

BROOK HOUSE INQUIRY

First Witness Statement of Michelle Smith

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 14 July 2021

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.

Background

3. Prior to joining the Home Office, I had various jobs in a managerial capacity in hospitality. I joined the Home Office in January 2000 as an Administrative Assistant, working in National Asylum Support Services (NASS). I initially worked in a team allocating accommodation to those who were approved for this support.

4. I was promoted to Executive Officer and moved within NASS to the Asylum dispersal team, responsible for managing dispersal from Initial Emergency Accommodation to allocated Asylum Accommodation. In 2003, I moved to join the Immigration Service, initially on temporary promotion and then offered a permanent position as an HEO in the Public Expense Removes team. I remained in a managerial position within that team until 2007, being promoted to Senior Executive Officer in 2005.
5. In 2007 I took up the position as Grade 7 (G7) on temporary promotion, responsible for charter flight returns as well as the public expense removals team. In 2009, I was substantively promoted to G7 and took up a position in the Country Returns Operations and Strategy Team, responsible for obtaining travel documents for those the Home Office are seeking to return and our country specific returns strategy, liaising with foreign governments both in the UK and overseas.
6. I joined the Head of Profession for reporting centres, as a G7, for a year in 2013. My role was to bring the reporting centres across the country together, creating a team approach, identify good practice, opportunities for improvement and bring consistency in processing to the operation. I joined Detention and Escorting Services in 2014 as the Service Delivery Manager for Gatwick Immigration Removal Centres and the Pre-Departure Accommodation for families, where I have responsibility for oversight of the supplier contract, supplier performance and contract compliance.
7. In 2017, this role was broader than it is now; as it included engagement with detained persons with regards to the case, either at the request of the detained person or their caseworker. I also had responsibility as 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 which commenced in July 2017; the closure and decommissioning of the previous Pre-Departure Accommodation at Pease Pottage; and the refit of accommodation at Tinsley House creating the new Pre-Departure Accommodation that opened in July 2017.

Witness Name: Michelle Smith
Statement No: 1
Exhibits: None

Attendance at Brook House and my role at Brook House

8. The current configuration of the team at Gatwick covers both Brook House, Tinsley House and the Pre-Departure Accommodation (operated by the same supplier as Brook House under a Gatwick IRC contract). The team consists of the following:
 - a. 1x G7 Service Delivery Manager;
 - b. 1x SEO Area Manager;
 - c. 3x HEO Compliance Managers;
 - d. 7 x EO Deputy Compliance Managers.
9. The team is split into three groups which cover:
 - a. Operations, the point of contact for the supplier for day-to-day issues, attendance at some on site meetings, IMB clerking etc;
 - b. Performance, carrying out risk-based compliance activity against a compliance framework, engagement with the supplier re. performance;
 - c. Assurance, with responsibility for assuring supplier self-audits, tracking and assuring completion of third-party recommendations and dealing with information requests for FOI or in relation to litigation.
10. These three functional groups carry out their responsibility for all three facilities. This is a recent change (in March 2021), following a three month pilot to all focus on the key areas. Prior to this, the team were split by facility with responsibility for the three areas for their facility.
11. In 2017, a new approach was piloted for the work undertaken by the Home Office team on site. A review was carried out in 2016, looking into tackling returns disruption. This review recommended the introduction of pre-departure teams (now referred to as Detainee Engagement Teams) focusing on enhanced engagement with detained persons. The intention was that enhanced engagement would increase

voluntary departures, decrease disruption, identify blockages to return and decrease the length of time detained persons spend within IRCs. This pilot operated from November 2016 for four months. To ensure that the contract/supplier related work-streams were not disrupted their work was separated out for the purpose of the pilot, along with the HEO/EOs (1x HEO and 2 x EOs) carrying out this work. This was loosely defined as:

- a. Contract Monitoring;
- b. Contractual meetings (daily, weekly and monthly);
- c. Other meetings with the contractor (e.g. security, detainee consultative group, health and safety, safer community etc.);
- d. Interactions for the purpose of reviewing R40/42, ACDT, FFR and Section 35 (ownership sits with contract team; however, the engagement officer may participate in any planning sessions);
- e. Complex removals (ownership sits with contract team, however the engagement officer may participate in any planning sessions);
- f. Charter planning meetings;
- g. IMB clerk and meeting attendance.

12. It was agreed in April 2017 that this approach would be introduced and rolled out across the IRC estate. This was implemented in October 2017 at Brook House. During the period further improvements were suggested in relation to the contract team's (now referred to as the compliance team) role. These were further refined and specified in more detail in May 2017.

13. I attended Brook House 2-3 days a week during the relevant period. There were no specific arrangements made for my attendance as I was part of the team and this was one of my places of work.

14. I carried out my work in the main IRC office and attended the offices occupied by G4S staff and managers and the gatehouse to attend meetings in the board room. I entered the centre to host visits from senior managers and ministers and to review works completed or to understand the scope of any works to be funded by the Home Office – additional beds were added to Brook House early 2017 so during this period I routinely (at least weekly) entered the centre to review works undertaken.
15. I do not have a job description covering the period in question. My role for this period was to lead the team, support the transformation of the team, deliver safe and secure detention services through effective contract service delivery, pre-procure the Gatwick IRC contract and mobilise the Gatwick Pre-Departure Accommodation.

The Contract

16. G4S were contracted to provide welfare, security, catering, cleaning and maintenance services at Brook House. I have reviewed the relevant excerpts of the contract between the Home Office and G4S (GLS at the time), and my comments are as below.
17. The G4S contract was based on self-auditing as a means of establishing contract compliance and there was a reliance on this system, with Detention and Escorting Assurance and Audits Team (DESAAT) assuring supplier compliance with this and assuring service delivery. DESAAT undertook contract compliance checks twice a year and carried out thematic reviews on specific topics. Local performance assessment was composed of: scrutiny of staffing data to determine that staff hours provided met those funded under the contract, ad hoc visual checks of the centre, scrutiny of emerging risk areas e.g. cleaning in a particular area or reception processing, reviewing sources of information (G4S reports, IMB reports, information provided at meetings, complaints etc) to identify failings and emerging risk, reviewing paperwork/policies and procedures to ensure compliance with DSOs etc.

18. I am aware that the assessment of the monthly staffing data was completed following an agreed set of steps and checks as devised by the EO Officer in conjunction with the HEO Immigration Manager, although I am unsure what the nature of those checks was. These checks were completed on a monthly basis by the EO Officer and evaluated against the figures mandated by the contract (the operational hours) with a record kept by the EO Compliance Manager and failings recorded on the issues log and the monthly performance report.
19. Other local performance assessments, i.e. ad hoc visual checks of the centre and scrutiny of emerging issues such as cleaning, were carried out by the HEO Immigration Manager and the EO Officers (i.e. the team) without a formal framework but with a good knowledge of the contract terms and Detention Centre Order guidance. These assessments were not routinely recorded unless failures were identified that resulted in a KPI failure. Such failures were formally recorded on the issues log and the monthly performance report.
20. The HEO Compliance Manager was responsible for reviewing IMB reports, G4S reports and for dip sampling complaint responses. These assessments were not routinely recorded unless failings were identified that resulted in KPI failure. Such failures were formally recorded on the issues log and the monthly performance report.
21. There was a pilot underway at Brook House in 2017, testing splitting the team out into two, with one focusing on Compliance and one focusing on Engagement with Detained persons. This wasn't implemented until October 2017. The introduction of the separate teams allowed for resource specific to contract monitoring to be established with increased levels of resource focusing on this work.
22. Schedule D (Operational Specification), Schedule C (Maintenance Management) and Schedule G (Performance Evaluation) were the main contract schedules that I considered important to my role as this covered the contract requirements and the supplier solution for the operational aspect of the contract and cleaning and maintenance of the facility. The performance schedule gave us a mechanism to

Witness Name: Michelle Smith
Statement No: 1
Exhibits: None

apply penalties where there were failings without suitable mitigation or resolution in some key areas. I considered all of the terms within these schedules to be of equal importance

23. At the time, measures used to assess G4S performance fell into three categories:

- a. Detainee Engagement: this means the interaction with detained persons, seeking to advise, gather information, or understand something. In this context it relates to engaging with detained persons at monthly consultative meetings, and routine engagement with detained persons during official interviews (daily). The primary focus of official interviews is to engage with detainees regarding their immigration case; however, the detainee is asked whether they require any help during the course of these interactions. There is not a specific question during these interviews about the performance of G4S.
- b. Assurance: analysing staff attendance data, on a monthly basis, to assure contracted operational working hours achieved, reviewing contract service delivery as issues emerged (ad hoc) through observing processes and assessing these against contract requirements, reviewing evidence such as Suicide and Self Harm booklets and Rule 40 & 42 documents and engaging with staff.
- c. Information Sources: using sources of information such as weekly IMB reports, Monthly IMB meetings, complaints (as received), HMIP inspection reports (as received), DESAAT contract compliance reports (twice a year), G4S generated reports – centre managers (monthly), security (monthly), safer community (monthly), detained person satisfaction and safety survey data (annual), Healthcare partnership meetings (monthly). In the context of G4S performance, the IMB information assessment consisted of scrutiny of the weekly and monthly IMB reports, identifying G4S failings. This involved the EO Officer (with the role of IMB clerk) and the HEO Immigration Manager reading the reports, and where issues remained outstanding from their knowledge of the centre or where the HEO Immigration Manager was not aware of the outcome of an issue, the issue would be raised with G4S verbally or by email. There

were monthly IMB meetings to discuss their monthly reports, attended by IMB members, G4S senior management team members, and Home Office staff. All issues raised during the course of the month were discussed at this meeting with all parties.

24. A weekly issues log was maintained that set out all emerging issues. Where these constituted a performance failure these were added to the performance log (named the mitigation log). G4S self-declared performance failures were also added to this log. These were discussed at the weekly performance meetings where the Home Office either agreed to accept the reasons given in mitigation or decided to apply penalty points. This log formed the basis of the performance report produced by G4S at the end of each month. This report was sent to the Home Office commercial team who sought agreement from us that the report matched our records. Where failures were repeat failures or an emerging risk was identified, this was escalated to the Monthly Operational Review Meeting which was/is attended by the compliance team, supplier and Home Office Commercial.
25. Details of penalties imposed for poor performance for April – August 17 were set out in monthly Performance Management Reports. I assume that these have been made available to the Inquiry by G4S, but would of course be happy to provide them if that is not the case. Performance relating to staffing levels were revised in early 2018, following a review to the number of operational staffing hours G4S should have been providing following the uplift in capacity in March 2017.
26. The KPIs relating to detained persons welfare were Schedule G ii) (failure to provide available services) which covered regime availability, cleanliness and maintenance of the facility and communication. Ad hoc checks were carried out on regime availability, usually triggered by information received from one of the information sources referred to above to establish whether there was a service failure with issues recorded on the issues log and where these constituted a performance failure, added to the mitigation log. Other performance indicators relevant to welfare are set out in Schedule G iii) (untoward events) and include failure to admit (i) and release (j) which related to the processing time for both of

Witness Name: Michelle Smith
Statement No: 1
Exhibits: None

these procedures to ensure delays (potentially detrimental to the welfare of the detained person) were identified and rectified. The staffing KPI (o) required there to be sufficient staff levels which were set out in a table in the contract. These levels were actively monitored each month with the view that if there were sufficient staffing levels as set out in the contract then G4S would have sufficient staff to deliver the services as specified.

27. I was not required to report on the overall welfare of the detained persons at Brook House or their quality of life outside the above processes.

Adults at Risk policy and the Rule 35 process

28. I did not have a direct role in relation to applying the AAR policy. Responsibility for applying aspects of the policy sat with my team. I was responsible for ensuring that these were met. As regards the Adults at Risk policy, I believe the policy did provide adequate protection to vulnerable people. It provided a clear system for monitoring those identified as an Adult at Risk and for bringing together partners to take a multidiscipline approach to reviewing those identified as at risk.

29. During a review of the AAR DSO in March 2017, which I undertook in conjunction with G4S and G4S Health, I escalated concerns relating to AAR level 1 covering those who self-declare that they are an AAR. There were quite a number of these and according to the policy each required a care plan that needed to be reviewed, initially within 7 days and then a minimum of monthly thereafter. Both G4S and G4S Health highlighted the significant workload with this, especially as there was no system within the policy for closing an AAR should healthcare decide the person is not at risk. The second issue related to the content of the care plan and the reference elsewhere in the policy to this being the supported living plan. The G4S supported living plan was shared with service providers as per the recommendation in the Shaw review but G4S felt this wasn't suitable as a care plan and would need adapting in the absence of a Home Office issued template. There was also no requirement for the care plan to travel with a detained person if moving between centres – it was felt by G4S that there should be. The two issues identified were

raised with the Director of Detention and Detention Policy colleagues on 08 March 2017. I have provided the Inquiry with email chains which raise and which include discussion of the two issues [**HOM0331975**] [**HOM0331976**]

30. In terms of the outcome of these issues being raised, as far as I am aware, the first related to AAR level 1 and the large number of individuals who had self-declared AAR level 1, as there was no method for removing them from the AAR level 1 list when their self-declarations were not supported by the views of healthcare. The current DSO is unchanged in this respect, although it is under review at the moment. This is not something I am involved in. The second issue related to the requirement for a care plan and the reference to this also being a supported living plan in the DSO. It was felt that the G4S supported living plan would require updating in the absence of a Home Office Template. Since raising this a Home Office template has been piloted and is about to be rolled out along with updated DSO guidance.
31. I cannot comment the balance of risk against immigration factors as this sits with caseowners and is not within my remit or expertise. There was a duty for Home Office colleagues and G4S/healthcare staff within the detention setting to set out the risks that would render an individual particularly vulnerable if they remained in a detention setting. The multidisciplinary approach to this meant that this was a collective burden rather than the work resting on one individual. This is a necessary element of the process in order for caseowners to have the information required to make balanced decisions. The impact of this on staff at Brook House related to the time required to review those identified at AAR and the substantial number of cases that were categorised as AAR at Brook House. For example, on the 16 August 2017 the number of AARs at Brook House was recorded at 111.
32. I am also unable to comment on the detention thresholds for Home Office caseworkers, as this is a matter for caseworkers themselves, and not something with which I had any direct involvement.

33. As set out above (at paragraph 29), I reviewed the implementation of the AAR DSO at Brook House on 03 March 2017 in conjunction with G4S and G4S Health. I identified the following failings.
- a. G4S had not got a handle on the adults at risk within their population – there was no register of AAR cases.
 - b. G4S had not carried out a review of the existing population since the introduction of the new policy to identify existing AAR cases and ensure these were recorded and managed as such by agencies on site and the Home Office.
 - c. AAR, as defined by the policy, had not been identified as such and were not all on care plans.
 - d. There was no system in place to review care plans in line with the policy (initial 7 days and agreed frequency thereafter).
 - e. The risk assessment carried out on arrival did not consider AAR factors effectively.
 - f. Risks that were identified were recorded on the IS91 part C but this was not clearly labelled as an AAR referral and was therefore not identified/easily identified as such by DEPMU.
 - g. The form IS91 part C was not being sent to the case owner as well as to DEPMU as per the DSO.
 - h. Cases were not being flagged by case owners as AAR in line with the policy e.g. if a person applied for R35, they were declaring themselves as an AAR, even if this was not backed up by evidence from Healthcare and therefore they should have been flagged as AAR level 1 on CID. This was not happening.
 - i. Cases had arrived at Brook House that met the AAR criteria but had not been recorded as such on the movement order, nor had there been a safer detention referral – G4S were compiling a list so that this could be unpicked to determine

where the issues were. There had also not been a pre-planning discussion for these cases.

- j. Absence of awareness/system in place for AAR multiagency meetings concerning removal or release, to include the case owner. The policy didn't define the lead for this but we agreed that this should fall to the Home Office onsite to co-ordinate. The policy only stated this should be considered but I would have expected this to happen for all level 1 and level 2 cases.

34. These were escalated to Director of Detention and resolution taken forward with the various partners. We would have agreed what changes would be sufficient to address the issues. The policy improvements were made during April and May 2017. They were:

- a. The AAR register was introduced in May 2017, compiled by G4S in conjunction with the Home Office team. It lists all those in the centre at the time who are AAR.
- b. G4S were to review their policy and the introduction of SLPs (Supported Living Plans) would include the AAR levels. This took place from April 2017. It was agreed that these would also be included on the care plan they follow for vulnerable adults and those on ACDTS.
- c. The AAR DSO and local policy would be included on the Initial Training Courses and there would be a staff training roll out of this DSO.
- d. Part C risk reporting processes (the documenting process of risks for the individual as set out in the DSO) between healthcare and case owners would be monitored to ensure comprehensive reporting.

35. I do recall a follow up meeting sometime in May, though I cannot recall when that was. The team in general would have kept an eye on everything to ensure they were being followed up.

36. I was not directly involved in the Rule 35 process; however, there were no issues brought to my attention in this regard by either my team or G4S Health.

Detainee Forum Meetings

37. Detainee consultative meetings took place routinely during the relevant period. They took place in the visits hall and were attended by: detained persons, the Home Office, and G4S. During the meetings for this period the following things were discussed: i) concerns about length of detention, ii) frustrations about the Home Office not facilitating voluntary return quickly enough, and iii) (a few) complaints about sharing rooms where there are three people in a room. In my opinion these meetings were not as effective as they could have been as they were poorly attended by detained persons. Both the timing (mornings) and location (away from the wings) affected attendance, as detained persons were often not up at 10am, or found that the timing clashed with other activities (e.g. education). I understand that at the relevant time G4S were actively trying to improve attendance and look at different ways to engage detained persons and obtain their views.

Complaints

38. In relation to the complaints process for detained persons: an individual wishing to make a complaint needs to complete a form DCF9 and place this in the complaints box on their wing. These boxes are emptied each day by the Home Office team on site. Complaints are forwarded by the Home Office on site team to the appropriate team (usually G4S or G4S Health) for processing. Complaints usually require a response within 20 working days; although complaints relating to serious misconduct are referred to the professional standards unit (PSU) and have a longer time limit for a response of 12 weeks. Responses produced by G4S are dip sampled to assess quality on a monthly basis by the Higher Executive Officer in the onsite Home Office team. Other people (not detained persons) who wish to make a complaint should follow the IE making a complaint guidance which requires them to send a complaint by email or provides an address for written complaints to be

sent to. The response times for complaints are the same as those set out for complaints submitted by people who are detained.

39. In relation to internal investigations carried out by G4S: there was a policy document – Gatwick IRCs Requests and Complaints Policy – the investigation process is set out within this and this aligns with my understanding of this process. A version of this document is available to the Inquiry as CJS000700 - G4S Gatwick IRC's Requests and Complaints Policy written September 2008 but reviewed August 2016.
40. Investigations carried out by PSU: the PSU allocate an officer to investigate the complaint. This officer conducts interviews with all parties involved in the complaint and reviews all evidence available including CCTV and Body Worn Camera footage. Upon completion of the gathering evidence aspect of their investigation, they create a report and a response is sent to the person who raised the complaint. The report is shared with the Home Office and the Supplier (if relating to their staff). The report will contain recommendations that should be considered, accepted or rejected and those accepted implemented.
41. I did not have a direct role in dealing with complaints. My team were responsible for collecting any complaints from the wings and sending them to the correct department for processing. If a complaint related to a member of the Home Office team on site that required investigation either directly or by PSU, either myself or one of my team would undertake the investigation or commission PSU to do this, if the allegation would (if substantiated) amount to serious misconduct.
42. I did make one referral to the PSU during this period, relating to an allegation of sexual assault by one detained person upon another. I was looking to establish whether all steps had been taken by G4S to safeguard the complainant. However the PSU declined the referral as they were of the view that the complaint was in relation to a detained person upon detained person assault and not linked to the actions of staff or contractors (therefore outside of their remit). I have not been involved in an investigation either conducted by G4S or PSU.

43. The complaints process has a few weaknesses in my view. The need to provide a formal 'written' complaint which can be difficult when English isn't your first language (even if it remains possible to submit forms in other languages) and I believe creates a barrier for the individual submitting the complaint which could result in them not bothering. The lack of process at that time for recording and tracking any informal complaint was also concerning as most individuals in detention are likely to raise an informal complaint rather than formalise it; however the nature of such complaints may require investigation either by G4S or PSU. Lastly, I think the perception that complaints are submitted to the Home Office and if relating to supplier are referred to them for investigation deters people from raising complaints due to potential repercussions or lack of credible investigation. I reflected on the barrier caused by the formal complaints process that necessitates a written complaint after the Panorama broadcast. I didn't raise this with anyone as these reflections were shared during discussions at this time (there were many conversations after the Panorama broadcast, so I couldn't say exactly when or who with). The result was that I included a new requirement in the Service Description for the Gatwick IRC procurement: "Operate an informal complaints procedure that ensures that all informal complaints are identified, recorded and addressed" to ensure that concerns with informal complaints processing were addressed. These formed part of the contract that was signed in February 2020.

44. Healthcare complaints, placed in the wing complaints boxes collected by the Home Office on site team, are passed directly to healthcare for their investigation. There is also an NHS England complaints process where I believe complaints can be made by phone as well as in writing by post or email. I recall that processing times are different for these complaints, but I do not know what these are. I have no role in dealing with Healthcare complaints.

Contact with detained persons

45. I do not recall having contact with detained persons during the specified period. I had contact with detained persons on an infrequent ad hoc basis, when in the centre, outside of this period. These interactions took place whilst going about other

Witness Name: Michelle Smith
Statement No: 1
Exhibits: None

business usually when hosting visits for external parties or government officials or when in the centre to review works completed. I was always polite, friendly, and engaging. I didn't experience any barriers to this engagement.

Culture

46. The culture in relation to detained persons was, in my opinion, positive; albeit I didn't spend time in the centre routinely so didn't have an opportunity to witness this first-hand. My comment is based on the views of my team, IMB, HMIP etc as expressed to me around the relevant time period.

47. As far as I was aware staff morale was ok prior to and during the specified period; however, I do recall a specific issue around the time. Staff being redeployed from Tinsley House which was shut for refurbishment did not wish to be deployed in Brook House. There were a number of reasons for this – Brook House was busier, staff were unfamiliar with its procedures, there was a perception that behaviours exhibited by detained persons were worse at Brook House, and some staff lacked confidence in their ability to handle this. My recollection is that G4S engaged in a supportive manner with these staff, and assured us that it was being managed. **HOM0331979**

48. I had no cause for concern regarding attitudes towards detained persons during the specified period. Due to my limited contact with detained persons this is mainly based on the views of others rather than first hand observations.

49. I had no concerns about the values or culture of G4S or Home Office staff in relation to the general protection of those detained at Brook House, the management of staff, or the protection of especially vulnerable people.

50. I felt that the management and leadership culture at Brook House was firm but fair. There was a significant amount of experience in the Senior Management Team and that came through in their management of the centre. The priorities at the time at Brook House were about managing large numbers of people, with capacity recently increased by 60 people, with high throughput, safely. There had also been a series

of escape attempts across the IRC estate over previous months, the latest was on 21 August 2017 where three individuals attempted to escape from Brook House. During 2016 there were two escapes for an IRC (one at Heathrow and one at Brook House), an abscond from escort (October 2016), escape equipment found at Brook House in November 2016 and three other escape attempts from other IRCs. The penalty for an escape is set out in the Gatwick IRC contract and is £30,000. This together with the negative media attention and potential reputational damage of an escape meant that there was focus on security. There was also a significant role in the refit of Tinsley House and the retender of the contract for both the Gatwick IRC facilities; both taking up quite a lot of time.

51. I have no knowledge of any information concerns raised or any whistleblowing concerns raised. I did not experience, nor was I aware of any racist attitudes or behaviours. I wasn't aware of any homophobic or misogynistic attitudes or behaviours. I wasn't aware of any drugs being brought into the centre by staff for use by detained person. I did not experience bullying by other staff related to Brook House. I had no concerns about G4S or Home Office staff being bullied, and I did not have to deal with a staff complaint regarding bullying.

Oversight, monitoring and outside involvement

52. In respect of the specific recommendations I have been asked to comment upon, please see the table below outlining the recommendation, acceptance or rejections and whether this has been implemented. Tinsley House care suite opened in June 2017. I do not have a record of care suite usage.
53. Our records for third party recommendations do not record the date that a change was implemented. They record the state of implementation at a certain review point. The implementation of the recommendations was reviewed in January 2019 by a separate team in Detention and Escorting Services. HMIP inspected Brook House in May 2019 and the new recommendations replaced the recommendations from the previous report and as such tracking of the recommendations in the table below, unless these were repeated in the 2019 report ceased.

| Recommendation Number | Recommendation Details | Accepted/ Rejected | Implemented? | Updates |
|-----------------------|--|--|--------------|---|
| 5.1 | The reasons for the increasing length of detention should be analysed and appropriate remedial action taken. All casework should be progressed promptly and, if that is impossible, the detainee should be released. | Partially Accepted | Yes | This was owned by another part of the HO so I am unable to comment on why this was partially accepted or when it was implemented. |
| 5.12 | A care suite for detainees at risk of self-harm should be established. | Rejected - This was rejected due to the building design constraints at Brook House. However, a Care Suite was built at Tinsley House to provide this facility for any BH residents deemed suitable for a move to TH. | No | This was rejected due to the building design constraints at Brook House. However, a Care Suite was built at Tinsley House to provide this facility for any BH residents deemed suitable for a move to TH. |
| 5.13 | All staff should have effective training in the adults at risk guidance. There should be effective multidisciplinary oversight of detainees in this group. Their vulnerability should be | Accepted | Yes | This was reviewed on 23/01/19 and deemed to be complete, due to AAR training on the ITCs, toolbox talks and refresher training. A Gatwick weekly AAR meeting was being held with DET, |

Witness Name: Michelle Smith
Statement No: 1
Exhibits: None

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| | monitored carefully and developments communicated promptly to Home Office case workers. | | | Compliance, Healthcare and Safer Community input. (This has expanded now to include Wing staff and Caseworkers). |
| 5.18 | All use of force should be necessary, proportionate and competently applied | Accepted | Yes | <p>This was reviewed on 23/01/19 and deemed to be complete, with the following notes made</p> <ul style="list-style-type: none"> • Use of Force (UoF) minutes were provided by the supplier as well as trend monitoring data. • The centre also has a UoF overview which logs details such as: detainee, incident date and type, whether the UoF was planned or spontaneous, the availability of body worn camera or CCTV footage and what actions have been taken by the Home Office or supplier. • Reviews of incidents will take place within 24 hours and any issues that are highlighted will be disseminated to staff and managers as required. |

Witness Name: Michelle Smith
 Statement No: 1
 Exhibits: None

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| | | | | <ul style="list-style-type: none"> A training package specifically aimed at managers was delivered by the in-house C&R team to increase managers understanding of the review process. |
| 5.19 (Partly repeated as S42) | All detainees should have a private reception interview and experience robust first night and induction procedures, irrespective of their initial location, to help reduce anxiety and prepare for their time in the centre. | Accepted | Partially implemented | <p>There is a private room in the reception area that can be used, but it is not often utilised. There is a question on Serco's CMS system prompting officers to ask if a resident wants to go to a private room. Officers often use the private search room to ask more personal questions, but there is no interpreter facility in that room. This part of the recommendation remains open as all residents cannot have a private interview, due to the reception layout.</p> <p>Improvements were made to the induction process after the 2016 inspection (dates for implementation are not available), with videos and a standardised process introduced. However, there were some ongoing concerns with consistency across all wings (when a person did not arrive onto the Induction Wing for example), so</p> |

Witness Name: Michelle Smith
 Statement No: 1
 Exhibits: None

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| | | | | the recommendation was not deemed complete. |
| 5.20 | The management of perpetrators of violence and bullying should include monitoring and challenge of poor behaviour. | Accepted | Yes | <p>This was reviewed on 23/01/19 and deemed to be complete, with the following notes made:</p> <ul style="list-style-type: none"> • The supplier has implemented a new policy which is “Monitor, Challenge and Support”. Any incidents in which violence or bullying is a factor will be investigated to establish the circumstances and any underlying issues and the perpetrators and victims will be interviewed. • The supplier’s Violence Reduction Strategy and Anti Bullying Strategy were viewed by the DESAAT. • The supplier has also engaged with the Home Office and other service providers in respect of how best to manage challenging behaviour within the IRC estate. |

Witness Name: Michelle Smith
 Statement No: 1
 Exhibits: None

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| | | | | <ul style="list-style-type: none"> • Morning briefings and Tool Box talks have also been conducted to ensure staff have a greater understanding of the policy. |
| 5.21 | The constant supervision cells should be refurbished and cleaned to provide a more suitable environment for detainees in crisis. | Accepted | Yes | <p>This was reviewed on 12/01/18 and deemed to be complete, with the following notes made:</p> <ul style="list-style-type: none"> • Refurb work is still ongoing and approximately one cell a day is being painted. • Daily cleaning carried out by unit cleaner, although currently recruiting a new cleaner and this is ongoing. • Wing diary logs cleans although deep cleans only conducted in extreme circumstances. |
| 5.22 (Repeated as 1.55) | All security procedures should be proportionate to a detainee population and based on individual risk assessments. | Partially Accepted | Partially implemented | This recommendation was primarily linked to justifications for cuffing and strip searching. HMIP found it had improved between 2016 and 2019, there was still a proportionally high level of both at Brook |

Witness Name: Michelle Smith
 Statement No: 1
 Exhibits: None

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| | | | | House. Further work to monitor progress is required. |
| 5.23 (Repeated as S46) | Detainees should not be locked in cells and should be allowed free movement around the centre until later in the evening. | Rejected | Partially implemented | <p>This recommendation was rejected in the 2016 report, but was accepted following the HMIP inspection in 2019.</p> <p>The report recommended free movement around the centres before 08:00 and after 21:00pm.</p> <p>Unlocking hours were changed in the new contract to 07:00 – 22:00, meaning residents were allowed out of their rooms for longer periods. However, they are unable to access the courtyards or leave the wing until 09:00 and must be back on the wing at 21:00. This does not meet the requirements specified by HMIP. Serco have no plans to change this (as this meets the contract). As such, the recommendation is deemed to be only partially met.</p> |
| 5.24 | The rewards scheme should not be punitive or based on sanctions. | Rejected - Rejected with the following statement - Paid work opportunities | No | Rejected with the following statement - Paid work opportunities may be provided under Rule 17 of the Detention Centre Rules. Detention Services Order 1/2013 |

Witness Name: Michelle Smith
 Statement No: 1
 Exhibits: None

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| | | may be provided under Rule 17 of the Detention Centre Rules. Detention Services Order 1/2013 sets out that the provision of opportunities should be directly linked to a level of compliance with the service provider and Home Office. | | sets out that the provision of opportunities should be directly linked to a level of compliance with the service provider and Home Office. |
| 5.25 | Detainees in the separation unit should be held in clean and fully furnished cells, and they should be able to access a full regime. | Accepted | Yes | <p>This was reviewed on 23/01/19 and deemed to be complete, with the following notes made:</p> <ul style="list-style-type: none"> • The rooms within the CSU have been recently decorated and at the time of the review it was noted that they were clean. • Detainees within the unit are subject to a risk assessment before access to the regime is authorised by the duty director. |

Witness Name: Michelle Smith
 Statement No: 1
 Exhibits: None

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| | | | | <ul style="list-style-type: none"> Staff within the CSU were knowledgeable about the processes within the CSU and the facilities available to detainees. |
| 5.27 | Each detainee should be asked about their welfare by their allocated care officer at least once a month and more frequently in the early stages, and the conversation should be recorded together with any actions arising from it | Accepted | Yes | <p>This was reviewed on 23/01/19 and deemed to be complete, with the following notes made:</p> <ul style="list-style-type: none"> All detainees are spoken with by an officer upon arrival and then at the one-week point, again after 2 weeks and then monthly thereafter. All conversations are recorded and are held within the Detainee Transferable Document folder. All future conversations are diarised in the wing review diary, and a 5% dip sample is conducted by Detainee Custody Managers. |
| 5.44 | All detainees should be able to access the welfare service when required. Interviews should be confidential and not interrupted by other detainees | Accepted | Yes | <p>This was reviewed on 23/01/19 and deemed to be complete, with the following notes made:</p> |

Witness Name: Michelle Smith
 Statement No: 1
 Exhibits: None

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| | | | | <ul style="list-style-type: none"> • The welfare surgery appeared a popular resource, although detainees did not mention excessive waiting times for the service. • The relocation of the room has prevented interruption by other detainees. |
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Witness Name: Michelle Smith
 Statement No: 1
 Exhibits: None

54. I have not personally received complaints relating to victimisation from detained persons. Any complaints made through the formal complaints process would have been collected by my team and passed to the appropriate organisation to respond to.

55. The role and involvement of described bodies at Brook House is as follows:

- a. The Independent Monitoring Board (IMB) monitor the day-to-day life in the removal centre and ensure the proper standards of care and decency are maintained. They visited the centre once a week for a rostered visit. Other visits did take place, for example to attend meetings. They were visible in the centre during visits and produced a weekly report summarising their visit and highlighting any issues. I talked regularly with the IMB chair, on an informal basis and often with members of the team on visits to our office. As these conversations were informal, there are no records of these meetings. I am unable now to recall the topics of discussion or if there were any concerns raised. If the chair had a particular concern this would have been a matter of record at the monthly IMB meetings where these would have been discussed with all relevant parties.
- b. Gatwick Detainee Welfare Group offer friendship and support by phone and through face-to-face visits. They also provide mobile phone top ups, extra clothing and information about other organisations that could help detained persons. They visited the centre weekly, holding surgeries. Regular weekly visits with those detained who have asked for them. I met with the Gatwick Detainee Welfare Group infrequently. My records show that I didn't meet with them in 2017. I had a meeting with them in January 2018.
- c. Medical Justice offer medical help to those in detention. They document physical signs of torture to assist asylum claims and challenge mistreatment. I am aware of them visiting to meet with detained persons on an ad hoc basis. I didn't have any communications with them.
- d. Bail for Immigration Detainee (BID)'s role is to challenge immigration detention in the UK, providing legal advice for those detained to help them

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Witness Name: Michelle Smith
Statement No: 1
Exhibits: None

secure their release. BID visit the IRC weekly to conduct surgeries. They meet with those wanting advice on an individual basis. I didn't have any communications with them.

- e. In terms of other organisations, I am aware that the Samaritans provide a contact point if a person needs someone to talk to and/or is struggling to cope. They provided an end of phone service. I didn't have any communications with them.

56. I have been asked to confirm whether my engagement with the NGOs described above led me to question the care that detained persons were receiving, either in specific cases or generally. As set out in paragraphs 55(b)-53(d) above, I did not have any engagement with the relevant NGOs during the period in question.

Training

57. On taking up the role as Service Delivery Manager in November 2014, I recall that I completed the onsite training relating to the facility which included security, fire safety and health and safety. I did not receive any job specific training, but the role was newly formed, and I didn't expect to. I arranged to shadow the controller at HMIP Thameside in December 2014 who had responsibility for contract oversight there. I also completed personal safety training.

58. There was limited training for this new role, so it could be said that the training I received didn't adequately prepare me for the specific role (in that there was no specific training on contract management, or training about the oversight arrangements with different organisations like the IMB or HMIP); however, I wouldn't expect that as a new role. I had previous experience in contract management. I expected to be developing the remit of the role upon taking up the position. I do not recall being offered any refresher training courses.

Relationship with G4S staff

59. I had no working relationship with DCOs or DCMs. I worked collaboratively with all members of the G4S SMT in their varying capacities. The majority of my dealings were with Ben Saunders (Director), Steve Skitt (Deputy Director) and Sarah Newland (Head of Tinsley House). I was always particularly impressed with Sarah Newland and Ben Saunders who were both very competent and, in my view, effective. They addressed issues that arose at pace and I had always observed them managing the centres in a firm but fair manner. Steve Skitt was always responsive to requests that I made and I would describe him as a safe pair of hands.

Staffing levels

60. During the period of April to June 2017 the staffing levels at Brook House were supplemented by staff redeployed from Tinsley House which was closed for refurbishment. Below I set out information about staffing levels, drawn from the Performance Measures set out in the contract

61. Brook House was operating below the staffing levels agreed as part of the staffing uplift for the additional 60 beds in January 2017. The staffing levels were:

| | Days when the new staffing levels (minimum number of operational hours) fell below 95% | Percentage of days in the month this represents | Performance Measure points (applied under the contract as was vs points that would have been awarded after the staffing uplift and contract change) |
|------|--|---|---|
| May | 5 | 82.54 | 0 vs 600 |
| June | 22 | 79.18 | 300 vs 4275 |
| July | 24 | 77.63 | 600 vs 5400 |

Witness Name: Michelle Smith
Statement No: 1
Exhibits: None

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| August | 29 | 73.54 | 375 vs 8350 |
|--------|----|-------|-------------|

62. During the period in question, there was an increase in the number of funded DCOs at Brook House, i.e. the staffing uplift. The number of DCOs was converted into operational DCO hours and this was what was measured each month. The contractual Performance Measure – which was the number of required operational DCO hours – was not increased immediately in line with the increase in funded DCOs. This meant that the Performance Measure applied was lower than it should have been, and thus was routinely achieved. The late application of the contract change masked the issue. The far left hand column of the above table shows the number of performance points actually applied in line with the contract at the time versus what the calculation of points would have been had the new operational hours already been agreed and the contract changed following the staffing uplift.

63. This table shows old vs new PMs. The reason for this is that the new staffing levels (the contractual minimum number of operational hours) had not been agreed between G4S and the Home Office and therefore performance reporting was against the PMs level that predated the uplift. The new reporting levels were only formalised after August 2017. Performance Measures were then applied retrospectively. During this period G4S ran ongoing recruitment with back-to-back initial training courses to onboard staff.

64. The following areas were of concern to the Home Office team on site:

- a. Visits Corridor – Regularly raised by Home Office interviewing officers to the managers of the Home Office onsite team, low staffing and no patrolling officers, very little DCM presence.
- b. CSU – Regularly no officer present when detained person located in R40.
- c. Reception – Some days appears understaffed to deal with amount of receptions

- d. Night State – One officer covering two wings (identified when both wings doors are open when collecting complaints at 7am).
65. As performance reporting was against the old PMs there was no transparency as to the scale of the shortfall in staffing. Staffing was discussed in general at the monthly review meeting in the context of recruiting staff, the redeployment of the Tinsley House staff and their plans but low staffing levels were not discussed as these weren't identified as an issue. Failings in relation to particular services were also discussed – at the time these related to resourcing in the visits area and for charter flight operations. Monthly performance reporting on staffing levels showed these as healthy. The IRC staffing report scrutinised during the Assurance and Co-ordination Meetings (24th April 2017 and 12th June 2017) show that staffing levels were healthy. The information considered during the meeting on the 24th April 2017 referred to staffing levels in February 2017 – this shows 9 vacancies at DCO level at Brook House out of 132 complement and 3 leavers during that month. Neither of these were cause for concern as vacancies represent only 6% of the staffing complement . The number of leavers was only 2% and minimum staffing requirements were still being met.
66. Staffing levels in relation to staffing in the visits area were raised with me by the staff in my team at various times during the period. Staffing levels more widely were not, because the minimum staffing requirements were being met and I wasn't aware of there being an issue.
67. Our records show that the agreed regime (i.e. activities, education, visits etc) was being provided in line with the contract at the relevant time.
68. I did not have any direct knowledge or experience of staffing shortages at the time. I don't have the knowledge to comment on the staffing model of the healthcare team and whether this was sufficient to deliver the services. I do not know what the staffing levels of the activities team were at that time or whether there were shortages in those areas. I can confirm that the regime was being provided in line with the contract.

Use of Force

69. I didn't witness any use of force during this period. G4S was required to report instances of Use of Force to the on-site immigration team. These were not notified to me. I am not aware of any review of Use of Force and any learning from such reviews. I did not have any concerns about any incidents involving Use of Force during this period.
70. I believe that use of control and restraint techniques are a good method to control behaviour, when applied with a proportionate approach. In my opinion Use of Force was not used excessively at Brook House.
71. I am not an expert in control and restraint. I am aware of Minimising and Managing Physical Restraint (MMPR) and Home Office Manual for Escorting Safely (HOMES) as alternatives, but these were not applied at Brook House. MMPR is specific to children and HOMES is the Manual for Escorting Safety. Neither of these are appropriate for Brook House. I have limited knowledge of these and therefore am not able to comment on whether there would be any benefit in using these techniques if they were available.

Detained persons as time served foreign national offenders (TSFNOs)

72. Whilst foreign national offenders have served a sentence, their offences vary in their nature and it would be wrong to assume that all demonstrate behaviours that would have an impact on other people in a detained population. The other people in a detained population would usually fall into two categories – overstayer or asylum seeker. It is worth noting that an asylum seeker or overstayer may also have a criminal background, either prior to entering the UK or having carried out criminal acts/served a sentence in the UK. Also, many asylum seekers in detention have had their asylum applications refused due to lack of grounds, and therefore often have limited incentive to co-operate. All these things considered, I am of the opinion that as a general rule, co-locating TSFNOs with other detained persons does not cause

any particular difficulties in managing the welfare and/or behaviour of detained persons. There are people detained in all categories who demonstrate behaviours that are difficult to manage and likewise who are vulnerable.

Abuse of detained persons

73. I did not have any specific concerns about the abuse of detained persons at Brook House by staff.

74. In relation to abuse of detained persons by other detained persons, there was one issue that came to light during the specified period relating to a solicitor's letter dated 19 June 2017 which referred to (undated) incidents of sexual abuse that a detained person (**D1486**) claimed he had suffered whilst he had been detained. This detained person lodged a complaint regarding sexual abuse (by another detained person) with the police.

75. There is also a Serious Incident Report submitted 22 June 2017 referencing claims of bullying and sexual harassment by another detained person, **D1956**. The alleged victim (**D1486**) was detained at Brook House on 30 March 2017. He was released having been given temporary admission on 24 June 2017. I referred this to PSU requesting that an investigation was carried out regarding G4S to assure that all appropriate safeguarding measures were in place. PSU were unable to accept the referral as the case did not relate to staff conduct. I am unable to recall at this stage what, if any, further steps were taken. I did not have any wider cause for concern regarding abuse of detained persons at Brook House by another detained person.

The Panorama programme

76. I did not work with Callum Tulley. I do not appear in the programme.

77. I think the programme had a significant impact on staff morale as the programme portrayed the unacceptable abusive actions of a few people but in my experience this wasn't reflective of the behaviour and conduct of the majority of staff at Brook House who engaged with detained persons appropriately with care, empathy and

compassion. The need to respond to questions or be the subject of opinion by family and friends, the multiple reviews that have been undertaken and the subsequent Public Inquiry has meant that four years on, the burden of the programme continues to be felt by staff working in the centre even though those found to have committed the abuse no longer work there.

78. I was on annual leave at the time the Panorama programme aired (from 28 August 2017 until 12 September 2017). I do not have any first-hand knowledge of the immediate impact of the programme on detained persons.

79. There was an action plan developed by Brook House in reaction to the programme. I believe this was effective. It was shared with the wider estate and has been incorporated into the contract requirements for subsequent immigration removal centre contracts. I have provided the Inquiry with a copy of this action plan [Doc

HOM0331977

Specific Individuals

80. I can confirm that I did not work or have any interaction with the following people to the best of my knowledge (I wouldn't recognise them):

- a. Nathan Ring
- b. Steve Webb
- c. Chris Donnelly
- d. Calvin Saunders
- e. Derek Murphy
- f. John Connolly
- g. Dave Webb
- h. Clayton Fraser

- i. Charles Frances
- j. Aaron Stokes
- k. Mark Earl
- l. Slim Bassoud
- m. Sean Sayers
- n. Ryan Bromley
- o. Daniel Small
- p. Yan Paschali
- q. Daniel Lake
- r. Babatunde Fagbo
- s. Shane Munro/Munroe
- t. Nurse Jo Buss

81. I did not witness any derogatory, offensive or insensitive remarks being made by them (or any other persons). I did not witness any incidents of them verbally abusing detained persons nor was I told about this happening. I did not witness any incidents of them physically abusing or assaulting detained persons nor was I told about them having done so.

Suggestions for improvements

82. Any changes/improvements that I felt were necessary, I included in the service specification for the Gatwick IRC contract that commenced in May 2021, which I have provided to the Inquiry [HOM0331978] I do not have any further suggestions.

Witness Name: Michelle Smith
Statement No: 1
Exhibits: None

83. I am asked to provide my views on whether G4S prioritised the cost of care of detained persons. There was an element of focusing on things where a financial penalty was incurred, and this was reported on by the Centre Director internally in G4S. That said, it was not my recollection that this was the only focus. I always felt that there was a keen interest in delivering a good service and pride in good service delivery. Staff were particularly proud of the HMIP inspection outcome in 2016 and this was celebrated. This was also my experience of being present in the centre.

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| <u>Statement of Truth</u> | |
| <p>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.</p> <p>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.</p> | |
| Name | Michelle Smith |
| Signature | <div style="border: 1px dashed black; padding: 10px; display: inline-block;"> Signature </div> |
| Date | 3 rd November 2021 |