

BROOK HOUSE INQUIRY

Witness Statement of Steven Hewer

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 2 February 2022. I have been authorised by Serco, Serco House, Bartley Wood Business Park, 16 Bartley Way, Hook RG27 9UY to provide this witness statement.

I, Steven Hewer, Contract Operations Director and Centre Manager of Gatwick Immigration Removal Centres ('IRCs'), will say as follows:

Background

1. I have worked at Serco for over 27 years, predominantly in the Custodial Sector. I have held a number of senior roles within Serco; managing Prisons, Secure Training Centres and Secure Escorting Services. For the past 6 years I have worked in the Immigration Sector, as Director of Yarl's Wood IRC and since May 2020, as the Director of Gatwick IRC.
2. Serco were awarded the contract for the operation of Gatwick IRCs in February 2020 following a public procurement process operated by the Crown Commercial Service. The procurement was conducted as a Competitive Procedure with Negotiation, with the winning tender being evaluated against published criteria weighted as 65% technical quality and 35% price. Serco commenced operation of the Centres on 21st May 2020. Serco currently operate one other IRC, Yarl's Wood and have done so since 2007.
3. The Gatwick IRC contract is a single contract encompassing Brook House, Tinsley House and the Pre-Departure Accommodation and incorporates all aspects of the operation and maintenance of the Centres. This excludes the provision of

Healthcare services which are commissioned separately by NHS England and are currently provided by Practice Plus Group ('PPG'). Serco Limited operate the contract with the Home Office ('HO') in respect of the IRCs.

4. In designing the new contract, the HO made significant changes to the specification of operational requirements, compared to those which were in place within previous contracts. These requirements were informed by recommendations from the Shaw, Lampard and related reports. Changes include significant increases to mandated staffing levels and roles and implementation of an extended core day. This reduces the amount of time that residents are locked in their rooms overnight and provides increased access to regime activities throughout the day. In addition to a significant increase in staffing levels, further measures include: restrictions on working hours in order to prevent excessive working and fatigue; an increased focus on mentoring, supervision and staff support; and, an increase in the level and visibility of management and leadership. In addition to these tangible measures, the contract requires Serco to work with the HO to develop a suite of tools to promote, measure and monitor a healthy culture, which we are delivering through our Positive Detention Culture programme.
5. As required under the contract, the contracting entity is Serco Ltd (UK & Europe) which is required to enter into a Parent Company Guarantee ('PCG'), the Guarantor being Serco Group Plc. Serco has a number of governance processes requiring approval from Serco Ltd and Serco Group Plc at different stages of a bid process, before we can enter into a contract and the PCG. The process involves a series of meetings and forums that take place highlighting risks, types of operational services, financial implications and projections, resources, culture, terms of contract etc. The governance process also includes acquiring formal Board Minutes from both Serco Ltd and Serco Group PLC as part of the approval process. Currently, Mark Irwin is the CEO of Serco Ltd (UK & Europe). The Board members are: Mark Irwin, Naz Ginary (Group Chief Financial Controller) and Stephanie Hamilton (Chief HR Officer). Rupert Soames is the CEO of Serco

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Group PLC. The Board Members are made up of Rupert Soames, Nigel Crossley (Chief Financial Officer) and Anthony Kirby (Group Chief Operating Officer).

The Brook House Contract

6. I have reviewed **SER000226** dated 18 February 2020 and can confirm that it is the Brook House Contract currently in force. There have been no material changes to the service provisions as per Schedule 2.1 since the contract began on 21 May 2020. There have been minor variations to the contract in relation to staffing issues and minor works during the pandemic following instructions from the HO.
7. Any variation is communicated by email and administered in line with the Change Control Procedure provisions contained within the contract at Schedule 8.2. Any Contract Change Request would be added to the internal governance form within Serco detailing the reason and rationale for the change. Procurement procedures would be followed when obtaining quotations for the change and the prescribed process would be adhered to. I would approve each request, following which it would be sent to the Operations Director, and then to internal governance for further approval. The request would then be returned to the HO commercial team. A purchase order together with a Change Authorisation Note, signed and issued by the HO, would be provided following which an agreed contractual margin would be added to the contract in respect of any change made.

Key Performance Indicators

8. Schedule 2.2 of the Brook House Contract (**SER000158_199-219**) sets out at Annex 1 the Key Performance Indicators ('KPIs') used to measure the performance of the contractual services provided by Serco. The KPIs are focused on residents' welfare, staffing metrics, security/safety and the maintenance of decent conditions in the Centres. There has been no material change to the KPIs or the application of the penalty mechanism which is as laid out in the contract at Schedule 2.2, subsection 2.3.

9. Penalties are linked to the anticipated average monthly service profit margin and are weighted depending on severity as follows: Minor: 0.25%, Serious: 1%, Severe: 5%. A “critical” KPI failure results in a fixed penalty of £50,000. Currently, the monthly service profit margin by which the penalties are calculated increased by 30% in February 2022. The anticipated average monthly service profit margin was set prior to the contract being signed. It is a fixed amount and is not the actual monthly revenue for the contract.
10. Performance is monitored and reported through both on-site HO monitoring and self-reporting. Serco is required to report any failures under KPI 11 as part of Schedule 2.2 to the HO through the HO Contractual Monitoring Team, located on site. Data is provided by way of an agreed reporting structure, a balanced scorecard on a weekly and monthly basis and performance is also discussed at the Weekly Operations Review Meeting ('WORM') and the Monthly Operations Review Meeting ('MORM'). These meetings are attended by both Serco and HO Managers.
11. Whether a performance failure was due to a failure to comply with any contractual obligation (such that it might amount to a KPI failure) would be discussed at the WORM, looking at the incident and any relevant information. Mitigation will form part of the discussions and is based on two factors: extraordinary situations, outside of Serco's control, that significantly impact the ability to deliver; or where Serco have introduced new systems or processes that will stop the failure occurring again.
12. The HO Senior Manager on site determines whether the mitigation is accepted and whether or not a failure has occurred. This remains the same regardless of the nature of the failure. There is an escalation process in place if we do not agree with a penalty that has been imposed. The reporting of KPI data is entirely transparent and we work in agreement with the HO at all times.

13. Where mitigation is accepted, Serco commences an investigation into the root cause of the failure, following which an action plan is formulated to avoid any reoccurrence. The action plan addresses the issues highlighted and is agreed with the HO. This forms part of a formal process, with set timescales and accountability. Any action plans are monitored by myself and, the Deputy Director, Sarah Newland. Since the contract commenced in May 2020, there have been no persistent failures giving rise to the implementation of a formal improvement plan.
14. Where mitigation is not accepted in relation to a KPI failure, a plan is also implemented in order to learn from the failure and implement any new procedures as required.
15. All KPIs are treated the same and the process as outlined in Schedule 2.2 is followed. As I have highlighted, it is important that the KPI process is transparent and that there is agreement between Serco and the HO at every stage.

Staffing Levels

16. I have reviewed document **SER000226_180-182**, Schedule 2.1 subsection 16.7 “Staffing Proposals”. Serco hold a policy on recruitment and retention. An analysis of staff trends is carried out regularly. For example, for the Gatwick IRCs contract, we have KPI requirements to maintain staffing levels (KPI 13). We also review staffing data, attrition and consider how to manage any gaps, which we discuss with the HO every six weeks as per the Gatwick contract requirement (as required under paragraph 16.4.1 of Schedule 2.1 of the Gatwick contract). There was also additional mobilisation and a 'ramp up' plan as agreed with the HO from 21 May 2020. A copy of the SOP Recruitment and Retention Policy is attached as Exhibit SH01.
17. The current staff retention level has a 3.5% turnover.

18. An advanced Control & Restraint ('C&R') unit is laid out in PSO1600 and consists of 12 staff, trained to C&R advanced level by accredited Prison Service trainers, plus 2 trained commanders in charge.
19. The arrangement detailed at sub section 16.7 in respect of maximum average rostered hours of 40 hours per week for both Detainee Custody Officers ('DCOs') and Detention Centre Managers ('DCMs') is currently in force.
20. New patterns of working were introduced in 2020 when Serco took over the running of the Gatwick IRCs, in line with the contract provisions. On 27 September 2020, new patterns were introduced in order to invoke the changes before the implementation of the new core day which was from 07:00 to 22:00. The patterns varied depending on the area and role. The shifts were worked out as an average of a 40 hour week in line with the requirements of the contract. I am aware that the shift patterns introduced caused some discontent amongst staff at that time and I agreed to review the position after a 6 month period, which I have done. The shift patterns have since changed with the agreement of the HO and staff are much happier with the shift patterns currently in place as we have attempted to provide more rest days together which has provided more time to recuperate and rest thus providing a better and more sustainable work life balance.
21. The Senior Management Team ('SMT') are fully visible across both sites, with key personnel attending the morning operational meetings at Tinsley House on Tuesdays and Thursdays. One member of the SMT is permanently on site at Tinsley House. In addition, visiting every area of the Centre on a daily basis forms part of the Duty Director's role and responsibilities.
22. Non-effective time is time built into the contract to take account of expected periods of unavailability such as annual leave, sickness and training days. As part of the contract, there will be 22% non-effective time as a minimum target. This target has been achieved.

23. **SER000208_1-4** is the ‘Annex B’ referred to at subsection 16.8.1 of the Brook House contract. It represents the current operational staffing requirements at Brook House. It is important to note that during mobilisation of the contract from May 2020 to August 2020, there was a 3 month KPI relief period on the application of all KPIs. From July 2021, the HO requested Serco to provide additional services. This was an additional contracted arrangement requested by the HO, which meant that staff at the Gatwick contract were required to provide additional/contingency services. As part of this commercial negotiation, the HO agreed that the derogation on KPIs 12-16 (as set out below) would continue until 31 March 2022.
- a. KPI 12 - Failure to provide the number of DCOs and DCMs that are funded as part of the Agreement.
 - b. KPI 13 - Failure to provide Required Staffing Levels as detailed in Schedule 2.1 Annex B Staffing Model categorised as ‘Red’ and Schedule 4.1 (Supplier Solution).
 - c. KPI 14 - Failure to perform sufficient/timely recruitment processes in order to maintain the permanent non DCO & DCM numbers as detailed in Schedule 4.1 (Supplier Solution) resulting in positions remaining unfilled for a period exceeding 3 (three) months.
 - d. KPI 15 - Failure to ensure staff adhere to the staff culture and conduct policy as detailed in Schedule 2.1 paragraph 16.4 Maintaining a Healthy Staff Culture.
 - e. KPI 16 - Failure to ensure staff are trained, inducted and mentored appropriately as detailed in Schedule 2.1 paragraph 16.6.
24. KPIs 15 and 16 are being delivered and monitored via HO Senior Managers on site. Serco are meeting their contractual obligations in this regard.
25. All other KPIs remain live and Serco are penalised if there are any failings in accordance with the provisions of the contract.

26. Red staffing numbers are mandated and deployed throughout the core day (0700-2200hrs). Green staffing numbers are throughout normal office hours, (0800-1700hrs).
27. I can confirm that Annex B provides that on weekdays (daytime), there should be 10 DCMs and 75 DCOs at Brook House, on weekends (daytime), 9 DCMs and 76 DCOs, and overnight 2 DCMs and 18 DCOs. This is a minimum requirement.
28. The level of staffing as set out in Annex B does not vary with occupancy.
29. Schedule 2.2, Annex 1 of the Brook House contract provides that failure to provide Required Staffing Levels as detailed in Annex B and categorised as 'Red' constitutes a "serious" performance failure, per KPI 13, measured by unstaffed posts. I can confirm that this remains in force albeit there is currently a derogation in place as highlighted above at paragraph 23.
30. Between May 2020 and October 2021, operational staffing levels increased from circa 200 to around 460 ensuring that more staff were operational and visible on the wings. Total overall staffing for both sites as at 28 February 2022 is 583 to include operational staff, senior management and administrative staff.
31. The Inquiry has been provided with a services description setting out the number and type of staff on contract (SER000207). Staffing level data from May 2020 - October 2021 in respect of SMT, DCM and DCO figures have also been provided (SER000158). It is correct that SER000207 provides "numbers in post" for DCMs and DCOs for both Gatwick sites/Brook House.
32. Schedule 2.2, Annex 1 regarding performance failures remains in force, albeit as highlighted above, the HO agreed that the derogation on KPIs 12-16 will continue until 31 March 2022. There are two KPIs relating to staffing levels: one relating to the overall numbers of staff employed and one monitoring the numbers of staff deployed to specific areas/activities at specific times of day. Serco is contracted to

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employ 409 DCOs and 60.8 Detention Operations Managers ('DOMS'). This is an increase of 200 DCOs and 20 DOMs respectively on the numbers in post at the time of Serco taking over the Gatwick contract. Recruitment was completed according to the phased 'ramp up' plan agreed in the Mobilisation and Transition Plan and we continue to hold regular recruitment events, assessment centres and Initial Training Courses ('ITCs') in order to maintain the required staffing levels.

33. It is correct that there were fluctuations in respect of DCO numbers within the 18 month period May 2020 – October 2021. This was part of the 'ramp up' plan to increase DCO and DOM numbers that had been agreed with the HO.
34. The staffing levels referred to within **SER000158** relate to both sites and are interchangeable between sites.
35. It is correct that there were fluctuations in respect of DCM numbers within the 18 month period May 2020 – October 2021. Again this was part of the 'ramp up' plan to increase DCO and DCM numbers as agreed with the HO.
36. As above, the level of vacant positions was due to the increased recruitment plan as agreed with the HO.
37. Performance measures data provided to the Inquiry suggests that no KPI failures were logged in respect of KPI 12 during the period May – November 2020 (**SER000230**), despite the above, and that from December 2020 – October 2021, KPI failures in respect of KPI 12 were only reported in August and September 2021 (**SER000246**). This is due to the derogation in place with the HO while we recruited into roles as part of the recruitment plan. This was in the form of a Mobilisation and Transformation plan agreed with the HO that was in place prior to the commencement date of the contract on 21 May 2020. The deployment of staff on site is reported to the HO daily for monitoring purposes. However, this KPI has not yet come into operation due to the anomalous nature of the operational requirements throughout the Covid-19 pandemic, which has significantly varied

the requirements for staff deployment. Variations in requirements include changes in the population demographic and occupancy levels, temporary closure/re-purposing of accommodation, self-isolation, social distancing and cohorting. Any such changes in deployment are agreed with the on-site HO contract monitoring team.

DCO and DCM Roles

38. I have been referred to the DCO job description (**SER000114**). The job description provided is the DCO job description relating to Yarl's Wood which is exactly the same as the DCO job description in place at Brook House. A copy is attached as Exhibit SH02.
39. I can confirm that the current full-time 40 hours per week salary for a DCO is £26,043. The starting salary is not variable or negotiable depending on experience. It is the same salary for all DCOs at both sites. The DCO salary increases on a yearly basis.
40. The current salary for the DCM/DOM role is £32,585.88. DOMs are promoted from within and also recruited externally. All candidates have to complete a DOM assessment, which includes role play and a range of competencies and scenario-based interviews covering ACDTs, Complaints, Assaults and Leadership. A copy of the job descriptions for the current DOM role, both Operational and Residential are attached as Exhibits SH03 and SH04.

Training

41. The current ITC programme (**SER000253**) in force at Brook House has been provided to the Inquiry.
42. Training was adapted during 2020 in order to incorporate Covid-19 control measures with approval from the HO. Training therefore takes place on site and

off site at a local hotel, and for the first 8 months of the contract from May 2020, it was based entirely at a local hotel to ensure Covid safety.

43. Training is delivered by accredited Serco-employed trainers and this includes Use of Force training delivered by HM Prison and Probation Service ('HMPPS') accredited instructors. Guest speakers from within the IRCs also contribute to the course, including speakers from the Independent Monitoring Board ('IMB'), Healthcare and management.
44. The Positive Detention Culture Programme, **SER000023**, is led by an external academic, Dr Victoria Lavis of The Appreciative Partnership and is also subject to a KPI relating to staffing, KPI 15. The programme focuses on supporting Serco to develop and maintain a positive detention culture within the IRC and is specifically designed to comply with HO contractual requirements. The programme assesses the culture and conduct within the IRC against specific criteria. This is designed to create healthy behaviours amongst staff by encouraging positive role modelling and effective leadership. Culture does not change overnight and therefore, we are delivering a comprehensive programme throughout the Centre in order to positively impact the culture from management down.
45. **SER000026** ("House Rules Brook House") and **SER000041** ("Healthy Staff Culture SOP") are provided to staff during the ITC. Shadowing then provides familiarisation with both documents.
46. **SER000351** is a PowerPoint entitled "Serco Human Rights Presentation" with speaker notes. This document forms part of the ITC and covers elements of the Human Rights Act 1998 that are relevant to issues that arise in the IRCs. All new staff are asked to complete between 6 and 8 modules on our online virtual college platform depending on their role, which include aspects of the Human Rights Act 1998 for example: human trafficking, radicalisation and extremism.

Brook House Building and Facilities

47. With reference to the *'huge investment in changing the physical appearance of both Brook House and Tinsley House'*, physical alterations on the site include: redecoration and refurbishment, the installation of biometric turnstiles, biometric multilingual kiosks and reconfiguration of offices and meeting spaces. Such measures have been intended to improve the environment for both residents and staff through improved aesthetics, comfort and accessibility. Our target operating model includes an increased access to regime activities (such as extended access to Education facilities). However, the constraints of the pandemic have limited the extent to which communal activities can be enjoyed, with many activities needing to be re-located and/or restricted in their timings to allow the separation of residents on specific residential units, to prevent mixing of wing Covid-19 bubbles. In particular, the pandemic has by necessity reduced the opportunity for external bodies such as voluntary groups, like the Gatwick Detainee Welfare Group ('GDWG'), to attend the Centres. Serco welcome the opportunity for greater engagement with community-based and third sector agencies as restrictions decrease.
48. The location of the wing offices and HO staff remains the same. Both wing offices and HO offices have had redecoration and new furniture.

Current Population

49. The maximum capacity at Brook House is 448 according to the Brook House contract (if there were no restrictions due to the pandemic). This number includes all rooms. Please note that there are no rooms with 3 beds in.
50. The current population of Brook House is 153 and Tinsley House is 0, as of 11 February 2022. Occupancy levels have fluctuated considerably during the pandemic, as the HO has varied the utilisation of the detention estate in order to make effective use of capacity and minimise COVID transmission risk. Recent

trends are therefore not useful predictors of future occupancy levels or demographics.

51. A number of factors influence fluctuation in the size and demographic of the population month by month, including: whether it is being used as a short term holding facility; the HO accommodation strategy and the HO enforcement activity. The Detention Escorting Placement Management Unit control the allocation of residents. Therefore, the HO would be best placed to provide further information in this regard.
52. As above, as the HO control the allocation of residents, and indeed have oversight of their enforcement strategy for the coming year, they would be best placed to determine what the likely trend in average population is likely to be over the coming year.
53. The current proportion of Time Served Foreign National Offenders ('TSFNOs') at Brook House is 64% at the end of January 2022.
54. The top five nationalities at Brook House are Albanian, Indian, Pakistani, Brazilian and Zimbabwean, as at 15 February 2022.
55. The current average length of detention at Brook House is 40 days, as at the end of January 2022.
56. The longest-detained individual currently detained at Brook House has been there for 364 days, as at 15 February 2022.
57. The current induction process is completed in accordance with the Induction Policy and meets the requirements provided by the HO. All inductions are completed as expected, albeit there is one part of the induction process that Serco cannot currently comply with. The induction process requires newly arrived detained persons to go to a dedicated induction wing for the first 48 hours and

receive induction during that time. However, due to Covid-19, Serco have not been able to comply with this requirement as newly arrived detained persons must isolate for 14 days to ensure that they do not have Covid and to avoid the spread of infection. We have therefore been unable to use the induction wing and instead, we currently send new arrivals to the wing dedicated as the “induction wing” at the time, at which point the new arrivals receive the induction.

Use of Force

58. All Use of Force training documents and protocols for training new staff have been provided to the Inquiry and are in line with PSO1600.
- a. **SER000351** – Human Rights Slides
 - b. **SER000253** – ITC Schedule of Learning
 - c. **SER000195** - Complaints
 - d. **SER000429** – Healthy Staff Culture SOP
 - e. **SER000026** – House Rules
59. All Use of Force Policy Documents, including in relation to recording Use of Force have been provided to the Inquiry.
- a. **SER000054** – Serco Immigration Security Strategy
 - b. **SER000170** - Use of Force, RFA & TC Standard Operating Procedure
60. Use of Force training is provided by Serco trainers, who have been trained and accredited by HMPPS trainers.
61. The auditing of Use of Force footage and documents takes place within 24 hours after every incident or Use of Force. This is undertaken by a multidisciplinary team including the Use of Force coordinator, Instructor, Duty Director, Healthcare, IMB and HO. All of the mentioned parties would be present.

62. The type of material used for this audit would include forms, footage, statements, Body Worn Video and CCTV.
63. The auditing is done in relation to every Use of Force, not just a sample. The audit process is overseen by a multidisciplinary team including IMB and the HO.
64. Where there are concerns regarding a Use of Force event or the paperwork associated with it, the material is reviewed and advice is provided by the Use of Force Co-ordinator, Assistant Director of Operations and Use of Force trainers to address any learning or training issues. It would also be reported as a failure under the relevant KPI with the HO.
65. There is managerial oversight of any planned Use of Force debrief, as they are conducted by a Senior Manager.
66. Page 16 of the IMB report for 2020, **INQ000116**, analyses use of force incidents in 2020 compared to previous years. The data for this report would be provided by the HO. The time period analysed corresponds with high levels of HO enforcement/removal activity. By way of example:
- a. In August 2020, there were 23 instances of uses of spontaneous force. 19 of these instances were to prevent self-harm. During this time, there was a marked increase in the HO removal activity since the start of the COVID-19 pandemic.
 - b. In September 2020, there were a high level of arrivals and departures and continued removal activity by the HO through charter flights. This resulted in 19 instances of spontaneous Use of Force, 14 of which were to prevent self-harm.
 - c. In October 2020, there were a total of 24 instances of Use of Force, including 20 instances of spontaneous Use of Force. 8 of these were to prevent self-

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harm. 14 of the total were to maintain good order, 1 in relation to property damage and 1 in relation to Protect Yourself which relates to a low level use of force. During this month, there continued to be high levels of removal activity by the HO.

d. In November 2020, there was a total of 26 instances of Use of Force, including 19 spontaneous, of which 14 were to prevent self-harm. During this month, there continued to be high levels of removal activity by the HO.

67. I would anticipate a reduction in the prevalence of Use of Force in 2021, due to a reduction in average population as increased HO enforcement activity came to an end.

68. With reference to the article in *The Observer* dated 26 December 2021, entitled '*Suicidal asylum seekers subjected to 'dangerous' uses of force by guards at detention centre*' (INQ000115) and LIB000116, I comment as follows: On 30 March 2020, prior to Serco taking over the Gatwick contract, the HO provided dispensation for the Use of Force for 6 months, specifically in relation to the frequency of "refresher" training, as it was not possible to provide annual refresher training during the Covid pandemic. Dispensation was agreed by the National Tactical Response Group ('NTRG') as part of HMPPS. It was a national dispensation that was rolled out via the HO to all IRCs. This was a mandated instruction issued by the HO in order to meet the social distancing requirements in place at the peak of the pandemic restrictions.

69. Having designed a programme that was assessed by the HO as meeting Covid-19 requirements, Serco restarted Use of Force refresher training at Gatwick IRCs in August 2020. This programme allowed us to train new staff on the ITC and meet the 'ramp up' targets. This programme was later rolled out by the HO to other IRCs across the country as an example of best practice and was adopted by the NTRG. Throughout this period, staff who were trained but overdue for refresher training were permitted to participate in unplanned Use of Force events. However, this was

only as required to protect themselves or residents, even if they were technically 'Out of Ticket' in accordance with this nationally mandated dispensation. It is not unusual for some officers to be 'Out of Ticket' due to maternity leave or long term sickness. This related to spontaneous and urgent requirements only. Planned interventions continued to require that all staff involved had up to date accreditation as per PS01600.

70. Throughout the period covered by the dispensation, we had compliance of 96% or above for C&R basic refreshers amongst staff.
71. Officers whose training had expired would not be used for planned Use of Force. They may however be required to engage in spontaneous Use of Force as necessary.
72. Broadly speaking, I agree that Use of Force increased proportionately in line with population growth within the IRC. This reflected a need for the HO to effect removal plans. I refer to my previous comments regarding the increase in numbers and difficulties faced during that time.
73. With reference to the IMB 2020 report I can confirm that Serco shared their concerns and data that reflects the rise in self-harm at Brook House and the rise in Use of Force, in order to prevent residents self harming, who were placed at Brook House for the Esparto flights. The main reason for the rise in Use of Force in that period was for the prevention of self harm.
74. With reference to **LIB000089** and **LIB000149**, I have been made aware of the allegation relating to pain-inducing restraint being used on a detainee to force him to accept a medical assessment after a planned Use of Force. This incident was the subject of an external Professional Standards Unit management review that concluded that Serco and Healthcare staff acted in the best interests of the detainee's safety and wellbeing.

75. With reference to **LIB000176** and **LIB000175**, the accuracy of paperwork was highlighted during the Use of Force meeting within the Use of Force report and was addressed by the Use of Force Co-ordinator through additional training and within the ITC.
76. With reference to **LIB000172**, I have been made aware of an allegation that officers were reserving their right to later change reports. The minutes referred to were dated October 2020, 4 months after Serco took over management of the IRCs. This issue was subsequently clarified with staff and they were informed that the wording used was incorrect. Staff are aware that they have the right to add to their reports, rather than amend them.
77. With reference to the allegations of excessive force highlighted within **LIB000015**, **LIB000019**, **LIB000050** and **LIB000163**. I am fully aware of the allegations that have been raised, which were fully investigated at the time and responses were provided in full. I refute that excessive force was used in the specific instances highlighted. Our properly trained and certified officers use reasonable, necessary and proportionate force as a last resort. This force is conducted within the parameters in place to safeguard residents within the IRCs.

Complaints

78. I have read **SER000195** and can confirm that it is the Complaints Policy/SOP currently in force.
79. A blank copy of a DCF9 Complaints Form is attached as Exhibit SH05.
80. The DCF9 Complaints Form is available in the following languages: Albanian, Arabic, Bengali, Chinese, Dari, English, Farsi, French, Hindi, Kurdish, Pashto, Polish, Somali, Spanish, Tamil, Urdu, Portuguese, Vietnamese, Punjabi, Gurmukhi and Punjabi Shahmukhi.

81. Any complaint is recorded by the HO and shared with Serco to respond as per policy and in accordance with the contract in place. Detainees can also submit their complaint via the IMB, who would raise a DCF9 Complaint Form on their behalf.
82. The HO arrange for translation of any complaints that are received in languages other than in English. They are allocated via the HO and therefore, the HO would be best placed to answer this question.
83. Any allegations of misconduct made by a member of staff are investigated. The IMB are able to submit or raise a DCF9 on behalf of residents where appropriate.
84. The number of complaints received from detained persons over the last 18 months is 146 up to 22 February 2022.
85. All complaints are sent directly to the HO who then categorise and allocate them accordingly.
86. In July 2021, there were 28 complaints. These consisted of two group complaints that involved numerous detained persons signing their names to one complaint. The complaints were found to be unsubstantiated following investigation. Both complaints related to COVID. The first group complaint related to not being given test results and was signed by 14 residents. The second group complaint related to staff mixing amongst wings and the risk of spreading COVID. This was signed by 19 residents. Group complaints are counted by the number of names on the complaint, hence the high numbers.
87. In September 2021, there were 14 complaints. This is not a particularly high figure, especially as one complaint was a group complaint signed by a number of detained persons. The complaint related to a detained person who had been involved in an instance of violence on the wing and the complainants wanted him moved to another wing. The detained person concerned was eventually moved for his own safety, but not due to the complaints received.

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88. Of the 146 complaints received in the last 18 months to 22 February 2022, 137 were dealt with internally. 9 of the complaints received during that period were considered by the PSU. One of the 9 complaints investigated by PSU was a management review commissioned by Phil Riley, HO Director regarding the movement of a resident whose removal directions had been cancelled. An investigation took place and a recommendation was provided by PSU.

Feedback from Staff

89. Serco operate an anonymous whistle-blower programme, "Speak Up" by which anyone can raise a concern. This is operated by a third party in order to protect the anonymity of the individual and to hold the organisation to account for appropriate investigation/action. "Speak Up" activity is monitored by our Ethics and Compliance Team and reported to senior leadership both upon receipt and by way of monthly reports thereafter. **SER000428** is a running log of "Speak Up" cases. The acronyms in Column E refer to MyHR, which is the external HR department. Contract refers to standalone teams within the business. The action would be sending it to either myself or Sarah Newland, the Deputy Director, for comments, action or preparing a response back to the Centre. Alternatively, senior management may determine that an independent investigation is required outside of the IRC management chain. The follow up and appropriateness/completeness of the response is monitored at a Divisional level.
90. A DCO Mentoring Programme is in place at the IRC. During their ITC, DCOs will be introduced to their allocated Mentor who will provide guidance and support over a 12 week period, in order to embed learning from the ITC into everyday duties. The initial four weeks following the ITC will be spent shadowing the Mentor, before receiving support from the Mentor, Training Team and Line Managers for a minimum of a further 12 weeks. The Mentor is on hand to answer any queries and assist the new recruit in familiarising themselves with their new role. A mentoring passport supports this process and the Mentor will ensure that

the new recruit meets the required standard for each task before it is signed off. Regular mentoring meetings will be held to support the new recruit throughout this process and make them aware of their strengths and development areas. A copy of the DCO Mentoring Programme is attached as Exhibit SH06.

91. Exit interviews are performed with staff leaving the business. That information is shared with the HO in accordance with 16.4.1 of the contract in order to give them oversight of any issues relating to staff culture or concerns.

Disciplinary Investigations

92. Over the last 18 months there have been 9 disciplinary investigations carried out against staff relating to mistreatment of detained people. I have summarised the allegations and outcomes below:
 - a. A detainee was incorrectly informed that his flight was booked for a certain date. This caused distress to the detainee and his family. This complaint was substantiated on the basis of a DET error due to incorrect flight information being provided.
 - b. A complaint was received in relation to an allegation that an officer rudely refused to go to the shop on behalf of a resident. Following an investigation the complaint was found to be unsubstantiated and no further action was taken.
 - c. A complaint was received relating to an allegation that a DCO had been swearing at residents. A final written warning was issued following a thorough investigation.
 - d. A complaint was received relating to an alleged assault of a resident. An investigation was commenced following which a disciplinary hearing was

conducted. A final written warning was issued as a result. This outcome was appealed and the sanction was upheld.

- e. A complaint was received relating to an allegation of inappropriate comments/attempts at humour. Following an investigation this complaint was upheld and the DOM was spoken to by Management, advice and guidance was provided and mediation has taken place.
 - f. A complaint was received in relation to an allegation that a DCO was acting in a matter to provoke detainees. A thorough investigation was carried out during which the DCO resigned.
 - g. A complaint was received in relation to an allegation regarding the use of improper language towards a resident. This behaviour was challenged by the DCOs line manager and no further action was taken.
 - h. A complaint was received regarding a DCOs conduct towards residents. The DCO was spoken to and advice and guidance was provided. No further action was taken.
93. Over the last 18 months there has been 1 disciplinary investigation carried out against staff relating to comments about detained people. This allegation related to inappropriate comments captured on Body Worn Cameras during accidental recording. The DCOs probation was reviewed and extended.
94. Over the last 18 months there have been 4 disciplinary investigations carried out against staff relating to racist, homophobic or sexist behaviour. One allegation related to an officer screaming in a detainees face for singing. This allegation was found to be unsubstantiated. One related to an officer's behaviour towards a female staff members. The investigation into this allegation is still pending. A further two complains related to abusive/racist language against an ex-resident. This complaint was found to be partially substantiated.

95. Over the last 18 months there have been no disciplinary investigations carried out against staff relating to a failure to report complaints or incidents of mistreatment.
96. Over the last 18 months there have been 6 disciplinary investigations carried out against staff relating to excessive use of force. All allegations related to officers using excessive and unnecessary force. PSU investigations have been undertaken into these incidents with 3 concluding that the complaint was unsubstantiated. 2 PSU investigations ongoing. The final investigation resulted in a PSU management review and recommendations.
97. Over the last 18 months there has been 1 disciplinary investigation carried out against staff relating to a failure to correctly complete Use of Force forms. A disciplinary investigation was undertaken following which the individuals involved were issued with a written warning and required to undertake a C&R refresher.

Healthcare

98. PPG took over from G4S on 1 September 2021. The service is commissioned by NHS England and Serco. I was part of the evaluation team along with representatives from the HO and the NHS.
99. NHS England would be able to comment on material contract changes. From my perspective, there appeared to be additional benefits for residents, as there were more mental health nurses, a weekly psychiatric visit, additional registered nurses and other enhancements, such as podiatry. Dental services is part of the new PPG contract, not yet fully introduced, and is currently being discussed with the HO, PPG and NHS commissioners.
100. Serco have had no input into who provides Doctor services at the IRC. This process is managed by PPG.

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Specific policies and Processes

101. I note the comments within the IMB 2020 Report at page 13, **INQ000116**. I would agree that there were increased numbers of detainees with vulnerable mental health concerns at that time. We supported those individuals in line with the resources available to us at that time and to the best of our ability. As previously highlighted, there was increased activity at the time and Serco have no control over the number of individuals located at the IRC.

Rules 40 and 42 of the Detention Centre Rules 2001

102. We follow the Detention Service Order on Rule 40/42, and any removal from association is agreed by the HO. All Rule 40/42 documentation is shared with the HO and submitted by management within Serco. All policy documentation provided to the Inquiry is followed. All Rule 42 cases are reviewed every 24 hours by a multidisciplinary team including Healthcare, IMB and Chaplaincy.

103. Rule 40 separation is no longer used pre-emptively in advance of removal flights. The use of Rule 40/42 is only used as a last resort, and only if a resident's behaviour impacts upon the good order and stability of the Centre.

Assessment Care in Detention and Teamwork ("ACDT")

104. We follow HO guidance and currently use version 1 of the ACDT document. ACDTs are reviewed on a regular basis by a multidisciplinary team and can be opened by anyone who has identified concerns or risks in relation to a detainee.

105. The data provided at **SER000194** is correct.

106. The average centre population between June 2020 and October 2021 was 89.

107. The average population at Brook House in October 2021 was 136.
108. Serco have no role in the decision to detain individuals, the allocation of individuals to the IRC, nor their removal status. Our role is to provide a safe, decent and healthy environment and to ensure the care and welfare of the individual. It would not be appropriate for Serco to comment on matters of immigration detention or removal policy. The HO would be better placed to answer issues raised by the IMB in relation to policy.
109. The IMB Report includes a breakdown of instances of actual or threatened self-harm measured against a snapshot of population data. It is not possible for Serco to provide a detailed analysis of the incidences of self-harm prior to our taking over operation of the IRC. Rather than a straightforward numerical analysis of frequency rates and trends, it is necessary to consider the total number of individuals in our care (taking into account the transient rather than static nature of the population), the extent to which multiple instances of self-harm may be attributable to a small number of individuals, demographic risk factors, increased staff vigilance, presentation of individual vulnerabilities etc. During Serco's tenure, the IMB have commented on an increased incidence of actual or threatened self-harm in the third quarter of 2020, which correlates with a higher concentration of removal flights in this period. It is recognised that the prospect of impending removal is a high stress trigger factor in relation to individual well-being and the risk of harm. Our approach in respect of assessing and supporting individual needs is cognisant of this and other relevant factors.

Rule 35 of the Detention Centre Rules 2001

110. Rule 35 is managed by the healthcare provider in conjunction with the HO. An assessment report is completed by a doctor and sent directly to the HO in order to consider appropriate next steps in relation to the individual. Serco signpost residents on how the process works via our welfare team or wing staff, but have

no direct involvement in the process. The Rule 35 policy is followed by HO staff, DET and Healthcare.

111. With the benefit of hindsight, I can see why there may have been more applications under Rule 35 in respect of detained persons pending removal under the Dublin Convention, due to the increased number of detainees at the IRC. The HO would be best placed to answer questions in relation to this aspect of the IMB Report.

112. The current average waiting time for a Rule 35 assessment is 24 hours.

113. The Inquiry has highlighted that the IMB Report notes that between August and December 2020, there were only two reports made in respect of Rule 35(1) and no reports made under Rule 35(2). This is not something that I am able to comment upon. PPG and the HO would be better placed to deal with this aspect of the IMB Report.

114. Serco staff are made aware of the Rule 35 process during the ITC.

115. The Inquiry has stated that data from 2021 (**LIB00003_24**) shows that at Brook House in the first half of 2021, no Rule 35 assessments were carried out under Rules 35(1) or Rule 35(2). Instead, 43 Rule 35(3) assessments were carried out which related to torture. I am unable to comment on whether this reflects an accurate picture of the level of health concern and suicidal risk amongst the detained population at Brook House during that period, as I would also need to consider the number of ACDTs and other factors. PPG and the HO would be better placed to deal with this aspect of the IMB report.

Drug Use and Prevention

116. There has been very little intelligence or reports of drugs in Brook House at the current time. There have certainly been no episodes of spice abuse or large amounts of drugs within the IRC since Serco took over. I am not so naive to think

that there are no drugs at all, but there have been reduced visits due to Covid and there have been no major incidents. We continue to detect drugs using x-ray, searching and ionising testing on paperwork that comes into the ITC. There is also a full Drugs and Alcohol Testing Policy in place and staff members are searched regularly on a random basis.

Oversight / External Bodies

117. I am unable to comment upon the role of the IMB in 2017. However, currently I (or my Deputy) attend the IMB monthly meeting and I share my monthly Centre Managers Report with them. We have a good professional working relationship.
118. Referrals to West Sussex Adult Safeguarding Board are made via their website. A concern will be raised and a member of their team will come to the IRC and assess the position. They are involved with any safeguarding referrals and a full Memorandum of Understanding is in place between the parties.
119. The GDWG has now grown to around 70 volunteers, who visit and befriend people held in immigration detention at Brook House and Tinsley House. The group believes (and I fully agree) that each person held has a right to be treated with respect, whatever the outcome of their case. Their staff team co-ordinate and support volunteers, as well as providing support and advocacy to detainees. GDWG try as far as possible to make appropriate referrals on behalf of detainees and help people to make complaints where appropriate. They collate information, along with other visitors' groups, with a view to improving the well-being of people in detention. GDWG also assist with small practical needs, such as second-hand clothing, international phone-cards, and small amounts of money to people experiencing destitution.
120. GDWG visit residents at both IRCs and have the ability to host drop-in surgeries in the visit area. They also attend the monthly Safer Community Committee

meeting. As we are able to reduce the pandemic restrictions, I am actively attempting to engage with the group more, allowing increased access to provide more support to residents. A Memorandum of Understanding has been drawn up and we are awaiting confirmation from the HO in relation to next steps.

121. Hibiscus is a charity that work with families and children in the pre-departure accommodation at Brook House. This is a legacy contract in place prior to Serco undertaking the contract at the IRC. It is a pastoral cost that is claimed directly from the HO. There is an agreed Service Level Agreement in place between Serco and Hibiscus.

Other Reflections

122. Since Serco undertook the full operation of Gatwick IRCs in May 2020, we have made significant improvements to the operation and have established an open, inclusive culture that takes appropriate action when there are complaints or issues raised from residents, staff, the HO or stakeholders, including the IMB and GDWG.

123. In addition to the changes which have been intrinsically built into the contract and therefore forming part of our operating model, the Covid-19 pandemic has had a significant impact on the operation and utilisation of the Centres, which hinders the drawing of a direct comparison between current and recent practice and the practices which were in place at the time of the events subject to the Inquiry.

124. In my view, Gatwick IRCs are now well managed and well-staffed. Our officers are properly trained, certified and behave professionally.

125. We have incorporated the learning and findings stemming from the Stephen Shaw Review into the Welfare in Detention of Vulnerable Persons dated January 2016, the Kate Lampard Independent Investigation into concerns about Yarl's Wood Immigration Removal Centre dated January 2016 and, subsequently, the Kate

Lampard Independent Investigation into concerns about Brook House Immigration Removal Centre dated November 2018.

126. We have adopted a collaborative, flexible and imaginative approach in order to provide a safe, decent, secure and respectful IRC that meets the ongoing and diverse needs of the residents in our care.

Statement of Truth	
I believe that the facts stated in this witness statement are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.	
I am content for this witness statement to form part of the evidence before the Brook House Inquiry and to be published on the Inquiry's website.	
Name	STEVEN HEWER
Signature	<div style="border: 1px dashed black; padding: 5px; display: inline-block;">Signature</div>
Date	1 st March 2022

Witness Name: Steven Hewer
Statement No: 1
Exhibits: SH01 – SH06