

## **BROOK HOUSE INQUIRY**

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### **Second Witness Statement of Michelle Smith**

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I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 17 January 2022.

I, Michelle Smith, date of birth DPA, Service Delivery Manager, Brook House Immigration Removal Centre, Perimeter Road South, Gatwick, RH6 0PQ, will say as follows:

#### **Introduction**

1. In so far as the contents of this statement are within my own personal knowledge, they are true, otherwise they are true to the best of my knowledge, information and belief.
2. The answers provided below are to the best of my knowledge and recollection, with reference to the documents noted in the Rule 9 request and to a limited set of documents drawn to my attention by those advising me in the period provided for drafting this statement. Should the Inquiry wish me to consult any other documents, I would of course be able to do so if given sufficient time.
3. The Rule 9 request contains 75 questions, many with detailed sub-questions. I have done my best to address these requests though it has not been easy to do so in the limited time available. I will continue to give thought to the questions raised by the Inquiry before my oral evidence.

## **Background**

4. Further to my First Witness Statement at page 2, I am asked to provide further details of my responsibilities in relation to contract compliance, my day to day duties and the overall purpose of my role. The purpose of my role, for the three facilities that I was responsible for, was to maintain relationships with the supplier and other key partners, ensure the contract performance requirements of the immigration team were being fulfilled (i.e. where the contract required a decision or response from the Immigration Manager), fulfil my own requirements in relation to engagement in the Monthly Contract Review Meeting and the Quarterly Contract Review Meeting, be actively responsive to operational process risks, and operate as business lead in projects relating to the centres. There were no routine day to day duties.
5. I am asked to describe my involvement with each of the following responsibilities that I had: the business lead for the re-procurement of the Gatwick-wide IRC contract; the procurement of the Welfare Services contract for the Pre-Departure Accommodation located on the site of Tinsley House; the closure and decommissioning of the previous Pre-Departure Accommodation at Pease Pottage; and the refit of accommodation at Tinsley House. My involvement with each was as follows:
  - a. The re-procurement of the Gatwick-wide IRC contract: I reviewed and drafted operational contract requirements, worked with procurement colleagues to develop the information management and performance aspects of the contract, evaluated bid results and contributed as operation lead for the due diligence sessions.
  - b. Procurement of Welfare Services contract: the responsibilities were the same as for (a).
  - c. Tinsley House Refit: this involved working with the MOJ on the design and agreed scope for the works, finalising specifications, attending weekly project

meetings, reviewing works that had been completed and escalating emerging risk.

6. I am asked how I balanced these responsibilities with my responsibility in contract compliance. I did not have any day to day responsibility for contract monitoring that was undertaken by other members of my team. I prioritised the attending contractual meetings myself and I was always available as an escalation point.
7. I am asked to set out the challenges I faced in balancing these multiple responsibilities, if any. On occasion the timing of different aspects of work meant that there was a lot of activity in a given week that needed to be timetabled so that everything got done.
8. I reported to the Head of Detention Operations, Alan Gibson during the relevant period.
9. Those who reported to me were:
  - a. Area Manager – Carl Knightly (later replaced by Ian Castle)
  - b. Immigration Managers - Deborah Weston, Paul Gasson (for the period of time that the Area Manager post was vacant after Carl Knightly left and Ian Castle took up the post).

#### **Attendance at Brook House**

10. I have previously set out in my First Witness Statement at page 3 that the DES consists of a Service Delivery Manager, an Area Manager, Compliance Managers and Deputy Compliance Managers. This was as described during the Relevant Period. I note that the Compliance Managers and the Deputy Compliance Managers were referred to as Immigration Managers and Deputy Immigration Managers during the Relevant Period. The role of an Area Manager was to provide day to day oversight of the team, delivery of contracted services, and to provide assurance that the centre is operating in line with Home Office expectations, legislation and published standards and policies, engaging with both the custodial and health

supplier. An Area Manager provided oversight and direction to the teams at the three centres. The role of the Immigration Manager was to manage the daily activity within the team, ensuring legislative and Home Office contractual responsibilities were fulfilled. The Immigration Manager managed the activity at the centre they were responsible for.

11. I have previously set out that the team was split into three groups, which covered Operations, Performance and Assurance. The split referred to occurred after the Relevant Period. I had responsibility for all three groups after their introduction.
12. My First Witness Statement at page 4, I am asked to what the role of IMB clerk included, who held that role during the Relevant Period, why a Home Office official carried out the role, and what consideration was given to any risk of compromising the IMB's independence. This is set out in Detention Services Order 04/2014, Working with independent monitoring boards, January 2017<sup>1</sup>, at paragraphs 10-14. The DSO makes it clear that it is the role of Immigration Enforcement to arrange this provision. I was involved in drafting the DSO for the rule 40/42 and the Room Sharing Risk Assessment. The IMB clerks during the relevant period was Executive Officers Henna Patel and Simon Levett. They split duties between them depending who was on shift when a requirement or issue arose. No consideration was given to any risk of compromise as this was a requirement of the DSO.
13. I have been asked for further information about a new approach that was piloted in November 2016 for four months to split the teams into Detainee Engagement and Compliance. I noted in my First Witness Statement that this was implemented in October 2017. I set out further details below:

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/586276/DSO\\_04\\_2014\\_Working\\_With\\_IMB\\_.pdf#:~:text=This%20Detention%20Services%E2%80%99%20Order%20%28DSO%29%20provides%20instruction%20and,national%20framework%20for%20working%20with%20Independent%20Monitoring%20Boards.](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/586276/DSO_04_2014_Working_With_IMB_.pdf#:~:text=This%20Detention%20Services%E2%80%99%20Order%20%28DSO%29%20provides%20instruction%20and,national%20framework%20for%20working%20with%20Independent%20Monitoring%20Boards.)

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- a. Prior to the pilot in 2016, the team consisted of an Area Manager with responsibility for 3 centres, an Immigration Manager dedicated to Brook House, and two Deputy Immigration Managers.
- b. Between the pilot finishing and the roll out the team consisted of the Immigration Manager and two Deputy Immigration Managers, with additional officers (I can't recall the number) at Executive Officer level maintaining some increased detainee contact.
- c. Following the implementation of the new approach in October 2017, the team was split into two distinct areas – Compliance and Detainee Engagement. The Detainee Engagement Team moved under a different directorate with responsibility for casework, under a different Assistant Director. I retained responsibility for the Compliance team, with increased staffing level – still one Immigration Manager (now called a Compliance Manager) but supported by three Deputy Compliance Managers
- d. The purpose of splitting the team was to provide dedicated focus on compliance activity, transfer responsibility for detainee engagement to the directorate they provided a service for (caseworkers); improve engagement with detainees in relation to their immigration case (a Shaw recommendation); and to provide more focused engagement with detainees to prepare them for their return (a recommendation following an internal IE review).
- e. The Engagement Team and the Compliance Team work closely together but a lot of work was completed as part of the implementation to clear define separate responsibilities. There are some shared responsibilities in relation to sharing an office around health and safety etc.
- f. I am responsible for the Compliance Team.

14. There were further improvements specified for the Compliance Team in May 2017. During the Pilot, the primary focus was on detainee engagement. In May 2017 and work began regarding implementation, the roles and responsibilities of each team

was set out and consideration given to the resourcing levels of the compliance teams. I have provided the Inquiry with a PowerPoint presentation that shows the split of the roles [INQXXXX]. HOM0332104

### **My role at Brook House**

15. Further to my First Witness Statement at page 5, I had limited contact with G4S staff but always found the staff professional in their conduct. I engaged mainly with the SMT and E grade staff and had a good working relationship with them. The office of the immigration team at Brook House is separate from the G4S offices so there were no issues with maintaining boundaries and independence from them.
16. With regards to the additional beds placed in rooms at Brook House, I felt that careful thought was given to the configuration of the rooms. I don't recall having any concerns regards the welfare of individuals.
17. I am asked how the appeal process operated when a DCO/DCM challenged the decision to suspend their certificate. This is governed by Detention Services Order 02/2018, Detainee Custody Officer and Detainee Custody Officer (Escort) Certification, August 2018.
18. The appeal process is set out in the DSO. The role of the Home Office Immigration Assistant Director is the role referred to in the DSO. This is the same as the Service Delivery Manager. My involvement in the appeal process, as the person named in the letter, was to consider the appeal and respond within 14 days.
19. Due to the limited time available, I have only been able to carry out a cursory search of my inbox and have no record of receiving an appeal during this period in relation to the specific instances of suspended certificates (HOM001084, HOM001333, HOM001402, HOM001577, HOM001188, HOM001842 and HOM005821).

### **The Contract**

20. The contract layout has different schedules covering different aspects of the contract. I was not working in DES at the time the contract was designed, so cannot confirm whether it was based on a particular previous model.
21. Not being part of the contract design, I am unable to advise why welfare (e.g. health, comfort and happiness) of detained persons did not feature as a KPI. KPIs are usually linked to the failure to complete a requirement. A number of the requirements serve to ensure the welfare of detained persons. There are aspects of these things covered in the KPI framework, specific to contract deliverables e.g. availability of regime which includes provision of welfare services, clothing and hygiene and failures to make available health services (when healthcare formed part of the contract).

### **Contract Review Meetings**

22. I am asked about Monthly Contract Review Meetings (MCRMs) that occurred at Brook House, and my involvement. I set out these further details below:
- a. I chaired the MCRMs.
  - b. I did not have a role in relation to the weekly meeting and daily briefings. These formed part of the day to day running of the centre and were attended by the Immigration manger and deputy immigration managers
  - c. I didn't attend the weekly meetings but the purpose of these was to review any performance failings that have occurred during the week, follow up on any outstanding mitigation and discuss and emerging performance issues. The purpose of the daily briefing was to ensure that all operating staff coming on duty were aware of activity and risks for the day.
  - d. From my area, the daily briefing was attended by either the Immigration Manager or the Deputy Immigration Manager; the weekly meeting was attended by the Immigration Manager and Area Manager on occasion; the

MCRM was chaired by me but attended by the Area Manager and Immigration Manager.

- e. The meetings were effective in that they provided a mechanism to review the contract performance and emerging operational issues which was their focus.
- f. The meetings were usually held at consistent times, with some adjustments made for key personnel being absent.

23. I am asked to consider a Verita Report (CJS0073709) and whether the primary concern of the MCRM's was how G4S supported the immigration removal process to support the delivery of the Home Office immigration objectives. My comments in response are as follows:

- a. I do not consider this was the primary focus of the meetings - the purpose of a removal centre is to support the removal process and delivery of Home Office objectives so this was definitely an aspect.
- b. During the required period part of the role of the immigration team (as they were then known) was to engage with detainees regarding their immigration case, ensuring they knew why they were detained, serving immigration document on behalf of the caseowner etc. This work supported the immigration removal process.

24. The welfare of detained person was considered – in my First Witness Statement I referred to sources of information used to monitor activity. A number of these were used to establish detainee views and understand their welfare. These were often considered against the contract to understand whether the G4S were doing what was required (and action taken if not) but the purpose of the activity was to ensure detainee welfare.

25. The format of the Monthly Contract Review Meetings during the relevant Period followed an agenda that didn't include an item relating to quality of the experience for detainees. The agenda focussed on operational activity, performance, risk, audits



and third-party recommendations. Whilst some of these items involved discussion regarding the experience for detainees, this wasn't the primary focus.

26. I have previously explained in my First Witness Statement at page 8 that where failures were repeat failures or an emerging risk was identified, this was escalated to the Monthly Operational Review Meeting. In answer to the Inquiry's further questions:

- a. The Monthly Operational Review Meeting is another term for the Monthly Contract Review Meeting
- b. Examples of repeat failings that occurred in Brook House during the Relevant Period would be a failure to produce detainees for official or case related visits/interviews and availability of regime opportunity relating to IT issues and failure to make available a full establishment cleaning service. These are specific examples. These were discussed at the weekly operation meeting which I do not have records for, as I do not attend these meetings. I however have disclosed an example of minutes of a Quarterly Contractual Review Meeting (QCRM) for July 2017 where cleaning performance was discussed [INQXXXX]. **HOM0332106**
- c. I do not have any records (or wasn't able to find any in the limited time available) that show how repeat failures were dealt with and whether the Home Office offered support to G4S to rectify them. I recall meetings with G4S regarding cleaning and official visit arrangements.

**Penalty points, fines, mitigation**

27. I am asked about Monthly Performance Reports from throughout the Relevant Period [see documents CJS004580, CJS004579, CJS004586, CJS004581 and CJS004585]. I am familiar with the reports. These documents were not considered during meetings with G4S. The monthly report produced by G4S contained a table that was populated with the KPI information for the previous month. This was

reviewed at the Monthly Operational Review Meeting. The reports were produced by G4S. I am not able to comment on the underlying data set.

28. Failures were discussed at weekly meetings between G4S and the HO Immigration Team. The categorisation of failures would have been discussed at this meeting. G4S also self-declared failures, assigning categorisation based on their understanding and experience. These were also discussed at the weekly meetings.
29. Mitigation was considered by the Immigration Manager. I am not aware of any specific guidance; however, the Immigration Manager considering mitigation would usually include consideration of whether a failure resulted from a situation outside of the supplier's control and whether procedures had been introduced that stop the failure reoccurring. The number of points and arrangements for their application are set out in the contract.
30. I have previously stated my First Witness Statement at page 5, that the G4S contract was based on self-auditing as a means of establishing contract compliance. I am unsure who the G4S responsible person(s) was at the time. The contract requires areas of non-compliance (failures) with the contract to be reported to the Immigration Manager. I am not aware of any deficiencies in self reporting. In terms of how the Home Office sought to ensure that G4S were adequately self-reporting failures, or how they would otherwise become aware, I am aware of the Immigration Manager checking the audit programme and dip sampling audits. There is a performance KPI in Schedule G for failure to complete self-audit.
31. Schedule G of the Contract sets out that self-harm by a detainee resulting in injury is a performance KPI where the self-harm results from a failure of the supplier to follow laid down procedures for the safety of detainees as set out in Schedule D of the Contract.
- a. I am asked to review [CJS004581] at page 2, which records that there were no "Self harm resulting in injury" events during July, and [IMB000047] at page 2, which records that there were 14 acts of self-harm during July 2017. The IMB document shows the number of acts of self-harm during the relevant month.

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Self-harm resulting in injury is a performance KPI where the self-harm results from a failure of the supplier to follow laid down procedures for the safety of Detainees, as set out in Schedule D. This is performance failure is set out in schedule G. The IMB document shows all acts of self-harm during the relevant month, both those that result from a supplier failure and those that do not.

- b. Instances of self-harm would be followed by an ACDT assessment/review to establish reasons. These would be sampled if it was anticipated that there was an issue. I am not aware of there being a systematic review of each self-assessment by the immigration team.
- c. The Home Office relied on the supplier to self-report if self-harm was a result of their failure to follow procedure.
- d. Any potential failures would be discussed at the weekly meeting between G4S and the HO Immigration Manager.

32. I am asked about the Performance Management Report for July 2017. I do not have knowledge of the penalty assessment for this month. Paragraph 24 of my First Witness Statement sets out the approach that is likely to have been followed in respect of the penalty point assessment and mitigation. I expect that the Home Office Immigration Manager, Paul Gasson, would have been involved from the Immigration Team or a deputy immigration manager if he was not available. I am not sure who would have attended from G4S.

33. I am asked about document VER000226 at page 12, which is the transcript of an interview with Ben Saunders, and in particular what he says about Official Visits. Whilst I am unable to find any correspondence in my emails, I recall attending a meeting with G4S to look at the visits process to explore opportunities to streamline the process and agree arrangements for communicating the list of people who needed to be brought to the interview room for interview. Service of some documents on detainees is time critical, so it is important that the individual is brought to the interview room quickly when required, which is why the Home Office required staff to get individuals to visits within 30 minutes. This requirement

is necessary to meet legal obligations in some scenarios, so in my view this requirement is reasonable. There are instances where far greater notice can be provided, and procedures were amended to reflect that. We established a process for providing as much notice as possible of an interview, with lists of those requiring an interview the following day being provided the previous day. This meant that in the main, only those being notified of release or of a removal would require a same day interview.

34. I am asked about the 'operation of the penalty system' - I presume this means the system of financial payments under the contract where KPIs were not met:

- a. By the penalty system, I understand this to mean the performance system of the contract. The supplier was required report any contract failures and the Immigration Manger could raise any contract failings with the supplier. The supplier would then create a monthly report listing all failings. The failings were recorded as a number of points and they were then converted into a financial sum, with an adjustment made to the monthly invoice to account for this.
- b. I do not recall any complaints being made by G4S.
- c. I was not aware of this deterring G4S from reporting failures.
- d. Warnings were not issued before penalties were imposed. If there was mitigation and mitigation could include activity to prevent the performance failing reoccurring, this would be managed as the mitigation.
- e. The list of performance failings was ambiguous in some areas as to the extent of Schedule D that is covered, and this was a disadvantage because it meant there was confusion about when performance measures could be applied. In my view the contract did provide a mechanism to penalise across most risk areas of schedule D which was an advantage.

35. I believe that the application of KPIs did discourage non-compliance with the contract. Regardless of the value, I believe that these attracted scrutiny within G4S and encouraged compliance. I cannot comment on whether it was the financial impact or the reputational impact that was the driver. In terms of staffing, G4S were required to provide a set number of operational hours. Where they didn't have sufficient staff in post, they would have had to pay overtime to meet the hours. I didn't experience any deliberate failure to meet this KPI, based on the value of the KPI vs the cost of a member of staff.

36. I am asked about a spreadsheet which is G4S Gatwick IRC's Yearly Target and Activity Report (CJS000524).

- a. I have not seen this spreadsheet before.
- b. In relation to tabs 'Slide Brk' and 'Slide TH', these tabs show that Tinsley House met their targets significantly more times than Brook House did. I cannot why the targets at Tinsley House were met more often.
- c. The spreadsheet is a G4S document. The contract required G4S to provide a specific number of paid activity spaces but has no requirement around the number of paid work hours.
- d. I am asked to explain the meaning of various terms, and the reasons for and the results of the failures to meet targets in respect of each:
  - i. 'Provide an Available Detainee Place'
  - ii. 'Full communication service available'
  - iii. 'Incident report (UOF) within 24 hours'
  - iv. 'Key/locks/breach of security'
  - v. 'IT – Daily (9.5 hours)'
  - vi. 'Failure to Provide an Arranged Escort'

vii. 'Cleaning'

- e. This document is a G4S document so I can only provide my interpretation of what I think these terms refer to and these appear to align with the KPIs set out in schedule G which includes an explanation of each performance measure.

37. I am asked about the Verita report which records that penalties for understaffing under the Brook House contract were higher than the Tinsley House contract [CJS0073709 at §8.18]. I am asked about the purpose behind this strategy. The value of the performance point is set out in an area of the contract managed by the Commercial team. My understanding of the difference is that the value is linked to the contract value and as the contract value is higher for Brook House, so is the value of a performance point. I cannot comment further as I was not involved in drafting the contracts.

**Contract compliance**

38. Further to my First Witness Statement at paragraph 26, I am asked whether I agree that the Home Office monitoring of the performance of the contract at Brook House tended to be based on consideration of individual elements of contract performance and compliance, instead of consideration of the wider concerns of the care and welfare of detainees. In my view the monitoring of contract performance was a balance of supplier contract compliance and consideration regarding the welfare of detainees. My First Witness Statement at paragraph 23 describes the sources of information used to assess both elements. I am aware that the new contract places a greater emphasis on welfare, so it is clear that there was room for improvement.

39. I have previously explained in my First Witness Statement at page 5 that Detention and Escorting Assurance and Audits Team (DESAAT) assure supplier compliance and assure service delivery. I have provided the Inquiry with three DESAAT assurance review reports for Brook House that demonstrate how DESAAT assured contract compliance, through the assurance of the self-audit process [INQXXXX and INQXXXX].

**HOM0332122; HOM0331994; HOM0332105**

40. The report referred to by the Inquiry [HOM002157] relates to assurance of the implementation of HMIP and IMB recommendations. In answer to the questions on this report:

- a. In relation to page 5, paragraph 4.1, the first line assurance of third-party recommendation was passed over to the newly established compliance team. The compliance team introduced a risk-based approach to compliance monitoring. I attended a workshop to establish the themes for the risk-based compliance activity. I also appointed an HEO responsibly for the assurance of third-party recommendations.
- b. In relation to page 5, paragraph 4.2, DESAAT spend a number of days on site with the HEO appointed with responsibility for first line assurance and with the team, establishing procedures and setting out expectations for evidence thresholds.
- c. In relation to page 2, there are no contractual consequences (performance failures) relating to the failure to progress recommendations from DESAAT. There were challenges during this time resulting from a rightly ambitious Gatwick action plan that contained a large number of actions.

41. I have already set out my First Witness Statement at paragraph 19 how the local performance assessments were carried out by the HEO and EO officers without a formal framework but with good knowledge of the contract terms and Detention Centre Order guidance. I can add that there was no formal framework in place as the team was not resourced for systematic contract monitoring. Contract Assurance was carried out by DESAAT. The HEO and EO Officers' knowledge of the contract terms was not tested. There was no further assurance that I have not already described to determine the accuracy of local performance assessments, or to assure the HEO Compliance Manager's own review.

42. In my First Witness Statement at paragraph 23, I stated that measures used to assess G4S performance fell into 3 categories: Detainee Engagement, Assurance and Information Sources. I can confirm that these measures were used to assess

performance during the relevant period. The primary focus of the team was detainee engagement, with limited time and scope to complete contract monitoring. The detainee engagement activity was reactive, providing a face to face service on behalf of case owners. The team had no control over the volume of work and much of it was legally timebound so this always took primacy.

43. In relation to assurance and Rule 40 and 42 documents, I didn't personally have direct engagement with the individuals detained, nor did I carry out the R40 or R42 assessments. The Immigration Team (usually the Deputy Immigration Manager) would always attend the R40 and R42 reviews with the detainee. I do not have any records that would allow me to estimate how often Brook House would be in breach of this contractual obligation. I do not recall a pattern of people with mental illness being placed on R40 or R42.
44. Most investigations into areas of the contract that G4S at Brook House failed to comply with were carried out by the team, e.g. viewing CCTV footage to establish events. I carried out investigations where the procedures were complex or involved various stakeholders. An example of this was the assurance of AAR referred to in paragraph 29 of my First Witness Statement.
45. I am asked whether, although I was not required to report on the overall welfare of the detained persons at Brook House or their quality of life above the processes set out in Schedule G of the contract, for the purpose of the Inquiry, I can detail what I observed in your assessment of G4S performance. I am afraid that I cannot accurately recall what I thought during the relevant period.

### **Welfare of Detained Persons**

#### **Adults at Risk (AAR)**

46. I am not able to describe the Home Office relationship with Freedom of Torture. I can confirm that I did not have a relationship with anyone from this organisation.



47. The Adults at Risk (AAR) levels are set out in Detention Services Order 08/2016, Management of Adults at Risk in Immigration Detention, July 2019<sup>2</sup>, also available at [CJS000731]. The meaning and consequences of each level, and the definition of an Adult at Risk, are as set out in the DSO.
48. In my First Witness Statement at page 10, I stated that I cannot comment on the balance of risk against immigration factors as this sits with case owners. I can confirm that the case-owners are Home Office employees. I had no responsibility for ensuring that they balanced the risk against immigration factors, and I had no authority over them. They work within a different team. The responsibility for setting out the risks that would render an individual vulnerable if they remained in detention did not sit in my team so I am unable to provide names and roles. At a centre level, it was the responsibility of G4S with Healthcare to identify any risks and complete an IS91RA part C, which is a document used to set out the risk. This is sent to the Detainee and Escorting Population Management Unit (DEPMU) who then record this information on CID updating the adults at risk special conditions flag. This part C is also sent to the caseworker so that they can make a decision about detention. A record of those identified as an Adult at Risk and the risk factors is therefore recorded on IS91RA part C.
49. The responsibility for balancing risk factors of continued detention against immigration control factors was not the role of the local Immigration Team therefore I cannot set out how this was done. The Inquiry should refer to the relevant statutory guidance<sup>3</sup> [CJS007082] and DSO 08/2016.
50. I am asked about my description of the role of identifying risks that would render an individual vulnerable as a “collective burden”, rather than one individual taking the responsibility, para 31 of my First Witness Statement. I was responding to the Inquiry’s own question which used the term ‘burden’, at Q18(b) of the Rule 9

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1031900/Adults\\_at\\_risk\\_in\\_immigration\\_detention.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1031900/Adults_at_risk_in_immigration_detention.pdf)

<sup>3</sup> <https://www.gov.uk/government/publications/adults-at-risk-in-immigration-detention>

Request dated 14 July 2021. I meant that it was a collective responsibility. I have never heard this work described as a burden by the groups set out in the question.

51. Due to the volume of cases (as at 16 August 2017 the number of AARs at Brook House was recorded at 111), when processes were established it was decided to hold a weekly multi discipline meeting to review the cases. For those categorised as AAR level 1 – i.e. they had self-declared being an adult at risk, this involved a discussion about whether there had been any change in circumstance for the individual in this category. A more in-depth discussion was carried out regarding those categorised at levels 2 and 3.
52. I am asked about [FFT000012], which is a Freedom from Torture Submission, and a case study within it. As responsibility for decisions on detention did not sit in my area I do not feel able to comment on the decision making in this case or in general.
53. The identification and setting out of risks that would render an individual particularly vulnerable if they remained in a detention setting primarily sat with G4S and Healthcare. Any involvement from the Home Office in this process would be, in the main, as part of weekly multidiscipline meetings attended by the local Home Office Immigration Team. A team separate to the Immigration Team was responsible for balancing risk factors of continued detention against immigration control factors.
54. I am asked to comment on [FTT000012], which are submissions from Freedom from Torture, in particular regarding a change in the AAR policy regarding level 1. I do not know the reason for this change. Insofar as I can comment on the concerns expressed in those submissions, not having drafted the policy, I would say that Rule 35 is in place to ensure that a person's vulnerability is considered. The Rule requires an assessment from a medical practitioner and therefore a healthcare professional. If a medical professional has assessed the level of harm of being in detention as low then it would seem right that this person is categorised at a lower level within the policy. I cannot comment on the weighting given to this by those balancing this information against immigration factors.

### **Rule 34/25 process**

55. I am asked to review [FFT000002] at page 10, which is DSO 09/2016, Detention centre Rule 35 and Short term Holding Facility Rule 32, version 7.0 dated 5 March 2019. (It states that Rule 35 reports must be prepared by doctors only. It then states that shortly after their arrival at an IRC all detainees are given a health screening which includes being asked whether they have been tortured. An appointment with an IRC doctor must be made for detainees who declare they have been a victim of torture). I am also asked to review [CJS000731] at page 8, which is DSO 08/2016, Management of Adults at Risk in Immigration Detention. (It confirms that detainees must have a medical screening within 2 hours of their arrival. Every detainee identified as an adult at risk must be given an appointment with a GP within 24 hours of admission to an IRC.)

56. I am asked whether the above requirements were satisfied – which I presume is a general question about Brook House IRC during the Relevant Period. As far as I can now recall, and noting that the Inquiry has not pointed me to any documents which suggest otherwise, I believe that they were.

57. I am asked about the definition of ‘torture’ adopted by the Home Office. As the Inquiry will be aware, DSO 09/2016 (referred to above and in the Inquiry’s R9 Request, and available online<sup>4</sup>) includes this as the first definition under ‘Definitions’ on page 7. As set out there, the definition is included in the Detention Centre Rules 2001, as amended.

58. The health screen is carried out by a healthcare professional. I cannot comment specifically whether specific individuals were in fact aware of the definition of torture as I am not responsible for these staff, but of course they should have access to the DSO and the Rules.

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/783642/Detention\\_rule\\_35\\_process.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/783642/Detention_rule_35_process.pdf)

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59. I am asked about the Detention Centre Rules and DSOs 09/2016 and 08/2016. DSO 08/2016 states that an appointment must be given within 24 hours so this does reflect the obligation of Rule 34(1). DSO 09/2016 deals with Rule 35, not Rule 34 and it states an appointment must be made with a doctor (medical practitioner). Individuals requiring a Rule 35 assessment would also have been given the opportunity to be examined with the medical practitioner within 24 hours as per Rule 34.
60. I expect that every individual admitted to Brook House IRC during the Relevant Period would have been offered an appointment with a medical practitioner within 24 hours of arrival. There are instances where individuals do not wish to be examined, the rule allows for a person not to consent to this (take up the offer) but allows them to request this at a later time if they wish to.
61. I am asked about the pilot 'Enhanced Screening Tool' introduced by the Home Office in 2020, and whether this would support the pre-detention screening of individuals for vulnerability: I cannot comment on the enhanced screening tool or the pilot as I have no knowledge of it.
62. I am asked about [FFT000012], which is a Freedom from Torture Submission, and a case study within it. I cannot comment on whether the Home Office caseworker should have returned the Rule 35 report to the doctor to comment on the impact of ongoing detention: this is not an area I am responsible for so this decision is outside of my remit and my experience. I expect anyone with the requisite knowledge and experience to answer this would also need the full set of facts to hand to answer questions about this specific case.
63. I am asked to review the key recommendations by Freedom of Torture [FFT000012] at page 2. I do not agree with the recommendations. I do not know whether the HO discussed the recommendation with Freedom of Torture. I do not have any knowledge whether changes have been made as a result of the recommendations made.

### **Detention Services Orders**

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Witness Name: Michelle Smith  
Statement No: 2  
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64. I am listed as the 'contact point' for the following DSOs:

- a. [CJS000676] Detention Services Order 02/2017: Removal from Association (Detention Centre Rule 40) and Temporary Confinement (Detention Centre Rule 42), v2.1, July 2017.
- b. [CJS000703] Home Office Detention Services Order 14/2012 on Care and Management of Age Dispute Cases.
- c. [CJS000710] Home Office Detention Services Order 12/2012 on Room Sharing Risk Assessment. Issued September 2016, v2.0.

65. This role involved providing information to anyone who had any queries regarding the DSOs. I am asked to comment on the usefulness of the DSOs. The DSOs are useful in providing procedures for all parties involved to follow, templates for documents to be completed and setting out any legal obligations. The procedures are designed to ensure that an individual's vulnerabilities and risks are managed.

#### **Joint Welfare Group**

66. I am asked about [VER000242] at page 15, which is an interview with Simon Murrell dated 23 April 2018. An HEO within my team was the welfare lead for detention and I supported this activity. In doing so, I probably had a greater awareness of the supplier welfare team's activity across the detention estate than my peers, but I am not a specialist in the welfare of detainees. The Joint Welfare Group was set up to share activity and best practice of welfare teams across the detention estate. I attended a number of the quarterly meetings.

#### **Complaints**

67. I am asked about the Complaints Process Map at document CJS006107. I am not sure whether and if so where I have previously seen this process map. In terms of the final described stage "Management Information provided for reports", the process map suggests this final stage is completed by the DES Complaints Team (D.S in the process map). I cannot explain this part of the process as I am not

responsible for it. The same is true for identifying common themes and any quality audit. In terms of local assurance of complaints responses, I can say that on a monthly basis complaints were assured by the Immigration Manager to review the quality of responses to complaints by the supplier. I am aware that the DES Complaints Team (D.S in the process map) categorise complaints. I do have any record of a review of audit of this categorisation during the relevant period, and I do not work within that team.

68. I am asked about [IMB000001] at pages 3-4, which is an IMB schedule of detainee complaints and requests, which notes that the complaint by D1523 was pursued with you. I cannot find any correspondence relating to this complaint/request.

### **Detainee Forum Meetings**

69. I am asked about [HOM0331955], which includes emails from Debra Weston. I can see that she forwarded me an email dated 7 September 2017 regarding emerging issues from a number of detainee forums.

- a. I cannot find any email communication with Debra in relation to this.
- b. I cannot recall what action I took in relation to this. The only email I can find relating to action take in this respect has been provided to the Inquiry with this statement [INQXXXX]. **HOM0332121**
- c. I do not have any records that set out progress against these issues – the email states that the forum would be updated. The approach to these forums was to make sure that individual issues were responded to with the ‘you said, we did approach’. G4S were responsible for this communication and will be able to provide records of progress.
- d. I believe these issues are taken seriously; although it is sometimes difficult resolve them.

### **Culture**

70. I am asked about Debra Weston's witness statement [HOM0332003] at pages 24-, and that the information provided by D1467 was brought to my attention in an email dated 16 September 2017 [HOM0331957]. I did not recall being made aware of this incident but do have the emails in my email records. I do not have any record of being involved in this matter and I am not aware of the matter having any effect on the contract. I do not recall whether this matter changed my view on the culture at Brook House during the Relevant Period.

### **Oversight, monitoring and outside involvement**

#### **IMB**

71. In my First Witness Statement at page 27 I state that IMB visited the centre once a week for a rostered visit. I am asked for my view as to whether I believe this was sufficient. In my own view a more frequency visiting regime would provide better independent oversight and greater access for individuals in detention.

72. I am asked about the IMB's attendance at meetings at Brook House IRC:

- a. These meetings were of varying purpose and frequency e.g. monthly IMB meeting, monthly healthcare partnership meetings etc. I expect that IMB should provide a comprehensive list of meetings and their frequency.
- b. I do not know the names and roles of who attended these meetings, but the IMB may be able to provide a list.
- c. I was usually present at the healthcare meetings. The meetings followed three themes, namely quality (safe care and treatment, experience of care and effective treatment), partnership (third party recommendations, Shaw and health actions, risk) and contract (data review and performance). The meetings rotated between these themes so each was covered quarterly. My involvement was to report on the service that we were receiving in the immigration team, to establish performance against legislative requirements and to identify any risks.
- d. I would say that the IMB challenged partners in respect of welfare concerns.

73. I am asked about the comment in my Verita interview [VER000251] made by one of the interviewers (their name is not given in the transcript) at 327 where they say that they had attended an IMB session at Yarl's Wood which was "very good" (they may have meant or said "not very good") and described it as "gossipy" and "cosy". I am asked by the Inquiry whether this view accurately reflects the culture of the IMB meetings. In the Verita interview, I say in relation to Tinsley House that it is friendly but robust. I didn't routinely attend the IMB monthly meeting at Brook House but the meetings I have attended did not feel gossipy or cosy. They were collaborative.
74. In relation to the Verita Report I am asked whether I agree that the IMB members had a tendency in the IMB meetings to over-empathise with the G4S management team and the Home Office. I never thought that the IMB had a tendency to over-empathise with G4S and the Home Office.
75. I am asked about page 27 of my First Witness Statement – the reference in my statement to talking regularly with the IMB on an informal basis referred to interaction with the IMB outside of formal meeting structures. This did not mean that there wasn't sufficient independence.

**Gatwick Detainee Welfare Group ('GDWG')**

76. I am asked about the conclusions of the Verita Report regarding the GDWG. I have met with GDWG a couple of times over the last 7.5 years. I do not have frequent communication with them. During the relevant period I believe with Immigration Manager met with them but I don't have any records of this.
77. I do not recall being made aware of any strain on the relationship between 'managers at Brook House' (I assume these to be the Immigration Manager and the Centre Manager) and GDWG during the Relevant Period.
78. I am asked about [GDW000001] at page 6, James Wilson's witness statement in which he says that G4S were highly critical of a member of GDWG staff, Naomi Blackwell, who gave a witness statement in October 2015 regarding a detainee's



state of health during detention. He states that I raised this with him in a meeting on 31 January 2018 to discuss the setting up of drop-in sessions at Tinsley. I was not specifically aware of the statement made by Naomi Blackwell so I did not raise this statement specifically this with James Wilson in the meeting. I made a reference to a member of staff offering surety and a witness statement (both general points raised with me prior to the meeting by the Immigration Manager) in the context of opening up a discussion regarding the role of volunteers.

79. As to whether Naomi Blackwell's statement was a concern for the Home Office and whether it reflected negatively on GDWG, as far as I recall I didn't have any detailed knowledge of and was not specifically aware of the statement.

### **Quality Committee Meetings**

80. I attended the Quality Committee Meetings on 10 January 2017 and 11 April 2017 [NHS000014 and NHS000015]. The purpose of the quality committee meetings is to provide governance for the health service. The agenda includes things like the Health Improvement Plan, incident reports, complaints, Patient Surveys and activity reports, audits etc. In my capacity as Service Delivery Manager I contributed to the collective oversight given to health services.

81. Specifically regarding the meeting on 11 April 2017, it is noted that I and Ben Saunders said an Adults at Risk meeting needs to be established, regular meetings need to be held and that an audit trail is required [NHS000015] page 2. Paragraph 34 of my First Witness Statement confirms that a register of AAR was introduced, providing an audit trail. Weekly multidiscipline meetings were also established but I do not a record of the date that these commenced. I believe it was in May 2017. I do not have any records of PPO reports considered during the relevant period.

### **Training**

82. I am asked about [HOM012088], which is the Home Office Detention Operations-Skills framework. I drafted the original document, but this was then updated by other individuals in the Directorate.

83. The skills framework sets out the induction training that needs to be completed within the first 3 weeks in a role and the core skills that need to be developed in the initial 6 months in a role and then further training opportunities linked to the role.
84. I was not responsible for ensuring individuals in the Detention and Escorting Directorate carried out the training
85. Terry Lavelle has been appointed with specific responsibility for Learning & Development in Detention and Escorting. This is not part of my responsibility for oversight, but I have seen improvements in the approach to training with better communication, BETs (Business Embedded Trainers) delivering training in a more co-ordinated way and links in with wider IE training.

### **Staffing Levels**

86. In my First Witness Statement at pages 29-30, I state that during the Relevant Period there was an increase in the number of funded DCO's at Brook House. I cannot identify the exact number from my records but from recollection, I believe the number of additional DCO to be 17.
87. The Home Office were aware that there was an issue with staffing levels during the Relevant Period because the Performance Measure applied was lower than it should have been. I cannot recall the exact time in the Relevant Period that this was identified. I recall that this was raised with the commercial team and discussion had commenced with G4S.
88. In terms of why the 'contractual Performance Measure' was not increased immediately in line with the increase in funded DCOs, as far as I am aware, as I am not part of the Commercial Team the contractual performance measure was a point of contract that was an outstanding item to be agreed.
89. The Commercial Team, in conjunction with G4S were responsible for making the adjustment as this required a change to the contract.

90. I do not recall exactly how this discrepancy was discovered. I recall this being raised with me by the Deputy Immigration Manager, so I think this probably became apparent when the staffing performance information was provided during the relevant period.
91. I am asked about CJS000524 at 'Slide Brk', which is G4S Gatwick IRC's Yearly Target and Activity Report. This spreadsheet was not discussed at the monthly meeting with the Home Office. It shows staffing levels at 87.1% in August. My interpretation of this is that this shows the % of staff in post against the funded levels. As explained in my First Witness Statement in paragraph 62, the number of funded DCOs is converted into DCO hours and the DCO hours was the measured target. Where there is a shortfall in DCOs employed, suppliers use overtime to bridge the gap. The new style contract addresses this point, capping overtime and requires the supplier to have 100% of funded staff employed, with performance measures for any vacant posts.
92. In my First Witness Statement at pages 30-31, I said that the Visits Corridor, CSU, Reception and Night State was a concern to the Home Office team on site because they were under staffed / no officer present.
- a. These concerns were set out in September 2017. The way the contract was set up, the supplier determined the deployment of their staff within the funded staffing levels. These issues were addressed during the contract extension and when we reproduced the contract we set the staffing levels for individual areas to ensure these met our requirements.
  - b. As part of the contract procurement bidders were required to set staffing levels when bidding for the contract. The complexities of the procurement process meant that the solution presented by the bidder was the model operated. Over time some adjustments were made to this where the service requirement changed but the original solution remained largely the same. My view is that the need to be competitive as a bidder meant that staffing levels were modelled at skeleton levels. This meant that in some areas the modelled staffing levels

were lower than we would have liked and also on occasion (particularly in periods of high period of leave) impacted on G4S's ability to deploy people to some areas/posts.

93. I am asked about [VER000242] at pages 9-10, which is a transcript of interview with Simon Murrell.

- a. I would usually attend the monthly meetings with G4S.
- b. The meetings referred to by Simon occurred after the Relevant Period. He didn't join the team until after the relevant period and Ian Castle (who he says chaired meetings) joined the team a few weeks before the end of the relevant period.
- c. There were separate weekly meetings with G4S to discuss staffing levels (amongst other things) during the period between Simon and Ian starting in their positions and the date on which the Verita interview was conducted. The monthly meeting was used to update all parties on progress.

94. I am asked about [CJS0073709] at pages 102-103, and the increase in the number of detainees who could be accommodated at Brook House IRC in May 2017.

- a. The 60 additional beds were available for use from mid-March (I refer to the email provided to the Inquiry).
- b. Additional beds were added to Brook House to increase the capacity of the detention estate.
- c. I was not involved in any consultation with NGOs or Healthcare. My recollection is that this was a suggestion from G4S but I do not have any records to support this.
- d. G4S were meeting the contracted targeted hours prior to the increase in beds. The performance report for Dec 2016 shows 0 failures for staffing for December 2016.

- e. I don't understand how the increase in detainees might have made it more challenging to meet the staffing levels. The staffing levels were set, and the number of staff employed determined the ease of meeting this. If the suggestion is that staff may not have wanted to complete overtime then this may have been the case but this is not something that I have knowledge about. In my Verita interview I stated that G4S did recruit staff but also lost staff through attrition and therefore struggled to make any headway. The measurement in the contract focused on DCO hours. Paragraph 62 of my First Witness Statement explains how this masked a potential issue and therefore this was not raised with G4S.
95. I don't have any records that show that G4S were fined for failing to report that it was managing with fewer than the agreed number of staff. This was not a performance measure in the contract.
96. I recall the assessment following the escape (not sure who carried out the assessment) where it was determined that the yard needed to be staffed to prevent further escape attempts. I recall the yards being opened on rotation or possible a reduced number of yards being open due to resourcing levels.
97. I am asked about [VER000229] at page 16, which is a Verita interview with Jackie Colbran and Dick Weber. Ms Colbran refers to an incident where the courtyards were shut for a long time because there was conflict between the Home Office and G4S as to who paid for the extra security after the escape. She states that there was not enough staff so not all the courtyards could be opened.
- a. I do not have any records that show when this occurred. I do not recall there being any conflict between G4S or the Home Office, or that all the courtyards were shut.
  - b. There would never have been an instance where all yards were closed.
  - c. I do not have any records that show how long the yard opening restrictions went on for.

- d. My recollection is that there was a reduced number of yards open but that there was always some yards open. There would have been no impact regarding the timings of access to the yards, but the yards that were open may have felt busier.
- e. I don't recall there being conflict between the Home Office and G4S. As I recall it there was a period of time whilst the assessment was being completed and arrangements were put in place to manage the risk.

### **Abuse of Detained Persons**

98. I am asked to provide further details regarding the allegation that [D1486] had been sexually abused. As per my First Witness Statement at page 33, I referred the incident to PSU and I was not able to recall what further steps were taken. I do not have any record of the outcome. This was a matter between [D1486] and the police. [D1486] was released from detention.

### **Post-Panorama**

99. I am asked about [HOM0331995], entitled Integrity, Professional Standards and Prevention: Learning the Lessons from Brook House. It states that in response to Panorama, G4S developed an action plan designed to address the immediate and underlying issues identified in the programme. Progress against delivery was overseen by a monthly Project Board of which you were a member. It states that progress at a more granular level was monitored through weekly meetings between myself and Lee Hanford.

- a. In summary, the action plan included a large number of action covering a number of themes: staff recruitment, retention and support, management structure, reporting and governance, drugs, and environment and detainee experience. The action plan sought to deliver key improvement by 31 December 2017.
- b. The action plan was effective as it provided focus across a number of key areas (many of which we included as contract requirements in the new IRC contract

which was procured). The overarching governance provided the necessary scrutiny to maintain progress.

- c. The role of the project board was to provide governance for the action plan activity to ensure actions were completed and to provide a forum to discuss any emerging issues. I attended the monthly project boards and contributed to the oversight of the action plan.

100. I attended weekly meetings with Lee Hanford where we discussed progress against the action plan.

<b><u>Statement of Truth</u></b>	
I believe that the facts stated in this witness statement are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.	
I am content for this witness statement to form part of the evidence before the Brook House Inquiry and to be published on the Inquiry's website.	
Name	Michelle Smith
Signature	<div style="border: 1px dashed black; padding: 10px; text-align: center;"><b>Signature</b></div>
Date	16/02/2022