

BROOK HOUSE INQUIRY

SECOND WITNESS STATEMENT OF PHILIP DOVE

I, **Philip Dove**, Managing Director of G4S FM and Public Services, and Director of G4S Health Services (UK) Limited ('G4S Health'/'the Company')

DPA

DPA will say as follows:

INTRODUCTION

1. I am authorised by the Company to make this statement and do so in response to the Inquiry's supplementary questions dated 1 February 2022.
2. This second statement is made on the same basis as set out in paragraphs 2 and 3 of my first statement. I have also done my best to answer the Inquiry's questions to the best extent possible within the limited timescale available in which to respond.

THE CONTRACT

3. I am asked to provide details of the bidding/tendering process in place for the appointment of Dr PA Limited ('Dr PA') for the provision of GP services at Brook House. Tenders and bids are managed through the G4S Procurement Team. The specification terms for the services were a flow-down of the requirements under the head contract with NHSE.
4. Dr PA was one of three providers who responded to the tender. These responses were reviewed by a clinical panel before they were selected. The doctors to be provided by Dr PA were the same doctors that were delivering services with Saxonbrook, so this provided for an element of consistency and continuity of service.

5. As explained above, the services to be provided by Dr PA were a flow down from the head contract with NHSE, which was essentially to provide GP primary care services equivalent to those available within the community. Also, as with any contractor, G4S would expect its suppliers and contractors to provide the services required under the contract and to deliver on any required KPI (Key Performance Indicators and/or SLAs (Service Level Agreements)).
6. Dr PA's performance was assessed through quarterly quality multi-agency review meetings, participation in daily clinical operational meetings with the Head of Healthcare and/or clinical leads. There were also regular Partnership Board meetings with key stakeholders (NHSE, HO, G4S, and IMB) which would consider data such as incidents reports, GP attendance, receptions and discharges etc.
7. The results of performance assessments were discussed at the quarterly review meetings. I don't believe that such issues were raised outside these meetings. Staff were on-site daily, so issues would be addressed directly.
8. No penalties were issued to Dr PA in relation to performance issues.
9. The staffing levels required of Dr PA were assessed locally by the Head of Healthcare and/or clinical leads through daily clinical operational meetings. Alongside the Partnership Board meetings, these meetings would be considered alongside performance of the contract when considering the overall care and welfare needs of the detained persons at Brook House.
10. There were no material breaches of the contract, remedial plans or step-in notices in 2017.
11. There were no audits conducted on Dr PA's services by G4S Health in 2017.

RULE 35(2) PATHWAY

12. I address this document at paragraph 53 of my first statement. I believe the document was prepared (in 2018) by Ms Calver herself, but I cannot be certain. I understand that its main aim was to act as an 'aide memoire' for staff on the pathway process. It was not a policy document in itself and did not replace any policy or procedure.
13. I am asked whether there was any further guidance on the pathway. Other than what is set out in the DSO guidance, there was no further guidance.
14. I am asked who the document was provided to in Brook House and how it was provided, but I am not able to add to what I say in paragraph 53 of my first statement.
15. I am asked how staff (including healthcare staff and detention staff) would have been aware of the document. I am not able to add to what I say already in relation to how the document was shared and made known to healthcare staff. It was intended for healthcare staff only, so was not made available to detention staff.
16. I am asked whether there was any training provided on the pathway. I am not able to substantively add to what I say in paragraph 53 of my first statement, in that I am not aware of any 'training' on the document. Only medical practitioners were able to conduct Rule 35 assessments. Healthcare staff had a working knowledge of the Rule and I believe that it was to assist in that understanding that the document was produced.

STATEMENT OF TRUTH

I believe that the facts stated herein are true.

I am duly authorised to make this statement.

I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Signed:

Signature

Dated: 09 February 2022.....