

Confidential

Independent Investigation into Brook House

Wednesday, 7 February 2018

**Interview with
Mr Hafeez Akhtar
Detainee Custody Manager**

This transcript has been prepared from a recording taken during the interview. Whilst it will not be attached in full to the final report, extracts from it may be included in the report. It forms part of the evidence to the Investigation and as such, will be relied on during the writing of the report and its conclusions. When you receive the transcript, please read it through, add or amend it as necessary, then sign it to signify you agree to its accuracy and return it to Verita. If the signed and agreed transcript is not returned within two weeks, we will assume that you accept its contents as accurate.

Independent Investigation into Brook House

Wednesday, 7 February 2018

Interview with
Mr Hafeez Akhtar
Detainee Custody Manager

Investigators: Mr Ed Marsden (Verita)
Ms Kate Lampard (Verita)

1. **Mr Marsden:** This is an interview with Hafeez Akhtar who is a DCM at Brook House and it's part of the independent investigation. It is 7 February 2018.
[Introductions]
2. **Ms Lampard:** Thank you. Okay, easy ones first, Hafeez. How long have you worked here?
3. **A.** Seven years now.
4. **Q.** What is your current role and job description?
5. **A.** Currently I am a Detainee Custody Manager. I'm an Oscar 2, so I usually work in the Reception area.
6. **Q.** Is the Oscar 2 role confined to the Reception mostly?
7. **A.** Mostly it is, but depending on the requirements of the day, we can work in the residential units and wherever you're needed, really.
8. **Q.** What percentage of your time at the moment do you get to actually manage Reception, and I think induction, is that part of your role?
9. **A.** No, not anymore. Induction used to be Oscar 2 but they've moved it to a stage where I think they have a separate Induction Manager now, so they separated that.
10. **Q.** Right, okay. That's Stewart Povey, is it?
11. **A.** It's Stewart Povey at the moment, yes.
12. **Q.** Okay and sorry, you were going to tell me how often you felt you were being pulled away from your –
13. **A.** Not very often. It depends on how many DCMs are in on any given day, so for example for the wings, the DCMs are very rarely called to a wing unless there was an emergency, they needed extra assistance and then you would go.
14. **Q.** Okay. Tell me about the other roles before you became the DCM. When did you become a DCM?
15. **A.** It was quite recently. I believe it was October I was made up temporarily and then I had to reapply for the job. I was made permanent as of the New Year.
16. **Q.** You are part of this new wave of DCMs?
17. **A.** Yes I am, yes.

18. Q. Yes. It was confirmed in January.
19. A. Yes. I have been in the role since October, then permanently I believe it was January.
20. Q. Have you had any specific training for the role as a DCM?
21. A. Before, when I was temporary I had a couple of days of shadowing another DCM who did my current role and then after that I was not left on my own as such, but then it was down to me to pick up whatever I could learn on the job.
22. Q. Do you have a place on this apprenticeship?
23. A. I have, yes.
24. **Mr Marsden:** Corndel.
25. **Ms Lampard:** Corndel - what does that consist of?
26. A. I actually haven't had my induction yet, because when the people came in to do the inductions my second baby was born so I was on paternity leave. I missed that but they have arranged for them to contact me again.
27. Q. Will it be done remotely or will it be done by some classroom stuff, do you know?
28. A. I haven't had my induction, but what I have heard is that they give time off during the working day, a couple of hours in the working day for us to do some work on that.
29. Q. Oh, good.
30. A. Until I have had the induction, I don't really know.
31. Q. Congratulations on your baby.
32. A. Thank you.
33. Q. Okay, so who is your line manager as the Oscar 2?
34. A. Mark Demian, he is the new Safer Custody Manager.
35. Q. Who was it before?
36. A. Before that it was James Begg.
37. Q. I understand.
38. **Mr Marsden:** Hafeez, where do you work as a DCM, all over?
39. A. Everywhere, yes. I actually began as an ACO in the Gatehouse visiting area and then eight months later I became a DCO and I've worked on the wings, in the residential units, I've worked in the Visits Department, in the Control and Security Department, which is no longer Control and Security because now the ACOs do the Control Room. It used to be three DCOs when I first became a DCO.
40. Q. In the Control Room?
41. A. In the Control Room because you would think they had to have knowledge of the floor as such and what happens, but then they changed it. It used to be three members of staff and then they changed it to two and now often they are left with one or two and they are ACOs now, not DCOs.

42. Q. Does that create issues?
 43. A. I think it does.
44. Q. Such as?
 45. A. Such as knowledge of the floor, the daily running of the wings, for example because they have never actually worked in those areas. Somebody who has worked in that area will have a better understanding of how everything works, so they would know what to look out for on the cameras and stuff like that.
46. Originally they said there would be one DCO and one ACO, but now it seems to be it's always the ACOs up in the Control Room. As managers as well it's difficult because you need to have experience people up in the Control Room because they're your eyes and ears - they do support you quite a lot.
47. Q. Are there any ACOs who were DCOs?
 48. A. Yes, there is one. It's not fair on him because he's put up there quite a lot because he used to be a DCO.
49. Q. Is that Stewart?
 50. A. That is Stewart and he's very good up there, I'll give him credit for that but at the same time it's not fair on him because he's always up there and he's under pressure as well and it's frustrating. It must be stressful for him as well.
51. Q. An ACO who has been a DCO will just have a better understanding of what's going on in the Centre and the likely flashpoints.
 52. A. Yes, it does show because Stewart is a good controller and I think it's reflected because of his time as a DCO on the floor. It's just the knowledge he has and the experience because he's been here for a while as well and then the ACOs that are coming in that are quite new, they are new to Brook House in general and then if they are asked to work up there, you can't really give them the training experience-wise, can you, kind of thing?
53. Q. It's sort of understanding the business.
 54. A. Yes, that's what it is, yes.
55. **Ms Lampard:** As a DCM in your current role, you have DCOs who work with you regularly, you have your own team of DCOs, have you?
 56. A. Yes, it's split into groups in Reception and then you have your weekends which are odds and evens, so you are more than likely working with the same DCOs more often than not.
57. Q. Okay, and you are responsible for their overall line management. Do you do their PDRs and such?
 58. A. As in line management, they assign you staff but they don't necessarily have to be in your department. I have two that are in my department at the moment and two that are not, so one's Res and one's an ACO and two are actually from Reception.
59. Q. Does that cause difficulties?
 60. A. It does. With the ones in Reception, the two I have are on my weekend, so more often than not I work with them. The other two, one is Res and the other one, the ACO is causing an issue because she's part-time and she's on

the other weekend, so I very rarely see her anyway. Yes, that's the only one that causes an issue.

61. Q. Do other DCMs have that difficulty in having people they are meant to line manage, who they very rarely see?
62. A. I think we all do. Yes, it's hard. I don't know how they came to that decision. I don't know whether it's you pick a name and you are assigned to a DCM or not. I'm not sure how they came to that.
63. Q. When you line manage them, you do their EDRs, do you have opportunities for sort of supervision, I suppose is what I would say, offline time to help them?
64. A. The day is so busy, they don't give you that time. You have to make that time and you have to fit it around your schedule, so like now you've caught me at a really busy time with ACDTs coming in, this and that. Then even after lunch I have another ACDT and I have a complaint to do, so it's like all the workload that you have, you have to try to give them the time.
65. Q. It's difficult.
66. A. It's so difficult, yes.
67. Q. I understand that. Are your managers supportive in that respect? Do they understand?
68. A. Mark Demian is new and I have only met him a handful of times. He's only just started so it's difficult to make a decision on how he is because he hasn't had the opportunity to prove himself.
69. Q. You are new in post but there is something, isn't there, about whether or not the DCMs are getting the leadership and the support that they need?
70. A. Yes, I do think the workload, is filtered, it stops, so they'll give you the workload, then it comes on the DCMs and then it kind of like stops there. It's like some of the stuff that they give you, you think 'Surely we are busy enough as it is doing what we need to do and then you're giving us complaint after complaint and investigation after investigation. Surely that could be done at senior management level'.
71. Q. There is a slight sense that they don't realise quite what is going on, on the floor.
72. A. There is a little bit, yes.
73. Q. The other thing that we're picking up is that the style of the senior management has been, I don't know what it's like now but you might tell me, has been quite sort of 'Do this. This is what needs doing', as opposed to facilitative discussions which are supportive 'How are we going to do this?', it's much more a case of coming and telling you to do things.
74. A. Pretty much, yes. I'll give you an example. I was on paternity leave recently, there were some complaints that needed to be done and the deadlines had passed - I was given the complaints once I returned. The deadlines had already lapsed and they were like 'Oh, we need this done. We need it done by this time', because the deadline had already gone.
75. Surely the sensible thing to do was look at who was on duty, who was actually going to be in at that time and give it to them because the deadline has passed and take them off their normal duties. If you want them to

conduct an investigation, take them off their normal duties, even half a day, give them a few hours to just solely concentrate on that.

76. Q. When things go wrong and people don't perform well, we've been hearing that there is a tendency to be quite heavy handed about that. There has been quite a sort of disciplinary culture. As opposed to saying to people 'Hang on, what went wrong? Was there another thing we don't understand?', things become very quickly escalated into disciplinaries with investigations.
77. A. Yes, that's my experience as well. Yes, that's how it is. Something happens, someone might put a report in and it turns into a disciplinary quite rapidly, rather than the report has gone in, pull the person to the side, discuss it with them. But usually, yes.
78. Q. That might also suggest that certainly that's a matter of style from above, but also it might suggest that some things become an issue because they haven't been managed earlier properly. Maybe DCMs haven't had the chance to pick someone else on behaviour that might escalate into a trouble. Do you think that that is the case? Do you think that DCMs aren't necessarily picking things up, aren't necessarily being able to talk to their own staff about things?
79. A. Yes, because how it is at the moment, there are not many DCMs so then they are left to manage so many staff and the staff don't have that continuity where they have the same DCM on every shift, or that same DCM is for example on C Wing on every single shift because it builds up the rapport with the staff and the detainees. If they have any issues, it is easier for them to go to that DCM because they know he's going to be here the next day, the next day and they are going to see him more often.
80. Q. Yes, so you are suggesting that in a sense the rapport that might make good management isn't allowed to happen because you don't have time, continuity and things then might turn into issues. The style is about straight in as opposed to 'Let's just talk about this quietly'.
81. A. Yes.
82. Q. Have you ever been the subject of a disciplinary or an investigation?
83. A. Not that I can think of recently. I'm trying to think now. No, I haven't.
84. Q. Okay, and if there is an HR issue, if you had not so much a concern about the behaviours of a particular person in the sense of doing their job but actually there were issues between two members of staff, for instance, an HR issue or you yourself had an HR issue and felt aggrieved about it, where would you go with that?
85. A. As in like if two staff didn't get on with one another? I would usually go to an SMT, that's what I would usually do. HR, I really don't know how they manage stuff like that, to be honest with you.
86. Q. Okay, and then staff who don't get along, what are the opportunities for them? I know that John Kench does the main rosters and things and I know also that DCMs can see the rotas in advance and do sometimes get things changed round.
87. A. Separate them, yes.
88. Q. Is that what you would do?
89. A. I have never been put in that position yet.

90. Q. What do you do when staff say to you 'I don't want to work with somebody' or 'Can I come in another day'? Do you sometimes help them by changing that around for them?
91. A. My thinking always behind this is, get to the reasons why this is happening in the first place and try to resolve it with the two staff members because at the end of the day, we all come here to do a job.
92. Q. Then if it's not a problem, but actually people just like working with another group of people, they are used to working with another group of people, does that happen quite a lot, that people say 'Could I just work with my mates'?
93. A. Usually because we are all separated into departments anyway, so like as in your Residential or Reception Department, you would be working with the same bunch of people. You would be running on the same lines at weekends and more often than not it falls into place anyway.
94. When people first start they become used to the departments and then the people they're working with but at the moment on the wings that's not happening because the turnover is high, new people are learning off new people and then they are not really getting support or training, because the person that is showing them the job is new to the job himself. That's what's causing this, it's a knock-on effect.
95. Then that's where it starts from that, 'Oh, I don't want to work on this wing, I want to go and work there', or 'I'm not getting along with this person', probably because that person is new as well and the issues that happen are because they don't really know the job. Then maybe they are not working off the same page because they are new and inexperienced. That's where it can start.
96. Q. Do you see that in people engineering that they don't work with certain people?
97. A. I have started to see that, yes, a bit more now that I am a DCM.
98. **Mr Marsden:** The DCOs in Reception, are they all people with experience?
99. A. No, there are some, there are not many and most of them are experienced. There are probably one or two that I know of that are fairly new and have just come off the last few ITCs. The majority of them have been here for a long time.
100. Q. I imagine Reception - you have to know the process, don't you?
101. A. Yes, you have to know, yes, it's ideal to. You can put new members of staff there but if you do put someone new in, you want to make sure that they are mentored with someone who is experienced for a couple of weeks, you don't just say 'Here you go, crack on', kind of thing.
102. **Ms Lampard:** I haven't actually got to the bottom of this, about cliques of people who are working together, who are not necessarily sticking by the rules in terms of who's rota'd with who, so DCMs perhaps favouring a particular group of people and letting them get away with working together which does form cliques. Do you think there are cliques here?
103. A. I think potentially there are in some departments, yes. I was quite new and I don't get involved in the detailing side of it at the moment at all, it's left to the more experienced DCMs who do the detail.

104. **Mr Marsden:** You wouldn't at the moment sort of say 'We'll swap those around'?
105. **A.** No, swap this or that. No, no-one ever comes to me, I think because they know I'm quite new still.
106. **Ms Lampard:** Who are the sort of DCMs who could get away with going to John and saying 'Right, we are going to do this, that and the other'?
107. **A.** The people I work with, I don't think any of them would because they're quite good, the people I work with. I don't know if it's on the other weekend they do it or not.
108. **Mr Marsden:** Would it be the Oscars who do that?
109. **A.** Usually the Oscars, yes who would but I don't know if they would see John Kench or if they are just doing it themselves. John Kench might not even be aware of it.
110. **Q.** The impression I had was that John did the detail but then there was a bit of fine-tuning by the DCMs and possibly by the Oscars in the run-up to the shift starting. The night before they might say 'Actually, I tell you what, we'll put this bloke -'
111. **A.** Yes, but you have to take into account that people go sick and stuff like that so they take some names off and put some on.
112. **Ms Lampard:** It may be a bit of a red herring but I just wanted to test that with you. The only other thing to talk about this culture of the place and whether there's favouritism and things, is there a hard core of officers and staff who party together, who are very friendly outside the Centre? Are you conscious of there being a sort of -?
113. **A.** I am, yes.
114. **Q.** Is it a laddish sort of thing?
115. **A.** I don't know, I've never been for nights out with anyone from work because one, I don't drink, I don't go to clubs.
116. **Mr Marsden:** And now with a baby.
117. **Ms Lampard:** Now with two babies!
118. **A.** Yes. I've always been like that. My private life is my private life and my work life. It's not that I don't like anyone. It's just how I am, I don't associate with anyone from work outside of work. It's my personal preference but they do discuss nights out and stuff like this, so there is like a group of people that have been there a while who would go out together, but then that's just them going out.
119. **Q.** Do you think it affects anything within the Centre?
120. **A.** I've never seen that. They might get along with each other better than other people and if there is a new person in the room when they discuss it, he might feel left a bit left out because he has not been out with them. I don't really feel like that because it doesn't really bother me. They talk about their nights out in front of me but I don't really care.
121. **Q.** It's blokes' nights out, isn't it?
122. **A.** Women go as well.
123. **Q.** Do they?

124. A. A few female officers go as well.
125. Mr Marsden: But you don't feel left out?
126. A. No, because I don't care, it doesn't really bother me at all, but then someone else could feel like 'Oh', someone new. It just depends on the individual, really.
127. Mr Lampard: Someone immature could possibly feel a bit left out.
128. A. Yes, they could potentially but it has just never bothered me.
129. Q. No. I understand why it wouldn't. Okay. The only other thing I wanted to ask you generally now was about your training and development. Are there things that you have identified for yourself that you think you really are going to need in your role as a DCM?
130. A. Yes. At the moment I'm Oscar 2 so stay in Reception but I'm trying to make an effort to learn the Oscar 1 role because I feel potentially, depending on sickness and stuff like that, I might be able to fill a hole. I am taking it upon myself to know what I need to do just so I know because I don't want to be tasked with something and then -
131. Mr Marsden: End up -
132. A. Yes, because I do think it could happen here because of the way it is.
133. Ms Lampard: The other thing that occurs to me that might be quite difficult to make the leap into is this business of managing your staff, in the sense that a lot of people have been your colleagues up until now and now you are their manager. Sometimes that leap of telling people what to do or telling them off, do you find that that is an issue that you would -?
134. A. At the moment I don't because I've been here quite a long time. I think I have been here more than most people that are working alongside me, so I have not really had any issues. If I do need to task them with something, they are usually quite good and that's the rapport I've built up with them as a DCO as well and how I was, so I have never had any issues telling people what needs to be done. They usually do it pretty well.
135. Q. You've seen a lot of managers yourself, you have been the subject of a lot of managers around the place. Do managers here see it as part of their role, both senior managers and DCMs, to model the right behaviours, to go that extra bit, to go on to a wing and say 'Come on chaps, you should be doing a, b, c'? I don't see that very active management of people and I wonder if that is an issue here.
136. A. I'm fresh off the floor, I will go on the wings and the people I work with on my weekend, they are usually pretty good. At the moment the issue they have is just they are spread way too thin, so you are just wearing yourself out and it's quite exhausting sometimes.
137. Q. One final question before we move on to the specifics of Reception, when they have HMIP inspections here and you have been here long enough, you will have seen that, the HMIP inspections, the last ones have been unannounced. Equally there is a time when they come in first and they look through all the paperwork before they actually go out into the Centre. Do you think that those visits have been quite well managed in the past? Is there a sense of mild panic in the place when HMIP turn up?
138. A. Yes, there is.

139. Q. What happens? We are trying to slightly understand the picture that HMIP gets of this place. What do you think is done to give HMIP a picture?
140. A. When it's planned and they know they are coming in, usually they make sure the wings are spotless, they make sure that all the areas that they think that HMIP are going to inspect are all perfect, basically. They get themselves ready, then the standards seem to drop afterwards and then they pick them up again when they know they're coming. I know every now and then they do unannounced and they turn up.
141. Q. Do they ring round furiously, get more staff in and that sort of thing?
142. A. They make an effort to do that but it's quite hard sometimes to actually get staff in, but they do try to make the areas to that they are well staffed, spotless and stuff like that.
143. Q. There's a bit of window dressing.
144. A. Yes, there can be.
145. **Mr Marsden:** Did that happen a lot when Ben was Centre Manager?
146. A. Yes, but I tell you what, when I first started it never used to happen because it never needed to happen. There were always enough staff on the wing and the wing staff and the various departments, it's your department so you take pride in it, so daily you would do those things anyway, so the wings would be clean, we wouldn't have an issue with detainees smoking around the Centre like they do now like they don't care.
147. If they had had a sly one outside of the wing and you saw them, they would say 'Sorry, sorry' and go straight in the room, so there was like more respect for officers, whereas now even me as a manager I go round and I'm like 'You can't smoke in here, you have to smoke outside', they shrug their shoulders and carry on. They might put it out in front of me, but then two minutes later I might walk back that way and they're still doing it.
148. **Ms Lampard:** Do staff smoke on the premises sometimes?
149. A. Not inside the building, not that I know of. They might go out to the courtyards.
150. Q. I just wondered if somebody had been smoking in the lift this morning.
151. A. That could potentially, because you know where they're smoking? Do you know where the Oscar 1's office is? Do you know where the gym is?
152. Q. Yes.
153. A. They sit out there a lot and they smoke, because the lifts are right there it can filter up.
154. Q. The Oscar 1s?
155. A. Outside Oscar 1's office. I'm not saying the Oscar 1s!
156. Q. No, I was going to say!
157. A. There are tables there and there's a shop in that area as well and they tend to smoke in that corridor and it just filters up through the lift. Even when people smoke cannabis in the rooms it comes through the air vents and you can smell it.

158. Q. Yes, that makes sense.
159. A. Yes, that's where that comes from.
160. Q. Okay, so the HMIP report last year said that the Reception wasn't quite private enough. Do you know what was done about that? Was that when they put up those barriers?
161. A. They've always been there. They've been there since the beginning.
162. Q. Do you know if anything was done in response?
163. A. If their report said that, then Reception hasn't changed one bit.
164. Q. Okay. I want to get to the bottom of what happens when a detainee arrives, as most of them do, late at night or at weekends, a lot of them arrive at weekends, or a couple of weeks ago we know that you had a huge number come in. You had about 80 come in over the course of two days.
165. When you have that, you are meant to do a room-sharing risk assessment on everybody before they go to the wings and you are also meant to do a first night interview. It says in the policy if it's late at night or at weekends or something it might have to be the next day by the next shift. In your experience, do your staff have the time or do the staff on the wings have the time to do that first night interview, or are there times when that first night interview doesn't really sort of happen?
166. A. When they do come in even if it's at night and you do the initial booking in process, the first 24-hour initial interview, all that is, is a set of questions, I don't know if you've seen it.
167. Q. I have.
168. A. It's like suicidal and this, that and the other.
169. Q. Yes and that's what's meant by the first night assessment.
170. A. That's part of it and the next part is the diversity page and then we do the first night obs as well, so there's no reason why the first bit of that shouldn't be completed down in Reception. That bit where you ask about self-harming and stuff like this, these questions, because then if you have any issues you can address them in Reception.
171. Q. You think that is done satisfactorily?
172. A. Yes, that always gets done. All the Reception staff know to do that without fail because you don't want to send someone up to a wing not knowing how they are and how they are doing and potentially something bad to happen. Yes, in my opinion that bit always gets done. The bit that might not get done is the diversity question.
173. Q. The other thing that's of interest to me is the business about violence and whether or not somebody should be in a separate room, whether or not they have a propensity for violence. The Home Office DSO it strikes me very heavily emphasises this idea of somebody who has been violent in a confined space.
174. **Mr Marsden:** And very seriously.
175. **Ms Lampard:** Very seriously violent in a confined space and then your policy is a little wider. It says something about making sure that people who are violent

- get thought about, not necessarily in a confined space, although it uses lots of other language. What's the threshold really that you use to decide on violence? Can you try and describe that to me because I think that any violence against another person, whether it's in a confined space or not, would suggest to me that somebody wasn't really suitable for sharing a room. Is that your view?
176. A. I agree with you there. Yes, that is my view. If somebody has been violent outside, inside, or wherever they have been violent –
177. Q. It doesn't matter where they've been violent.
178. A. Yes, they have the potential to be violent but then it's always difficult. What I would usually do in Reception for example if someone said 'This person has been violent', we would tick off our high risk day two assessment. We would put them on C Block initially and they will do the day two assessment, Security, and then they will take it from there.
179. Q. Are there times when you don't have enough rooms to put people you would like to in a separate room?
180. A. Yes.
181. Q. Often?
182. A. At the moment no, because we had a clear out because of the refurb and there are quite a few beds at the minute but yes, before that it was tight.
183. Q. It's clear that the Home Office have a view because they are trying to maximise occupancy which is who they've written a DSO which looks like that. Do you ever get pressure from them when you want to say 'Look, we can't take anybody, we don't have room'?
184. A. Yes all the time. If they do send someone in and I believe he shouldn't be in here, I will ring them up and say 'I don't think he's suitable, we don't have the room', they are kind of like 'We can't send him to Colnbrook, this and that, he's coming to you', but there's no like back-up plan to that.
185. Q. You often find that that is the case.
186. Mr Marsden: If you are having that discussion with DEPMU, at what level are you having it? What is the seniority of the person you would be talking to?
187. A. The person at the end of the phone, I don't really know, to be honest. That's the contact we have for DEPMU. They are the ones who assign the rooms so every now and then we'll have rooms changed.
188. There was one example, a chap came, no history of being violent, no criminal activity, it was just like a visa issue and he was quite an elderly chap. They were sending him here, so before he even arrived here I rang up and said that surely he would be more suitable for Tinsley because potentially he could be sharing and then something could happen to him.
189. Q. What did they say?
190. A. That time they transferred him to Tinsley, somewhere where it is more suitable, but they should look into that before tasking the move and the beds.
191. Q. Yes. They don't need you to tell them -

192. A. Now as well there are people who are just probably sharing rooms with hardened criminals and in *Panorama* it said that. It's true, it is like that and it shouldn't be like that.
193. **Ms Lampard:** I was sitting with the Reception staff the other day, who I have to say I thought handled individuals very nicely, I liked the way they referred to them as 'Sir' if they didn't know their name and they were sympathetic. They had one case of somebody who had been quite violent and he did talk to him about him, but in the end he decided not to give him a single occupancy, he thought he could share. I asked him, he said that you have to approve all the single occupancies.
194. A. A DCM would have to approve it, yes. That's not to say that we would disagree. Usually when a member of staff says someone should be single occ, because they are the ones who have spent their time booking him in, talking to him -
195. Q. No, no, I wasn't criticising in this case. He said 'Look, given that we don't have many rooms, I have to make a decision about where this person -'
196. A. Then at the same time if you don't have many rooms, once you have assigned a single occ, if you've asked your manager, a fax that we send to DEPMU, I would update the fax and send them off a new, amended one, so then that would reflect that we have one less space, so then they can adjust the rooms accordingly. If for example ten people need to be in single occ, day two assessments come in and you put them on there, that's just how it is.
197. Q. You're saying that sometimes the Home Office will ring you up and put you under a bit of pressure.
198. A. For beds, they do massively because it's a money-making thing for them. At the moment what's happening as well is there have been a lot of releases.
199. We lock up at quarter to nine and we are locked down after that for the night, aren't we? Between half past six in the evening and nine o'clock they had 15 releases they sent down to us. Some of them were travelling to Manchester and Liverpool, so we were releasing them at half past eight and some of them we got after unlock, so then they expected us to release them within the four hours. It was easily done because we received the faxes at half past seven, so to get everything ready, to release them and then, what time are they going to get home? We're sending them out of here at nine o'clock saying 'They have to go to the airport. These are what the travel arrangements are'. We give them a travel pass.
200. **Mr Marsden:** They are trying to go to Manchester?
201. A. Manchester, Liverpool at that time of night to get a train.
202. Q. You'd be there in the middle of the night.
203. A. Yes, and they think that's acceptable.
204. Q. Is that because there's a time -?
205. A. I understand that they have a job and the case workers must send them the information to say 'You have to release so-and-so by such a time', but then if the case workers have sent them the paperwork at for example six o'clock, surely the case worker should think 'We need to look into this, we need to get this stuff done in the morning and get it sent out early or the next morning we do this'.

206. I don't know if it's like them being an extra day in detention causes them fines or if it's insurance reasons, I don't know the ins and outs of that side but surely someone at the Home Office has to look into you can't release people at nine o'clock at night and expect them to get to Manchester or Liverpool.
207. **Ms Lampard:** It's not good for their welfare, is it?
208. **A.** It's not good for their welfare and the staff are put under a lot of pressure because then they start panicking and saying 'Oh, we're locking up at nine o'clock, we need to get these guys out before'. I always try and help them and say 'You do have four hours to release them, so if it comes to it, do the roll count and after nine o'clock, 9:15, we will have them transported to the airport'. Then it puts the staff under pressure, they get stressed out because they think they are going to get into trouble because it's come from the Home Office.
209. **Mr Marsden:** There's a process for discharging people anyway, isn't there?
210. **A.** Yes.
211. **Q.** It's not like you just say to someone 'Get your stuff together, you're on your way'.
212. **A.** No.
213. **Q.** Presumably a DCM has to approve it.
214. **A.** A DCM has to approve. After half past four Finance have gone home as well, so they'll give you the safe keys. All the valuables which are in the safe are upstairs. I have to physically go upstairs with someone, we have to get that out and then that takes time as well. It's a time-consuming exercise.
215. **Ms Lampard:** The next thing I wanted to talk to you about was the information that you have, to make sensible decisions about people coming into the Centre. You don't get the p-NOMIS information from the prison service but you get the Home Office's own assessment of somebody.
216. **A.** From the move their Part Cs have been put in from a bit of the previous history, or if they've come from another centre usually there is a little bit of info from their time spent there.
217. **Q.** But your staff said to me that there were times when they thought it didn't stack up and they didn't have the information they wanted. They thought there might be something about somebody which might make them unsuitable to be near.
218. **A.** Yes, sometimes.
219. **Q.** What are you meant to do in those circumstances?
220. **A.** It's down to our judgment, really. We try and get information from the Home Office if they are still onsite.
221. **Q.** What time do they go home?
222. **A.** I think the latest is half seven.
223. **Q.** They go home at 7.30 and you are taking people all through the night and sometimes you don't have the information you need about them.
224. **A.** The main ones, the ones that can answer most of the questions, they usually go home at five. There are a couple left who are just like the ones who are

finishing off, but we had an incident, it was a time when I was doing the releases, on the 91 when we checked, the paper that they sent, we cross-check all the information to make sure this is the right person. The port where it was done was different, the date of birth was different and I had no point of reference because this was gone eight. I was like 'What do I do?' There's the onsite Home Office and I don't want to call the Home Office. They're at home, so they are not going to have the information that they can do it with it anyway, so it's down to you to make a judgment call and if you get it wrong – luckily I didn't get it wrong, but if I were to get it wrong –

225. Q. What was your judgment call?
226. A. I checked his previous paperwork and the date of birth were lining up with the stuff we had and the previous stuff we had from the Home Office. The stuff that they sent out that particular time had different information on it and he was flown up to Liverpool as well.
227. Q. Off he went to Liverpool in the middle of the night.
228. A. Yes, but he was being picked up, that one. They had arranged for Clearsprings to pick him up, that one.
229. Q. We talked about that time two weeks ago when you had about 80 new arrivals in a very short space of time. That must have been very difficult to manage, wasn't it?
230. A. Yes, it is. It's terrible, it was like carnage down there. You had to have seen it to believe how it is.
231. Q. It leaves people waiting around a very long time in the waiting room, doesn't it?
232. A. A very long time.
233. Q. Some of them must be feeling rather unnerved by it all.
234. A. Yes, definitely. There's that many people. There's a limit to how many people are allowed in a waiting room, so we don't go over that and we stop accepting them, but then they might be sitting out in the van area for an hour.
235. Mr Marsden: In the Tascor van?
236. A. In the Tascor van, so that's even worse, isn't it, so it's like not even in the building. We physically can't hold them in the waiting rooms because we are allowed 16 in one and I think it's 8 or 6 in the other one.
237. Q. The people who are in the Tascor vans, they can be brought in to use the toilets.
238. A. They can be brought in to use the toilets but because of Health and Safety we can't have that many waiting in there, so the escorts would come in with them. They wouldn't go in the toilet with them.
239. Q. Yes, and sort of stand outside.
240. A. Yes, and then escort them back into the van.
241. Q. Did you ever get to the bottom of why there was the 80 in and 86 out within a 48-hour period? Lee told us about it when we were talking to him. Did you ever understand what caused that?
242. A. I know we had loads of beds because of the refurb, we have not been up to full capacity in a long time and we still have 80-odd beds and then the Home

Office see the beds. That's what they see 'Oh, Brook House has 80 beds and there are so many people we need to house them somewhere, let's send them to Brook House'. Increasingly there has been a lot of releases and there are departures every day, people going to other centres, flights.

243. Q. Were those 80 people coming from out in the community?
244. A. They would have been regional centres.
245. Q. If they're coming from Colnbrook -
246. A. Yes and some off the streets.
247. Ms Lampard: You can see it might be quite distressing for them.
248. A. Yes. Definitely, yes.
249. Q. Do you know how long it took to process people on that occasion? Just give us some idea, if we are to make a sensible comment about this, we would like to be able to say some people sat in a Tascor van for an hour, two hours, three hours - have you any idea?
250. A. They must have sat in the vans, they must have been out there for I would say it wouldn't have been over an hour, so potentially a maximum of an hour but in the waiting room, I don't know, three or four hours easily they would have been waiting in there. When you take them over to the wings as well, you can't take all of them together, you can only take a few at a time - you know, four or five at a time.
251. Q. Somebody could have waited for four or five hours to get on to the wing.
252. A. Yes, easily.
253. Q. Easily. Possibly six.
254. A. Yes, if there are that many coming in. The waiting room is only so big, isn't it?
255. Q. Give me a best guess at the longest somebody could have waited.
256. A. The longest I think - for example, if someone came in at half seven, when there are that many people coming in, they probably would have got on the wing close to midnight, about five and a half hours.
257. Q. Okay, thanks. That will be helpful. The *Panorama* investigations that were done by G4S themselves, one of the recommendations that came out of it, because you will remember there was a case of a man who suggested that he was a child, was underage, and one of the recommendations was that even if he was deemed here age appropriate he was an adult, he was very young and perhaps immature. It was suggested that there might be a policy called an 'Age appropriate accommodation policy'.
258. Has there been any discussion about that, whether people are put in rooms or is that something we would have to talk to the Residential people about, about whether or not they are put in a room with somebody who is appropriate to share with somebody very young?
259. A. I don't think there's anything in place. You could speak to the Residential DCMs, but I don't think there is anything in place.
260. Q. You would have needed to know about that because you would want to make a recommendation.

261. A. Yes.
262. Q. Do you ever get people who you think are children and you have a worry about that?
263. A. Me personally, at the moment I have not come across anyone. The particular guy on *Panorama*, I don't think I've ever met him.
264. Q. What would you do if somebody turns up and your staff said 'We think he's quite young'? What is the step you would make?
265. A. The step you would take is you would not put him on the wings. You would inform the Home Office and do the E Wing assessment and in the assessment you would put down -
266. Q. You think they are too young.
267. A. Yes.
268. Q. That's what you would do.
269. A. Yes, he's at risk. You wouldn't put him in isolation. He would still have access to everything.
270. Q. Are you familiar with the local Safeguarding Board, the local Children's Safeguarding Board? Do you know what I mean by that?
271. A. No.
272. Q. No, okay. The induction wing, B Wing, that's where people should go.
273. A. Should go, yes.
274. Q. How often do they really go there?
275. A. At the moment everyone is going up there because there's space, but when B Wing is full, when there was a refurb there was no induction wing, people were going 'You're coming in, you're going there and there'. We had new people mixing with people that had been here a long time.
276. Q. It has been suggested to us that actually the induction wing wasn't really functioning, that whole induction process even before the refurb had not really been happening.
277. A. No, it wasn't happening. I don't know the ins and outs of exactly why it wasn't happening.
278. Q. Can you give us some idea of how long that you think that that wasn't happening? What went on before?
279. A. For most of the last year I would say it wasn't functioning properly because you would have detainees on there who would refuse to go off and have jobs or whatever. Then they would just be stuck on there and for some reason they weren't moving them off, they weren't being moved off.
280. Q. I certainly saw an ACDT this morning where it was clear that they hadn't even had the induction, nothing was signed to say that they had had an induction. I think Stewart Povey has told us that he thinks that induction wasn't really happening at all over that period as well. Is that your view?
281. A. Yes.
282. Q. The HMIP Survey that they do of detainees said that about 43% of detainees were arriving at Brook House feeling suicidal or depressed. Do you know if

- anything is done to continue monitoring how many people feel suicidal or depressed? I know there are ACDTs, but I wonder is there a sort of blanket wellbeing of the detainees ever done, a blanket survey?
283. A. Not really, no, unless someone individually comes up with someone.
284. Q. I know they haven't had inductions and I know Stewart has plans to do something about that. You can never be really prepared, can you, for coming to a place like this because it's so strange, but do you think people are given enough to get them through the first bit of being here?
285. A. It's difficult for me to say because I'm not in the residential units as much. In the reception process I would say we give them enough time if they need it, because they are down there for obviously a little while. Then once they go on the wings, that boils down to if they have the same staff, if they have the same people running the wings they get to know the detainees, they get to know them a bit better, then staff know what certain detainees are and the more vulnerable ones, you do tend to pick it up.
286. At the moment it's all chopping and changing, there's no continuity on the wings, I don't think really detainees are getting as much support as they could. Before it used to be on C Wing, you would have C Wing staff so everybody on C Wing would know their officers, so then they would know because you build up a rapport. You get to know them, that's how it is and then you would have less issues on the wings.
287. **Mr Marsden:** That's broken down in recent times, that kind of continuity.
288. A. Yes, it has.
289. Q. When was it last that B Wing would have had its regular working on it?
290. A. Not last year. The whole of last year I would say it wasn't a regular team. I'm just trying to think back because it's been such a long time that you forget, don't you?
291. Q. When you first came here.
292. A. When I first came here yes, there was C Wing staff, there was A Wing, D Wing and it was all fine.
293. Q. That led to good management, continuity of care.
294. A. Good management, yes, no issues, we never used to have many incidents and yes, the atmosphere was a lot different in general. You could feel it, not just with staff as well and detainees. Yes, there's been a massive change in atmosphere in the last few years here. Yes, and then the new staff coming in to that, they are not going to want to be working here under that sort of atmosphere, are they?
295. **Ms Lampard:** Do you have the sense that a lot of the staff are going to leave?
296. A. Yes, I do. Absolutely, yes. A lot of the people I started with, most of them have gone. There are not many left.
297. Q. What about the new staff coming in? Do they show signs of being unsettled?
298. A. Very unsettled, yes. They just feel like they're not getting the support. Sometimes that's managers. Individual managers I can't comment on, but I always try, but then they feel like some DCMs aren't helping them.

299. Q. You yourself talked about being very stretched, with all the other things you have to do.
300. A. Yes, you're massively stretched at the moment.
301. Q. Do you feel you do have the time to do the job, as well as you would like to do it?
302. A. Some days yes, but some days no. Every given day is different and it shouldn't be like that. It should be like every single day you come in, you know you can do the job to the best of your ability and sometimes you feel like you can't.
303. Q. I notice that you had somebody come in today on an ACDT, an open ACDT. If you had a lot of people, are those people who come in on ACDTs prioritised, are they the ones you do first?
304. A. Usually when ACDTs come in I have an initial chat with them anyway, just when they have literally just come in, I will have a chat and see what his demeanour is, try and gauge him anyway.
305. **Mr Marsden:** The chap who came in with the ACDT this morning was the chap where he was limping.
306. A. Yes.
307. Q. Was he coming in from the community?
308. A. No. He left this morning and then there was a reason the Captain refused to take him. He was on the plane and the Captain refused. He has come back with overseas escorts, he was in a bit of a bad way so then I had to prioritise him.
309. Q. He hadn't gone out with his leg –
310. A. Apparently not, no. I wasn't here. He went out during the night and he said when he left he was fine, so I've kind of pointed him in the right direction and told him what he needs to do.
311. **Ms Lampard:** If somebody is on an ACDT, do you think that is a priority?
312. A. Yes.
313. Q. That's a priority.
314. A. They know there's a reason why he's on that, but obviously at the same time they don't just forget everybody else and disregard them, but you are aware of that person a bit more.
315. Q. I think the policy says that they need to be fast-tracked to the Healthcare page when they come in.
316. A. This particular chap as well, we called Healthcare straightaway and Healthcare came down.
317. Q. Yes, I noticed that.
318. A. She did an initial assessment and then obviously she will see him again in the room as well.
319. Q. Do you think once you've got them out of here, people on ACDT, are they very quickly assessed on the wings for their ACDT? They are meant to be seen very quickly and talked to about that.

320. A. Yes, you do the review and then you would set it for when you deem like you think he should be seen again, so you would set him goals and stuff to do.
321. Q. I don't know if this has happened since you have been running the Reception, but if you had somebody who comes in and tells you about their family circumstances and suggests to you that they, for instance, have children in the community, that they are carers for somebody. They might tell you that the child has been put with some strange person or something, do you think your staff will see that as an issue to be worried about, a safeguarding issue that they might have to think about?
322. A. Yes.
323. Q. Who would they tell and what would you do about that?
324. A. They would tell us.
325. Q. They would tell you as the DCM and what would you do about it? Who would you inform?
326. A. You would have a chat and then you've got the Safer Community Team, so you can inform any one of them and you would get something in place. If he is really struggling with that, you would get the Healthcare in, you would get the Welfare Officer involved in trying to contact social services.
327. **Mr Marsden:** Would you tell the Home Office as well?
328. A. Yes.
329. Q. The case worker or -?
330. A. All the relevant people are in Brook House, so you have the onsite Home Office, Safer Communities, so you would do your part to the best of your ability to make all these people aware of -
331. Q. As a general rule, staff who have heard from a detainee that they've left children in a vulnerable position because they were picked up in a reporting centre, they would know what to do about that.
332. A. I don't think all staff would, no. That comes with experience. Usually people who don't know always inform their manager, the DCM. They would speak to a DCM 'I have this issue'. Usually that's what they do. The ones that know it, they might not ask for you but they might make you aware that this has happened 'But we've done this'.
333. **Ms Lampard:** The same I suppose applies to people who have been discharged who might be going into vulnerable positions. They might go into the hands of traffickers, modern slavery, gang masters, that sort of thing.
334. A. Yes.
335. Q. Has that ever happened?
336. A. To people being released, you mean?
337. Q. Yes.
338. A. It's difficult to say because when they are leaving, you have a little chat with them and ask them where they're going, this and that.
339. Q. They don't necessarily tell you.
340. A. They don't necessarily say to you 'I've got nowhere to go' or this and that.

341. Q. If your staff were told something, are sensitive enough or understand and are experienced enough to actually pick up that they might be being told something, that actually might be something they need to inform the authorities about, other authorities about?
342. A. Yes, the ones that I work with today, they are all fully experienced, so yes, they would definitely know what to do.
343. Q. Your staff, those more experienced staff?
344. A. Yes. The newer staff might ask for a bit of advice from more experienced staff and managers. Usually everything that happens, it's like the DCM -
345. Q. Yes, okay. When you had your safeguarding training, do you recollect what that covered? Do you remember that, it was a long time ago?
346. A. It was a long time ago.
347. Q. Do you get refreshers?
348. A. You get refreshers every year. It covers the ACDTs and what documents we have in place like bullying logs and the supported living plans, it usually covers all that sort of stuff.
349. Q. Does it cover the stuff we've just been talking about?
350. A. No it doesn't. That's just down to your common sense, that's what you rely on sometimes.
351. Q. Yes. [Pause] Thank you. Supported living plans – you don't draw those up, do you?
352. A. No, we don't do that.
353. Q. That's done on the wing, is it?
354. A. As in opening one?
355. Q. Yes.
356. A. We can open one in Reception if it feels like someone needs to be on a supported living plan. I thought you meant the actual document itself.
357. Q. Yes, I mean you would start one.
358. A. I could start one, anyone could start one, yes, if you feel like someone needs to be on one, but then you would forward it to the appropriate people. If you feel like someone needs a supported living plan you can open one up.
359. Q. Okay and do you think that those give you enough scope to say what you think? I think you've mentioned times when people have arrived and you've just thought 'This person shouldn't be here'. Have you ever had disabled people or people with mental health problems who you have just thought 'This person should not be here'?
360. A. Yes, lots and lots. I don't know how they decide that they end up here. I don't know if there is an assessment done before them coming here or not, I don't know but, yes, we've had people come here. We had one chap who was a Romanian chap, I can't remember his name, he had cerebral palsy or something and he was accepted somehow. I don't know how he was accepted, he might have been missed. Straightaway on E Wing he tried to bang his head, always trying to bang his head.
361. Q. We have heard about him.

362. A. Yes, I can't remember exactly what happened to him, but he never should have been brought here in the first place and there are people who clearly have mental issues. They have been dropped off to us and then we have to deal with them.
363. Q. In your view do the Home Office act quickly enough to get those people out of here?
364. A. No, because they could be here for weeks and we have to deal with it until they've done something about it.
365. Mr Marsden: Would those kinds of people feature in the weekly call with the Home Office?
366. A. Yes, they would.
367. Q. Alan Gibson and Sean Kerr.
368. A. Yes, they should do, yes because they will be in the handover every day as well that they are still here and get updates on them, so they would know about them. It's just sometimes you have to wait for medical beds I guess in the hospitals and stuff like that, but still why would you bring them here in the first place?
369. Q. Just as a matter of interest, why was that chap with cerebral palsy brought here, do you know? Was he picked up at a port?
370. A. He must have been picked up somewhere, yes, and I don't know this, but Enforcement might have picked him up and dropped him off here. They had given information on the person anyway.
371. Q. They're probably thinking 'Better to be here'.
372. A. 'Let's just get him off', yes and 'Get him out of our hands', that's what happened with that one and I think our Healthcare missed it as well. I don't know what happened, I wasn't here when he arrived, so I can't comment on what happened, how he was missed. But that wasn't the first one.
373. Q. Can I just ask you about Healthcare and Reception? How does Healthcare operate in Reception? Is it what you would expect?
374. A. Yes and no. They come in and Healthcare, I don't think it's a qualified nurse, it's a Healthcare assistant, so they will do the initial assessment and interview with that person. I don't know what training they have to assess if they should be here, but then once we've accepted someone it's like 'It's your problem now'.
375. Once we've signed the 91 their response would be like 'It's your problem now. You have to deal with it' and they will just obviously go and then we are left to pick up the pieces. There are a few times where people have come in off the street, they might be an alcoholic or dependent on drugs and stuff like that so we've called our Healthcare down and said 'Surely we can't accept this person' and they've looked at him and then sometimes they've taken them away but then on the other hand they are putting us under pressure to accept them saying 'No, we can't house him anywhere else. You have to take him', kind of thing as well.
376. Q. If the Reception assessment is being done by a Healthcare assistant, do they have sufficient stripes to say –?

377. A. I think some of them have, the more senior nurses, they will say to us 'We can't accept them', but some of them have too many problems now on E Wing. If someone coming in was alcohol-dependent or something like that, the nurse could say 'We don't have space, we refuse to accept him'.
378. Q. They would listen to that?
379. A. Sometimes they don't, they are like 'No, there's no beds' and sometimes they will say 'We'll try to house him somewhere else' but then there is the issue with Tascor as well because they are the ones who have to transport these people, don't they so they just want to get them off their hands because they don't want any issues.
380. Q. Presumably they then have to be issued with another movement order.
381. A. Yes and they would need another crew, transport, things like that.
382. Ms Lampard: We'll let you go soon because I know you have a lot to get on with, but can we move on then just to another topic which is about reporting things that have not been well managed by colleagues, or inappropriate behaviours by colleagues? One of the things that struck us about the *Panorama* programme of course, as it struck everybody, is that there were a lot of people there who saw things that they didn't report, they didn't feel they ought to report. What do you put that down to?
383. A. One could be maybe they think the reports will get out and they'll be victimised and maybe they don't know the right channels, because the whistle-blowing policy, I don't think everyone is aware. I think it's like a trust thing, they don't know where it might lead. That's what I gathered as well, that people weren't sure and they don't know who they can really turn to as in the SMT. They don't want to say something about a certain person and maybe that person got on well with SMT.
384. Q. There is a bit of a lack of trust, isn't there, a bit of a lack of clear lines?
385. A. Yes, I think that's what it is, yes.
386. Q. Just tell me about people who think others might get on well with SMT? Do you think there is a bit of a culture of certain people? Are there members of the SMT who appear to be too sort of close to staff or certain staff?
387. A. Nothing that I've been picked up. Maybe they've known them for a long time because they've been here since the beginning, so they might get on with that person better than another one but nothing that might be like you might think they were showing favouritism that I've experienced.
388. I'm not saying it doesn't happen but from what I've experienced, I've not really seen it. I do keep my work life very separate - I'm professional.
389. Q. Do you have a suspicion, though, that there is some unprofessionalism in the relationship of some members of the SMT with some members of the staff?
390. A. It's difficult for me to say. I've not really seen anything.
391. Q. No, I understand that. Are you aware of any cases where people have spoken out about colleagues and have been victimised, or have found that things have got out?
392. A. I think there was one incident where I thought a member of staff was treated quite unfairly but that member of staff no longer works here now. I didn't

know the ins and outs of what happened, but it was kind of like I thought that member of staff was forced out.

393. Q. Was that the case of the person who they all thought might be the person who had filmed *Panorama*?

394. A. No.

395. Q. No, it's another case.

396. A. I actually got on alright with the person who filmed *Panorama*.

397. Mr Marsden: With Callum?

398. A. Callum, yes. I actually got on alright with him. I didn't know what he was filming.

399. Ms Lampard: Yes, but have you personally known of any case where somebody was treated unfairly because everybody thought they had been snitching, basically?

400. A. Not snitching necessarily but just because a certain member of staff may have seemed to be getting along better with a certain member of the SMT. Then I just thought maybe that other member of staff was pushed out a little bit.

401. Mr Marsden: They were getting on better with SMT?

402. A. I think they knew them from outside work but that was just like one incident and that person has left now anyway.

403. Ms Lampard: Have you ever had a case where you have had to pick up a colleague and say to a colleague 'You simply can't do that' or 'What you did was out of order', have you ever had to do that?

404. A. No, not yet. Not yet!

405. Q. It may happen! Okay, and then I am going to let you go because I know you are anxious to go, but finally can I ask you about incidents like *Panorama*, like that insurrection that happened in November when the whole of C Wing slightly lost control.

406. We know that there has never been any sort of formal feedback or opportunity for people to say 'Hang on a minute, what went wrong?', to actually have a bold discussion and say to people 'Look, in this place it's jolly tempting to get bad tempered with the detainees and perhaps not behave very well'. We know that that doesn't happen, you don't have those sorts of sessions. What was said, though, in the morning meetings about things like *Panorama*? I mean, what communication was there from managers?

407. A. When it happened?

408. Mr Marsden: In the run-up to the programme and after.

409. A. It shocked everyone. It came out of the blue because I was here in the evening when the SMT, I think it was Ben Saunders in that day, when they actually found out and we didn't know anything that was going on.

410. What we knew at the time or that evening was people getting called up to the office and people were being escorted offsite, so we didn't know what was going on. No-one knew, and then I think it was the next day, it might have been the next day or I can't remember when it was because I might have had

some time off, that they said 'Oh, we are being investigated. *Panorama* is going to be aired on such-and-such a date' and there was a notice to staff saying 'If you need any support' and there was a number 'speak to the SMT'. Then they were just like 'We'll just have to wait and see when the programme is aired to see what we find out', because they said they hadn't seen it.

411. **Ms Lampard:** What was said afterwards once it had been aired?

412. **A.** Before that a lot of people had been suspended, so people gathered that these people would have been involved in *Panorama* so people gathered that and then afterwards it was just a matter of, I think the day of *Panorama* was a Monday and they wanted a lot of staff in on Tuesday because they thought there might be a backlash from the *Panorama* programme, so they tried to tempt people to come in on the Tuesday. If it's your day off, are they going to volunteer? 'Yes, I'll come in'. People who have just seen *Panorama* 'I'm going to come in on that day and get a load of abuse hurled at me'. Some people might have turned up, come in for a shift, I'm not sure.

413. **Q.** Did they offer to pay people more?

414. **A.** I think they did. I can't remember, it might have been time and a quarter or something like that. Yes, and that's what it was, we'll see what happens, kind of thing. I don't think there was an actual plan in place because if all hell did break loose, having one extra member on the wing, it's not really going to help, is it?

415. **Q.** No, but they didn't have any opportunity where they said to everybody -?

416. **A.** I think there was a staff forum and they just discussed it in there that they are conducting an investigation and it's an ongoing thing, they are looking into how this happened and I guess that's why we're sitting here.

417. **Q.** That's why we're sitting here, absolutely, yes! Thank you very much indeed. Thank you. I don't need to ask you any more, I don't think.

418. **Mr Marsden:** Just one very minor question; your badge, the Home Office badge calls you a DCO. Is that your -?

419. **A.** That's because when this badge was issued I was a DCO.

420. **Q.** Right, so are you waiting to get another one?

421. **A.** I guess I just have to wait until it expires in two months' time and they will issue me a new one.

422. **Q.** Okay, and they'll issue a new one. It's a Home Office badge, isn't it?

423. **A.** This one is. There's a G4S one and then there's this.

424. **Q.** Thank you. It's been really helpful.

425. **Ms Lampard:** It's been very, very helpful. Thank you very much for giving us your time and I am sorry we messed you around.

426. **Mr Marsden:** Can you tell us where you would like the transcript sent?

427. **A.** Yes, my email address is h: DPA

[Interview concluded]