p>12 Q. Yes, again, I am sure that is laudable and will bring</p> <p>13 about -- or hopefully, at least, will begin to bring</p> <p>14 about the types of enduring change, but what about the</p> <p>15 people who are sitting on the constant watch on ACDT</p> <p>16 today in Brook House?</p> <p>17 <b>A. I don't know anything about them. As I say, it is</b></p> <p>18 <b>something I can take back and I can find out what has</b></p> <p>19 <b>been happening for them, whether they have actually had</b></p> <p>20 <b>a mental health assessment and whether they should be</b></p> <p>21 <b>having an assessment under rule 35, but sat here at the</b></p> <p>22 <b>moment, I don't know.</b></p> <p>23 Q. Are you aware the IMB report of 2021 recommended to</p> <p>24 NHS England that it should carry out a systematic and</p> <p>25 ongoing review of vulnerable detainees to monitor the</p> <p style="text-align: center;">Page 203</p>
<p>1 Has any consideration been given to getting them on</p> <p>2 a rule 35(1) or rule 35(2) report?</p> <p>3 <b>A. I don't know, but that is something I can go and find</b></p> <p>4 <b>out.</b></p> <p>5 Q. Yes, please, and report back to us. Because, given</p> <p>6 those numbers, given that the numbers in Brook House are</p> <p>7 so low at the moment, of five reports, it would be easy</p> <p>8 enough to arrange those assessments speedily, wouldn't</p> <p>9 it?</p> <p>10 <b>A. I would imagine so, if they were required, yes.</b></p> <p>11 Q. You could also, couldn't you, give an immediate simple</p> <p>12 instruction to Dr Oozeerally that if he completes</p> <p>13 a part C, if he finds it necessary to complete a part C,</p> <p>14 his "work-around", as you put it, in relation to</p> <p>15 a vulnerable detainee's deterioration, self-harm,</p> <p>16 a suicide attempt or any other concern, he should also,</p> <p>17 at that time, complete either a rule 35(1) report, at</p> <p>18 least, or, if appropriate, a rule 35(2) report?</p> <p>19 <b>A. That will be a conversation I am sure that we will have</b></p> <p>20 <b>as part of that pathway workshop in April.</b></p> <p>21 Q. Shouldn't that be happening now --</p> <p>22 <b>A. Well, I think --</b></p> <p>23 Q. -- that conversation?</p> <p>24 <b>A. I think it would be lovely, and I dare say I would have</b></p> <p>25 <b>had a lot easier time in this particular conversation,</b></p> <p style="text-align: center;">Page 202</p>	<p>1 effect of continued detention on their wellbeing?</p> <p>2 <b>A. Yes.</b></p> <p>3 Q. Do you know if that has been done by NHS England?</p> <p>4 <b>A. Yes, I believe there was a visit, a safeguarding visit,</b></p> <p>5 <b>by NHS England. I can't remember the date off the top</b></p> <p>6 <b>of my head.</b></p> <p>7 Q. Would you be able to find out?</p> <p>8 <b>A. We can find that, and we have a report from them and</b></p> <p>9 <b>a series of recommendations that have been made.</b></p> <p>10 Q. Would you be able to provide those to the inquiry,</p> <p>11 please?</p> <p>12 <b>A. Yes, of course.</b></p> <p>13 Q. Thank you. In relation to use of force, are you aware,</p> <p>14 also, that the IMB 2021 report expressed concerns about</p> <p>15 the high incidence of use of force being used to deal</p> <p>16 with self-harm?</p> <p>17 <b>A. Yes.</b></p> <p>18 Q. Sandra Calver confirmed in her evidence that force is</p> <p>19 used to relocate people to E wing, and, on E wing, to</p> <p>20 deal with those at risk of self-harm or presenting with</p> <p>21 actual self-harm. Are you aware that is still currently</p> <p>22 happening in Brook House?</p> <p>23 <b>A. I don't know.</b></p> <p>24 Q. Would you agree that use of force risks exacerbating and</p> <p>25 damaging further the mental health of vulnerable</p> <p style="text-align: center;">Page 204</p>

<p>1 detainees and shouldn't happen unless it is to prevent</p> <p>2 a risk to life?</p> <p>3 <b>A. I would agree with that. Certainly it does nothing to</b></p> <p>4 <b>improve relationships, that is for sure.</b></p> <p>5 Q. And it should be a last resort?</p> <p>6 <b>A. It should.</b></p> <p>7 Q. So it is a concern if it is still being used as,</p> <p>8 effectively, a custodial risk management tool to respond</p> <p>9 routinely to self-harm, isn't it?</p> <p>10 <b>A. Yes.</b></p> <p>11 Q. Mr Wells accepted that that is a concern and warranted</p> <p>12 further exploration. Is that something that the senior</p> <p>13 management at PPG are going to do; to look into the</p> <p>14 resort to use of force by self-harm, the healthcare's</p> <p>15 role in not raising concerns or contraindications in</p> <p>16 relation to that?</p> <p>17 <b>A. So I think there are a couple of points in there.</b></p> <p>18 <b>So I hadn't been previously aware -- sorry, I hadn't</b></p> <p>19 <b>been aware until recently about the use of force for</b></p> <p>20 <b>self-harm incidents, so I need to understand in more</b></p> <p>21 <b>detail whether that is custom and practice now and what</b></p> <p>22 <b>is being done about that.</b></p> <p>23 <b>There was a second part that you just asked me which</b></p> <p>24 <b>was -- I can't now remember.</b></p> <p>25 Q. That there should be exploration by PPG at a senior</p> <p style="text-align: center;">Page 205</p>	<p>1 Dr Oozeerally wrote what has been referred to as</p> <p>2 a fitness-to-fly letter, and he stated in that letter:</p> <p>3 "The above detainee is fit to fly and fit for</p> <p>4 detention. He will need a medical escort due to the</p> <p>5 nature of his medical condition. I am happy for</p> <p>6 reasonable force to be used (C&amp;R) in order to facilitate</p> <p>7 the removal."</p> <p>8 Is PPG aware of that practice of GPs providing such</p> <p>9 letters currently?</p> <p>10 <b>A. So of the use of force bit, I wasn't aware of that until</b></p> <p>11 <b>this inquiry.</b></p> <p>12 <b>The fitness to fly, I was aware of. We have</b></p> <p>13 <b>certainly come across this before when we had</b></p> <p>14 <b>Campsfield House and also at Huntercombe, which is</b></p> <p>15 <b>a foreign national prison where people can be deported</b></p> <p>16 <b>directly from, Huntercombe. And we put in place a new</b></p> <p>17 <b>policy after some discussion and some expert support</b></p> <p>18 <b>around fitness to fly to just shift it very slightly</b></p> <p>19 <b>away from saying, "Yes, this person is fit to fly" to</b></p> <p>20 <b>"We know of no reason why this person is not fit to</b></p> <p>21 <b>fly".</b></p> <p>22 Q. Yes, because the two are different?</p> <p>23 <b>A. They're very different, and it is a level of</b></p> <p>24 <b>responsibility that I don't think we can take, as</b></p> <p>25 <b>a healthcare provider, and it is not right that we do.</b></p> <p style="text-align: center;">Page 207</p>
<p>1 management level that it appears that healthcare staff</p> <p>2 are not raising concerns or contraindications to the use</p> <p>3 of force, such that then force is being used routinely</p> <p>4 to respond to self-harm?</p> <p>5 <b>A. Yes, so I think we have recognised that not just in</b></p> <p>6 <b>immigration removal, but across the secure estates,</b></p> <p>7 <b>there has been no training in healthcare roles and</b></p> <p>8 <b>responsibilities in use of force incidents.</b></p> <p>9 <b>That is a failing, I think, across the whole system,</b></p> <p>10 <b>it is not peculiar to us as a provider. Our director of</b></p> <p>11 <b>nursing and quality feels very strongly about this</b></p> <p>12 <b>because nurses are often put in a very challenging</b></p> <p>13 <b>position of being a single voice in a highly-charged</b></p> <p>14 <b>situation and often they are unsure of their role and</b></p> <p>15 <b>responsibility.</b></p> <p>16 <b>So we've just piloted a training course -- I think</b></p> <p>17 <b>in Yorkshire, is where it was being piloted -- to look</b></p> <p>18 <b>at just this, to support staff in raising concerns and</b></p> <p>19 <b>to understand what they need to do and what their</b></p> <p>20 <b>responsibilities are, and that is being rolled out to</b></p> <p>21 <b>Gatwick, but, off the top of my head, I don't know what</b></p> <p>22 <b>date they are receiving that. Again, that is something</b></p> <p>23 <b>we can get to you, if that would be helpful.</b></p> <p>24 Q. Thank you. Yes, it would.</p> <p>25 In relation to D1914, we heard that in 2017, in May,</p> <p style="text-align: center;">Page 206</p>	<p>1 <b>I have to say it was against some pushback, from the</b></p> <p>2 <b>Home Office, who wanted fit-to-fly letters. But we</b></p> <p>3 <b>managed to stick to our guns and that is certainly some</b></p> <p>4 <b>of the work that we will be undertaking with Gatwick to</b></p> <p>5 <b>get a shift in thinking away from saying, "This person</b></p> <p>6 <b>is fit to fly".</b></p> <p>7 Q. The expression of an approval of a use of force is of</p> <p>8 serious concern, if that is continuing, isn't it?</p> <p>9 <b>A. Yes. Again, I think highlighting what people's medical</b></p> <p>10 <b>needs are or risks associated with use of force, is</b></p> <p>11 <b>entirely appropriate; to say somebody is fit to have use</b></p> <p>12 <b>of force is something quite different.</b></p> <p>13 Q. And completely inappropriate?</p> <p>14 <b>A. I would agree.</b></p> <p>15 Q. Is that something that is going to be raised, or is</p> <p>16 being raised, with Dr Oozeerally and Dr Chaudhary who</p> <p>17 appear to be undertaking that practice?</p> <p>18 <b>A. Yes.</b></p> <p>19 Q. In relation to DSO 04 2020 on mental vulnerability, are</p> <p>20 you aware that the policy background to the development</p> <p>21 of this DSO was some litigation in the cases of VC and</p> <p>22 MDA, where, in those cases, on two occasions, in 2018</p> <p>23 and 2019, the arrangements in the IRC discriminated</p> <p>24 against people who suffer from serious mental illnesses</p> <p>25 or lack capacity because they can't access independent</p> <p style="text-align: center;">Page 208</p>

<p>1 assistance to support them to make representations about</p> <p>2 their detention or their medical treatment. Were you</p> <p>3 aware of the background to the introduction of that DSO?</p> <p>4 <b>A. No, I wasn't.</b></p> <p>5 Q. The DSO has been the subject of some criticism -- for</p> <p>6 example, from Medical Justice -- for not addressing the</p> <p>7 issue that a lack of independent assistance to support</p> <p>8 those people means that discrimination may still occur;</p> <p>9 it depends -- the DSO depends upon wing officers and</p> <p>10 healthcare recognising concerns about lack of mental</p> <p>11 capacity, the mental condition being assessed and</p> <p>12 recognised, and the detained person engaging, and there</p> <p>13 is no provision in the DSO for any independent advocacy</p> <p>14 for the detained person.</p> <p>15 Would you agree that that is still a concern, if</p> <p>16 there is a lack of independent advocacy for those who</p> <p>17 have serious mental illness or may lack capacity?</p> <p>18 <b>A. Yes, I think it is a concern.</b></p> <p>19 Q. There is nothing about independent advocacy in your</p> <p>20 witness statement. Did you know about this gap in the</p> <p>21 system?</p> <p>22 <b>A. No. I think it is a simple answer, and now you say it,</b></p> <p>23 <b>it makes complete sense, but at the time I wrote the</b></p> <p>24 <b>statement, it was not something that was on my mind.</b></p> <p>25 Q. It seems from the evidence the inquiry has heard that</p> <p style="text-align: center;">Page 209</p>	<p>1 independent doctor reviews whilst maintaining healthcare</p> <p>2 provision due to a lack of space and resources.</p> <p>3 Do you agree that detained people should be</p> <p>4 facilitated to get medical assessments needed in respect</p> <p>5 of their detention to the extent relevant for their</p> <p>6 immigration applications?</p> <p>7 <b>A. So I think if I can just widen that ever so slightly,</b></p> <p>8 <b>because there is a tension that is inherent in the</b></p> <p>9 <b>system that we have in place at the moment between the</b></p> <p>10 <b>role of provision of healthcare and the assessment of</b></p> <p>11 <b>somebody's fitness to remain in detention.</b></p> <p>12 That can create -- and I think Dr Oozeerally did</p> <p>13 discuss this a little in his evidence -- around that</p> <p>14 detention, particularly if -- sorry, that tension,</p> <p>15 particularly if the doctor disagrees with an individual</p> <p>16 about their fitness for detention. That can have</p> <p>17 a damaging impact on the relationship.</p> <p>18 I would prefer to be in the position where we were</p> <p>19 providing healthcare and other people were assessing the</p> <p>20 fitness for detention, as a separate process, but that</p> <p>21 is not the position that we are in at the moment. So we</p> <p>22 are, as discussed, working on how we make the system</p> <p>23 work effectively.</p> <p>24 But independent advocacy will play a role in that</p> <p>25 without a doubt. The space issues are very real in</p> <p style="text-align: center;">Page 211</p>
<p>1 there doesn't seem to be a routine consideration of</p> <p>2 mental capacity in relation to those who have</p> <p>3 vulnerabilities or mental health issues.</p> <p>4 Again, if that is right, that is of concern, isn't</p> <p>5 it?</p> <p>6 <b>A. Well, mental capacity is a dynamic thing. There is not</b></p> <p>7 <b>a sort of single point where you say this person does or</b></p> <p>8 <b>doesn't have mental capacity, except in extreme</b></p> <p>9 <b>circumstances, so that is something I would expect to be</b></p> <p>10 <b>happening on a regular basis as a dynamic assessment of</b></p> <p>11 <b>somebody.</b></p> <p>12 Q. And if it is not, it is a concern?</p> <p>13 <b>A. It would be a concern. I have no evidence either way,</b></p> <p>14 <b>except -- I can't be sure. I thought I had heard of</b></p> <p>15 <b>a case recently where they had assessed mental capacity,</b></p> <p>16 <b>but I can't be 100 per cent sure it was Gatwick.</b></p> <p>17 Q. Are there plans for PPG to commission any independent</p> <p>18 advocacy service into Brook House?</p> <p>19 <b>A. Not that I know of, but it is certainly something we can</b></p> <p>20 <b>look at with our commissioners.</b></p> <p>21 Q. Yes. And so, would you plan to do that?</p> <p>22 <b>A. I will raise it with our regional manager to talk to our</b></p> <p>23 <b>commissioning colleagues around that.</b></p> <p>24 Q. Just finally then, at paragraph 84 of your statement,</p> <p>25 you mention potential future problems with supporting</p> <p style="text-align: center;">Page 210</p>	<p>1 <b>Gatwick. I don't know how many people in the room have</b></p> <p>2 <b>been able to visit healthcare there, but there are four</b></p> <p>3 <b>rooms, one of which is a pharmacy, one is an office and</b></p> <p>4 <b>two clinical rooms, so there is a tiny amount of space</b></p> <p>5 <b>in which to deliver any kind of healthcare. So it is</b></p> <p>6 <b>a constant tension, I think, and a balance between the</b></p> <p>7 <b>various different priorities.</b></p> <p>8 Q. You would accept that a detained person has a right to</p> <p>9 access the necessary evidence to advance their</p> <p>10 immigration case in detention or to challenge their</p> <p>11 detention?</p> <p>12 <b>A. That right is written into law, I believe.</b></p> <p>13 Q. And restrictions placed upon their access to independent</p> <p>14 experts can impair their right of access to legal</p> <p>15 remedies?</p> <p>16 <b>A. I don't think there is any intent to restrict that. It</b></p> <p>17 <b>is a simple, practical issue about space available in</b></p> <p>18 <b>order to provide that.</b></p> <p>19 Q. So what steps are PPG taking in order to address those</p> <p>20 problems?</p> <p>21 <b>A. Again, discussion with our Serco colleagues, one of the</b></p> <p>22 <b>similarities between an immigration removal centre and</b></p> <p>23 <b>a prison is the fact that, providing healthcare in these</b></p> <p>24 <b>environments, we are not in total control of our</b></p> <p>25 <b>environment and a great deal of partnership working is</b></p> <p style="text-align: center;">Page 212</p>

<p>1 required in order to make things work effectively. So</p> <p>2 a discussion with Serco about whether other spaces are</p> <p>3 available, whether we can expand some of the clinical</p> <p>4 space in order to provide more services -- certainly,</p> <p>5 I know there has been discussion around the dental</p> <p>6 suite, for example, which I believe is still currently</p> <p>7 a toilet, but is going to be converted at some stage.</p> <p>8 So they are trying to get creative about finding</p> <p>9 space in order to deliver healthcare, but those are</p> <p>10 conversations, and, as you heard from Serco earlier,</p> <p>11 there is a limit to what they can do to the built</p> <p>12 environment.</p> <p>13 MS SIMCOCK: Thank you. Chair, I don't have any further</p> <p>14 questions for this witness.</p> <p>15 THE CHAIR: Thank you very much, Ms Simcock.</p> <p>16 Questions from THE CHAIR</p> <p>17 THE CHAIR: Dr Bromley, it is not a question as such, it is</p> <p>18 just really to reiterate what Ms Simcock has said</p> <p>19 around -- I think, as you will appreciate from the</p> <p>20 question that I asked yesterday of Mr Wells, I would</p> <p>21 like to understand fully the -- and obviously you have</p> <p>22 explained something around the rationale for delaying</p> <p>23 the review of rule 35, but I think, as Ms Simcock said,</p> <p>24 and as my question was yesterday, I want to fully</p> <p>25 understand what is happening at the moment for those</p> <p style="text-align: center;">Page 213</p>	<p>1 MR STEVEN HEWER (sworn) .....1</p> <p>2 Examination by MS MOORE .....1</p> <p>3 Questions from THE CHAIR .....155</p> <p>4 DR SARAH BROMLEY (sworn) .....157</p> <p>5 Examination by MS SIMCOCK .....158</p> <p>6 Questions from THE CHAIR .....213</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> <p style="text-align: center;">Page 215</p>
<p>1 people who were on constant watches, so I would be</p> <p>2 grateful if you could provide the inquiry with some</p> <p>3 further information about that.</p> <p>4 <b>A. Sure, yes.</b></p> <p>5 THE CHAIR: Thank you very much.</p> <p>6 MS SIMCOCK: Chair, I understand that due to a technical</p> <p>7 issue at the beginning of the broadcast, the witness's</p> <p>8 name was missed, so I just wonder, could you just,</p> <p>9 please, again, state your full name for the inquiry,</p> <p>10 please?</p> <p>11 <b>A. That is a very nice, easy question, thank you.</b></p> <p>12 <b>Dr Sarah Bromley.</b></p> <p>13 MS SIMCOCK: Thank you, thank you, Dr Bromley.</p> <p>14 THE CHAIR: Thank you very much for coming this afternoon.</p> <p>15 I very much appreciate your evidence. Thank you,</p> <p>16 Dr Bromley.</p> <p>17 MS SIMCOCK: 10.00 am on Monday for the evidence of</p> <p>18 Mr Riley.</p> <p>19 THE CHAIR: Thank you very much.</p> <p>20 (3.17 pm)</p> <p>21 (The inquiry adjourned until 10.00 am on Monday,</p> <p>22 4 April 2022)</p> <p>23</p> <p>24</p> <p>25 INDEX</p> <p style="text-align: center;">Page 214</p>	

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