

Public Accounts Committee

Oral evidence: Resilience to threats from animal disease, HC 885

Thursday 4 September 2025

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Public Accounts Committee members present: Sir Geoffrey Clifton-Brown (Chair); Mr Clive Betts; Mr Luke Charters; Sarah Green; Chris Kane; Oliver Ryan.

Environment, Food and Rural Affairs Committee member present: Josh Newbury.

Gareth Davies, Comptroller and Auditor General, National Audit Office, Rich Sullivan-Jones, Director, National Audit Office, and David Fairbrother, Treasury Officer of Accounts, HM Treasury, were in attendance.

Questions 1-63

Witnesses

I: David Hill, Interim Permanent Secretary, Department for Environment, Food and Rural Affairs; Emily Miles, Director General, Food, Biosecurity and Trade, Department for Environment, Food and Rural Affairs; Dr Richard Lewis, Chief Executive, Animal and Plant Health Agency; Professor Christine Middlemiss BVMS MRCVS, UK Chief Veterinary Officer.

Report by the Comptroller and Auditor General
Resilience to animal diseases (HC 946)

Examination of witnesses

Witnesses: David Hill, Dr Richard Lewis, Professor Christine Middlemiss and Emily Miles.

Chair: Welcome to the Public Accounts Committee on Thursday 4 September 2025. Animal disease outbreaks can be devastating for the farming and food sectors, threatening our economy and costing taxpayers billions of pounds. The major foot and mouth disease outbreak of 2001 cost the public and private sectors nearly £14 billion in today's prices. Factors such as climate change, antimicrobial resistance and changes to trading patterns are leading to outbreaks becoming more frequent. It is therefore important to strike the right balance between immediate responses and activities to strengthen long-term resilience.

The Department for Environment, Food and Rural Affairs and the Animal and Plant Health Agency have worked hard to manage frequent medium-severity outbreaks of animal diseases over the past several years. However, it is likely that they would struggle to cope with a more severe outbreak. Failure to carry out checks on high-risk animal imports is also threatening biosecurity at our borders.

In today's session, we will be examining how prepared the UK is for a major animal disease outbreak, questioning DEFRA and APHA on the structures that they have in place to stop animal diseases spreading, and challenging their focus on long-term resilience. To help us with all that, I am delighted to have David Hill—actually, I have a new process, so let me try it out on all of you. I'm going to let you all introduce yourselves.

David Hill: I am David Hill, the interim permanent secretary for the Department.

Professor Middlemiss: I am Christine Middlemiss, the UK chief veterinary officer. We give technical advice to Ministers.

Emily Miles: I am Emily Miles, the director general for food, biosecurity and trade.

Dr Lewis: Good morning. I am Richard Lewis, the new CEO at the Animal and Plant Health Agency.

Q1 **Chair:** Richard, I think this is your first time before the Committee. You are very welcome. I also warmly welcome Josh Newbury from the Environment, Food and Rural Affairs Committee. Before I open the questions, I should declare my entry in the Register of Members' Financial Interests as a practising farmer; some of this will therefore be relevant to me.



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I will start with you, David. How well would the country cope with a major outbreak of foot and mouth disease, or of any major zoonotic or other serious disease?

David Hill: As you acknowledged in your opening remarks, it is important to recognise that right now we are coping on a daily basis with concurrent outbreaks of disease. That has been our experience over the past few years. In effect, we have been in semi-permanent response mode for a few years. At the outset, let me say that we very much appreciate that the NAO Report pays tribute to the efforts of both DEFRA and APHA staff for their work in responding to those outbreaks and acknowledges that, while challenging, those have been broadly well handled.

I think it is true to say that a response to the most severe outbreaks of a single disease—what we would call a category 5 incident—or indeed to more severe concurrent, multiple outbreaks of disease would be very stretching for us. We do not resource at a level to have a standing capability to deal with some of those worst-case scenarios, so our focus is on building resilience in our systems so that we can surge resource to mobilise quickly when the need arises. We can take you through some of the approach that we would take to bring in additional veterinary capability.

In the most severe circumstances, we would be very, very stretched. We would be seeking to draw on some of the agreements that we have in place, including our international health emergency reserve agreements, whereby we could call on support from other countries. Also, as we do for other risks that we manage, such as flood response, we would ultimately have recourse to the MACA—military aid to the civil authorities—regime. But there is no denying that the most severe outbreaks would be very stretching for us.

That is why so much of our effort is going into building resilience at every stage of the system, whether that is investments in the National Biosecurity Centre in Weybridge, investments in APHA's systems and processes, or work to invest in livestock identity and traceability. None of those is a quick fix, so it is important to acknowledge that we are managing a high level of risk at all times. Christine, is there anything you would add?

Professor Middlemiss: I agree that the risk of a number of diseases has been increasing for us. I worked in Cumbria in 2001, and 2001 was catastrophic in many ways, but a number of lessons were learned and implemented from that. Indeed, in the recent EU outbreaks—Germany, Slovakia and Hungary—they used many of the lessons that we had learned, because they had been implemented in EU law. We have better structures, legislation and processes since then but, absolutely, this concurrence of ongoing outbreaks and increased risk is concerning.

Chair: We will be unpacking a lot of what has been said, but Richard, briefly, is there anything that you want to add? We will be covering a lot of what David was talking about—vets and systems and so on—in detail, but



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is there anything that you want to add at this stage?

Dr Lewis: Only to say that we deal with outbreaks that are concurrent for things such as avian influenza and bluetongue virus, so there are things that we are currently practised in, but of course category 5, as the permanent sec has already said, would be extremely challenging.

Chair: Emily, do you want to add anything?

Emily Miles: As Christine says, we are better equipped than we were, and we are trying to improve our capabilities all the time. Just in the last year, we have got an international help protocol with some other countries, we have created new surge resourcing protocols inside the Department and so on. So there are things we are doing to improve, and we have contingency plans, but we can say a bit more about that in the course of the session.

Q2 **Chair:** Well, I am delighted to hear that, because I was the PPS to the then Minister of Agriculture all the way through the BSE crisis, and it was absolute chaos. There were no proper arrangements across Government; we sat in a room every day with about 30 different representatives across Government Departments, and there was a serious proposal at one point that every single animal in this country was going to be slaughtered. I am delighted to hear what you say, but I think we will discover through this hearing that there are a number of shortfalls still.

David and Christine, what would be the consequences of failing to cope? If we got another BSE crisis again, how well would we cope? BSE, of course, is one of the most serious, because as a zoonotic disease it can spread to humans.

Professor Middlemiss: Absolutely, and that is a really important point. There are a number of reasons why we act on animal diseases. You touched on zoonotic disease; an animal disease that infects people is really serious. There are trade impacts: if you have a disease that infects people or creates massive productivity losses in your livestock sector, people do not want to trade with you. Then there is the whole animal welfare component of dealing with disease and the societal impact.

Different diseases behave in different ways, at different speeds. BSE, as you know, is a very long-term, slow disease. It does not come in individual animals with flashing lights saying, "I'm here"; it takes a while to build up, and so your control measures need to respond to that. Foot and mouth disease, for example, is very sudden and acute, with sick animals quickly. You can target much more quickly where your controls need to be.

Underneath, there are those underpinning systems—things like livestock identity and traceability. From BSE, we brought in the cattle identification and traceability system. From our foot and mouth experience in 2001, we brought in sheep identification and traceability. We now have that for pigs, and I am sure we will hear, as we go through that, that we are updating the whole system. The underpinning system, "Prevent it coming in, spot it early if it's here, identify where it is, stop it spreading and remove it"—those key tenets remain across all disease response.



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Chair: That was a really helpful reply. We will be unpacking some of that, including the notifications and intelligence.

Q3 **Chris Kane:** I go on quite a lot, as a Scottish MP, about how there are devolved nations, and sometimes we are the United Kingdom and sometimes we are the component nation parts. This seems to be a topic where having an incredibly robust and good relationship with the devolved nations is crucial to your work. Can you talk to that, please?

David Hill: Let me begin, and then I will bring in Professor Middlemiss, who has a key role to play in this system. Animal and plant health and welfare is largely devolved, but as you rightly say, a co-ordinated response across the UK is critical, particularly in the case of disease outbreak and response to that. Each of the four nations has its own chief veterinary officer, but Christine plays a lead role on behalf of the UK as a whole, so I might ask Christine to describe how that works in practice. We operate under a common framework, by agreement with the devolved Governments, that sets the framework for our work, but Christine can say more about that.

Professor Middlemiss: Absolutely. We recognise that we work on devolved aspects, but there are no borders between us in terms of animal movements and how our production supply chains and things work. We are hugely supported by the fact that the Animal and Plant Health Agency is GB-wide, so it delivers field services across Scotland, England and Wales. It delivers, along with Pirbright, our science across GB and the UK, so we are constantly working from the same science and evidence. Importantly, we trade as the UK, and our trade partners really care about the detail and how it operates, so we have to have a coherent system to explain to them. As chief veterinary officers, all four of us are really cognisant of that.

I have monthly chief veterinary officer meetings, where we all come together, the current disease risks are presented to us and we discuss. We work with policy teams to change those and adapt as necessary. That then goes up to our Minister. All our meetings—our preparation meetings, our outbreak readiness board—work on a UK basis. Our animal disease policy group's decision making works on a UK basis. Even if a disease decision is for one Administration, that allows consultation with the other Administrations so we can understand the positive and negative unintended consequences. It is, I believe, a very strong UK system to understand the science, the evidence and the field delivery. That will then go up to individual ministerial decisions.

Dr Lewis: To supplement some of Christine's comments on the relationship between the agency and the devolved Administrations, I too have regular meetings with the chief vets in Scotland and in Wales. The relationship with politicians in both those devolved nations is also important, because from time to time they do make different policy decisions from DEFRA, bluetongue virus being an example.



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The chief vets are also invited to our steering board, which is chaired by our chair, who is sitting behind me today. We have a number of internal mechanisms within APHA to ensure that there is coherence across the three nations of mainland GB. Budgetary conversations also happen within the agency on the costs associated with those decisions made in devolved Administrations. It is not always as easy as a budget line on a sheet, because decisions made in Wales can occasionally benefit issues here in England, and likewise for Scotland and back and forth. It is about understanding that because disease does not respect borders, neither should we in some of the decisions that we make in our field delivery teams in those three nations.

Q4 Chris Kane: Do you act as a critical friend to each other? One thing we are doing here is checking your preparedness to deal with a major outbreak. You could be the best-prepared part of the UK to deal with this, but if the other parts are not at the same level as you, it could be problematic.

Professor Middlemiss: Absolutely, and that is the importance of having us all in the decision-making and also the non-decision-making meetings, understanding the evidence. Many of our exercises, for example, are across all nations. It is a critical part. While different policy decisions are made, realistically, because of often different geography and slightly different livestock populations and how diseases work across those, we all start from the same science and evidence basis to make those policy decisions.

David Hill: The point about testing how those relationships are working under pressure is critical. This autumn, we will be running an exercise called Exercise Pegasus, which will be what is called a tier 1 exercise. That will involve Ministers—it will be at ministerial level—from all four nations of the UK and will test preparedness for a zoonotic pandemic. That will be the largest exercise ever run in the UK. It will test command structures across all the UK nations and regions. There are thousands of participants in that exercise. We will be supplementing it later in the year with Exercise Aspen, which will specifically test preparedness for an FMD outbreak. Constantly testing that those frameworks, capabilities and indeed relationships work is a critical part of building our resilience.

Q5 Chair: This Committee is very keen on transparency. In order that we get full transparency on that process, will you be producing a report? Will it be absolutely warts-and-all about where the failures are?

David Hill: Yes. The Government have made a commitment to publish conclusions from Exercise Pegasus and, I imagine, will seek to take a similar approach to the other exercises as well. The point of these exercises, in part, is to expose things that may not work, so that we can correct and address them. Transparency is critical. Some of that comes out of learning from the covid pandemic.

Dr Lewis: That is exactly what I was going to say. On David's point on covid-19, the learning from working as three nations making different policy decisions has been vital to our preparedness for the future.

Chair: That is very helpful.

Q6 **Sarah Green:** I would like to ask about the recruitment and retention of vets. Dr Lewis, what actions are you taking to address the vacancy rate among APHA vets?

Dr Lewis: First of all, it is important to note the reasons why vets leave practice, in clinical roles and non-clinical roles. Those reasons are international in nature. I have spoken to vets working at APHA about the impact of culling animals, for example, and the other things that we ask them to do on our behalf. Mental health is a particular issue.

Pay and conditions are another reason why vets leave practice earlier than perhaps we might want. Working hours are yet another. These are international reasons, not limited to APHA.

There is a whole host of work that we do to ensure that we retain our vets as best we can. There is more that we can do in terms of the recruitment initially, the retention of those vets and then career progression, which is another reason cited by vets for why they leave the profession. Some 44% of vets leave the profession in the first four years of their service post-qualification. That is an astonishing number. A number of other vets leave clinical roles to go into non-clinical roles: men at about seven years on average and women at about six and a half years.

Understanding the reasons is key to the strategies that we put in place to retain staff. There is work that we can do to ensure that our vets are paid an additional amount for the specialities that they provide for us. It is important that we are now providing specialist support for vets who are out in the field and asked to undertake difficult tasks on our behalf, ensuring that their mental health and additional wellbeing needs are catered for. We have a whole host of strategies in place to ensure that vets remain within APHA.

The fact that vets leave clinical work for policy work or non-public facing work presents an opportunity for us. We at APHA need vets who have clinical experience but are at the six or seven-year point in their career at which they might leave or move into non-clinical roles in APHA as experts. Employing vets at the start of their career is one thing that we can do, but as I am sure Christine would agree, more rounded vets who have clinical experience in private practice provide a much broader wealth of experience. There are a whole host of strategies. Yes, they are linked to pay and conditions, but they are also about ensuring the mental health and wellbeing of our vets, to ensure that our retention is higher than in other parts of private industry.

Q7 **Sarah Green:** To draw out the mental health aspect you mentioned, what specifically are you doing on that front that will help going forward?



Dr Lewis: The difference from a clinical practice with smaller numbers of vets is that we scale up. We have about 450 full-time equivalent vets working in APHA—about 1,000 across Government—so we are the biggest employer of vets across Government. The fact that we have a large number of vets means that we can scale up the support that we provide to vets. We have a wellbeing team that works on a full-time basis to ensure that there are strategies in place to keep people in work when they are fit and well. It is on a prevention basis: rather than wait for crises to happen in people's lives, we understand that we need to be proactive. We develop themes on a monthly basis to ensure that the support is there.

Listening to our staff is an incredibly important part of that. APHA has just finished a national listening exercise with our staff on understanding health, safety, mental wellbeing and what more we can do. We are listening not just to vets, but to other practitioners in the field about the strategies that they would like to see us develop, and we are in the process of developing those further.

Q8 Sarah Green: David Hill and Professor Middlemiss, do you have a perspective on what more can be done to improve the attractiveness of the public sector in the veterinary sector?

Professor Middlemiss: A lot of it is role modelling. We have recently spent quite a lot of time through our Government vet service group and APHA going to universities, career fairs and things like that talking about what we do. The perception outside—I was exactly the same—is, "It's ticking boxes," "It's legislation," and so on. That is part of it, but I have never used my vet brain so much to make such a difference. I ended up in Government because my back gave in being in practice, so I recognise a lot of the pressures that people feel in practice nowadays. You can truly influence nationally and internationally once you have a set of skills and knowledge that can do that. Two or three years ago, APHA did a lot of social media work—"It's not one cow, it's 14 million cows," and things like that. But it is constant—people move on constantly. There is a constant lot of work to do on that. In past years, it probably did not get as much focus, but we are very aware of it.

On mental health, I would add that the profession as a whole is very aware of it. The Royal College of Veterinary Surgeons and the British Veterinary Association are spending a lot of time on it. We do not understand all the whys, but a lot of work is going on.

Emily Miles: APHA and the Food Standards Agency offer extramural study opportunities across the Government vet service for student vets where they can come for longer—they might come for a day or a week and get a sense of what Government vet service is like. When I was at the Food Standards Agency, vet students came and spent a week with us and shadowed us. I had someone shadowing me for a while who found it completely fascinating and totally different to what they expected. APHA also use their specialist pay provision to try to give a little boost to some of the vets they have so that they can have better retention.



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A more structural thing that DEFRA is looking at with support from the royal college is the question of the Veterinary Surgeons Act. I will not say that it is an ancient Act—it is from the 1960s—but it has not been updated for a long time and the definition of a vet is quite old fashioned. The idea of a vet team, where you have got different professionals who can do the same range of work that a vet does at the moment but under the supervision of a vet, is something that reform to the Veterinary Surgeons Act could help with, and that would make a big difference in some of these settings.

Dr Lewis: There is good news from academia as well: 20 years ago, there were six vet schools in the United Kingdom; there are now 11, so there are more graduates entering the profession than there have been previously, and I think that is a good news story that the Government can partly be proud of, because they would have lobbied the sector in terms of the number of vets that we need. It is a brightening picture in terms of the number of graduates.

Sarah Green: David, I was going to invite you in.

David Hill: I think colleagues have covered it.

Sarah Green: My next question—

Q9 **Chair:** I am really sorry, Sarah, but I do not think we have really exhausted the whole vet problem. If you go to paragraph 3.7, admittedly your vacancy rate in 2023-24 was 24%, and it is now down to 20%, but it is still 108 full-time staff that you are short of in APHA. That is what paragraph 3.7 says. If you turn to figure 10—I hope I am not reading the wrong things into this—it looks as though you are four vets shorter than you were seven years ago, and yet you have doubled the number of administrative staff. The inspectorate staff has had an increase, but the veterinary staff and the technical staff—two of the most important parts of your organisation, Richard—are almost static, and in fact, the technical staff are in decline. I am wondering whether you are spending your resources on the right staff mix.

Dr Lewis: In our most recent numbers, we have 450 full-time equivalent veterinary roles; 390 of them are currently filled and another 20 are filled by temporary staff. We are not up to our numbers, but we are getting closer to our numbers than we have been before. In terms of the technical staff, we have about 200 people working in the field with those technical skills. Perhaps we will be allowed to have more if the Veterinary Surgeons Act is changed in the mid to near future. Our numbers have increased from the high that we had in terms of the attrition rate and vacancy rate.

We do need to take cognisance of the fact there are other roles that we need in order to do some of this work. The efficiencies that we need to drive out from our systems mean that we should not necessarily be heading in the direction of hiring more staff but in the direction of making more of the staff that we currently have.

Q10 **Chair:** Christine spoke about the churn in the profession. There is



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inevitably going to be churn because the private sector can pay more. It does seem to me that maybe your organisation could do a lot more to encourage youngsters to spend at least some time in your organisation, because spending time in your organisation could be very useful, I would have thought, for private practice. I wonder whether you could do more with bursaries or golden recruitment packages of some sort to boost these numbers, because if there are not enough vets in the system, when we get a real serious outbreak, we are in trouble.

Dr Lewis: Absolutely, but we do call on private vets for a lot of our work. While we have 450 full-time equivalents working within APHA and, as I say, other professionals working in the field as well, we are able to draw down on private vets. A contract we have with our veterinary delivery partners means that we can draw on 50 immediately and another 100 for a period of six weeks. That can scale up to the need as required. It is not just about what we have available to APHA, but there is a broader network that we have contracted across England and Wales to make sure that we can draw down on that resource at times of crisis.

Professor Middlemiss: We noted that this is an international problem. As part of the Quads alliance—the Five Eyes group, if you like—it is something that the US, Canada, Australia and New Zealand are also seeing. There are a number of different initiatives under way. We have a specific group that looks at this, and we are learning very much from what is working for others.

Q11 **Chair:** That is really helpful. Taking that answer with Richard's answer, I know you have got agreement at home to draw from the private sector, but is there any international agreement? If we got into a really serious situation, could you draw from, say, America?

Dr Lewis: Yes. There are a number of countries with which we have such an agreement, and from previous conversations with Christine, I think we have drawn on that resource previously.

Professor Middlemiss: We have the international animal health emergency reserve, which is the Quads alliance group, coming as a learning from 2001, where we have a formal agreement. Indeed, two or three years ago, Irish veterinary colleagues came over to assist with the avian influenza outbreak.

Q12 **Chris Kane:** You say that there is a problem, but do you understand what the problem is and how it affects training and recruiting vets? Do you have a sense of that? Do you know what the problem is?

Professor Middlemiss: It is multifaceted. Some of it, for example, is about retaining vets in rural areas. There is a highlands and islands initiative in Scotland, but this is also seen in the US and the outback in Australia and things—

Chris Kane: It has always been there?

Professor Middlemiss: Yes. Different Government schemes have been successful or less successful in supporting that. We know there are lots of

different components to the problem, so there is not one solution that will fix everything, but we are learning very much from each other.

- Q13 **Chair:** Before we move on, can we absolutely clarify what you and Emily were saying? In updating the law on what a vet is, and the team approach, are we talking about people such as meat inspectors, who do not necessarily have to be vets but need to be qualified?

Professor Middlemiss: At the moment, the Veterinary Surgeons Act very clearly defines who can do what to animals. It does not take account, for example, of our highly trained veterinary nurses we now have. It will support veterinary paraprofessionals—people who have the appropriate training and licences—and hopefully regulation for them and the college to undertake acts in relation to animals under the supervision of a vet. A good example is lay TB testing. TB tests always used to be carried out with vets. APHA ran a pilot, in which we used lay testers under veterinary supervision. That has now been extended out to private practice. There are more things like that, such as hoof trimming cattle—all these sorts of things that current legislation is not flexible enough to allow.

Chair: We have spent a bit of time on vets, but it is an important subject.

- Q14 **Sarah Green:** I would like to turn to the processes and systems that are in place. Dr Lewis, why have you not made more progress in improving and modernising the systems that you currently use to enable efficient and effective responses to outbreaks?

Dr Lewis: Core to that question is the fact that, for a number of years now, the agency has been pivoting between response and business as usual. That has been noted by the National Audit Office in its Report, which is important to note. Transformation has very much taken a backward step, when we have been in continuous response mode. The challenge for the agency moving forward will be to ensure that, regardless of outbreak, we invest people and resources in transforming our systems and processes.

We understand that the water will start to rise around our chests and a little higher while we take resource away from some of those frontline roles in order to do that work, but it is important work, and we must be courageous to ensure that we ringfence resource to do that. There are a number of examples I can provide for you on the types of changes that we are making under the umbrella of our Delivering Sustainable Futures programme.

At the moment, we have 36 different email addresses through which the industry as a whole is able to contact APHA. That is an example of our systems and processes not helping us. Those emails will bounce around APHA to really hard-working people who are being inefficient because of the systems we have provided for them. Our Delivering Sustainable Futures programme will ensure that there is one digital form through which you can contact the agency. There is therefore a whole host of changes that we are making, because at the moment, we have vets in fields in England who are writing on pieces of paper. That is then being



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scanned and sent to an administrative assistant who is trying to work out if it is a B or an 8, or an S or a 5. There are inefficiencies built in our system.

Q15 Sarah Green: What is the plan to reduce the number of paper-based manual entry-type tasks?

Dr Lewis: The vehicle through which we are doing that is the Delivering Sustainable Futures programme. We have started on a smaller project, which is around plant health. Our bee inspectors and our plant inspectors are now in the field with digital technology, live-time reporting on the things that they are finding. That has reduced the number of errors in the system, and the duplication of effort. We are drawing out efficiencies of about 30%, and that is at the start of our process. That will be for animals in 2026, and we expect to see that number or hopefully more, in terms of the efficiencies we draw out.

Because of the live-time nature of the information that our bee and plant health inspectors are able to provide, we are able to deliver resources to the areas that we need them as places are becoming a little hotter in terms of demand. We do not have that visibility at the moment when it comes to animal health. The efficiencies drawn out of the Delivering Sustainable Futures programme, while in its infancy—we are about 12 months in—and the investment made in principle by DEFRA for the next six years means that we can provide much better information about how we are doing as an agency and where to deploy resources.

David Hill: We have just concluded a spending review that takes us through to 2029-30, so the investment for the work that Richard has described is now secure. That is a £62.8 million investment over that period, investing in all of the digitisation and automation services that Richard was describing. Going back to our earlier conversation about resilience, that is important because it releases more specialist capability, and we can use that capability to cope with surge demand when we need to do so.

Q16 Sarah Green: With the timeframe that you have just referred to, does that mean that by the end of that timeframe you will have stopped using paper-based forms in their entirety, or is that just the beginning of the rolling out of your transformation? What is the timeframe that we are looking at here?

Dr Lewis: Delivering Sustainable Futures has in principle the funding for a five-year programme. That will not get us to the point where we are entirely paper free. But as the new chief executive, I have set the direction that we will be a paperless organisation in the future. I have come from an industry where we were largely paperless, and the direction for us at APHA will be paperless. However, that is not transferring paper forms into digital forms. We need to ask a number of questions about whether the information that we are currently gathering is the information that we need. It will be about not just changing from one type of form to another,



but ensuring that what we gather is the information that we actually need to make better decisions on resourcing.

- Q17 **Chair:** Five years seems a very long time. I was looking for the relevant paragraph in the Report, and I cannot find it, but it talks about how when you had to notify farmers in a certain area of a particular disease, you had to blanketly distribute that information because you did not have the names on a database of the farmers who had the relevant cattle that might be subject to that disease. Surely these are pretty basic things, and I am slightly surprised, Richard, that as the new chief executive you are allowing your organisation as long as five years to get these fairly basic things in place. You have just said that you cannot be sure that in five years' time you will not still be using paper systems. We saw how quickly during the pandemic the Passport Agency moved from paper to digitalisation with some of the most sensitive personal records of the lot, so I am really surprised it is going to take five years.

Dr Lewis: It is the nature of the programme that we have. As I say, we need to ensure that we ask fundamental questions about the nature of the information that we are collecting. If it was a matter of changing a paper form into an electronic form, that would be a quick process. But we need to be much more efficient in terms of the data that we are gathering, so that is going to take some time for us to complete. In terms of the paper being filled out by various people working in our organisation now, there is a daily surge of people working to digitalise, where we can, the information that we have.

In years previously, there has been a tactical response to delivering digital systems. They almost act like rings on a tree, and you can track back which year we had a cattle-tracing system, for example—that was because of BSE. There has been a tactical response to the need that was delivered. Covid is another example of a surge of resource into something because there is a pressing need. There needs to be a more strategic response, where we gather information in one place and on one system.

- Q18 **Chair:** I absolutely accept that, but let me give you another example: some of your inspectors are having to make paper notes when they go around to farms. Even on a basic level with our political system, we have moved from paper to digital in a very short time. It is a very simple thing to do. You get a programme, you have it on your phone, you enter the data on your phone, it goes back to headquarters, it is on the system, and no one needs to touch it manually again. Some of these things are surely fairly quick fixes.

Dr Lewis: The fact that we have managed to do that for our plant and bee inspectors shows that we are making progress. Next year, as I say, it will be for animals. Those paper forms in the field will disappear at that point, but there are so many other processes in the system that we need to check, as well as ensuring the cyber-security checks are done and all the infrastructure that sits behind this.



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David Hill: It is a rolling programme. We will not be waiting until 2030 for all these things to be done; new services will come online between now and then progressively. We did digital licensing for endemic disease, such as TB. That has been done. We have work next year, in spring '26, for disease movement licences. We will be doing services progressively throughout that period.

Q19 **Mr Betts:** Can we come back to the issue of dealing with outbreaks, particularly of serious diseases? I was a little concerned when I read that none of the significant outbreaks, whether those be foot and mouth, bluetongue or avian flu, has had its contingency plan updated in the last five years. How can any of them be state of the art and ready to go into play?

David Hill: I might say a little and then bring colleagues in on this. While you are right that many of those contingency plans have not been updated, many of the actions in those plans, in terms of disease controls, remain extant. Those actions remain current, even if not recently updated. For high-risk diseases, though, we will be looking to update within 18 months, as I think the NAO has recommended. In fact, the foot and mouth control strategy was republished in July 2025. We will have a programme of doing that, but the core interventions in those plans are largely current. Emily, I think you wanted to say a bit more about that.

Emily Miles: The key text for an animal disease outbreak is the exotic diseases contingency plan, which is the overarching framework within which we operate. We update that every year. The last update came out last autumn, and the next one is due this autumn. That sets out the roles and responsibilities, the expectations of farmers and keepers, the expectations of local authorities, and the framework within which Christine and the other chief vets operate for decision making.

Those are then supported by the published disease control strategies. As David said, we have just updated the foot and mouth one, which came out in July; we updated the bluetongue one in May; and we are doing a series of others. When we had the outbreak of foot and mouth in Slovakia and Hungary earlier this year, I was concerned that our foot and mouth disease control strategy needed updating, so that was made a priority at that point. I feel like we are in a stronger position than we were six months ago.

Q20 **Mr Betts:** Will you be updating all these on a regular basis now?

Emily Miles: Yes. In fact, we have put more resource into the policy team that designs these control strategies.

Q21 **Mr Betts:** What is the target for updating from now on?

David Hill: For the high-risk ones, the NAO recommended 18 months, and we intend to work to that.

Q22 **Mr Betts:** I suppose the problem is that it is okay if you get an outbreak that is manageable, but you can still be overwhelmed by a very serious outbreak or by outbreaks of two different diseases in parallel. Do you have



any contingency for that at all, or is it just, "When we get there, we'll do our best"?

David Hill: It is more than that. As we touched on earlier, we have had experience over the last few years of dealing with medium-severity outbreaks running concurrently. Some of the work that we were describing earlier around exercising—Exercise Pegasus is an example—is designed to test our capabilities under extreme pressure. Under that extreme pressure, that is when we would be looking to draw on, for example, military assistance, the civil authorities or the international agreements that we have just concluded, which allow us to draw on surge capacity from participating countries.

There is no denying that, in any scenario, as with many risks we manage in Government, the worst-case scenario would present an overwhelming of capabilities. Do we plan and exercise for that? Yes, but, as the NAO found, we could be more explicit in articulating how we would do that in our strategy going forward. We intend to more explicitly describe how this would work in an extreme scenario. Do you want to add to that, Emily?

Emily Miles: I wonder if I could illustrate it a little. There is a DEFRA group resilience strategy that was launched in May 2024, which has a number of goals that relate to the animal disease piece—for example, doing an annual review of contingency plans and strengthening scientific and veterinary capacity, and some of the more long-term capabilities, such as Weybridge and so on.

If we then have a significant outbreak, we can call on a number of arrangements. We have just agreed some surge resourcing and mutual aid protocols, which we are about to test in Exercise Pegasus, which we have coming, where each organisation in the DEFRA group has determined who could be available at very short notice. One of my jobs for this week is to agree it for my area so that we are ready for the exercise. We also now have this international help arrangement with the emergency reserve agreement. We are doing more exercises.

Somewhere like the Animal and Plant Health Agency may be prepared to reduce its business-as-usual work to surge resource in if necessary—Richard could say more. For example, it might need to pause or slow down work on some of its general surveillance or lower-priority visits, such as on animal by-products or egg marketing. Those are very important activities, but when facing a big outbreak, you might slow those down. Similarly, there are contingency arrangements—the vet delivery contract that Richard has, and the military aid to civil power that David described. We are basically trying to have a flexible and scalable arrangement where we have places we can turn to, in the right circumstances, to draw on.

Dr Lewis: In terms of the agency itself, I do not think it would be sensible to resource us to a category 5 incident continuously, because we would not have the work on a day-to-day basis, and it would be inefficient for us to do so. The surge capacity that Emily mentioned would be vital for us and the turning down of business as usual. That would be done in



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consultation with policy partners. Of course, we would take a view and provide advice, but ultimately what business-as-usual activities we would stop would be a policy decision. We are practised in turning down some of those things when we are dealing with concurrent outbreaks.

What is important to note, however, is what happens in the period after the outbreak is finished. Recovery is an element that we are currently looking at, and how we might to improve recovery to get back to the position that we were in. Looking back to 2001, following foot and mouth, it took us some time to get back to the position. That will be a key aspect of how we pivot towards the future as well.

Q23 Chair: I assume that with these international surge agreements, we have reciprocal arrangements with other European countries that we might be calling on and that might want to call on us.

Dr Lewis: Absolutely, yes. That is a two-way agreement.

Q24 Mr Betts: Finally—it is probably an impossible question—you do these tabletop exercises. How can you be sure they will work in practice?

David Hill: The exercises are not all purely tabletop; they extend to people in the field as well. The exercises we have referred to taking place this autumn, for example, will involve the local resilience forum. They will have everyone involved at local level; they will have experts and vets on the ground all actively involved, precisely because we want to test that it actually works in practice, and it is not just a desk-based exercise in Whitehall. Do you want to add to that?

Dr Lewis: Only to say that we have senior leaders, including myself, who are practised over a lifetime in these issues. In a previous role, I chaired the strategic co-ordinating group for the north-east of England on the covid pandemic, where fundamental questions were being asked among the emergency services and partners about who would get PPE. We are practised in doing this in different industries. Although it is not animal health-related, I think that is an important element of work moving forward, and of understanding the challenges that remain in a system when it is utterly overwhelmed with demand. There are still protocols in place that mean that we can prioritise work and ensure that the country is kept on its feet as best we can.

Q25 Chair: David, are you working with the Cabinet Office, which usually co-ordinates large Government responses, in designing this Pegasus project, so it can put its input into how it does it for other areas of resilience?

David Hill: Yes. Pegasus will actually be led by the Department of Health—that is the lead Government Department—but it is in partnership with the Cabinet Office. That is a whole-of-Government exercise, but DEFRA and our agencies will be making a big contribution because of the nature of the risk that is being tested, which is a zoonotic pandemic.

More broadly, we work incredibly closely with the Cabinet Office on all aspects of our resilience, because although this is a very important area, we manage a number of big risks on behalf of the country—for example,



floods and CBRN recovery. The work we have done to put in place our own resilience strategy, as Emily described it, is all about the Department becoming a much more focused resilience Department in all aspects of our business.

There is a pattern across Government, post the covid pandemic: many Departments are having to invest much more significantly in their resilience capabilities. That strategy is the framework for DEFRA doing that. We now have a dedicated resilience director, the strategy, a resilience board and our ExCo—the senior committee responsible for the running of the Department, which looks at all our resilience risks on a six-monthly basis. We are really trying to embed all aspects of resilience capability and risk management into our practice.

Dr Lewis: Local capability assessments were also undertaken with the local resilience forums across England earlier this year. Central Government's role in this will be vital, of course, but we need to understand where our local resilience forums are, in terms of their preparedness. I am delighted to say that that work was undertaken earlier this year, and 73% of them were—let me make sure I get my terminology right—generally confident in their outbreak capabilities. Training and practising was the area where they felt they were perhaps undercooked a little. That is an area that we are now working with our LRF colleagues on to ensure that they are prepared and to ensure there is a whole-Government response.

From my role in the covid-19 pandemic previously, as a local delivery partner, I know that the relationship with central Government is vital. Undertaking those capability assessments much earlier this year is a key tenet of ensuring a whole-system response to what might happen.

Chair: I assume that those local resilience partnerships include local authorities. We will be coming on to the role of local authorities a little later in the hearing. For now, I would like to bring in Josh Newbury, who is our guest member from the EFRA Committee. You are very welcome, Josh—over to you.

Q26 Josh Newbury: I want to explore the Weybridge site a little further. You might be aware that the EFRA Committee had the opportunity to visit Weybridge earlier this year. We were also fortunate enough to visit the Friedrich-Loeffler-Institut in Germany, which is obviously the APHA's equivalent and is seen as one of the best examples of an organisation of its type, certainly in Europe, if not the world.

One of the things that we talked about a lot at Weybridge and that concerned us as a Committee is its status as, you could say, a single point of failure. There is so much activity concentrated at Weybridge. I am sure your risk register must be very long and have a lot of red on it, because there are so many things that could potentially go wrong, even though, as you said, you prepare for that as best you can.

In Germany, we heard about their model: each of their 16 states has a biosecurity lab, and they use that to give them additional capacity, but



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also for resilience. Now, clearly the political system in Germany is a federal one, so that model is a product of that—each state has a responsibility for biosecurity. We do not have that system in the UK, but as part of the redevelopment of Weybridge, are you looking at resilience across sites, not only within Weybridge itself?

David Hill: Maybe I can open up and then perhaps ask Rich to come in. First, the Weybridge site is critical, but it is important to set it in the context of the full range of scientific capabilities that we have at our disposal here in the UK, including, for example, the Pirbright Institute. We do have other very, very important reference labs and scientific capability that we can draw on.

Weybridge is, of course, critical; it is the National Biosecurity Centre. It is really significant that in the spending review, in the context of a very tight fiscal climate, the Government has none the less committed to investing £1 billion to upgrade Weybridge—a long-term programme—and that is allowing us to proceed with the redevelopment as planned.

That work is well advanced in terms of design work. We will have completed the design work by the end of 2026, and enabling work is already under way. That investment is critical to building the long-term resilience of the UK system. The risks you raise about how we manage risk in the interim are very much front of mind for us. I might ask Rich to comment on how, on an operational basis, we are sustaining the investment programme while managing the operational risk as we go.

Dr Lewis: Some of the money that David has mentioned from the National Biosecurity Centre is allocated to ensuring that upgrades are also undertaken at the current site in Weybridge. You mentioned the risk register—yes, there is one. It is managed closely by myself, as chief exec, and some of my exec team.

As well as the investment being undertaken now to upgrade some of our services, with an understanding that in 10 years' time we will have a National Biosecurity Centre that will be a world-leading institute and will complement the, frankly, world-leading scientists who work at our facilities today, the contingency plans that we have in place are mature. They are working.

We do not shut down our services. If there is an outage at some point or somewhere on our Weybridge facility, there is a six-hour turnaround for that to be corrected. If it cannot be, we have other contingencies in place to ensure that any work that needs to be undertaken is.

It is actually reasonably easy to factor in when some of the maintenance happens, because we do get hours of notice before, for example, a large animal carcase arrives for a post mortem. There are ways that we are able to ensure that we can move from one location to the other and several contingencies are in place to ensure that we manage our systems correctly, and we are managing them.



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That will of course become harder to do during this 10-year programme because the facilities will age further, but there are well-established plans in place to ensure that we are able to continue to operate. We also have a number of regional laboratories within APHA that we rely on to undertake some of that work for us, so we are able to move some of the work—not everything—elsewhere, depending on the nature of the disease that we are dealing with.

Q27 Josh Newbury: Do you think that there is a need to increase that capacity elsewhere so that those regional laboratories can handle more, or do you think that the redevelopment of Weybridge is sufficient to manage that risk?

Dr Lewis: In the long term, what we will build at Weybridge will be sufficient, but it is important that we continue to have regional labs in the way that we currently do. We do not want to concentrate all of our workforce in one place. It is important that we support rural communities with high paid and high-quality jobs in other parts of the country and that they are able to develop specialisms of their own. It is important that we continue that satellite hub-and-spoke system—if I can put it that way—but Weybridge will be the standard bearer for the way that we do science in the United Kingdom.

Q28 Josh Newbury: Can you help us a bit more with the level of investment that is needed, because there are lots of figures bandied about? You mentioned the £1 billion that the Government announced earlier this year for the new National Biosecurity Centre, which is incredibly welcome. As a Committee, when we took over last year, that was one of the things we were keen to see as soon as possible, so that was welcome when it came. But in its Report, the NAO reiterated DEFRA's estimate that an investment of £2.8 billion is needed over a 15-year period from 2021. Could you talk to us about how the £1 billion fits into that? I assume that more investment will be needed on top of that.

David Hill: The £1 billion takes us over the lifetime of this spending review period, but clearly we have a business case that extends for the full lifetime of the programme. As ever with spending reviews, we will need to secure the next tranche towards that £2.8 billion at the next spending review, which takes us to the period of 2030 and beyond but, by definition, by making this commitment through the agreement with the Treasury, we are making that long-term commitment to the whole life of this programme. That £1 billion is the first tranche of that £2.8 billion.

Q29 Josh Newbury: The £1 billion buys you a very big new centre at the heart of the Weybridge site. What does the other £1.8 billion look like beyond that?

David Hill: I might bring Rich in, but the £1 billion is the investment that takes us through this period. To conclude the project, there will be further investments beyond. It is not that there is a facility that will be built and then there is some additional thing beyond—it is an ongoing programme. I do not know if you want to add anything further, Rich.



Dr Lewis: Any Government can commit only within the envelope of their current spending review. That £1 billion will not build the National Biosecurity Centre. The full amount that you mentioned will build that, but it is important to also note that, while this is something that we will cut the ribbon on in about 10 years, work has already started. There are contractors on site, clearing our site, to ensure we can start that work now. It is important that our staff see that, but it is also important that colleagues around this table understand that the work and money that has been invested is already being spent.

Q30 Josh Newbury: Can I touch on trying to ensure that the site is as effective as possible during this period? Clearly you have to maintain operations while all this work is going on, so it will involve things moving around, as we will have to do in this place when we do our renovations. Concerns have been raised about the critical works programme that is trying to do that. For example, a planned incinerator was cancelled because the supplier could not deliver it to the correct specifications. Incineration capacity was raised as a concern with us when we visited Weybridge because, particularly in an outbreak situation, that capacity is clearly needed. Are you confident that that is in place now, to take us to a future where we will have that resilience?

Dr Lewis: We are able to use the incinerator capacity that we currently have to undertake the work that we need. As for assurances on the 10-year period between now and the National Biosecurity Centre arriving, I am sure you understand that I cannot give a cast-iron guarantee, around that 10-year commitment, that we will be in place for the entirety of that process. But as I mentioned earlier, there are strong contingency plans in place to make sure that we are able to undertake that work elsewhere, if not at Weybridge. I am confident that our current contingency plans are as strong as they can be, but I am not able to provide a commitment for the 10-year period today.

Q31 Josh Newbury: Okay. You mentioned surge capacity, and the bilateral agreements that we have with other countries. What is your plan for a scenario in which there is a widespread outbreak that overwhelms capacity in our partner countries as well? What do we do in that situation?

Dr Lewis: I did not catch the second half of your question. Did you say “in other countries”?

Josh Newbury: Yes. If an outbreak swept across Europe and we could not call on any additional capacity from partners, are you confident that in that scenario we would be able to manage an outbreak or, more likely, multiple outbreaks?

Professor Middlemiss: Our agreement is with the Quads alliance—the Five Eyes. One of the benefits is that it is globally spread, so I anticipate that if there were something going on in Europe, I would be able to pull colleagues from Australia and New Zealand, for example.

Q32 Josh Newbury: What if we had an outbreak ongoing in Europe but there were a separate outbreak in Australia and New Zealand, and they wanted



to call on our capacity? Do you see what I am saying? Are those scenarios being planned for?

Professor Middlemiss: Yes, through the context of understanding changing global risk. The nature of livestock populations, geography and things like that means that it would be an extreme situation to have that going on across all those partners at the same time.

Dr Lewis: It is also important to note that the vast majority of the resources we would be drawing upon would be UK-based. Although the international agreements are important to us, they would be dwarfed by the number of people we can draw upon who are already here in the United Kingdom. They are, of course, the vets and the animal health professionals we have working at APHA, the 1,000 vets working across Government and, beyond that, the VDP contract I mentioned earlier, which can draw on nearly but not quite another 12,000 professionals. The majority of the people we are drawing upon are already here.

Q33 **Josh Newbury:** One of the concerns that we discussed recently at the EFRA Committee was—and I appreciate that this was before you joined the organisation, Richard—that when we had the foot and mouth outbreak in 2001, the general model for most vets was to run their own practice, or to be effectively freelance. Many of them were willing and able to join the national effort, for want of a better phrase, around the outbreak. Now, that model is far less common. There is a concern that vets in private practice may not work for an employer that is as willing to do that in such a scenario. That is obviously untested—we have not had an outbreak like that for 24 years—but is it on your radar? It goes back to the discussion that we had earlier about the number of vets, which is obviously a challenge across the whole sector, not just for the APHA. Are you having conversations to ensure that there would be that capacity coming forward from the private sector if we needed it?

Dr Lewis: Yes, the position we find ourselves in now is stronger than in 2001, because we have contracts with vets to deliver those services. I meet with those veterinary delivery partners—I met two of them at the Royal Welsh show earlier this summer—to ensure that the relationship is strong, but they are contracted to deliver that service. We are not relying, as we did before, on the good will of the industry. I have no doubt that in an outbreak such as that we would have the good will of the industry. People join veterinary practice right across the country, because they enjoy doing that work and see its importance, but we have now tied a number of them into a contract to ensure that that service is provided to us.

Q34 **Chair:** I am going to take a break soon, but first I wish to follow up on the question about Weybridge with you, Richard. The Committee is used to looking at large Government projects, and we are very keen on measuring and milestones. Ten years is a long time. I hope that we will not have to wait 10 years for the total capacity for what Weybridge does at the moment, and that various bits will come onstream at various points. I hope that you have fairly solid set of milestones or plan for Weybridge. If

you do, can we see it so that we can measure and, if necessary, have you back to give evidence before us, to determine whether you are meeting those timescales?

Dr Lewis: Of course. We are a customer to DEFRA on the build at Weybridge. I am part of the steering board that manages those milestones and, subject to the permanent secretary's view, I do not see a problem with our sharing that information.

David Hill: I think we would be keen to share and give you that assurance, Chair. It is worth also noting that we get some independent assurance from what was the Infrastructure and Projects Authority, which has recently been reconstituted as NISTA. We had a review; I believe that the Weybridge project was given a green rating, which, as the Committee will know, is quite significant in the context of the Government portfolio. It is subject to all the disciplines of being a major project and programme. We will carry on using them to give us that assurance.

Chair: That is very helpful, because this is a key asset in the fight against animal diseases, and we want to make sure that it is on time and on track. We will now take a break of about five minutes.

Sitting suspended.

On resuming—

Chair: We have some time imperative today, so we need to speed up a bit, but I think we have covered some really important issues. Welcome back, everybody. We will start with Chris Kane.

Q35 **Chris Kane:** I would like to talk about surveillance activities. Paragraph 2.9 of the Report says, "In recent years, some key surveillance activities have reduced or are not taking place as planned", and some corporate key performance targets have been missed—for example, visiting animal markets and inspecting animal by-products. Richard, what is the impact of APHA not meeting its targets for surveillance activities?

Dr Lewis: With the performance data we currently have, it is worth noting that these are targets that we set for ourselves. We have a wide corridor from DEFRA within which to operate, as it should be. The targets that we have are to do animal by-products visits and to visit markets or anywhere else, but the issue with the current system, which we are in the process of changing, is that it is not risk-based. There will be places that we return to on a very regular basis where we find no issues. I would argue that that is a wasteful use of resources, and it is not on a risk basis.

We need to change the way we deliver our prevention and surveillance activities to be more risk-based. That would free up capacity for us to pursue and spend more time in the areas where biosecurity measures, for example, are not as strong as they should be. The performance regime that we are in the process of building at APHA will ensure that it is more risk-based, and provide the capacity that we have. The scanning that you mention is an important aspect of the work that we do, but we should be doing it far more intelligently than we are currently doing. We are in the

process of changing that. As an example, we have done so for animal by-products over recent weeks.

- Q36 **Chris Kane:** I take the point that you are new, that you are putting new systems and that there is change coming, but maybe you can speak to the disconnect between setting a target of which you are in complete control and not meeting it. I would expect that you would want to meet any targets you set. What is happening to mean that you are setting targets that are not being met?

Dr Lewis: It is often a result of the lack of management information to which we have access, as has been noted in the National Audit Office's Report. Our current process is ensuring that we have the management information that we require, but that is not something we are going to fix quickly. It is iterative, and it will take a number of years for us to get to the point we want to be at, which is not just paperless but intelligent about the way we use our staff. We are tolerant where we do not want to be at the moment of not meeting those targets, because the targets need to be amended to be more risk-based.

The work we are doing is asking questions of ourselves: why were those targets set in the first place? What was the rationale—because there would have been a rationale—and what has changed as a result of it? It will be more risk-based than perhaps it has been previously.

The impact of not doing any surveillance at all, which of course is not the case, would be either that disease could get into the country or that something that was already here could spread. The work we do on surveillance is incredibly important, but I am resolute that it needs to be more risk-based than it has previously been.

- Q37 **Chris Kane:** Paragraph 13 of the NAO Report talks about partners, including local authorities. It says, "Defra and APHA also told us there is a mixed picture at local level in how well local authorities are discharging their duties, most often because animal diseases are competing with other priorities and statutory responsibilities". Christine and Emily, how concerned are you about some local authorities not having sufficient capacity to undertake their animal disease duties effectively?

Professor Middlemiss: What we have seen in the outbreaks is that, while in business as usual we have a question about capacity, they have stepped up and provided support. On avian influenza, for example, there are a number of activities that local authorities carry out, and they have been there to do those.

Emily Miles: Overall, there is a general concern about trading standards capacity in some local authorities. When I was at the Food Standards Agency, that was something we paid close attention to. Over the past 10 or 15 years there has been less capacity, and it is a bit of a concern. The work that Rich was describing earlier that the Cabinet Office has done, going round recently to look at the local resilience fora, informs our thinking. We also have regular fora in which we meet local authority



officers to make sure that we are collecting intelligence and passing on insight. I am a bit concerned about it.

- Q38 **Chris Kane:** I am heartened to hear that local authorities have the capacity to step up if there is an outbreak, but given that we are talking about the surveillance in particular, can we just concentrate on that? In local authorities, as in many services, if you are constantly in crisis mode, you will deal with the crisis; you will not deal with preparing for the crisis. It is good to hear, Christine, that you are happy that they will react if an outbreak occurs, but the question is based on the preventing part of it. How do you feel about that?

Professor Middlemiss: As Emily said, there are gaps in terms of market visits—the routine checking in that local authorities would do, not for enforcement purposes but to look at how different aspects of the legislation are being complied with. In some areas they have not been happening as often as we might like. We have, through industry and so on, other ways of knowing where risks might be generated, but there is a gap in not having eyes and ears there on sales days, for example, to pick up on things.

- Q39 **Chris Kane:** If APHA is moving to a risk-based approach, will that get out of kilter with local authorities, which tend to do things by the book as the book is written, if they can?

Dr Lewis: Anything we do at APHA will be done in consultation with local authority partners. We need to ensure that if we are growing a resource in a particular area, we are doing so together, and that there is a synergy between what we deliver and local authorities. Anything we do in terms of changing our model will be done in consultation with local partners.

Emily Miles: In my experience, local authorities tend to be ahead of the Government in being risk-based in their approach, because they are so short of resource that they have been having to make these choices over the last few years.

Professor Middlemiss: In my field experience, very much at a local level, there is ongoing discussion between the trading standards officers and the veterinary inspectors on the ground. Because there are a greater number of movements and breeding sales are happening, they know where there is something they need to focus on more.

- Q40 **Chris Kane:** Paragraph 1.5 of the NAO Report says: "On leaving the European Union (EU), the UK lost access to the Animal Diseases Information System". Christine, to what extent, if any, has losing access to the EU surveillance information made it harder to spot disease risks early?

Professor Middlemiss: As a member state, we had access to what was in effect a real-time system into which notifiable disease detections in the EU, and for us as a member state, were logged. There is an international system through the World Organisation for Animal Health, which has 183 members, and Europe is strongly a member. We are obliged to report



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through that within 24 hours of a new emerging disease, and that happens, so we do still get the information, but we get it in slower time and we probably do not get as quickly the level of detail that, inevitably, vets want to know.

Q41 Chris Kane: How much of a difference does instant access versus next day access make?

Professor Middlemiss: As a member state in the single market, products of animal origin move without export health certificates that assure the health status of the animals they came from and the establishments they have been through. As a third country, we brought in export health certificates. There is a balance between whether you have the controls at country level and you share all that information in real time, pre-border, versus what you do at the border, saying, "We don't have access to that information, so we want assurance about the status on a consignment basis." That is the model we have now.

Q42 Chair: May I come in on that and ask about a practical example? The latest outbreak of foot and mouth in Germany spread into Poland or Hungary, I think—one or the other. How, on a real-time basis, were you being informed about that? Obviously, the earlier you can get intelligence, the quicker and the better you can prepare, if it were unfortunately ever to spread.

Professor Middlemiss: I got intelligence on the Friday morning that there was a suspect case, and I got formal confirmation that afternoon from the German CVO and the EU Commission. Based on the informal intelligence, we started to plan for the meetings and the actions that we would need; with the formal confirmation, I held a disease case conference, and at that point we decided to put in the import restrictions that we did.

Chair: Brilliant. Thank you very much.

Q43 Sarah Green: May I ask David Hill why, more than 10 years since it was first mooted, we have still not managed to deploy a comprehensive animal tracing system in the UK?

David Hill: It is a long time. We are carrying a legacy of some very elderly and quite fragile systems. When the programme was first mooted, some years ago, the intent at the time was that it would be feasible to adopt, in effect, a commercial off-the-shelf solution designed for a single species, and that that could be adapted for multiple species. That was found not to be technically possible, and that required a significant reset of the programme, some four or five years ago now, which we have done. We now have a plan for a livestock information service, which we are confident is a much more solid plan for improving speed and access of traceability.

Emily might want to add a bit on the detail of that going forward, but your question is a fair one. The original conception was flawed, and therefore we have had to reset the plan—that is the work we have done over the last period.



Emily Miles: The original idea, the £91 million referred to in the Report, was a three-year cost just for an application that was expected to be used across multiple species, but it turned out that it could not be. It had no service costs attached; it was just an application without the people around it who would support it, and it also did not allow for the integration of data across several nations. We need to have Welsh, Scottish and English data in particular about livestock movements. The reset programme does all of that. The cost referred to in the Report is a 10-year cost; it includes the running costs and the set-up costs, and it also includes the data integration between the three nations, cloud service hosting, money for changes in policy and so on. It is a more comprehensive piece.

A number of things have been delivered so far—it is not that nothing has happened. We have a new sheep, goat and deer service, which was replaced through that initial work, and crucially, since December 2023 we have had a UK view of movements. Before, you would have someone in Rich's organisation basically querying three different databases—Welsh, Scottish and English—putting the results into an Excel spreadsheet and trying to piece together what was happening with an individual sheep movement. Now they have a data aggregator that pulls all that together and gives a single answer, and that has been quite a game changer.

They have also done some discovery, particularly on ear tags—low-frequency or high-frequency ones for cattle—and they are nearly there on decommissioning the old ear tag system. We have a number of milestones over the next year and a half that I can talk through, if that is helpful.

Sarah Green: I did not quite catch that last bit—can you say it again?

Emily Miles: In order to move on to the cattle system next year, which we are planning to do next summer, we need to set up the electronic ear tag system so that we can swipe cattle like a barcode, rather than using the paper passports that exist at the moment. There are 6,000 to 10,000 transactions happening daily with those paper passports, so we want to move on to an electronic system. There has been a lot of work—it is called discovery in the IT world—to check how the new cattle tags can operate, to start rolling them out and then to agree whether it should be a low-frequency or high-frequency system. Now we need to get to the point where we mandate that new cattle that are born have those new ear tags. We are expecting to do that next spring, and then to introduce the cattle service next summer.

Q44 **Sarah Green:** Thank you for that; that was really comprehensive and helpful. How long will it take until you have the comprehensive system that you are looking for, because it sounds like there is a lot of—?

Emily Miles: Yes. Basically, the full service—

Sarah Green: “Reverse engineering” is the phrase I would use.

Emily Miles: We think that all the species that we are aiming at—we have got to do the sheep, goat and deer again, because it was done on this



slightly shonky system that we need to redo. The cattle service will be next year and we expect the pig service to be done by winter 2027.

Sarah Green: Winter 2027 for those species?

Emily Miles: Yes, for those. There is then a further bit of work that is part of getting the full benefits of this system, which is called the knowledge-based trading bit. That is where keepers and farmers are able to access the information about their own animals. Then they can use that as additional information to get the history of the animal, so that they can have more of a view, which is just not possible at the moment. We think that should be in place by spring 2029.

Q45 **Sarah Green:** Does the spending review give you the funding you need to deliver that programme on time?

Emily Miles: Yes. I mean, it is funded out of the farming budget, so it is one of the costs from that. It is part of my broader budget on that. I should add, though, that it is subject to Treasury approval at various points. So, we have to go through a business case process. We have got approval up to next summer. We have to do a further—second—business case to do the next set of things from next summer.

Q46 **Sarah Green:** My final question is related to a question that a colleague asked earlier about the devolved nations. I assume that the delivery of this programme is also contingent on the devolved nations and their systems playing ball, for want of a better way of putting it.

Emily Miles: I think it was one of the flaws of the original set-up that that element was not sufficiently factored in, and it is absolutely crucial. It is one of the things that Christine has been pushing particularly hard for—to get that overview. Wales is also doing its own transition; it is subject to the decisions by Wales. We hope that Wales will be aligning with our timescale. Scotland has made a different ear tag choice. There are some issues that they need to—

Q47 **Sarah Green:** So it is still contingent on their timeframes as well?

Emily Miles: That is right. For example, the current British cattle movement system cannot be decommissioned until Scotland and Wales move on to the new system. Therefore, we have double running costs while they are using the old system. We also need to get to a point where every keeper is mandated to use the new system; otherwise, we have got two systems going. So, yes.

Q48 **Chair:** To be very clear, is how the devolved Governments implement those systems a devolved matter?

Emily Miles: It is a devolved matter, yes. We are using exactly the arrangements that David described at the start regarding the framework approach. So, just in the way that Christine has to meet the chief veterinary officers for outbreak management, we have a very joined-up approach for this work. Our programme director is meeting the devolved Administrations regularly and we are trying to align the approach.



Q49 Chair: May I ask a practical question? After the start of the last outbreak of foot and mouth in Yorkshire, according to hearsay evidence, for several days cattle were being shipped to markets in the south of England. If the same thing happened today, would you be able to put movement restriction orders in far more quickly? That question is for Christine.

Professor Middlemiss: Yes. I think that in 2001 there was at least a week from when they confirmed disease to putting in a national movement ban. Our approach would be to put in a national movement ban immediately and work backwards from that. However, I will also say that the sooner you are able to get the data on movements—what risky animals went where, when—the more you can say, “This area is risky and dangerous,” or “They aren’t linked, so we can release them and allow more to happen.”

Emily Miles: The national movement ban is in our—I was talking about the disease control framework. That is very clear. We would just go there immediately.

One of the issues with the current system for cattle is that there can be a gap of three, four or five days between someone notifying the sale—the release of cattle from a land parcel—and someone notifying the receipt of that animal to a second land parcel. What we need to do, again, is to have a small piece of legislation—a statutory instrument—next spring to mandate that those notifications are joined up, so that we can track the release from one land parcel and the arrival at another land parcel at the same time.

Chair: Thank you. That is really helpful.

Q50 Chris Kane: Before I ask my question, we do not have time to get into this—the Chair will rightly move me on—but I have a comment, because it is a frustration for me that we talk about doing things differently. You made the comment about Scotland procuring a different ear tag. Devolution was meant to allow us to make our own choices, but sometimes making different choices for the sake of making a different choice adds cost and complexity. Richard, when you are talking about moving to a risk-based system and a paperless system, if we are not moving in lockstep as a United Kingdom on certain things around procurement, for example, we are missing an opportunity to save money. It is a frustration of mine that, certainly at a procurement level, when we are procuring for four different systems, sometimes that is daft. Sometimes it makes sense, but I am not sure that we always understand the difference. I will leave that as a comment, if that is okay.

I will now talk about paragraphs 4.11 and 4.12, which deal with the border target operating model following the EU exit. David, what will the level of checks on live animal and animal product imports be under the new agreement with the EU?

David Hill: I will bring in Emily, who leads on this area for us. Clearly, the aim of the agreement with the EU is to reduce trade barriers and to facilitate the safe and efficient movement of trade. It will necessitate a



different approach because, as Christine was describing, when we were in the EU, our approach was very much based on an information-sharing, intelligence-led, common approach across the EU bloc as a whole. We came out of that and introduced a range of checks. The agreement will mean that we will progressively be removing checks, but the quid pro quo will be that we regain access to EU intelligence and data. That is where we will get our assurance in terms of the robustness of the biosecurity system as a whole. Emily might want to describe the specific range of checks involved.

Emily Miles: You will be aware at the moment that, because we don't have access to those systems and databases, we have aligned our approach for what comes from the EU with the checks that we do for rest-of-the-world trade, with some exceptions that I can go into if necessary. What that means is, there is a pre-border bit, which is export health certificates and the approval of premises abroad. There is then, at the border, a choice of pre-notification, which happens for everything; identity checks to check the thing is what it says it is; and in some rare occasions, physical checks. Then there is all the in-country work that has already been described about surveillance. That is the current system.

After an SPS agreement, the assumption is that we will be aligning with the EU's approach to in-country controls, so that we don't need to have the at-border controls. Most controls at the border would be removed for EU goods coming in. That is just for SPS; I am not talking about customs or other arrangements, just the health arrangements.

In return, as Christine described, we would have access to the EU databases and systems, but we would also be conforming to all the rules that the EU operates for in-country standards around health and biosecurity—such as what happens in an abattoir or what happens on a farm with the frequency of vet visits, and so on. We would need to conform to the EU standards.

Q51 Josh Newbury: I would like to come on to illegal meat imports, which we discussed at length on the EFRA Committee as well. I mentioned earlier our visit to the port of Dover. On that visit, it is fair to say that we were all quite shocked by what we saw and the risks that we have at the frontier of our nation's border in Dover. The statistics really paint the picture for us: there was a fifty-fivefold increase in illegal meat seized at Dover from January 2023 to '25. Obviously, in that time, specific checks have ramped up considerably, but considering that we still have only 20% coverage of live lanes and effectively 0% coverage when a van is pulled aside, if we seized 22 tonnes of meat in January this year, you can imagine that that could have been over 100 tonnes in a month with full coverage across all the live lanes.

One of the things we noted on our visit was that, among the various poor conditions that the staff at port of Dover—not just Dover Port Health Authority, but Border Force as well—are having to work in, they have very limited freezer capacity. On some days, the freezers are packed to the rafters and they still do not have enough capacity, which, from a



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containment of biosecurity risk perspective, is not ideal. The quantity and whether it is growing or not is one question, but I think the most important question for this inquiry is the risk that it represents. How big of a risk do you think illegal meat imports are?

David Hill: I will ask Emily to lead for us on this one.

Emily Miles: First, I want to give credit to Dover—to the Port Health Authority and Border Force there—because they are doing some really impressive work. Seizures have increased over the last couple of years, as you said. Obviously, we have been putting money in to support them—we put about £9 million in—so there is a bit more capacity to do more, and they have been targeting this work. The tonnage of seizures has indeed gone up. I used to work on policing and crime, so I know that it does not always mean that there is an increase in the actual crime when you are catching more people—it might just be that you are doing better surveillance and better enforcement—so we cannot quite know, but nevertheless, it is of concern.

On the overall risk question, as Christine would say, trade is not risk-free. That is why we have these controls. We are not going to be in a risk-free environment. The illegal meat issue that we are concerned about is often pork, which has the swine fever implication that we are concerned about.

We do not know if there is something about the fact that we are outside the EU at the moment that makes us a more attractive place to move this product. It may be that once we have aligned our standards with the EU, there is less of that happening. We do not know, but after we align with the EU through the agreement, we will continue to work with Border Force to identify non-compliant meat products. They will still do their surveillance. We will still be working with the Port Health Authority on that.

We will still have the Food Standards Agency's national food crime unit, and Food Standards Scotland's crime investigation function, which co-ordinates intelligence on what is going on in-country, and then is doing some targeted investigations, often in the meat space. The information sharing with the EU will be key. We will be using the informal channels that will be open to us—currently, we have more formal channels—to surface concerns, share intelligence and make sure that those issues, ideally, are being tackled at source.

Q52 **Josh Newbury:** Thank you for that answer, Emily. It actually answered my next question about what the future outlook is, particularly in the light of the SPS agreement that we hope will be secured with the EU. It is reassuring to hear that checks will continue as they are now. Could you say anything about—or is it too early to say—whether they will continue at the current level, or whether, perhaps in the next financial year, that will be scaled back?

Emily Miles: In terms of the checks on illegal meats—so this is not commercial trade—it will depend on resourcing. We are about to go through some business planning. We will need to determine how much we

can allocate to that. For commercial trade, the checks will reduce significantly. That is the point of the arrangement.

- Q53 **Josh Newbury:** One of the particular concerns we had, which we discussed on our visit, was that some of this meat is destined for farms, and it is being ordered in by farm workers. Perhaps they are ordering in meat that they are used to having in their home country that they cannot get in the UK, so they are placing these personal orders and it is being brought in, as you were saying, not in huge, commercial lorries, but in small vans. You would expect almost any kind of good to be in there, so it is really difficult to detect.

The particular concern is that, as the Chair referenced, we know that a huge outbreak can start from a very small product. If we have meat that is not being kept in good condition—sometimes, it is not even being refrigerated—in the back of a van going to perhaps a livestock farm, that is really our concern. Is there enough focus on the very high level of risk that this poses, rather than trying to check everybody, which we know is not realistic? It is about homing in on the riskiest behaviour.

Emily Miles: This is where the intelligence function at the national food crime unit in the Food Standards Agency is really important. They have relationships with all sorts of people, so people will alert them privately about concerns they have, and they are able to follow up locally and with trading standards officers. That does not mean that they have full sight, but I would encourage anyone who is spotting this sort of thing to alert them through their helpline—there is a confidential helpline that people can ring. The checks at the border are also extremely important.

Professor Middlemiss: We have worked a lot with stakeholders—the National Pig Association, for example—to do awareness, guidance, comms and things for farmers in the UK who may be employing people from other countries who want to bring in meat.

- Q54 **Josh Newbury:** Absolutely. One of the things we have discussed on our Committee is whether people travelling in and out of the country are aware of the rules. We have had some concerns about whether the signage is adequate at certain seaports and airports. If we pass through any of those ports, which we did when we went to Germany, all of us on the Committee are keeping a keen eye out. I think the signage levels have improved, but there is probably more that we can do to put pressure on the ports to be clear with that. As we said, it takes only a small slip-up for something devastating to arise from that.

Finally, on the funding provided to the Dover Port Health Authority, one of the things we discussed on the EFRA Committee was the breakdown in the relationship between them and DEFRA. Baroness Hayman assured us that she wants to get to the bottom of that and repair that. I understand that that is now improving, but we were concerned that the funding for the Port Health Authority for this financial year was only confirmed at the eleventh hour. Obviously, we understand the circumstances of the spending review—it is a difficult period—but do you think the funding that they currently get is adequate? Are you confident that we will be able to



confirm funding, if they will have it, for the next financial year sooner than the end of March?

Emily Miles: It is slightly subject to overall decisions that the permanent secretary will make about business planning, but the usual cycle for business planning is that we do all the thinking in the autumn and try to confirm budgets by January. I would hope that that is what we will do this year—obviously it was an unusual situation last year. Resources are under pressure across the piece with DEFRA, but I will look very sympathetically at that situation. I am relieved to hear that you are now my eyes and ears on ports, because when we were in front of you with the Secretary of State a few weeks ago, you were saying there was a mixed view on whether the signage was improving. It is good to hear that that is getting better.

Q55 Chair: I want to follow that up, but we are nearly getting into overdrive due to time. On the legal side and Dover, first, paragraph 4.12 of the Report makes the point that there are not yet the facilities or capacity at Dover to fully look at or check live animals coming through the ports. That is point one.

Point two on Dover is about Sevington, which is 20 miles from there. The implication in the Report is that lorries could disappear—whether they are or not, I don't know, but the implication is that they might. If that is the case, is there a system to check that they have come through Dover and gone to Sevington, and have not disappeared? Why is it not possible to use seals, so that when they get to Dover they are sealed, or even preferably sealed before they leave their country of origin, to make sure that nobody has tampered with the load in the meanwhile or taken anything on or off?

Emily Miles: On the issue about lorries going from Dover through to Sevington, there is a system so that if a lorry does not arrive, the Ashford Port Health authority and us would report that and there would be an effort to try to track the lorry down. There is work to do to make sure that is happening consistently, but that is the system that is in place.

On the seals point, I will double-check, but my understanding is that one of the things that is often being checked is whether a seal has been tampered with. When you are at a port, if you see a lorry come off, one of the first things an inspector is looking at is exactly whether this looks like it has been tampered with. There are different systems with different companies, so there may be more to be done there. I would have to follow up on the live animals point and capacity.

Q56 Chair: The Report says: "On the west coast, there are currently no SPS controls taking place for live animal imports from the island of Ireland. A BCP is being built at Holyhead and is planned to have capacity for live animal checks for imports from Ireland, but it is not yet open and has not been designated to take live animals." That seems to me a possible gap.

Emily Miles: Sorry, I do know about that. We have just in the last few weeks confirmed that we are not putting in place the live animal checks



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for that trade coming from Ireland to the west coast. Because we will be in the SPS agreement, we have decided that it is not appropriate to increase the controls there, because we are going in a different strategic direction now.

Professor Middlemiss: Just to add, the animals staying in GB are checked at destination.

Q57 **Chair:** Yes, that is very helpful, Christine. Thank you.

Finally, on the illegal stuff, I know the EFRA Committee has trawled all over this, but the illegal meat coming in—I don't know how these figures are known—was at 0.4 tonnes in January 2023, rising to 22 tonnes in January 2025. It does seem that there is a large increase in the amount of meat being illegally imported into this country. What are you doing about that?

Emily Miles: My comments earlier were referring to that. It does look like an increase. We cannot know whether it is just that we are finding more of it and it was there before, but it looks like there may be more. All the work that Dover and Border Force have been doing, and the money that DEFRA has been providing, is working to tackle that.

Q58 **Mr Betts:** To come on to the known unknowns, what we know is that there will be a spread of diseases that we probably have not even seen in this country before. Have you got contingency plans in place to respond to that situation? You obviously cannot predict absolutely which disease it would be, but presumably you have contingencies in case something arrives that has never been here before.

David Hill: Christine is probably best placed to comment, but I would say that an ongoing investment in R&D is a critical part of our capability to protect the country from a whole range of threats, and we have significantly boosted our investments in research, including into new vector-borne diseases. I think we are spending £27.8 million in that area. Christine might want to comment on this too.

Professor Middlemiss: We have an international disease monitoring team that, every day, looks at formal and informal information for changing threats around the world—not just actual diseases, but bits of information and intelligence that say that something is happening in an animal population that did not happen before—and we assess that. We also work closely with the Quads alliance on what information they are seeing, so this is shared.

We have a monthly veterinary risk group that brings together experts from across animal health, including the UK Veterinary Medicines Directorate and the Food Standards Agency, and looks at things that have changed—again, not just diseases, but things that may have changed that influence disease risk pathways. It provides advice to the chief veterinary officers, and we then provide advice to Ministers on that.

That group links into HAIRS, the human animal infections and risk surveillance group, which is doing the same for humans and looking at

zoonotic diseases. That again provides advice to chief veterinary officers and chief medical officers.

This is something that is continuously looked at. It was actually a learning from the Anderson reports from the foot and mouth outbreaks that we have to have a regular, consistent, systematic assessment of risks—not just internal risks, but risks around the world, and an understanding of what those might mean for our animal populations.

- Q59 **Josh Newbury:** I just want to touch on the fact that we do not currently have an up-to-date strategy to address the growing risks posed by animal diseases. I think, as politicians, we can be guilty of wanting a strategy for everything—sometimes in place of meaningful action—but why do we not have an up-to-date strategy on that? Is there one in the works?

Emily Miles: That is actually one of the proposals from the National Audit Office, and we think it is a really good one. We think there should be a long-term strategy, so we are going to work on that over the next 18 months. There are a number of things that we are doing that are strategic and to do with building capability, such as the work on livestock identification and traceability, the National Biosecurity Centre, and the sort of transformation work that Richard described. In fact, APHA now have what they call preparedness indices, which they are tracking to do a regular assessment of the different capabilities, and they are then feeding that into a readiness board. We have some elements of what I would consider to be a strategy, but I think we now need to bring that together into a more comprehensive document, as the NAO suggested.

- Q60 **Josh Newbury:** Brilliant. I think we must be telepathically linked today, because my next question was going to be, “How does this Committee, and the EFRA Committee, measure you on your progress if we do not have a strategy?” Is there an intention to publish those indices in a sort of audit so that we can look at that?

Emily Miles: I do not think we have taken a decision about that yet. At the moment, we are using them as a critical eye on our own capabilities. They look at things like testing capacity, whether we have sufficient disposal capacity in the country, the vets piece and so on. It is a very new thing—we have only been doing it for the last six months or so. We will have a think about whether we put it into the public domain as well.

David Hill: It is worth adding that this work should also be seen in the context of strengthening capability right across Government. There is a Cabinet Office-led piece of work on what we are calling a bio threats radar, which is intended to have an integrated view of a whole range of threats across human, animal and plant health. The work we will do around articulating what this looks like in animal disease risk is part of the collective effort across Government to strengthen our resilience.

- Q61 **Josh Newbury:** The NAO notes that a huge amount of work has gone into research, and the Committee heard about the roll-out of the new bovine TB test, which can produce results on farm—a huge improvement that massively increases our ability to protect from and respond to outbreaks.



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Taking that forward, what plans do you have for the rest of the programme for eradicating TB? Can you tell us anything about how research is feeding into those longer-term objectives?

Emily Miles: Generally on research, at the moment we are investing £27.8 million into research to support animal and plant health and welfare, which is quite an increase. For example, in 2021 we were only spending about £7 million, so that has gone up. We also fund programmes to support the biological security strategy. For instance, there is work on the geonomics for animal and plant disease, and there is work that we have done on new veterinary vaccines, including the bovine TB one. We have also done research to try and understand priority diseases better, such as avian influenza. A lot of the research programmes are co-funded with UK Research and Innovation, which means that we can then pull in all of our academic partners through the public sector research establishment's work. That is the approach.

I could find my notes on BTB, and Christine could perhaps say a bit more, but we have been doing work on the test, and on a potential vaccine, which is under way and showing some good results.

Professor Middlemiss: We are undertaking a review of our TB strategy, and Professor Sir Charles Godfray was asked to review any new science that had come about since his 2018 review. His report was published yesterday. One of the things that it says, which we are actively doing, is about different test types. The test that you refer to is the DIVA test around vaccinations—being able to specifically identify that an animal is truly infected or vaccinated. We also need to look at test types to detect disease. We test the animal's immune system; it changes as the infection changes. One thing is a head-to-head trial on the different test types to see how we can expand our coverage.

Q62 **Chair:** We are almost out of time. Could I ask you to let us have a detailed note on vaccines?

Professor Middlemiss: Sure.

Chair: We are very upset in Gloucestershire. The culling, which reduced the incidence of TB by 50%, has now been cancelled without an alternative vaccine in place. The farmers in Gloucestershire are very unhappy about BTB at the moment. I would be grateful for a detailed note on that. Our final question is from Chris, on bees.

Q63 **Chris Kane:** Before I was elected, I was a beekeeper—I do not have as much time to do it now. Can you tell me how your ongoing response to animal disease outbreaks is affecting your ability to deal with risks to honey bees, such as Asian hornets?

Dr Lewis: Asian hornets are an increasing risk for us here in GB. In 2022, four Asian hornet nests were destroyed; in 2023, there were 72, and this year until the end of August, 86 nests had been found. An enormous amount of work is dedicated to that, and I praise the staff at APHA and across DEFRA for their work to try to eradicate the Asian hornet—



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alternatively named the yellow-legged hornet—in GB. It is predominantly but not completely in the south-east that we have those incursions. It stands to reason of course, because of the proximity to the continent and the different climate that they experience there.

The work undertaken by the National Bee Unit is groundbreaking. Here in GB we capture Asian hornets, and we strap transmitters to them and let them fly back to their nests, so that we can find the nests and destroy them much quicker than previously. We were looking in all sorts of trees and places previously to try to find a nest somewhere in the area. We are now deploying technology in a way that is world-leading to ensure that we are able to do that quicker. The quicker we get the nests, the better for the honey bee population and other insects, which are crucial to the wider environment in any given area. That work has been displayed nationally a number of times over recent weeks.

The work of the National Bee Unit has been groundbreaking in the further work that APHA will do on digitising our work. I did mention earlier that it is digitalised in nature. We have live information about how to flex our resource and where our problems are. This is an opportunity, at the end of today's session, to praise the National Bee Unit. It undertakes about 4,000 bee inspections in apiaries every single year, for two pests in particular that we are interesting in eradicating across GB. Its work has been groundbreaking.

Chair: I can assure you it is not just in the south-east. My wife is a beekeeper, and in her special hornet trap she is catching Asian hornets this year. Whether it is spreading, I don't know.

Emily Miles: I hope she reports it to the APHA.

Chair: I will make sure that she does. Probably guilty as charged, but I can't prejudge what she does.

Unfortunately, our time is up. There are one or two other questions, and we may want to come back to you in correspondence, but people have to go. Thank you, David, Richard, Professor Middlemiss and Emily. You have been very helpful witnesses. We have covered a lot of ground and we have a lot to think about. We will produce a Report in the coming days, with recommendations. An uncorrected copy of the transcript will also be available in the next few days.