

## BROOK HOUSE INQUIRY

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### FIRST WITNESS STATEMENT OF MARIOLA MIECZYSLAWA MAKUCKA

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I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 1 October 2021.

Any references to G4S Health Services (UK) Limited in this statement have been abbreviated to "G4S".

I, Mariola Makucka, of DPA will say as follows:

#### Background

**1. Your name and date of birth;**

My full name is Mariola Mieczyslaw Makucka and my date of birth is DPA

**2. A summary of your career (which explains any professional qualifications which you have, your professional experience and the roles which you have held in your professional capacity including your current role / job description);**

I first qualified as a nurse in 1984 in Poland. I worked in the Poznan District Hospital in Poland from 1984 to 1992 as a general nurse. I worked in a Casino in Poland as a croupier/inspector from 1992 to 2003. Whilst working in the Casino, I returned to work as a nurse in the District Hospital. I worked part-time from 1998 to 2001. From 2001 until 2003, I worked in a medical surgery. At end of 2003, I moved to England and began working in a BUPA Care Home in Crawley as a Healthcare Assistant from December 2004 to April 2006. I worked in Windmill Lodge Care Home in London as a nurse /Team leader from 8 May 2006 until 2010. I completed an NVQ course in Health and Social Care in relation to adults in 2010. I worked in Crawley Hospital Caravel world as a nurse from June 2010 to August 2011. I worked at Brook House as a Bank Nurse employed by Saxonbrook Surgery from June 2011 to September 2011. I then became a permanent Staff Nurse.

**3. An explanation of when you worked for G4S Health Services and in what capacity. Include all the roles which you held whilst employed by G4S Health Services and details of your working pattern. If you were not employed directly by G4S Health Services, in what capacity did you work at Brook House?**

I began working for G4S in 2012 as a Registered General Nurse ("RGN") at Brook House. G4S took over healthcare from Saxonbrook Surgery. When I first started working at G4S, I worked day and night shifts. I now only work night shifts, which are from 7pm-7am.

4. ***If you are no longer employed by G4S Health Services, an explanation as to why you left and when.***

## Sensitive/Irrelevant

### Application Process

5. ***An explanation of what attracted you to working in healthcare at Brook House.***

One of my friends was working at Brook House as a RGN and she introduced me to the idea of applying for a job. The salary that Saxonbrook Surgery was offering was a lot better than my salary at the hospital. I joined Brook House at as a member of Bank Staff, so I did not have set working hours. I worked when I was needed. I worked as Bank Staff originally from June – September 2011 and then accepted a permanent role as a RGN in September 2011.

6. ***Your opinion of whether the recruitment process prepared you for the role. Please explain your answer.***

I think the recruitment process could have prepared me for the role better. I had never worked in a secure setting before. One of the nurses managed my induction and they introduced me to the processes. There was no induction pack that we have to complete, which I think would have been helpful. New starters now have induction packs. It was very different to working in a hospital.

### Culture

7. ***A description of the culture of Brook House when you worked there. In particular, was there an identifiable culture across Brook House as a whole; whether there was a specific culture within the healthcare department or a department, area or wing in which you did not work; if there was, whether it changed over time; in either event, what that culture was.***

Overall, I thought Brook House was an interesting and challenging place to work. I had never worked in a secure setting before, so the environment was very new to me. Officers working in the wings were nice and cooperative. Detainees were generally polite but some often become aggressive, which made it a difficult place to work at times.

- 8 ***Your views on staff morale at Brook House immediately before, during and subsequent to the Relevant Period, both with regard to healthcare staff and other staff employed at Brook House.***

I generally worked night shifts, so I did not have a lot of contact with other staff members. I remember that there was a lot of drugs in Brook House around the time of the Relevant Period. A lot of residents having very bad reactions to a drug, Spice. This was very distressing to watch for staff. The night staff were exhausted due to the ongoing substance misuse issues in Brook House. There was usually only two members of healthcare staff working on a night shift. We

administered medication at 7.45pm and there was always a queue of impatient detainees. If a first response was called during medication time, the pharmacy would have to be closed and staff would need to attend the first response.

**8. A description of attitudes towards individuals who were detained at Brook House immediately before, during and immediately after the Relevant Period.**

I started work at 7pm and the detainees are locked in their rooms from 9pm. I don't spend a lot of time with detainees compared to the day staff and I don't see many interactions between detainees and detention staff. I have never witnessed anything of concern. Detention staff were helpful and would contact healthcare if detainees required any health assistance. I cannot recall anyone behaving unprofessionally or inappropriately towards detainees.

**9. Whether you have any particular concerns about how the values of G4S and / or G4S Health Services or any culture impacted upon the following:**

**a. The general treatment of individuals who were detained at Brook House;**

I have never witnessed any abusive behaviour towards the residents at Brook House. I think residents are well looked after.

**b. The management of individuals with physical health conditions;**

I do not recall of any concerns regarding the management of individuals with physical health conditions.

**c. The management of individuals with mental health conditions;**

Some of the residents struggle mentally as a result of being in detention. If a resident told me that they were feeling low, I would always raise it with the mental health nurses and make referral for review.

**d. The management of individuals who could be considered vulnerable;**

SLPs would be opened if necessary in order to provide added support. They could be place on raise concern list, so will be monitor closely by detention staff.

**e. The management of individuals with substance misuse issues;**

During that outbreak time of using spice was difficult to manage. Detainees with substance misuse issues would be seen by the GP if required and refer to Forward Team.

**f. The protection of specific individuals from the type of abuse seen on the Panorama programme.**

I was very shocked when I saw the Panorama programme however, I never witnessed any of this behaviour. Had I witnessed anything, I would have reported it to a senior member of staff.

10. ***Whether you are aware of any occasions where a member of healthcare staff raised concerns about the treatment of individuals (either individuals or collectively), whether informally or as a "whistleblower" and the response to it and the reaction from detention staff management and healthcare staff management.***

I cannot recall any occasions where a member of staff raised concerns about the treatment of individuals.

#### **Oversight**

11. ***Set out your understanding of the role of the following bodies, their involvement at Brook House and the nature of any interaction or communications you had with them.***

***i. The Independent Monitoring Board (IMB);***

The IMB is an organisation set up by government and providing an independent view on the standard of fairness and humanity in prison and detention centre. I met IMB staff but this was before the Relevant Period.

***ii. The Gatwick Detainees Welfare Group (GDWG);***

GDWG is a registered charity offering support to people held in detention. They offer support and advocate for fair treatment of the detainees. They visit the detainee and assist by providing second-hand clothing, arranging appointments with solicitors and they also arrange family visits.

***iii. Medical Justice;***

Medical Justice offers independent medical advice and assessment to detainees. They write medical and legal reports, which can be used to support the detainee's case. I have never had any involvement with Medical Justice

***iv. Bail for Immigration Detainees (BID).***

Bail for Immigration Detainees is an independent charity. They provide legal advice, information and representation of people in detention centre and help them secure their release.

***v. And other external organisations.*** I don't recall any other external organisations.

#### **General Training**

12. ***A description of the general training you received before starting work at Brook House and/or upon starting at work at Brook House. Confirmation of when you attended this training, where it was held and who provided it.***

Before I started work in Brook House, I worked in Crawley Hospital and completed all mandatory trainings. When I first started work at Brook House, I had a full induction and shadowed another RGN to familiarise myself with the processes. I read the policies and

underwent questioning to confirm that I was fit to administer medication. Immediate Life Support training is done every year. Triage training is carried out face to face by A&A Training. Safeguarding Children level 3 and Safeguarding Adults Level 3, ACDT training and protection training was provided by G4S . Online training was also provided by an external provider, A&A. Infection prevention and control training, equality and diversity training, moving and handling training, G4S Information security, substance misuse training online and FGM training were all online. I also updated my knowledge by regularly reading nursing standards and articles online.

- 13. Reflecting on this training, your opinion about whether it prepared you for your role at Brook House. Please explain your answer. If it did not adequately prepare you, please say what else you believe the training should have covered.**

Overall, I think the training we received was adequate. Previous experience and training I received whilst working in the care home and the hospital prepared me for my nursing role . I think personal protection training should have been done every year. It is important that healthcare staff know how to protect themselves in such a hostile environment.

- 14. Reflecting on your time in healthcare at Brook House, what training do you consider was necessary in order to fulfil your role?**

Immediate Life Support, triage and ACDT training. I think all training sessions were necessary to fulfil my role. They were all important.

- 15. What, if anything could be improved?**

All staff members need more training about mental health and supporting those suffering with poor mental health.

- 16. Whether you were offered, and attended, refresher training courses. If you did, please provide details of the courses. Was there any other training that you think should have been provided on an annual basis?**

Immediate and Paediatric Immediate Life Support refresher courses were offered yearly. Safeguarding children and adults, infection prevention and control, health and safety and moving and handling refresher sessions were offered every 3 years.

- 17. Whether you attended any of the training courses provided by G4S to its staff. If so, provide details.**

A defensive techniques course and ACDT training.

- 18. A description of the training you received on the following, including the dates on which you attended such training and any refresher courses on the following matters:**

- b. Control and restraint (C&R) / use of force on individuals (including both planned and unplanned use of force). Please refer to the Violence Reduction Strategy (CJS000721);**

I never received use of force training. I received self-defence training in 2014. This was provided by G4S. It was a one-off session and I did not receive any refresher training.

**c. Rule 35 assessments and reports; The management of individuals at risk of self-harm or suicide and the ACDT process including the threshold for opening an ACDT document, the management of individuals on an ACDT document and how to complete the documentation. Please refer to the following documents / policies:**

- (i) Suicide Prevention and Self-harm Management (CJS006380);**
- (ii) Safeguarding Policy (CJS006379);**
- (iii) Guidance for staff managing detainees on Constant Observations (CJS006378);**
- (iv) Management of Adults at Risk in Immigration Detention (CJS000731);**
- (v) Introduction to Safer Custody, Gatwick IRC's Caring for Detainees at Risk (CJS000052);**
- (vi) Enhanced Mental Health Training, Gatwick IRCs Caring for Detainees at Risk (CJS000020);**
- (vii) The management of individuals with substance misuse issues. Please refer to the Drug and Alcohol Strategy (CJS006083);**
- (viii) Any other specific healthcare training.**

I did not complete any Rule 35 training. I completed self-harm and ACDT training but cannot remember when this was. I did not receive any refresher training.

**Staff Induction**

**19. Please refer to Gatwick IRCs and Cedars Welcome Pack (CJS006391). Provide a description of the induction you received upon starting work at Brook House, including its duration, location, and who provided it.**

I completed my induction in 2011 with Saxonbrook Surgery whilst working at Brook House. The induction consisted of me shadowing healthcare staff and reading through the policies in order to familiarise myself with them and understand the policies and procedures. The induction process lasted for around 6 weeks.

**20. Did your staff induction process prepare you for your role at Brook House?**

I think the induction was adequate. It was not as professional or well-structured as it is now but I was able to fulfil my duties with the help of other colleagues.

**21. What, if any, problems were there with the staff induction process?**

I did not experience any problems in relation to the staff induction process.

**22. *What, if anything, could be improved?***

The induction process has already improved from when I completed the induction. New staff members now get more information in the induction pack and it is more professional and thorough.

**Management of healthcare staff**

**23. *A description of how healthcare was structured in terms of line management and administration during the Relevant Period.***

Sandra Calver is Head of Healthcare. At the time of the Relevant Period at Brook House, Michael Wells was practice manager and Clinical Lead was Chrissie Williams. There were two or three senior nurses and a number of RGNs and RMNs. There were a number of healthcare assistants and one administrative assistant.

**24. *Which staff, if any, reported to you as line manager? Please provide both names and roles.***

No members of staff reported to me as their line manager. When it was just me and a healthcare assistant on shift, I would supervise them but I was not their official line manager.

**25. *Explain your relationship with senior managers in healthcare at Brook House. Include details of the level of contact that you had with them, availability during shift for urgent/non-urgent queries, approachability, and visibility.***

As I work night shifts, I do not see much of senior management. I communicate with managers by telephone or email. If I had any issues whilst on shift, I could contact the GP or the healthcare managers by telephone. I had more contact more with senior nurses when completing handovers or carrying out supervision.

**26. *Explain your experience of being managed at Brook House. Include details of feedback, appraisals, and working relationship with your direct manager. Provide details of who your direct manager was with dates if recall them.***

I have yearly appraisals with a senior nurse, which takes place via one to one meetings. I also have monthly supervision and discussion meetings.

**27. *Set out your experience of working with other healthcare staff, in particular, whether you felt able to rely on other healthcare staff to support you in your role.***

I feel that I can rely on other healthcare staff however it is at time difficult to work with only one healthcare assistant during the night shifts. Would be much better if two nurses will work at night.

- 28. Provide a description of how clinical supervision of healthcare staff generally took place during the Relevant Period.**

Clinical supervision was provided by senior nurses in one to one meetings. These usually took place before my shift.

- 29. Explain how your clinical supervision took place.**

I had one to one monthly meetings with a senior nurse.

- 30. Did you experience any problems with your line management or clinical supervision? If so, what?**

I didn't experience any problems with my line management. I have raised issues with Sandra in the past about not feeling confident enough to work alone with a member of healthcare assistant on shift. I think at least two nurses should be on duty during a night shift. Nothing has changed since I raised this issue.

- 31. What, if anything, could be improved?**

I cannot think of any improvements.

*Disciplinary and grievance processes*

- 32. Provide details of any involvement you had in disciplinary investigations, including any investigation: (a) carried out by you as a manager; (b) carried out into your own conduct and/or (c) carried out into another member of staff, for which you were a witness. I have never been involved in any disciplinary or grievance investigations.**

*In relation to each example:*

- a. please provide approximate dates;**
- b. a description of the issue;**
- c. who was subject to the investigation;**
- d. what the investigation involved;**
- e. what the outcome of the investigation was;**
- f. whether any further action was taken following the disciplinary outcome;**
- g. whether there were any 'lessons learned', and if so, how they were disseminated and followed-up.**

I have never been involved in any disciplinary investigations.

- 33. Please provide details of any involvement you had in a grievance investigation, including any grievance investigation: (a) carried out by you as a manager; (b) carried out**

***following a grievance raised against you; (c) carried out following a grievance raised by you; and/or (d) carried out into another member of staff, for which you were a witness. In relation to each example:***

I have never been involved in any grievance investigations.

- a. please provide approximate dates;***
- b. a description of the issue;***
- c. who was subject to the grievance;***
- d. what the investigation involved;***
- e. what the outcome of the investigation was;***
- f. whether any further action was taken following the outcome;***
- g. whether there were any 'lessons learned', and if so, how they were disseminated***

#### **Staffing**

- 34. Describe the staffing levels in healthcare at Brook House during the Relevant Period.**

Healthcare has always been understaffed. Around the Relevant Period, there were agency staff working in Brook House. This helped to fill the gap.

- 35. In your opinion, were there, at all times, sufficient staffing resources to be able to provide adequate healthcare services to the individuals? Provide your opinion on whether the staffing levels in healthcare were of an adequate level to enable staff to perform all the functions of their role. If they were not, identify why not. Further, did you ever raise this at the time. Please provide details. If you did not, please explain why not.**

During the Relevant Period, there was a large Spice outbreak in the centre, so emergency responses were happening quite often. I cannot recall if it was at the time of the Relevant Period but Brook House was understaffed during the day. We only ever had two members of healthcare staff working a night shift.

- 36. What was the proportion of permanent healthcare staff to agency staff?**

I am not sure on the proportion. There were always agency staff working in Brook House.

- 37. Were agency staff experienced at working in detention centres or a custodial environment generally?**

Some members of agency staff were more experienced than others.

- 38. Were agency staff familiar with the systems and procedures in place at Brook House? What was the nature of training/induction provided, if any?**

Most agency staff was experienced in security settings. I know that they had an induction but I don't think it was as detailed as the induction that permanent staff undertake.

- 39. Did the number of agency staff generally affect the provision of healthcare to individuals? If so, how?**

I do not think this affected the provision of healthcare to individuals.

- 40. Provide your opinion on the impact that any shortages (if they existed) had on the care and treatment of individuals, in particular, whether staff were unable to offer services that they would have been able to provide if they were fully staffed (if shortages existed) and if there were delays in provision of healthcare to individuals as a result.**

I think that staff shortages had some impact on the residents, but they would always receive care as they required. It was more detrimental to staff who were trying to work hard to fulfil their duties.

- 41. Provide your opinion on the impact that any staffing shortages had on healthcare staff, including morale and safety (whether perceived or actual).**

Staff shortages greatly impacted staff morale. Everyone was stressed and tired. There was too much work at time for the number of staff on shift.

- 42. Provide your opinion on the staffing levels of the detention staff.**

Occasionally I would observe only one officer managing two wings, which is not enough. I cannot comment on the day shifts, as I mostly work nights.

- 43. Provide your opinion on the staffing levels of the activities team.**

I do not know the staffing levels of the activities team.

#### **Relationship between Healthcare and Detention Staff**

- 44. Provide details of your experience of working with detention staff. In particular:**

- a. Day to day working with the detention team in relation to the welfare of detained persons ;**

I had no problem with any member of detention staff. I was often called by officers whilst on duty to attend to detainees who required healthcare assistance. Officers would always try to help the detainees in any way they could.

- b. Effectiveness of involvement of the detention team in use of force incidents;**

Officers carried out uses of force very efficiently. When I attended use of force incidents, I saw officers working well together and I never witnessed any unnecessary uses of force.

**c. Communication with detention staff about any individuals with ongoing medical needs;**

SLPs were often opened for detainees with ongoing medical needs. Information was shared between healthcare and officers in order to support the detainee.

**d. Attitude of detention staff towards detained persons (provide any specific examples you are able to recall);**

From what I witnessed, most officers were always willing to help the detainees in any way they could. They will sometimes ask me to attend residents' cells to check on certain residents and ensure they are ok.

**45. Did you experience any problems with the relationship between healthcare and detention staff? If so, what?**

I did not experience any problems with the relationship between healthcare and detention staff.

**46. Provide your opinion on the impact any such issues had on healthcare staff, including morale and safety (whether perceived or actual).**

I didn't experience any problems so this is not applicable.

**47. Provide your opinion on the impact it had on the ability of healthcare staff to fulfil their roles and to provide adequate healthcare services to individuals?**

I did not experience any problems, so this is not applicable.

**48. What, if anything, could be improved?**

Staffing levels need to be improved in order for the large workloads to be evenly spread.

**Relationship with Home Office**

**49. Explain your working relationship with Home Office staff, including those who worked within Brook House and those who worked externally. Include details of the level of contact that you had with them, the focus of their involvement at Brook House, your opinion on how they balanced immigration removal procedures with individual welfare. Explain your answer and please give specific details of any particular Home Office staff about whom you wish to comment.**

I didn't have much involvement with Home Office during my night shift.

**50. Did you experience any problems with the relationship between healthcare staff and the Home Office? If so, what?**

I didn't experience any problems with the Home Office.

51. ***Provide your opinion on the impact it had on healthcare staff, including morale and safety (whether perceived or actual).***

Not applicable.

52. ***Provide your opinion on the impact it had on the ability of healthcare staff to fulfil their roles and to provide adequate healthcare services to individuals?***

Not aware of any

53. ***What, if anything, could be improved?***

I can't think of any improvements that could be made.

#### **Reception / Healthcare Screening / Induction**

54. ***Please refer to Detainee Reception & Departures (CJS006045) and Detainee Admissions and Departures Brook House IRC (CJS006046). Please provide a description of the usual reception healthcare screening process for individuals on their arrival at Brook House. Please summarise what this involved, for example:***

- a) ***How soon it was after arrival;*** Detainees needed to be health screened within two hours of arriving at Brook House.
- b) ***Whether it was during daytime or night-time;*** It was a 24-hour service, so it took place both day and night.
- c) ***Where it took place;*** Health screening took place in two clinical rooms on the ground floor of Brook House.
- d) ***Who carried it out (what level of healthcare professional);*** At first, only nurses carried out health screening. I can't remember exactly when it changed but after a while healthcare assistants were trained to do admission screening. A nurse would have to check all screening done by healthcare assistants and sign them off to confirm they had been checked.
- e) ***Whether the individuals had access to an interpreter if needed/requested;*** Detainees had access to interpreters via Language Line or staff members would help with the translation. Friends of the detainee could also help if required.
- f) ***Whether the individuals were given any written materials concerning healthcare in Brook House;*** I know that we had Brook House leaflets containing medication times and information on how to access healthcare, which I think were given to detainees. Detainees also received a new arrival GP appointment card.
- g) ***Whether healthcare staff had access to any previous medical records and if so the process for obtaining them;*** If detainees arrived at Brook House from a prison or other detention centre, their medical records would already be on the system. If we did not have

access and we required it, we would ask the detainee to sign a medical consent form to allow us to request their records.

- h) ***If an individual arrived with medication in their possession, what the process was for dealing with it;*** all medication arriving with a detainee would be passed straight to healthcare to review. The detainee would have to be assessed as fit to have the medication in their possession.
- i) ***If an individual arrived on medication but without it in their possession, what the process was for the prescription and dispensing of appropriate medication;*** The detainee would need to be seen by a doctor. The doctor would assess the detainee and review his medication. If the detainee required immediate medication, the GP could order it or prescribe it immediately after assessment.
- j) ***If an individual was suffering from a diagnosed physical health condition?*** This would depend on the condition and the medication required. We would have to ensure that we could meet the detainee's needs. Detainee is assessed by the GP on arrival and the relevant medication could be prescribed.
- k) ***If an individual was suffering from a diagnosed mental health condition?*** We would refer the detainee to a RMN for further assessment. All new detainees are reviewed by the GP. If required, a SLP would be opened. If the mental health team thought they needed further support then they would be referred to the psychiatrist. A GP appointment could also always be made.
- l) ***If an individual was deemed to be vulnerable?*** We would notify the wing staff and the Oscar managers and ensure that this detainee was closely observed. We would also open a SLP or ACDT if required.
- m) ***If an individual was assessed as having a substance misuse issue?*** Urine drug tests would be undertaken in relation to each new arrival. Sometimes we would be notified that a detainee was suffering with substance misuse issues before they arrived at the centre. We would review their medical records and see what they had been using and decide on the most suitable next steps. If the detainee was suffering from withdrawals, we would place them on E-Wing for close monitoring and observation by healthcare. We would also contact the GP if necessary and they would review the detainee and provide medication such as methadone. If we felt that we could not support the detainee's needs then they would be transferred to A&E.
- n) ***If an individual was assessed as being at risk of self-harm or suicide?*** We would place the detainee on an ACDT and they would be constantly supervised if necessary.
- o) ***Where the individuals were accommodated for the first night or nights of their stay and what access there was to healthcare staff and services;*** There used to be specific wings for new arrivals for the first 7 days of their time at Brook House and then they would be transferred to a normal wing. I cannot remember when it changed but new arrivals were

then sent straight to the normal wings. There was an initial assessment by healthcare for new arrivals, GP appointments within 24 hours and detainees could always come to healthcare if they had any other issues at any other times.

- p) ***What provision was there for individuals to healthcare staff to follow up following their first night in detention?*** A GP appointment was arranged for all new arrivals the following day.

55. ***If this usual process was variable, describe how it differed from the description you have provided, how often, why, and in what way.***

This was standard procedure.

#### **Healthcare Facilities and Equipment**

56. ***A description of the physical environment of healthcare in Brook House. What facilities were there for the provision of the following in Brook House:***

- a) ***Primary care services (physical health services);***

Healthcare was situated on the first floor. There was the GP surgery, a triage room and also a pharmacy and healthcare office. There were two admissions rooms on the ground floor equipped with computers.

- b) ***Mental health services.***

The mental health counselling room is located on the first floor of Brook House. This contained an armchair, a sofa and a small aquarium style fish tank.

57. ***Did healthcare have the physical resources to deal with the health conditions with which individuals presented?***

Yes. I think we were well equipped to deal with the health conditions that were presented to us. We could also refer detainees to the hospital if necessary.

58. ***Did healthcare have the equipment to deal with the health conditions with which individuals presented?***

Healthcare had adequate equipment to deal with the health conditions presented. If certain detainees required further equipment in relation to specific health needs, this would be reviewed and actioned by the GP and healthcare manager.

59. ***What problems, if any, were there with the physical environment regarding the provision of healthcare to individuals?***

A lot of detainees attended triage of a morning and it was sometimes not possible to see them all within the two hours. Detainees would be advised to come back the next day if their health issue was not urgent.

**60. What problems, if any, were there with equipment regarding the provision of healthcare to individuals?**

During the Relevant Period, there was a huge spice outbreak within the centre. There were not enough emergency bags to attend all first responses at time if few detainee was affected in the same time.

**61. What if anything, could be improved?**

Security searches should be carried out more often in order to prevent drugs being brought into Brook House.

**Access to Healthcare**

**62. A description of what healthcare services were provided to individuals in Brook House. In particular, please describe the provision for:**

**i) Primary care (physical health) services;**

There was a daily morning triage service, no appointment was required. There was a phlebotomy service, an optician, a monthly dentist service offered and a monthly ECG service offered.

**ii) Mental health services;**

The mental health team were available daily to assess detainees. The detainee would have to see a RGN first and they would then refer the detainee on to the RGN. The psychiatrist attended Brook House weekly and the RMNs also organised weekly group sessions for any detainees who wanted to attend.

**63. How would an individual access healthcare? What was the process for an individual to be able to see a:**

i) **Nurse;** There was a daily triage clinic from 9:30-11:30 every morning. No appointment was required. Detainees could request to see a nurse outside of these hours. They could notify an officer and we would attend their room or they would be brought to healthcare for an assessment.

ii) **GP;** the GP was solely appointment based. A detainee would have to be assessed by a nurse and if they still required a GP appointment, it would be arranged for them. Every detainee has an optional appointment with the GP upon arrival in Brook House.

iii) **Mental health nurse;** In order to see a mental health nurse, the RGN or healthcare assistant must assess the detainee first and then refer the detainee on to a RMN. Any detainees with mental health issues on arrival would be referred to a RMN.

iv) **Psychiatrist/psychologist etc?** Psychiatrists come in to Brook House once a week. A RMN place detainee on the list to see a psychiatrist.

**64. What were the problems, if any, in individuals accessing healthcare?**

Healthcare is located between the shop and the gym, it is easily accessible for all detainees. There is also information on the wing about accessing healthcare. I do not think there were any issues.

**65. Were there delays in individuals being able to access healthcare? If so, what was the cause of any delays?**

GP appointments are limited, so next day appointments are not always available. Only one Rule 35 appointment per day could be booked.

**66. What, if anything, could be improved?**

A triage clinic in the afternoon would ensure more detainees were assessed.

**Detained Persons**

**67. Provide your views on what the most significant health problems of the detained person population were throughout your employment, focussing on the immediately before, during and after the Relevant period.**

Detainees suffered from mental health issues. Mostly detainees complained of low mood, stress and anxiety. Many were very stressed and suffered from poor sleep. Some detainees would self-harm so badly that we would have to refer them to A&E.

**68. What are the challenges that healthcare staff face in managing those health conditions in Brook House?**

Talking with Detainee who self-harm or had suicidal thought, listening they story and give them hope that live worthy to live was not easy, as the detainees just wanted to be released from Brook House.

**Interpreters**

**69. Describe your experience of the use of interpreters in healthcare at Brook House.**

We use Language Line to source interpreters. Most of the time they were readily available but sometimes we would have to endure long wait times, especially at night. Sometimes people would come with other friends who would translate for them. Staff members could often help to interpret with the detainees consent.

**70. Were interpreters readily available when needed?**

Most of the time yes.

**71. What were the problems, if any, with obtaining interpreters for individuals?**

I don't think there were any problems with obtaining interpreters apart from waiting times from time to time.

**72. How did this impact upon the adequacy of the provision of healthcare to individuals in Brook House?**

Not applicable, as I don't think there were any issues.

*Supported Living Plan*

**73. What was the purpose of a Supported Living Plan (SLP)?**

The importance of a SLP was to get as much help as possible for detainees suffering with certain health conditions. SLPs staff looking after detainee aware of any additional support required for detainees.

**74. In what circumstances would a detained person have a SLP?**

A detainee would have a SLP if they were suffering with medical conditions such as; epilepsy, diabetes, asthma, heart problems, hearing difficulties etc. SLPs were also set up for people who were suffering with mental illnesses such as depression. SLPs were more for long-term conditions.

**75. What was healthcare staff's role in a detained person's SLP?**

Healthcare assesses the detainee and open the SLP as necessary. We assess the type of medical issue and disability and outline the type of help needed. SLPs are usually reviewed after a week than monthly or sooner if required

Complaints

**76. What was the complaints process if an individual had a complaint about healthcare?**

Detainees can write letters of complaint, or they can complain verbally. If they complain verbally and staff can sorted that problem strait away and that are happy that very good .If unable to sorted and detainee still wants complain that was advised to write and place complain in complain box. The complaint letter goes straight to Head of Healthcare.

**77. Explain your experience of the complaints process, including, in particular:**

**i) Any examples in which you received a complaint and referred it on for investigation;**

I received a verbal complaint from a detainee regarding medication that had not been received from the pharmacy. I called the pharmacy and explained to the detainee that the medication was not in stock but would be delivered the next day.

- ii) ***Any examples in which you were involved in an investigation, either conducted by G4S Healthcare or the Professional Standards Unit (PSU), in relation to a complaint made against you or another member of staff.***

I was not involved in any investigations.

***Please include what happened, any investigation process, the outcome and any lessons learned. If there were lessons learned, whether they were implemented and effective.***

I wasn't involved in any of the complaints and have no experience of this.

*E Wing*

78. ***Please refer to E Wing Policy (CJS006043). Describe the nature of the detained persons who were accommodated on E Wing.***

E-Wing was for detainees who are at risk of suicide and self-harm or who are vulnerable and need to be closely monitored. Detainees suffering with withdrawals would be placed on E-Wing. Any detainees who had infectious diseases or who were the subject of age disputes would be moved to E-Wing. E-Wing also accommodated detainees on Rule 40s or any detainees who were due to be deported and staff feared they would resist.

79. ***What was the purpose of accommodating an individual on E Wing?***

They would be placed there for their own welfare. Staff could supervise these detainees to a higher degree and ensure their needs were being met.

80. ***What was healthcare's role in the management of individuals on E Wing?***

A GP and healthcare staff would complete daily welfare checks in relation to all detainees on E-Wing. We would administer medication on the wing and keep records of their condition. Detainee with withdrawal symptoms would be closely monitored by healthcare.

81. ***Please refer to Removal from Association (CJS006040) and Temporary Confinement (CJS006041). What are the criteria for moving an individual to the Care and Separation Unit (CSU)?***

If detainees were a danger to themselves or were particularly violent or danger to others under Rule 40/42 they would be placed on CSU.

82. ***What was healthcare's role in the management of individuals on the CSU?***

Healthcare would visit detainees on a daily basis for welfare check. We would conduct observations and administer their medication. If a detainee was placed in CSU on Rule 40, healthcare would visit them within two hours of them being placed there.

## Medication

- 83. A description of the process for management of medication for an individual who had been prescribed medication that could remain in their possession.**

If the detainee is arriving into Brook House with medication, they will be health screened and questioned to confirm they are fit to keep their medication in their possession. After seeing a GP or healthcare, the GP can prescribe the detainee medication. The detainee is asked to attend healthcare the following day to collect their medication. The detainee signs the prescription and confirms that they have received the medication. The detainee is told to keep the medication in locked storage and not to share it with other residents.

- 84. If an individual was prescribed medication that could not remain in their possession what was the process for obtaining required medication?**

The detainee is assessed by the GP and told what medication he is going to be prescribed. The detainee is informed of medication administration times. Medication times are displayed on the wings, in healthcare and the detainees are given leaflets.

- 85. What were the problems, if any, in the management of detained persons' medication?**

Occasionally medicine does not arrive on time and this would lead to shortages of medication in the pharmacy. This would cause detainees to become frustrated, as they had been told that the medication would be there, and it wasn't. There would also often be queues for medication, especially of an evening.

- 86. What, if anything, could be improved?**

It think the administration of medication has already improved. Previously the pharmacy would close at 8:45pm and the detainees would be locked in their rooms at 9pm. Now detainees are not locked in their rooms until 10pm. This means that the evening medication slot can be extended if required, as it is no longer so close to when the detainees lock up.

## Drug / alcohol misuse

- 87. Please refer to the Drug and Alcohol Strategy (CJS006083). A description of the process for the identification and assessment of individuals with substance misuse issues on their arrival in reception at Brook House.**

During healthcare screening, we would request urine samples to detect any drug use. Some detainees would confess to having a drug or alcohol problem on arrival and we would refer them to the substance misuse, Forward team. Depending on the severity of their withdrawal symptoms and their level of dependence, we would place them on E-Wing. The GP could be contacted if the detainee required medication and a next day assessment by the GP would be carried out.

**88. What treatment was available at Brook House for individuals identified as having a substance misuse issue?**

GPs could prescribe methadone or other controlled drugs to help detainees with their withdrawals.

**89. What substance misuse services were available in Brook House during the Relevant Period?**

We had a substance misuse team, the Forward team. They supported detainees with their drug and alcohol issues and held group sessions and one to ones.

**90. Were the services and treatment available for individuals with substance misuse issues adequate in your view?**

The services and treatment were adequate in my opinion. If we felt we could not care for the detainee in Brook House, they would be referred to hospital. If their condition could be managed at Brook House, they would be referred to the Forward team.

***What, if anything, could be improved?***

I cannot think of any improvements to be made.

**91. A description of the level and nature of substance misuse amongst individuals in Brook House during the Relevant Period.**

There was a Spice outbreak at Brook House during the time of the Relevant Period. It was a very difficult time for healthcare and officers. It was very dangerous, we never knew what we would be dealing with as Spice was a chemical drug and detainees would have different reactions to it.

**92. What was healthcare staff's role in the management of individuals who were using drugs or alcohol whilst in Brook House?**

Healthcare would attend first responses and ensure that the safety of the detainee is maintained. Healthcare would conduct welfare checks on detainees and refer them to the GP and Forward team, as necessary.

**93. What was your experience of attending to individuals who were intoxicated by drugs or alcohol in Brook House?**

It was a very unpleasant experience. We always tried our best to keep the detainees safe. There were so many emergency call outs during the Relevant Period, it was difficult to manage, as staff were exhausted.

**94. Did you have any concerns about the appropriateness of healthcare staff's management of individuals who were intoxicated?**

I did not have any concerns.

95. ***Did you have any concerns about the appropriateness of detention staff management of individuals who were intoxicated?***

Officers were in a difficult situation as well but everyone worked together to achieve the best outcome for the detainee and ensure their safety.

96. ***If so, did you raise any concerns? If so, who did you raise concerns with? If not, why not?***

Staff members discussed it between themselves. We thought more could be done in terms of security to prevent drugs being brought into the centre.

#### **Mental Health**

97. ***A description of your experience of the management of individuals who suffered from mental health conditions.***

Detainees suffering with mental health conditions would be assessed by the RMNs and referred to the GP or psychiatrist if necessary. A care plan could be implemented or SLP opened. If the detainee became unstable or a danger to himself, an ACDT could be opened and constant supervision can be carried out. The Home Office was also sometimes informed in extreme cases.

98. ***Did you have any concerns about the appropriateness of healthcare staff's management of individuals who suffered from mental health conditions?***

The mental health team were all well-trained to deal with detainees suffering with mental health issues. The only concern I had was that when detainees required hospital beds, there were very long wait times.

99. ***Did you have any concerns about the appropriateness of detention staff management of individuals who suffered from mental health conditions?***

I do not recall any concerns in relation to detention staff's management of individuals suffering from mental health conditions.

100. ***If so, did you raise any concerns? If so, who did you raise concerns with? If not, why not?***

I do not recall any

#### **Rule 35 reports**

101. ***If you were involved in writing Rule 35 reports, please set out your experience of doing so.***

I was never involved in writing Rule 35 reports. Only a doctor can write them.

102. ***Set out your understanding of the purpose of a Rule 35 report?***

Rule 35 reports were for detainees who had been victims of torture. This included mental torture or physical torture. A Rule 35 report would prevent the detainee from returning to their place of torture.

**103. Describe the approach taken when assessing an individual in accordance with Rule 35 and recording that assessment.**

Rule 35 assessments would take place in the GP's room. There was special paperwork that the GP filled out. They will be question about torture and whether the detainee had any injuries or scars. These would then be highlighted on a body map.

**104. What criteria are applied to identify suitability for ongoing detention?**

The detainee had to be mentally and physically well enough to be detained. If detention would impact the detainee's well-being then we would argue that they should not be in Brook House.

**105. What is the nature of an assessment of an individual for the purposes of a Rule 35 report? How is the assessment carried out?**

Rule 35 assessments were for victims of torture. Rule 35 appointments would be scheduled for 30 minutes but these can be extended if needed. The detainee is asked by the GP to describe his experience and any physical or mental consequences of this torture. Rule 35 paperwork is sent to the Home Office. The detainee signs and agrees that we can share the report with the Home Office and the detainee also receives a copy.

**106. Who was responsible for ensuring compliance with clinical standards and the effective implementation of the Rules 33-35 of the Detention Centre Rules (DCR) safeguards?**

The person who was carrying out the assessment, as they are trained to comply with requirements and regulations.

**107. What are the challenges you face or faced in carrying out Rule 35 assessments? What, if any, problems were there?**

I do not carry out Rule 35 assessment so unable to answer.

**108. Did you have any concerns about the process of assessment and writing of Rule 35 reports?**

I cannot recall any.

**109. If so, did you raise any concerns? If so, who did you raise concerns with? If not, why not?**

Not applicable.

**110. What, if anything could be improved?**

not applicable

## **ACDT and self-harm risk management**

**111. Please refer to the following documents / policies:**

- i) Suicide Prevention and Self-harm Management (CJS006380);**
- ii) Safeguarding Policy (CJS006379);**
- iii) Guidance for staff managing detainees on Constant Observations (CJS006378);**
- iv) Management of Adults at Risk in Immigration Detention (CJS000731).**

**A description of your role and involvement, if any, within the ACDT process**

I was involved in ACDT review meetings but only if RMNs were busy. It was usually the RMNs who attended. I would also open ACDTs if I was concerned a detainee was at risk of self-harm or suicide.

**112. A description of how individuals who were at risk of self-harm or suicide were identified and assessed.**

Detainees could self-declare. They would come to healthcare and ask for support outright. Detainees could also be identified on admission during an assessment. If staff noticed during triage or during an assessment that a detainee was suffering with low mood, we would refer them to a RMN. Officers could also raise concerns regarding behaviour they had seen on the wing.

**113. What role did healthcare staff play in the identification and assessment of detained persons who were at risk of self-harm or suicide?**

If healthcare noticed that a detainee was behaving in a certain way or suffering with low mood then we could open up an ACDT immediately. We would refer the detainee on to RMNs to be assessed and an ACDT assessor would complete a further assessment.

**114. What role did healthcare staff play in the management of individuals who were at risk of self-harm or suicide?**

Detainees receive ongoing support from RMNs. GP appointments and psychiatrist appointments can be arranged if necessary. Everything is documented within the detainee's ACDT booklet and regular reviews are arranged.

**115. Did you have any concerns about the appropriateness of healthcare staff's management of individuals who were at risk of self-harm or suicide?**

I do not recall witnessing anything of concern.

**116. Did you have any concerns about the appropriateness of detention staff management of individuals who were at risk of self-harm or suicide?**

Sometimes officers were not as sympathetic towards detainees who were suffering with mental health issues but I never saw any inappropriate behaviour.

**117. If so, did you raise any concerns? If so, who did you raise concerns with? If not, why not?**

Not applicable, as I did not have any concerns.

*ACDT*

**118. What do you understand the purpose of an ACDT document to be?**

An ACDT document provides support to detainees who are suffering with thoughts of self-harm or suicide thought, presented with very low mood, presented with unusual behaviour or talk. Other concern including vulnerability due to age or immaturity. An ACDT ensures they are regularly supervised and that additional support such as check-ins and reviews are in place.

**119. When would an ACDT document be opened in relation to an individual?**

ACDT would be open immediately for any detainee identified with above risks .

**120. What was the threshold for opening an ACDT document?**

If a detainee was expressing thoughts of suicide or harming himself or has already done so then an ACDT would be opened.

**121. What was the process for opening an ACDT document?**

Healthcare would sit with detainee and talk to them about the difficulties they were facing. The detainee would be informed that for his safety and wellbeing, an ACDT folder was going to be opened. The staff member who opened an ACDT would need to inform an Oscar manager. Additional questioning would then be carried out by an ACDT assessor.

**122. How would an individual be managed on an ACDT document?**

If the detainee was seen by healthcare, it would be noted down within the booklet. The detainee was monitored closely. The frequency depended on the severity of their condition.

**123. What was the review process for individuals with an open ACDT document?**

The first review was to take place after 24 hours. How often the following reviews were would depend on the detainee and their condition. Review meetings would be attended by the detainee, a RMN (or RGN if RMNs were unavailable), Oscar managers and the Home Office.

**124. When would an ACDT document be closed in relation to an individual?**

The detainee would have to be in agreement before the ACDT could be closed. We would only close an ACDT when we were satisfied that the level of support was no longer required. There

is still a post closure review meeting to ensure that all staff members are satisfied that the ACDT should be closed.

**125. How could an ACDT be challenged?**

Sometimes if other staff members had doubts or did not think the ACDT was necessary, we would sit and talk to the staff member about why we opened it.

**126. What role did healthcare staff play in the management of individuals on an ACDT document?**

Healthcare staff fully supported detainees on ACDT documents. Detainees can attend healthcare to see a RMN at any time and discuss their problems. RMNs carried out daily checks. As a night shift nurse, I would only see the detainee if they requested assistance or if an officer advised that they needed to be seen.

**127. What problems were there, if any, with the process of managing individuals on ACDT documents?**

Detainees can refuse to engage with staff, so it is difficult for healthcare to provide support and help.

**128. What, if anything, could be improved?**

I don't think there are any improvements to be made.

**129. The inquiry understands that there were weekly healthcare Multi-Disciplinary Team (MDT) meetings held attended by the mental health team, medical team (GP) and healthcare administration team. Did you attend these meetings? What was their purpose and what was discussed?**

I did not attend these meetings. Detainees with complex health issues would be discussed and whether anything more could be done to support them.

**130. The Inquiry understands that there were Safer Community Meetings and Adults at Risk (AAR) Meetings held in Brook House attended by detention staff. Did healthcare staff attend these meetings? If not, why not?**

I never attended those meetings. I think healthcare staff attended but I did not attend personally.

**131. Were there any mechanisms in place to offer support or counselling to individuals who had witnessed a violent or distressing event at Brook House?**

Detainees could talk to charities such as the Samaritans. We would provide them with the contact numbers. They could also always attend healthcare and see a RMN to talk about how they were feeling. Group meetings were also arranged and available to attend.

## Food and Fluid Refusal

- 132. Please refer to the Refer to Food & Fluid policy (CJS006084). What was healthcare staff's role in assessing an individual who was refusing food or fluids?**

Healthcare would be informed that a detainee was refusing food and fluids by an Oscar manager via e-mail. Healthcare would go to the detainee's room or the detainee would attend healthcare for an assessment. Healthcare would take the detainee's weight, a urine sample and conduct a physical observation. Healthcare would see the detainee every day to monitor their condition. The detainee would be assessed as green, amber or red in terms of their level of risk and the relevant authorities would be informed via e-mail.

- 133. What was healthcare staff's role in managing an individual who was refusing food or fluids?**

We would assess the detainee every day and encourage them to eat and drink. We would listen to why they were refusing food and fluids and try to help. We would open an ACDT if necessary and inform the GP. The GP would undertake a formal review and discussion with the detainee to warn them of the consequences of refusing food and fluids.

- 134. What documentation did healthcare staff need to complete where an individual was refusing food or fluids?**

A specific food and fluids form had to be completed and sent to the Home Office. Also if a detainee was refusing food and their condition deteriorated, an ACDT would be opened and a GP would be further notified. The GP would carry out a discussion with the detainee and explain the consequences of refusing food and fluids. The detainee's medical records also had to be updated.

- 135. Have you had experience of individuals refusing food or fluids? If so, please describe your experience.**

I have had experience of detainees refusing food and fluids. It is very sad and unpleasant. I would always try to encourage them to eat and drink. Most detainees were doing it because they wanted to be released and did not want to be in Brook House.

- 136. Did you have any concerns about the appropriateness of the management of individuals who refused food or fluids? If so, did you raise any concerns? If so, who did you raise concerns with? If not, why not?**

No concerns, there was a policy in place.

## Use of Force

- 137. Please refer to the Violence Reduction Strategy (CJS000721). What role do healthcare staff play in the use of force on a detained person individual?**

Healthcare looked after the detainee and ensured that when the use of force was exercised, it was not dangerous for the detainee. We would ensure that the use of force was necessary and it was safe to use it on the detainee. If the detainee had any underlying health conditions, we needed to alert the officers. We would ask the officers to stop the restraint if we were concerned.

**138. *In what circumstances is it permitted to use force on an individual?***

If the detainees were a danger to themselves or others or if they were being unco-operative or refusing to leave the centre.

**139. *What records are required to be completed by healthcare staff following a use of force against an individual?***

A F213 form had to be completed and the detainee's medical records had to be updated.

**140. *What follow up is carried out by healthcare staff on an detained person following a use of force?***

Healthcare staff would assess the detainees immediately following a use of force incident and see if they had suffered any injuries. We would also usually follow up again the following day. The detainees would be told to contact healthcare if they had any issues following the use of force incident.

**141. *Have you ever been involved in the use of force on an individual? If so, please give details. What documentation did you complete afterwards?***

I have been involved in use of force incidents. Some was whilst I attended first response emergencies and some were in relation to detainees refusing to leave the centre. I completed a F213 form afterwards and the detainee's medical records were also updated.

**142. *Have you ever witnessed the use of force on a detained person? If so, please give details. What documentation did you complete afterwards?***

I often witnessed uses of force. I would complete F213 forms afterwards and update the detainee's medical records.

**143. *Did you have any concerns about the appropriateness of the use of force on the individual? If so, did you raise any concerns? If so, who did you raise concerns with? If you did not do so, why not?***

Attending use of force incidents is never pleasant. The detainee is always given the opportunity to comply before force is used. I never witnessed any unnecessary uses of force.

**The Panorama Programme**

The Inquiry's website has a link to a YouTube channel which has a BBC Panorama programme available to view for free (BBC Panorama - "Undercover: Britain's Immigration Secrets" - YouTube). If

you have not already watched the programme, the Inquiry would ask that you do so and consider the following.

- 144. Confirmation as to whether you worked with Callum Tulley (the BBC undercover reporter). If you did, please set out details of when you worked with him.**

I did not work with Callum Tulley on any shifts. I knew who he was but I did not know him.

- 145. Whether you appear in the programme. If you do, please confirm the timings on the footage where you appear. It would be helpful if you are able to provide a photograph or description of yourself so that the Inquiry is able easily to identify you.**

I do not appear in the Panorama programme.

- 146. Your opinion on the impact that the Panorama programme (which aired on 4 September 2017) had on staff morale.**

The programme had a very bad effect on staff morale. I also was shock by seeing some staff behaviour. Lots of staff members didn't want to talk about it. Everyone was upset and shocked. People became very wary of one another. It created a very bad atmosphere in the centre but staff are more vigilant now.

- 147. To the extent that you are aware of individuals seeing or become aware of the Panorama programme (e.g. the media), your opinion on the impact that the Panorama programme had on individuals.**

I did not discuss the Panorama footage with any detainees or detention staff. I don't know if they had seen it. Nobody came and talked with me openly about it.

- 148. During the programme, one detained person says that they are underage for detention.**

- 149. Whether you were involved in this (or any other age dispute) case. An explanation of the process to be followed.**

If anyone expressed that they were underage, we would inform the wing manager, Oscar 1 and HC staff will be aware. The detainee's name would be placed on the handover. Social services would be contacted to carry out an assessment and the Home Office would be informed. I was never involved personally in any age disputes in Brook House but I was involved in a couple within Tinsley House.

- 150. Whether there were any changes at Brook House following the Panorama programme and your opinion on whether they were effective. If they were not, your opinion on what should have been done to create effective change.**

There were a lot of changes following the Panorama programme. I think the atmosphere in Brook House was friendlier. I had never witnessed any nasty behaviour, but I think everyone was making more of an effort to be nice to one another. The staffing levels were a lot better; staff were less stressed. Brook House was a nicer place to work.

## Specific Individuals

151. *The following individuals who worked at Brook House were either investigated, disciplined, dismissed or left following the Panorama programme:*

*In relation to each of these individuals, set out the following:*

- i. Whether you worked with these individuals. If so, provide details of when you worked together, your working relationship and your opinion of them in a professional capacity. If you had concerns about their personal views/behaviours and that this impacted on their care of individuals, please set these out.*
  - ii. Whether you witnessed them use derogatory, offensive and/or insensitive remarks about individuals. If so, provide details of what they said, the reaction of the individual, what you did (if anything) and the outcome.*
  - iii. Whether you witnessed any incidents of verbal abuse. If so, provide details of what they said, the reaction of the individual, what you did (if anything) and the outcome.*
  - iv. Whether you witnessed any incidents of physical abuse. If so, provide details of what they said, the reaction of the individual, what you did (if anything) and the outcome.*
- a. **Nathan Ring** I know Nathan He was Oscar 1 manager, so he did sometimes work whilst I was on a night shift but if I didn't have a problem to raise, I wouldn't see him. I never had any concerns about his behaviour.
  - b. **Steve Webb** I don't know this person.
  - c. **Chris Donnelly** I know Chris but I didn't have much interaction with him. We would sometimes attend the same first response emergencies. I didn't witness any behaviour that caused concern.
  - d. **Kalvin Sanders** I don't know this person.
  - e. **Derek Murphy**
  - f. **John Connolly** I had training with John in 2014. He was professional from what I saw. I didn't have a lot of interaction with him. He was always pleasant.
  - g. **Dave Webb** I don't remember this person.
  - h. **Clayton Fraser** I don't remember this person.
  - i. **Charles Frances** I don't remember this person.
  - j. **Aaron Stokes** I don't remember this person.

- k. **Mark Earl** I don't remember this person.
- l. **Slim Bassoud** I don't remember this person.
- m. **Sean Sayers** I don't remember this person.
- n. **Ryan Bromley** I don't remember this person.
- o. **Daniel Small** I don't remember this person.
- p. **Yan Paschali** He was working on E Wing. I didn't have concerns about his behaviour as I did not witness any unpleasant behaviour while I attended detainees on E wing.
- q. **Daniel Lake** I don't remember this person.
- r. **Babatunde Fagbo** He worked in Brook House for a while. I didn't know him well but I never had any issues regarding his behaviour.
- s. **Shayne Munro / Munroe** I don't remember this person.
- t. **Nurse Jo Buss** I worked with Jo for 10 years. She was a senior nurse. She was very professional and had lots of experience. She had worked in the police and A&E previously. She was very caring and knowledgeable. She would always look after detainees who were feeling low. Everyone was shocked at the footage.

#### **Suggestions for Improvements**

Part of the Inquiry's remit is to identify learning and make recommendations that would help to prevent the recurrence of such events in the future.

**152. Where not specifically covered above, set out your opinion of what could be changed or improved at Brook House in order to improve individual health, safety and welfare.**

I have covered everything within my statement.

#### **Any other Concerns**

**153. To the extent not covered by the above, please mention or explain any other matter which relates to the culture of G4S at Brook House, and the treatment of detained persons which you consider may be relevant to the Inquiry. In particular, the Inquiry would welcome any information that you have (this need not be limited to information that you have direct knowledge of) concerning whether in relation to any of the above topics there have been any significant changes such that the situation in Brook House is different now to the situation in 2017.**

I have covered everything that I can recall within my statement.

**154. A list of names of individuals working at Brook House who you believe are knowledgeable about the matters that you have mentioned in your statement.**

Everyone employed at Brook House during the Relevant Period.

155. *Any further matters which you consider relevant to the Inquiry's work.*

Not applicable.

The topics identified above are not intended to be an exhaustive list and if there are other matters relevant to the Inquiry on which you wish to provide evidence then you should do so.

#### STATEMENT OF TRUTH

I believe that the facts stated in this Witness Statement are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in it's 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.

Signed:

Signature

Dated:

28/10/2021

Name:

MARIOLA MAKUCKA