HOUSE OF COMMONS

Home Affairs Committee

Oral evidence: Home Office preparedness for COVID-19 (Coronavirus), HC 232

Wednesday 18 March 2020

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Watch the meeting

Members present: Yvette Cooper (Chair); Stephen Doughty; Laura Farris; Simon Fell; Adam Holloway; Tim Loughton; Holly Lynch; Stuart C McDonald.

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Witnesses

I: Lucy Moreton, Corporate Officer, Immigration Services Union.

II: DCC Paul Netherton, National Police Chiefs' Council Lead for Civil Contingencies, and Deputy Chief Constable, Devon and Cornwall Police; ACC Owen Weatherill, Strategic Lead, National Police Co-ordination Centre.

III: Emma Moore, Chief Operating Officer, UK Border Force; Angela Perfect, COVID-19 Incident Gold Commander, UK Border Force.

Examination of Witness

Witness: Lucy Moreton.

Q1 **Chair:** Welcome, everybody, to this evidence session from the Home Affairs Select Committee into the preparations for and response to coronavirus. Ms Moreton, we are very grateful to have you with us today. We had another panellist who unfortunately had to pull out. We are very grateful for you coming. Can I start by asking you what key issues Border Force is having to deal with in terms of coronavirus?

Lucy Moreton: They can be split broadly into two groups. One is dealing with the staffing issues that arise. Do they have adequate instructions and adequate PPE? Are the right people in the right places? The second section is the operational demands, trying to meet passenger and goods flows as they alter at very short notice; dealing, particularly at the moment, with clandestine travel which has become quite significant in the last few days; dealing with individuals who are detailed and would otherwise be removable, but who are not. That is the operational element of it.

Q2 **Chair:** What are proving to be the most difficult issues, or the issues that staff are most concerned about being resolved?

Lucy Moreton: That too falls into two groups. It is human nature that people are most concerned about the things that impact them and their families. If someone gets ill, what happens to their pay? Are they supposed to come in or not? There is a particular subset of that for the staff we have working in northern France. They travel in and out daily, one group in large coaches, one group in small office vehicles. They are concerned about being confined in such narrow spaces. There are no cleaning regimes in place for either the coaches or the office vehicles. What happens to them if they become symptomatic while they are on duty in northern France? They are 12-hour shifts. How do they get back without infecting everybody else? What happens if the staff in Paris and Brussels get stuck on the wrong side of a closed border?

In terms of operational pressures, the most difficult and intractable is what we do with clandestines. The staff on cutters and CPVs have been given masks, gloves and plastic aprons, none of which are any good if you are hauling somebody dripping wet out of a boat. There is no way to confine anyone who is symptomatic. There is often no way to tell if they are symptomatic or hypothermic. If you are opening a container to find people who have been in there, there is always an inherent disease risk in that, but as clandestine migration becomes more of a challenge the concern that these individuals may have COVID or something else significantly contagious, but most specifically COVID, really plays on the minds of staff. Our members have to transport these individuals.

We had an incident, recently, where clandestines in a container at Poole were taken to the local hospital by staff in an office vehicle, which then

led to those staff being quarantined for some hours. It was a very frightening experience, I am sure, for the Iranians as well as for the staff.

Q3 **Chair:** Are there any arrangements for testing staff?

Lucy Moreton: No, none at all. It is what is applicable to everyone else, if you are in hospital and seriously ill, but otherwise no.

Q4 **Chair:** If decisions were made to enforce quarantine arrangements at the border and have restrictions on the border in the way that other European countries have done, how would that impact on the work of Border Force staff?

Lucy Moreton: In the past, where there has been any medical intervention at the border, that has been done by Public Health England, not by Border Force. It is my understanding that there is no intention to use Border Force for that purpose. That said, they are civil servants; they are trained; they will do what is asked of them, as long as it is reasonable and humanly possible and they have adequate PPE. At most borders it would be preferable to prevent people travelling, rather than allow them to travel, try to quarantine them and try to return them. It needs a bit more of a global response.

Q5 **Stephen Doughty:** Essentially, you are saying that staff are potentially being exposed to individuals travelling clandestinely from high-risk areas. Obviously it is now a global spread, but I am particularly thinking of Iranians, Chinese and others. Do they have any PPE at all? You said there is no testing; do they have PPE at all?

Lucy Moreton: Not to any great extent. Gloves are available. When you have to fingerprint somebody, obviously you have to get into close proximity to them; you have to hold their hand. They have gloves; they have sanitisers. My understanding is that there is not the medical evidence for masks. They do not have any disposable outerwear, just their ordinary uniform.

Q6 **Stephen Doughty:** Has that been requested from the Home Office?

Lucy Moreton: No, not at this point, because my understanding is that Public Health England does not recommend it. That said, it is a considerable concern to the staff. We are asking them to go out and do this and not giving them anything. With the greatest respect to Public Health England, that is its advice but the staff do not like that as an answer.

Q7 **Stephen Doughty:** Do you think there would be a way of suspending the more close-quarters procedures, such as taking fingerprints and so on, perhaps resorting to other methods of recording people, at least in the short term as a temporary measure to prevent physical contact?

Lucy Moreton: On fingerprints, yes, certainly. We are very reliant on thebigword, a telephone-based translation service. We need to talk to people. If you cannot communicate with them in their own language, you

phone the translator on your phone, hand your phone to the detainee and play pass the phone. That is not a sanitary thing to be doing. In my understanding, unless we bring in human beings to be interpreters, we are somewhat limited in what we can do with that. We have to identify them, not only for broader national security, but these individuals, particularly if they are symptomatic, have to be cared for. We cannot just push them out into the UK without doing anything to them.

Q8 **Stephen Doughty:** No, absolutely not. Then if it is okay to ask about detention and what is going on in immigration detention centres at the moment, is there a similar problem there with a lack of access to testing, PPE and so on? Have any of the procedures changed that you are aware of?

Lucy Moreton: No procedures have changed. Immigration detention does, periodically, have issues with contagious diseases. Chicken pox is extremely common and we have to lock centres from time to time. The two centres closest to Heathrow are currently quarantined for seasonal flu. I am assured by detention services that it is not COVID; it is just seasonal flu.

Q9 **Stephen Doughty:** How do they know? Have they tested?

Lucy Moreton: No, because they cannot test. They have no way of knowing. That is what we are told. It is very difficult to isolate.

Q10 **Chair:** Sorry, could you just say that again?

Stephen Doughty: They have not tested.

Lucy Moreton: They have not tested, because testing is not available, but the two removal centres nearest Heathrow are currently quarantined. We are not moving detainees in or out, because they have seasonal flu.

Stephen Doughty: That is absolutely crackers. Can I ask one other question? Do you think that at the moment deportation and unnecessary detention should be suspended? I understand that, for example, Border Force and UKVI officials were still going around entering houses, seeking to remove people, as late as yesterday. Given the circumstances, potentially that should be suspended.

Lucy Moreton: Ultimately, that is a political decision. The staff are civil servants; they do what the politicians tell them to do. There are challenges. In light of the advice given by the Foreign Secretary, removal to anywhere globally is going to be problematic. I understand there are discussions going on with Mitie, our principal deportation contract provider, about whether it might be possible to continue some level of deportation. Whether that proves to be possible or not, decisions need to be made about individuals who can be released from immigration detention, simply because we cannot remove them, so let us do something with them. With foreign national offenders and high-harm

individuals, who we may not wish to release and where the framework of law allows us to do that, we cannot hold them indefinitely.

Q11 **Stuart C McDonald:** If you cannot remove people, in essence the legal basis for detaining people falls away because there is no imminent prospect of that happening.

Lucy Moreton: That is my understanding. The courts would ultimately define imminent, I suspect, but that is right, yes.

Q12 **Stuart C McDonald:** You are not happy with the situation in immigration detention. You spoke about personnel and operational issues that have arisen. Are there policies that have to be looked at in other areas? For example, in terms of close contact, lots of people are required to attend appointments at the Home Office, for reporting reasons, for interviews and so on. Asylum accommodation is often based on several adults sharing. There are issues around, perhaps, no recourse to public funds, NHS charging and so on. Is the Home Office having a holistic look at all these things?

Lucy Moreton: With the greatest respect, I think you will have to ask Border Force. We represent the staff and those are political decisions that are somewhat outside of our remit. I am sorry; I wish I could give a better answer.

Q13 **Stuart C McDonald:** Do not worry. For example, in terms of interviews, appointments and so on, have you detected any change?

Lucy Moreton: They are reducing the frequency of reporting, particularly for individuals who are not high-harm, and attempting to stagger that. For foreign national offenders released into the community, they are keeping the reporting as tight as possible, because the Government tell us they want to be able to keep track of these individuals, but we are making efforts to stagger that.

As I understand it, the service level agreements for things like decisions on asylum cases are still in place and, therefore, the staff must make efforts to meet those targets. Should those targets relax, we would build up a backlog, but the Home Office will not be the only organisation that does.

Q14 **Stuart C McDonald:** I have one other very specific question. Sometimes if somebody wants to make a claim for asylum in-country they have to travel to, I understand, Liverpool or Croydon. Are those procedures still in place?

Lucy Moreton: Yes, they are currently. I was made aware of an incident, recently, where two Iranians approached a police station to ask if they could claim asylum. We were unable to attend, the police were unable to do anything with them and they were simply asked to leave and return to the community. That is not ideal, not by any stretch.

Q15 **Chair:** To follow up on the flu quarantine, is it regular? Is it a normal

thing that happens most years, to be quarantined for flu?

Lucy Moreton: Yes, or chicken pox or some other transmittable disease.

Q16 **Chair:** In those circumstances, what happens for staff or for other people in the same building? What are the arrangements?

Lucy Moreton: Because it is immigration detention and not a prison, we cannot quarantine people in the same way. Every effort is made to put symptomatic individuals into the same wing of the building. You keep everyone who is unwell together. That becomes a little more complicated on the rare occasion that we have children and family detention. We try to stop movement of new detainees in and out. If it just seasonal flu, and you know it is just seasonal flu, there is no particular problem with putting a symptomatic individual on a flight. Of course, were it to be COVID, that would not be an issue; we could not and would not put them on a flight. If they have chicken pox, which is one of the most common things that we close down for, you cannot put them on a flight.

Q17 **Chair:** Effectively you have an outbreak of flu, no testing to know whether any of those cases are in fact coronavirus rather than flu, and no ability to fully quarantine people within the centre.

Lucy Moreton: Yes, not in the way a prison can do.

Q18 **Chair:** You have no ability to test people before they might be put on flights and a legal arrangement that means, if you are not likely to be able to deport people in the near future, the legal basis for detaining them is not there, so they should probably be released into the community, where many of them may not have accommodation to go to or accommodation in which they can self-isolate.

Lucy Moreton: There will be circumstances where it is preferable to hold them with us, because at least they are safe; they are fed; they are warm. It goes to your point, Mr McDonald, about the cat's cradle of other policies that come into this. If we simply close a detention centre and say, "That is it", they have nowhere to live, no state support, no means to keep themselves safe and, as you say, nowhere to self-isolate. There is a whole cat's cradle of problems that go along with that.

Q19 **Chair:** On the issue about the staff and the juxtaposed controls that you referred to earlier, are the staff being affected by the lockdown in France in terms of the work they are doing?

Lucy Moreton: At the moment, they have all been issued with the appropriate certification to allow them to continue to move. If challenged, you have to show your certificate to a police officer and that has been issued to staff in Paris, Belgium and the juxtaposed staff for Calais Coquelles.

Q20 **Chair:** Given the travel arrangements that you have and the enclosed space that people are travelling in, is there a possibility that juxtaposed controls could end up being suspended and checks pulled back to the UK?

Lucy Moreton: We have posed that question as well. That would seem to be a sensible contingency measure, maybe not something for day one but something that should be thought about. Border Force has not answered us. You may do better.

Q21 **Chair:** In terms of making sure the borders remain secure, given the possibility of staff needing to self-isolate, developing symptoms or becoming ill, have all staff who have any pre-existing conditions—the kinds of conditions that Public Health England is saying are higher risk for coronavirus—been told they do not need to do front-line responsibilities?

Lucy Moreton: They have been sent home, all those we know about. I cannot rule out there being someone who has not declared, but everyone we know about who meets the list PHE has produced has been sent home.

Q22 **Chair:** In terms of any contingency arrangements to take on additional staff, to cope with drops in the number of people who can come to work and so on, is there a point at which that becomes unsafe? Are there arrangements being put in place? Are there concerns about temporary workers and what additional training they might have or what sick pay and other rights they might have?

Lucy Moreton: As an organisation, Border Force relies on a seasonal workforce. It is in effect a zero-hours contract. In fact, it is two hours a year, but to all intents and purposes it is zero-hours. They are being brought in early in some locations. They are predominantly retired Border Force or police staff, so they are by their very nature older, and that may have an impact given that we are now saying, if you are 70 or above, you should not be in work with us.

A call went out last week, throughout the Home Office, asking for people to volunteer for contingency training. That is limited to individuals with security clearance of SC and above, which is what you require for access to our computer systems. I do not know how successful that call for volunteers has been. The immediate pressure has dropped, because the passenger traffic has fallen so dramatically in a way that was not predictable a couple of weeks ago. Of course, goods traffic is still benefiting from the transitional arrangements, so that is not controllable. Right now, we have more staff than we need, but as this goes through and we reach peak infection, which I understand will be in two to four weeks, there may start to be a challenge.

Q23 **Chair:** Is there any other issue that you would like to draw our attention to that we have not asked you about?

Lucy Moreton: No, I have covered what was on my list to bring to your attention. Thank you very much. Thank you for inviting me.

Chair: Thank you very much for your evidence. We really appreciate it.

Lucy Moreton: I am very grateful.

Examination of Witnesses

Witnesses: DCC Paul Netherton and ACC Owen Weatherill.

Q24 **Chair:** Can I welcome the second panel, and ask you to introduce yourselves and tell us your responsibilities in terms of the coronavirus preparations?

Paul Netherton: My name is Paul Netherton. I am the deputy chief constable of Devon and Cornwall Police, but I hold the national police portfolio for civil contingencies. I normally deal with things like flooding—I dealt with Yellowhammer—and all planning and preparation. Obviously a flu pandemic, or in this case COVID-19, has always been on our risk register and we have been planning for it for many years.

Owen Weatherill: Good afternoon. I am Owen Weatherill. I work for the National Police Chiefs' Council. My role is the national mobilisation co-ordinator and I head up the national police co-ordination centre, based here in London. Just for clarity, because it is probably helpful for you to understand, that is a UK-wide responsibility, it is not simply England and Wales. I have responsibility for Ireland, Scotland and the Crown dependencies and British overseas territories. It is a truly UK-wide responsibility.

I have a secondary role, which is why I am here. As of last week, we have moved to a national response for policing, led by Martin Hewitt, the National Police Chiefs' Council chair. He is the gold commander of the policing response. I am his silver. The functional delivery of the response across the UK and to link up the various strands, including Paul's strand, sits with me as the silver co-ordinator, to pull that together.

It is a twofold role. One is that functional responsibility around the response, but the secondary is my day job to make sure the resources are in the right place.

Q25 **Chair:** What are the issues that the police face when it comes to responding to coronavirus? What are the issues that you are covering?

Paul Netherton: The role of the police is obviously still to uphold the law, to maintain the Queen's peace, to protect the public from crime and harm. We will continue to do that as long as we can and, at this moment in time, we have no problems delivering that service. Our role in this situation is to support our colleagues, particularly Public Health England and the NHS. We do so through the local resilience forum mechanisms. In other words, each geographic area, each county, has a resilience forum, which brings the partners together. In peacetime, the job is to plan and prepare for what might happen. When it actually happens, we come together under a strategic co-ordinating group and deliver the activities in the local area to deal with, in this case, COVID.

Q26 **Chair:** I am interested in the particular issues that you end up having to deal with. I presume those will include staffing resilience, particular

issues that come up in terms of protective equipment and so on. It would be very useful to have from both of you a survey of the list of issues on your agenda at the moment, so we can try to follow up on some of them.

Paul Netherton: You identified two of the key ones. The first is staffing levels. Through Owen's team, we are monitoring that on a daily basis across the whole country. We are assessing exactly how many staff are sick, how many are self-isolating, how many have dependency issues, in other words looking after children, elderly relatives, et cetera. We are also monitoring very closely the amount of personal protective equipment every force has. We are making sure that is shared among all forces. Those are monitored very closely. At this moment in time, we have no issues. We are continuing to deliver business as usual. As things change, that will change in due course.

Owen Weatherill: The other thing that is highly relevant to your question is that we are not just dealing with what we see in front of us now. We are trying to model and plan ahead, so that we are ready for what may be over the horizon. That falls into two or three broad strands for me.

Paul has touched on the resourcing element, knowing exactly what we have and what our capability is. We recognise this is an evolving issue. It is of an unprecedented scale and nature. We have to be quite dynamic in understanding what that looks like on a day-to-day basis, recognising that it will probably manifest itself in different forces at different points in different ways. We cannot make the assumption that it will look the same everywhere. To Paul's point that we continue to deliver business as usual at the moment, we will do that as long as we can but we recognise that it may not be possible in all forces at the same time, permanently. We are using and drawing upon the experience of our counterparts in Europe in particular, who are slightly further ahead of the curve on this, to understand what issues they have already encountered, so we can start to model forwards, plan and prepare for that.

Planning and preparing is something we do routinely. It is part of our day job. It is certainly part of my day job. We are used to doing that. We are using their data feeds and their experience to inform our decision-making now, so we can be ready for it when it comes.

Then the final part, which is really important, is planning now for what the return to normality looks like, whenever we get to that point. We are picking up that organisational learning, the key things not just from our European partners but from elsewhere, and within the UK as it emerges, so we can get ourselves back to normality as quickly as possible when we are able to.

Chair: I just want to say, to our other witnesses, thank you for joining us. We will move on to Border Force issues afterwards. If you want to spread yourselves out and have further social distance between you, you are very welcome. We are trying to be as compliant as possible in these

difficult circumstances, while getting as much information as possible.

Q27 **Adam Holloway:** Can you give us some colour on what you are hearing from Italy? What sort of things do you think we might expect?

Owen Weatherill: That is an emerging picture at the moment, so we have an early feel. We have gone back this week with very detailed, specific questions to understand certain things: "What does your demand on call-handling look like? What does your demand on custody facilities look like? What changes in crime, if any, are you seeing? What changes in demand are you seeing?" If we can start to understand what that picture looks like and how it might differ across countries, if indeed it does, we are in a really good position to understand what might be coming next week, the week after, next month.

Those are the sorts of immediate queries. That will undoubtedly generate others. It will be a very iterative process. This is not a snapshot picture now and then that will be all we do. We will constantly keep updating that picture, because this is going to be ahead of us all the time. It is a constantly moving piece.

Paul Netherton: It is probably worth expanding on what we are prioritising as well. We monitor specialist resources closely, so every day we are doing a return on things like firearms capability, response capability, custody capability, call-handling capability. We monitor it and we expect that certain forces will have a hotspot of outbreak at certain times. We can prepare for that by what we are calling organisational distancing. You talked just then about personal distancing. We are trying to break up our organisations into smaller units, making sure they have back-up wherever possible.

Where that is not possible, through Owen's team and the NPoCC facilities, as we do normally anyhow, we have the ability to support each other through mutual aid. We do it regularly for things like the President's visit. We can flex and move our resources as is required across the country.

Owen Weatherill: To support that, as Paul touched on a moment ago, through the regular data capture we do every day, the idea is that we are seeing forward trends, which ones are going up, which ones are coming down, and hot-spotting, so we can respond on a force basis, a regional basis or a national basis. We know the curve of this infection is such that we can start to predict what that looks like in two weeks' time, if we see it emerge now. By monitoring daily now, we can start to plan where we might need to put resource in two weeks' time. It is a fairly intuitive position based on that live feed data from forces.

Q28 **Holly Lynch:** I am mindful that the Government have extended powers to the police to detain those who might be symptomatic of the coronavirus. I am also really mindful that, at the end of February, UK public health authorities issued joint guidance for first responders. It said, for those undertaking activities requiring close contact with a

symptomatic person, staff were advised to wear disposable gloves, fluid-repellent surgical face masks and, if available, a plastic apron and disposable eye protection. Have your officers routinely got that PPE?

Paul Netherton: It is going to be one of the big issues. At the moment, most forces have that capability and are deploying it, not to all officers but to specialist cars. For instance, in Devon and Cornwall, we are calling it the COVID car and we are putting the equipment on that car. If we are going to an incident that requires that specialist equipment, they are ready prepared; they are trained because they are usually CBRN officers, so have more awareness around biological issues. They are deploying with the kit.

As with the NHS, and as was said previously with the border agency, there is concern about the level of kit for the length of time. We have sufficient personal protective equipment at the moment, but over a six-month to a year situation we have to monitor and think carefully how we use our stock of personal protective equipment.

That is what we are doing. We are making sure all forces have sufficient equipment. We are monitoring it on a daily basis, sharing it out where necessary. If forces do not have it, we will share it among all forces, as we would with staff. We are also tying into the NHS procurement process to make sure we are restocking that personal protective equipment whenever stocks get low.

If we cannot supply to every single front-line officer, the ambition is that those who are deployed to incidents where they need it will have the equipment. When people come in, so particularly places like custody, we have sufficient equipment; we have appropriate training and techniques. We always have them anyhow for people coming with infectious diseases into custody. We routinely use that approach for anyone coming in with COVID symptoms.

Q29 **Holly Lynch:** Further to that, we have already heard there are problems for testing for front-line workers. Have you had any movement on that for testing for officers?

Paul Netherton: That is an issue of concern. It goes much wider than police. For instance, our concern at the moment with the guidance that has come out this week is that our staff may have a family member, a schoolchild, who has symptoms, a cough, a fever, whatever. That means they are now locked down for two weeks. As a consequence we are losing staff who may, if that child just has a cold, not necessarily need to be locked down. Our request, and we are talking to NHS colleagues locally, is to speed up that testing for emergency service workers. I have to say, I think the police are not the priority here. Doctors, nurses and ambulance crews are definitely going to require that before us. If there is any spare, we will take it, because it is about getting our staff back on to the front line.

Owen Weatherill: On testing, one thing we have heard something about is a test that can tell you if someone has had it already. That would be immensely helpful for us, because it would enable us to test the workforce and know who can come straight back into front-line service now, immediately, without any concern going forward. That would be a real step change for us. Accepting that it needs development, that would be really helpful for all the emergency services.

Q30 **Holly Lynch:** Can I follow that up by asking perhaps you, Owen, about mutual aid? We have increased pressure in some areas. Bearing in mind testing is a problem for police officers, where we are deploying officers from some regions to areas where there is greater prevalence of COVID-19, to have that testing in place would be incredibly helpful. How are we managing mutual aid?

Further to that, what resilience is there around making greater use of special constables? Are we looking to bring retired officers back into the force? Are there further discussions with our colleagues in the armed forces on something comparable to Operation Temperer in these circumstances?

Owen Weatherill: I will leave the specials element to Paul, because he has been dealing with some of that. In terms of mutual aid, we have really well-established processes for making that happen. I understand the point you make on anxiety about moving staff around. Ultimately, this is about threat and risk. If there is a threat to the public and we need to move resources, I will find a way to do it. That is my role. That is what I do day to day. There will be some anxieties in some places. I will work through that. There is an acceptance by chiefs that we need to support each other in extremis, and that is a core part of what we do. They all need to receive it at some point, and this curve is going to go up and down at different points, we expect. A recipient today could be a donor tomorrow. There is that broader understanding among chiefs that we need to be sensible and pragmatic about this.

As far as your point on Temperer is concerned, yes, of course, we will make sure we are fully conversant and exercise it if we really need to. I have no expectation that we will need to do that at this stage. If we need to, we will be sensible about where and how we do it. I have nothing to suggest at this stage that is a necessary step and we would look to exhaust policing capabilities before we step to the military, accepting that the military are probably going to be called on by the NHS before we will ever do it.

Paul Netherton: I have been working very closely with the military. Each area has a joint military liaison officer, who I have been talking to. As Owen said, we do not think the police service requires military assistance any time soon. We think their requirement is elsewhere, as has been said.

In terms of special constabulary, looking at retiring or retired officers, et cetera, we have a working group under Martin Hewitt's structure looking at terms and conditions and working practices. We are looking at things such as whether we could perhaps pay for specials to come in. They are a voluntary organisation at the moment, but we might pay them or pay their employer, who then could allow them to be freed up to come in to supplement the police. That is being looked through. We are looking at terms and conditions and regulations around bringing back retired officers. We are also looking at those who are retiring in the next year, seeing if we can extend their service. We are looking at all the HR functions under the HR working group and trying to maximise our capacity at this moment in time.

Q31 **Chair:** Have you been given clarity that you will get the resources you need to take on any additional specials, or anything like that?

Owen Weatherill: This is a developing picture, day by day, quite literally, sometimes hour by hour. We have had really good support so far from the College of Policing and HMIC. They have stepped back from some of their primary functions. The last thing we want to do is draw upon forces that are going to be in the front line of this. We are getting really good support from those two entities, and similarly from other agencies, to make sure we are joined up in our approach.

Q32 **Chair:** What about getting extra funding for the officers?

Owen Weatherill: Funding is an active conversation at the moment. We have very good dialogue going with the Home Office and there is a conversation several times a day about various different streams. I do not sense any blockages stopping us from having sensible conversations at this point.

Paul Netherton: All forces have been told to make sure they are recording exactly what we are spending, for the future.

Q33 **Laura Farris:** In the ordinary discharge of an officer's duties, if they are investigating a serious crime, they might have prolonged contact with somebody or a group of people without any prior knowledge of who those people are. What protocols are you putting in place?

Paul Netherton: The guidance about personal protective equipment is clear. It has been cleared through Public Health England, health and safety advisers and our own federation and union. We are doing it in conjunction together, to make sure we are giving the best advice.

Quite obviously, it is tricky, because if you are not symptomatic it is very difficult to start suggesting that officers should wear personal protective equipment in the middle of an interview. It would not look right. It would not send the right message to the public. However, all officers—and they do it generally in their normal patrol when dealing with people who might be drug addicted or have other illnesses—are thinking about their personal safety anyhow. There are precautions we can take in custody

and in interview situations. When you go into someone's house, you will be making a dynamic risk assessment about what you are facing. If you require it, the kit will be there. Our general advice, and the general advice from Public Health England, is that we should be sensible about this. We do not want to be walking around in CBRN suits when it just is not necessary.

Q34 **Laura Farris:** Were the virus to increase exponentially, would that affect the quality of policing?

Paul Netherton: That is quite a tricky question. It is about how far it goes. At this moment in time, we do not see it impacting on day-to-day service delivery. As things change and as absenteeism rises—and we can see signs that that is coming—things will have to change. We will adjust our service accordingly.

As a good example of that, probably by the end of the week we will not need school liaison officers, because schools will not be running. We will put them back on to the front-line and utilise them where they are needed. That will go on all the way through. As things become more and more challenging, we will withdraw from certain activities, prioritise and take a graduated withdrawal of service approach. Now, that decision belongs to each chief constable independently. It is the independent right of a chief constable to make those kinds of decision. However, from the centre, from Martin, we will give guidance, give a general approach and say, "At this level you need to start thinking about withdrawing from beat patrols or just doing response", et cetera.

Owen Weatherill: There is a recognition there, though, that each force looks quite different and will see its priorities differently. It may not be seeing the same challenge around resources that the force next door may be. This will not be a consistent picture. We need to be really clear about that. This will look different day to day, week to week, force to force.

Q35 **Laura Farris:** Does it concern you that there will be a disparity in the quality of policing?

Owen Weatherill: The core function we will always seek to achieve, and will absolutely deliver, is around emergency response and threat to life. That will always be the core function we preserve at the absolute minimum. In reality, we will be able to deliver a lot more than that. By nuancing the boundaries of where we take resource from, both within the force and through mutual aid, we will try to level that out. That is part of the exercise here, to level that out. There are quite a lot of things we can take away, which do not necessarily have immediate impact or visible impact and do not make the public feel less secure and safe. There are things we can do in the background to mitigate some of this.

Adam Holloway: As an FYI, in my constituency, one of the schools is planning to man itself if schools close, for the children of officers and health workers.

Paul Netherton: That is really useful.

Q36 **Tim Loughton:** This is entirely hypothetical. We are in unprecedented circumstances and you are very experienced officers. What realistically is your biggest fear in the next few weeks? Where do your biggest challenges potentially come from?

Owen Weatherill: I am not sure I can put it on one. This is so fast moving, with so many different moving pieces, that every day brings a new decision, which brings new issues to think about. The biggest challenge is that it is complex. It is really, really complex and it is multidimensional, not just within policing but across other agencies. If I had to hang it on one, I would say that in the past policing would tend to lean in and help lots of other agencies. You could do that in isolated cases, around a particular issue or in a particular location. The scale of this, and the fact that it affects every agency, is probably the single biggest challenge. We may not be best placed to serve the conventional support structures that other agencies look to us for. That is probably the biggest challenge, I would suggest, because we are all going to be facing challenges at the same point.

Paul Netherton: The role of the police in any disaster is not so much around law and order and policing issues; it is command and control, intelligence flow and co-ordinating the activities of others. We are doing that now. We have set up strategic co-ordinating centres and groups in every force, with both strategic and tactical-level groups running 24/7, or at least every day, to monitor that process.

As Owen said, the challenge will come when one organisation says, "We need help", and we perhaps cannot deliver everything it is asking for, particularly the health service. It is obvious to everybody that, at certain points, the NHS is going to be very, very stretched. We will perhaps look outside normal policing response to help. We can look at working with the voluntary sector, the military and others, to give that additional support.

That may apply across a range of functions, but at the moment we are looking to make sure we support the NHS. They are going to be the ones on the front line of this.

Q37 **Tim Loughton:** There is modelling, effectively, you can do. You mentioned the two I was going to mention: voluntary back-up and military back-up. You could downshift some lower policing functions to voluntary and upshift some more extreme ones to the military, so that adaptability is there, potentially.

Paul Netherton: Exactly.

Q38 **Simon Fell:** You have touched on this already, but I am curious. We have heard on this Committee before that you are the first responders when the NHS is stretched. We are heading into a period of incredible stretch for them, but you are reprioritising resources too. Do you think we can maintain that first responder resilience in the coming months?

Paul Netherton: Yes is the simple answer. That is our job. We will maintain response capability at all costs, effectively. We have shown we can do it in the past. If we look back, we have had major events, NATO conferences, presidential visits, even going back as far as the London riots, where the whole country can mobilise and support each other to maintain law and order and deliver that mutual aid capability. That means services are reduced in certain areas and a chief constable has to make a decision about prioritisation and which services begin to withdraw. At this moment in time—and for a considerable way forward—all the modelling tells us we can maintain that capability.

If something untoward happens as well, so if we are dealing with a terrorist attack and other challenges, we really begin to have to prioritise. That is where things like Temperer, and other responses we could take, come in.

Q39 **Simon Fell:** Part of that is around information flows between different agencies. Are you comfortable with the amount of information sharing between the NHS and these organisations?

Paul Netherton: We are working very closely with the Home Office, quite obviously, and MHCLG through the existing resilience structures. That works every day, in very close communication. In fact, we are embedding staff and civil servants in each other's teams to make sure that that works even more effectively. We have military advisers placed into every LRF now, so they are working in support of the local resilience forums, providing not just general back-up but military expertise or military advice, if required. Most resilience forums are being chaired by Public Health England or NHS England, so we are getting that very good engagement.

The modelling is always quite challenging, because on one hand my job is to think of the reasonable worst case scenario and our planning is around that reasonable worst case scenario, which can in some cases be quite scary. It is that way because it is based on the very worst situations that we could face. Sometimes they are based on history, so things like Spanish flu and previous experiences. In reality, as this disease develops, what we need and are getting—it is not as if we are not getting it—is better information around what the type of disease is, how many are coming into hospital, how many are dying from it, et cetera. That then informs our response and helps advise how we should prepare for things in the future.

Q40 **Simon Fell:** On that again, there is a focus on vulnerable people who may not get what they need from elsewhere. Are you comfortable that you can maintain the level of service and support that they need?

Paul Netherton: You touch on a really interesting point. There have been a lot of conversations in the media about fear of disorder, fear of looting and things like that. We have seen some panic buying but, looking at Italy and other places, they panic buy for a few days when they think

the food and everything is going to run out. When the shops are restocked, they stop panic buying. That is an important message.

For vulnerability, I am seeing more altruistic behaviour by our communities than I am seeing the opposite. We have a great resource of people who want to volunteer, help their neighbours and move forward in a positive way, rather than the opposite. It will become more challenging when restrictions become greater. We are using local authorities, which have a good list and a good picture of vulnerability within communities, to identify if there are areas of particular need. That focus needs to be on care homes and communities that have a high number of old people.

We work with the voluntary sector all the time. They are a standing member of resilience forums, so we can activate them and have done already. We are working very closely with organisations such as the Red Cross, so we can utilise their co-ordinating abilities and their access into more professional voluntary groups. That way, the resilience forums locally can galvanise that volunteer effort to help vulnerable people in particular.

Q41 **Simon Fell:** Obviously the definition of vulnerability shifts and it will shift throughout this crisis. Do you have a regular dataflow so you can prioritise those who are most vulnerable at this moment compared to those who are maybe just elderly or need other kinds of support?

Paul Netherton: Through the NHS systems, we understand those who have underlying health issues. Obviously we can pick up the elderly as well. It gets harder when we get a lot of issues of vulnerability. Obviously, the police have their own network and one of the key functions we will maintain is our 999 systems. Of course, if anybody has a problem, we will respond. That is the same for fire and ambulance. The emergency services are there, at the critical end of the equation.

I am trying, both through the police service and through some of the messaging I am putting out, to encourage everybody to look after their neighbour. It is really simple stuff. Go and check: does your neighbour need any help? That is probably the most effective messaging in picking up a wider, more generic concern for vulnerability.

Q42 **Chair:** On that vulnerability, what role do you see neighbourhood police officers playing in that process? Do you anticipate them being pulled off the neighbourhood beat to support other areas?

Paul Netherton: That is a really good question. In a normal situation, neighbourhood policing is the bedrock of policing. They provide the information, the intelligence and the understanding of vulnerability in any given community. We would certainly not want to lose that, but as that restriction and withdrawal of service goes on, eventually, those neighbourhood officers have to become response officers and deal with 999 calls. It is a graduated withdrawal, but it comes at a cost, because then you lose that community intelligence and that community feel.

Owen Weatherill: That said, if they are withdrawn from a core neighbourhood policing function, they might be moving to response, but in the same geographical area. You retain the knowledge and the local connections. That neighbourhood knowledge is not just among neighbourhood officers. A very clear network exists around each of them. They are well developed, refined and interagency. Local policing comes into its own with something like this. Local police officers quite rightly should have a clear say over how they manage that relationship and that interface, understanding where vulnerability does and does not exist.

Paul Netherton: It is worth picking up on how we have done it in Devon and Cornwall. About 20% of our staff can work from home. We are equipped with laptops and a network we can access, both on Skype and with other techniques. Then we have probably a further 20% who we have asked to go and work from their local police station. They may be working at another station, but as long as they are coming in and working from their local station they can operate effectively and do their job in the network, using the systems we have to make that work effective. That does two things. It makes sure that the local police stations are functioning and working, and is a back-up if any extra services are required. Then the majority of staff we want to keep working, because we have to deliver our prime function of maintaining law and order, preventing and detecting crime and making sure we are out there, doing visible reassurance policing.

Q43 **Chair:** When you refer to the local resilience and the role of the voluntary sector, are you picking up a reduction in the number of volunteers within the voluntary sector, given the age of many volunteer groups?

Paul Netherton: Unfortunately, I would be able to answer that question but it is happening too quickly for me to give you any real figure on that. It is understood that that is a risk. Quite obviously, if we had further shutdowns, that would become more and more challenging. We work with statutory organisations such as the Red Cross to identify gaps, fill gaps and move people around, if that can be done. It gets trickier, the more restrictions are put in place.

Q44 **Stuart C McDonald:** I have a quick question about powers. Police officers recently received some additional powers to direct people to medical facilities for testing. First, do you think you have all the powers you need now? Secondly, that does not strike me as an easy power to use. There are questions about whether police officers can make a call that somebody might have the necessary symptoms. Even if they do have the symptoms, is it justified to send them for testing given that we are not testing on a huge scale yet, although we are getting there?

Paul Netherton: When this began and the emergency powers were brought in, these were done to support PHE during the containment phase. In that case, it was more likely that PHE would identify people who might be symptomatic or come from an infected area, say the Merseyside case where they were being held in quarantine. Police would

then support them. The powers were there just in case someone decided, "No, I have had enough of this. I am leaving". We would then be able to support Public Health England and say, "We know you want to leave, but unfortunately you are going to stay here until you have done your quarantine period".

As this disease has developed, we have moved from containment into delay and then into mitigation. As we move forward, the powers you require become different. With the new legislation that is being looked at, we have been involved in and discussed the powers that are being given to us. We cannot see a problem with them. They are not designed to be something that police can then use on the street willy-nilly. They are designed to support Public Health England. They are designed as part of a medical issue, not a general policing issue.

I would not want the public or anyone else to think the police suddenly have these draconian powers; they can lock up anybody just because they cough. It is not designed for that. It is designed to support the NHS to do its job properly. We are only there because, on occasion, as the police, we have to tell you to do something and you have to listen to it. In the majority of cases, that is never going to be a problem because people will do what they are asked to do and respond appropriately.

Do I need more powers? At the moment, I cannot see anything I need in any area. The UK laws are such that there are powers somewhere in the statute books that we can use if we need them. We very seldom do not have the power to do what we need to do.

Owen Weatherill: There is a very clear awareness on my part, and in the command structure I deliver on behalf of Martin, that one of the limbs is around legislation and policy, because we recognise it is a fast-moving thing. What we need now may not be what we need tomorrow. We may need to move quickly to do that. We have a very good established link into the police powers unit at the Home Office. There is active dialogue there on anything they are considering and, equally, anything we think is an emerging threat for us that we need to raise. Some of that can be dealt with through an adaption of our existing policy or the authorised professional practice that we already give to staff as the framework in which they do their work. Some of it might need an actual legislative change. We cannot say it does not. It is an active part of our considerations every day.

Q45 **Stuart C McDonald:** Based on that response, would there be the possibility of even more legislation further down the line, or is the Home Office trying to make sure the legislation coming up allows further powers to be handed to the police without that having to happen? Of course, it has some concerns about it. We do not like that sort of thing happening.

Owen Weatherill: In terms of the process of how it physically finds its way into legislation on the books, that is not really one for me to answer. Am I able to influence and have a conversation about what we need for

policing? Yes, I am. Am I involved in discussions around what that might look like in draft format? Again, yes, I am. We consult across the portfolios of policing as we need to, to do that. We have a voice there. I would reassure you that we are not looking for lots of extra powers. Only if we see a situation that needs it, or because the situation is going to become extended and create some unusual and unprecedented challenges for us that need legislative changes, would we ask for that.

Paul Netherton: As always, the Civil Contingencies Act, under part 2, allows for emergency legislation. I do not think that is required in this situation. Both the act that is being looked for and existing powers are sufficient at this stage.

Q46 **Stuart C McDonald:** Are you able to tell us anything about the powers we are about to legislate for? What form will they take? What reassurance can you give us about the procedures you are putting in place for how they are used?

Paul Netherton: We have been involved from the outset. We are being asked on a weekly basis whether we have any concerns. Owen, I know, last weekend was heavily involved in the discussions around additional powers. We are definitely sighted and involved in those discussions.

In terms of training, at this moment in time, the hardest thing is to get the information out in time. Literally, things are changing on a daily basis. One of the biggest challenges I have is to get it round all the police chiefs and the NPCC, and then get it out to forces as quickly as I can. That covers things like use of powers, trying to explain to staff how it would work on the ground. That is ongoing. We are trying as best we can to get it out as quickly as possible.

Q47 **Chair:** If the Government or PHE decided that the UK needed to have the kind of lockdown that they currently have in France, for example, and other European countries, would you have the powers to enforce that at the moment?

Paul Netherton: I understand the new legislation would give us that. It would be at the direction of PHE, because it would say, in effect, "We would like people to either go to this place or stay in that place". Now, that place is not defined. It could be a hospital, as in for a quarantine or testing regime, or it could be your own home, because that is a place defined by PHE where it would want you to remain. That, I think, covers that kind of scenario.

Q48 **Chair:** The reports in the paper are that France is deploying 100,000 police and gendarmes to verify that everyone in the street has proper documents to be able to move around. Is that the scale of resourcing required?

Paul Netherton: The French gendarmerie is a quasi-military organisation. It is part police, part military. That would be almost like us utilising military in a semi-policing role. We consider the police resources

sufficient at the moment. That may become more challenging as sickness levels rise or if there are requirements on us to support legislation or an approach like that, which might need further resources. It is very difficult to give you an answer about the point at which it would become difficult to do.

We live in a society that normally does what it is told. The key issue is making sure the messaging is right and the public understand why things are being done, so that we have a very easy job of saying, "This is why we want you to do it".

Owen Weatherill: In the last couple of days, we have seen some clear evidence of the public largely self-policing around the guidance they have been given already. There is a noticeable difference in footfall, in people being around public places. That is where we would probably want it to be, and I sense that is where the Government are trying to take it. It is very difficult to theorise what might happen. It depends what we are asked to do.

Q49 **Stephen Doughty:** One of the key things at the moment is providing accurate information to the public and not fuelling rumours. While we are in this session, I have people in a community WhatsApp group claiming all sorts of things are going to happen on Friday, lockdowns and all this sort of stuff. There is a big rumour going around today. Would it be safe to say that people can expect restrictions to increase and it is a phased approach? People are going to find restrictions and they should prepare for that, but it is not going to suddenly happen like that.

Paul Netherton: It is definitely a phased approach. That has been the message all along from public health, that this is a long-haul situation. In all my experience of many years of watching and looking at other diseases, and how disasters happen anyhow, there is a graduated approach. You move up that scale, then you get to the top and you try to maintain it in a capable situation. Then, eventually, it starts to return to normality. Obviously the endgame is a vaccine and then we start making sure everybody is immune to it. The situation will develop and it will change.

One of the key things is that, as we have seen in Italy and China, you can have a situation in one area where it is quite restrictive, and in another area it does not need to be as restrictive. That may change literally on a weekly basis, as the disease spreads and changes.

Q50 **Chair:** If your officers are called out to an incident where they need to go into the house, for example a domestic abuse incident, and it is clear that there are people coughing or exhibiting symptoms in the house, what is the guidance to the police on how to handle it?

Paul Netherton: It is very clear that they should have gloves, they should have a mask and they should continue to do their duty.

Q51 **Chair:** Do they have that equipment?

Paul Netherton: We are trying to make sure every force has that equipment. Where we do not have enough to give to every single officer all the time, we will send a unit with the kit; as I said, the COVID car will have the kit and it will go. The hard situation will be when they turn up and they suddenly find it. Then we may have to say, "We need some back-up here".

Q52 **Chair:** For every domestic abuse call, where you would be expecting to go into the house, you will send the COVID-19 equipped car.

Paul Netherton: No, we will have to make a dynamic risk assessment when you get there and say, "Is this safe to go in and are we going to go in?" Officers do this anyhow in their normal duties.

Q53 **Laura Farris:** Only if they were obviously ill would you be pulling out masks.

Paul Netherton: Yes.

Owen Weatherill: A good analogy is a response to an armed threat. You do not know it is there until you get there, sometimes, at which point the officers will step away, call in the appropriate response and then deal with it. They are used to dealing with that dynamic decision-making every day, in a whole range of scenarios. This is just a slight nuance on that in a different way, around a public health issue.

Q54 **Chair:** What proportion of response officers at the moment have access to the mask and gloves?

Paul Netherton: That is an impossible question. Every force has masks and gloves. They can get hold of it if they require it. We have made sure that is the case. We are replacing that as quickly as we can. There is a priority list for where those things go.

Q55 **Chair:** It would be helpful for us to know this, because we are interested in the level of preparations and how much additional support you need.

Owen Weatherill: There is a step back from that. First, in terms of immediate response to an emergency situation, you tend to find most forces have a slightly different approach to how they send resource to that. They will have a more specially trained or experienced crew that will go to that, with a high level of kit on the vehicle, which will include first aid kits and gloves. It will probably have a mask in it too. You might not have every patrol car with all that in, but your response vehicle—where the force runs that, and most do—will have that kind of equipment. It goes back to that dynamic decision-making. If you think you need something with higher kit levels, you send that vehicle through. That will be the response.

Q56 **Chair:** We understand you are doing absolutely everything you can at the moment to increase that level of equipment, but if you have any further information about the current availability, and the amount of it, we will keep pressing for you to get more.

Paul Netherton: That is exactly what we are asking, every day. We make sure we are on top of exactly the stock that forces have, so our procurement teams can then prioritise where that stock goes and, if we run into difficulty, we will share.

Owen Weatherill: I am confident that every force has the equipment. I am also confident that a large number of the forces have what they need, where they need it. There are some identified gaps. We are mapping that through daily monitoring and we are responding to those gaps to make sure we level out the kit. I have a reasonably good understanding of what that picture looks like.

Q57 **Chair:** Part of the reason for asking for factual information is that we know you will always deal with whatever circumstances are thrown at you and do your best to provide us with reassurance that you are doing the best you can. We know that you will be. We are also keen to know the facts as well. Whatever you have thrown at you or whatever gaps you have, you will be coping with and prioritising, but it would be useful for us to know the factual basis as well.

Paul Netherton: You highlighted it earlier: the two issues we are concerned about are the availability of PPE kit and the availability of testing. Those are two really key areas.

Q58 **Chair:** There is another thing that would be helpful to have, if it is easily available. I assume you have also done some further modelling of the impact on staffing based on the central scenario that Public Health England is working to at the moment, and if there are variations in it dependent on whether the testing could be available. I assume you also have figures on roughly what proportion of the police force has school age children, for example, and is therefore at higher risk of family infection, and therefore, if the testing were in place, what impact that would have on resilience.

Owen Weatherill: The modelling you talk about is very complex, because there are lots of moving parts. As I said earlier, if you saw, for argument's sake, a 20% impact on three forces, it is highly unlikely it would manifest itself in the same way across the three forces. In one place, it might take out the call centre. It is not ideal but we have fall-back facilities, which mean calls overflow to other forces and they pick up the slack. You might have lost the call-handling capability in one force, but it is still going to get dealt with. The other force next door might find it is the front-line officers. That is a different problem altogether. The modelling needs to be quite dynamic and responsive. That is why we are monitoring on a daily basis where those levels are against five key skills, as a primary issue, so we can start to see if there are trends.

Q59 **Chair:** If you can send us any robust information looking at the issue, with testing and without, that will be really helpful.

Owen Weatherill: We have some stuff we can share with you.

Chair: Can I just put on record our huge thanks to you and to all your officers, your police staff and the emergency resilience networks you are working with for the incredible amount of work I know you will all be doing on all of our behalf? We very much appreciate it and thank you.

Paul Netherton: Thank you.

Owen Weatherill: Thank you.

Chair: We will move on to the Border Force evidence in a moment.

Examination of Witnesses

Witnesses: Emma Moore and Angela Perfect.

Q60 **Chair:** Can I welcome you both to give evidence to the Committee? I am sorry for the confusion about the timing of the session. Can I ask you both to introduce yourselves and tell us what area you are working on and your responsibilities?

Angela Perfect: My name is Angela Perfect and I am part of the cross-Home Office gold command team that is responsible for coronavirus.

Emma Moore: I am Emma Moore. I am the chief operating officer for Border Force.

Q61 **Chair:** Thank you. Can I ask you an opening question? What are the range of issues you are having to deal with at the moment, in responding to coronavirus?

Angela Perfect: The situation, as my colleagues in the police force have just mentioned, is almost unprecedented. It is trying to understand and have a responsible set of planning assumptions that we can then work to, to define where we can best support the Government response to this, and to understand across the Department what our responsibilities are and how we can continue to discharge them in the best way for the UK and for all the staff who work for us. We have that dual responsibility of understanding our ability to protect our staff and the uncertainty they feel, but also where we are best placed to respond and support the cross-governmental response.

Emma Moore: As Angela has highlighted, it is broad and it is rapidly expanding on a daily basis. Being quite agile in thinking about not just the immediate issues, but the two or three things potentially down the chain, which may come into play later, requires quite a lot of bandwidth. We are trying to think broadly as well as deeply and at pace.

Q62 **Chair:** The issues, we assume, are about staffing and resilience, but there must also be, therefore, particular issues in terms of people with infections arriving at the borders or in detention centres, and so on. What particular content issues and challenges are you having to look at and

address?

Angela Perfect: In broad terms, we have brigaded our response across six core themes. We have picked on, first, our staff well-being and welfare, which sits as a prime responsibility for us. The second is policing and law and order, and how we can support the police, in terms of their powers, capabilities and engagement with MoD for mutual aid support, and understand the breadth of responsibilities and where we may be able to draw support or not. The same goes for the fire and rescue services as well as the police in this sector.

The third element I would point to is counterterrorism and understanding where potential vulnerabilities may or may not emerge and where our primary core and essential services need to sit in that space. The fourth thing is securing the border and making sure that, in terms of the physical border crossing, the primary arrivals control, we have an adequate response to manage the inflows and the changing demand there. We can flex that accordingly, depending on what the passenger numbers are. We have seen them go down. Also, how do we manage our clandestine arrivals, those who arrive by small boat, and individuals in our detention estate?

The final two things are the critical enabling activities and services that we conduct across our business, those niche areas such as drug licensing that need to continue, and support to Ministers, to allow them to continue to make decisions. Across all of this is what we do as our business as usual. How do we scale up and down, in terms of our understanding of the staff abstraction rate, but also where wider priorities lie?

Emma Moore: I am going to put staffing considerations to one side for now, because I am sure you will come back with more detailed questions on that. We always view ourselves as being part of an ecosystem and the border is not just a physical place. It is not a particular port; it is supply chains; it is local multiagency working, as well as making sure we have a focus on both passenger and goods issues. Those are quite variable at the moment, as passenger numbers have gone down. Our need and demand for supply and resource at the airports has gone down, but we need to make sure that freight is flowing. It is about being able to flex between the two of those.

You touched on counterterrorism. We are also particularly focused on potential stock threats. In any disruption of any kind, organised crime groups will be looking to take advantage. We have to be fully pivoting towards where those emerging threats may come from. We have also been heavily involved in the repatriation efforts, working with the FCO and others.

Q63 **Stephen Doughty:** Thanks, both. I appreciate you have an incredibly difficult job to do in an incredibly difficult circumstance. In terms of the questions I want to ask, take that in the spirit that I recognise you are in a very difficult moving situation. We have just heard some very worrying

evidence from the Immigration Services Union on two fronts: that staff are not being provided with PPE and there is no testing going on whatsoever; and a specific allegation that two detention centres near Heathrow are quarantined at the moment. They have been told it is for flu, but of course they have not been tested. How do we know that that is the case? Can you just explain what is going on, then, in terms of testing and PPE? Have you made requests of the Home Office and central Government that have not been realised because of priorities, or is there something else going on here?

Emma Moore: I will take the first two parts, if I may. I will leave Angela to do detention.

The PPE we have is quite limited and that is actually on purpose. The approach we have taken very early on, up to now, has been using PHE guidance to inform scenario-based circumstances with which our staff may come into contact, so particular tasks they are doing in different environments. The very lowest level, as the Government advice has been, is to make sure that you practice good hygiene and wash your hands. Having alcohol-based hand gel on every single passport desk is an example. We have gloves available. There is very specific guidance as to when they should be used, as well as masks.

Q64 **Stephen Doughty:** Why has that guidance not been revised? She described some quite worrying instances, for example clandestine arrivals from Iran and other high-prevalence areas, and staff feeling pretty unsafe not having masks in those situations and elsewhere. Are you planning to revise that guidance? It seems to be a bit behind the curve, if you do not mind me saying.

Emma Moore: The update on face masks was actually changed last week, and that was about masks to be given to individuals who presented with symptoms, rather than for our own staff. That is quite specific; the risk is that, if someone is displaying symptoms and they are coughing, they are more likely to be spreading a potential virus out, rather than having it coming in.

If you are talking about the individuals who work on the boats, particularly around clandestine arrivals of small boats, they have a range of PPE already, because they have close proximity with a whole range of types of people when they are operating at sea. We are not planning to update that any further at this point.

Angela Perfect: To add to that maritime point, the work that our colleagues do in the short straits is about protection of life. They will continue to discharge those duties to the best of their capabilities, so they will respond accordingly. We are working very closely with Public Health England on this, and with the relevant maritime authorities, including RNLI and MoD, to understand how we can best protect both the individuals coming across in small boats and our staff. We recognise that,

in a situation where people are frightened, wet and in small craft, a face mask gets damp and is of little use to our staff.

Guidance has been issued about the individuals themselves wearing the protective equipment—the people who are coming over—but we are testing and seeing what else we might do in that space to protect the individuals who are coming over to the UK, but also our responders.

Q65 **Stephen Doughty:** Can you explain the situation again regarding testing and what is going on in the detention centres, in particular the two examples that were listed?

Angela Perfect: You gave examples of two current immigration removal centres that had quarantine applied to them because individuals are presenting with signs of flu. We have a tried and tested response to outbreaks of flu. The one we see quite frequently, as my colleagues have mentioned, is chickenpox. At the moment there are no confirmed cases within our immigration removals estate or in our short-term holding facilities.

Q66 **Stephen Doughty:** Has anybody been tested?

Angela Perfect: In line with Public Health England guidance now, individuals are not being tested. Where there are individuals who meet the symptoms that have been identified—a persistent new cough and/or fever—they are being moved to separate areas within the estate if they are remaining in our removals estate. We have a very well-rehearsed capacity and capability to quarantine individuals in a supported way. Every individual within the immigration removals estate has access to medical support. Every individual who arrives there sees a nurse within the first two hours and sees a doctor within the first 24 hours. That capability and capacity exists. We are seeking, across our immigration removals estate, to make sure we have the capability to isolate individuals safely for their own welfare, and make sure that our staff and our contractors are engaged safely. There are particular pieces of work.

Q67 **Stephen Doughty:** Do you envisage having to potentially suspend or alter detention and deportation at this stage? I have had concerns raised by other colleagues in here that time and resources are so stretched that you may have to redeploy resources within the Border Force and elsewhere. There are still raids on houses going on, detention and so on. I appreciate, in normal times, that should be happening, but given the risks posed, and the pressures elsewhere, do you envisage a reprioritisation of resources?

Emma Moore: To clarify, Border Force does not get involved with that.

Q68 **Stephen Doughty:** No, it would be UKVI.

Emma Moore: It would be Immigration Enforcement.

Q69 **Stephen Doughty:** But they get brought to you, to the detention centre.

Emma Moore: No, Border Force does not run detention centres at all.

Stephen Doughty: You are not involved.

Emma Moore: No. I would not want to comment as to how they are doing their deployments at the moment.

Q70 **Stephen Doughty:** Have you discussed this within the Gold Command Group within the Home Office?

Angela Perfect: Yes. Any decision to release individuals from the immigration removals estate would not be taken lightly, and would be subject to a ministerial decision. In broad terms, our approach is to look at how we ensure that maintenance of the immigration removals estate is effective, legal, proportionate and protective to the individuals within there, and those individuals who are working within the estate. One of the things that we are looking at—moving slightly away from the removals estate—is how we support and accommodate individuals who arrive in the United Kingdom, either clandestinely, in boats, in the back of lorries, or claiming asylum, who present the symptoms. We are working closely with the Department of Health and Social Care and Public Health England to find alternate premises where possible for these individuals, so their needs are met and they are supported in safe accommodation that meets Public Health England requirements.

Q71 **Stephen Doughty:** Can I just ask one last question? It is something a lot of the public are asking, and certainly a lot of my constituents. For a number of weeks now, there have been high-prevalence areas around Europe and elsewhere in the world. There have been lots of individuals coming on flights through key ports of entry into the UK. I experienced it with some friends myself, who returned from one of the highest prevalence areas in Italy. There was no advice, no information, no temperature testing, no clarity on quarantine and no hand sanitiser. Can you explain what has gone on for the last few weeks, why that was the case, and what has changed now in terms of the limited number of flights and arrivals that are coming in? What is being done, particularly for individuals travelling from areas that have particularly high prevalence rates?

Emma Moore: We have had 34 cases at port where someone has presented and said they would like to have assistance, or has been identified as having assistance from PHE to come and do an assessment. Those are in PCP—primary control point—locations. There are three potential cases. Remember that these are potential, because they will not be having a test while in the port environment and getting that back. In relation to clandestine entries, there are five further cases at port, so they are very limited numbers in total. Of course, one is potentially worrying for a lot of people, but in the scheme of things it is a very low number, in terms of how many people we have had coming through.

The temperature check question has been raised several times before, and I know has also been addressed directly by the Chief Scientific Officer, in the question time they had there. Temperature checks at port

are not effective, and that is the very clear scientific advice we have had consistently throughout. It generates a lot of potential false positives, because it is a raised temperature for any reason, and in the early stages of the disease you may not have a temperature, in which case you are not picking up cases that are actually there. In some of the countries that introduced it early, such as the US, the first confirmed case in the US had been screened at an airport and been shown negative. It is just not an effective use of time or resource.

Angela Perfect: We are working really closely with Public Health England and it is doing a super job in responding as quickly as possible. There has been Public Health England presence at all the major ports. Where individuals have arrived in the UK who have presented with symptoms who may not have the capability or capacity to isolate in the way that is required by the current guidance, facilities have been set up to accommodate them near the airport so they are able to get the support they require, and to isolate in line with the requirements.

Q72 **Chair:** When somebody arrives, is this just one of the Border Force staff noticing somebody coughing? Is it as simple as that or is there any other, more detailed process for deciding whether you need to call the Public Health England staff to come and assess someone?

Emma Moore: In terms of air passenger arrivals, there has been a protocol in place that requires the captain of the aircraft to give, one hour out, a forward advanced warning if any people are presenting as unwell on the plane. That enables us to work with Public Health England to ensure we can meet at the gate. You could also have options about moving to a further pier in the airport to keep them further away from other passengers who are arriving. There are also very high-volume ports that have had permanent PHE presence, and they have proactively met specific flight routes at the gate. To do that proactive screening from a PHE perspective, there have also been examples where someone has got to the passport desk and said, "Actually, I do not feel very well. Can you help me?" It is at different points: our absolute preference is before they arrive, but then at the gate and at the PCP.

Q73 **Chair:** Do the staff dealing with that, who would be meeting someone arriving, have PPE?

Angela Perfect: PPE is available at the ports. It has not been issued to every individual staff member but it is available at the ports, and we are ensuring that guidance is updated to staff, supporting them in the discharge of their duties and following PHE guidance in that respect.

Q74 **Chair:** Can I clarify on the issue about the detention centres by Heathrow? Are they under quarantine for flu or do they have people within them who are suspected of having coronavirus?

Angela Perfect: As I came in today, the quarantine that the two removal centres were under was for flu.

Q75 **Chair:** So there is nobody identified in those two detention centres with suspected COVID-19. I realise it may have changed within several hours.

Angela Perfect: I understood this morning—and it is a fluid situation—that there were no confirmed cases of coronavirus, and the quarantine was down to seasonal flu.

Q76 **Chair:** You are obviously not going to have confirmed cases in the circumstances, but were there any suspected cases of coronavirus?

Angela Perfect: I will have to come back to you and confirm that.

Q77 **Chair:** That would be really helpful. You will understand our concern and question about whether quarantine for flu was just being used because we can at least have some kind of procedures in place in the absence of testing, whereas actually maybe you should be dealing with suspected coronavirus instead.

Angela Perfect: In that context, we are very clear that, if individuals within the immigration removal centres have a persistent new cough and/or a high temperature, they would be treated as being symptomatic for coronavirus. As I understand it, the quarantine of those two removal centres was not in the context of the symptoms for coronavirus. In the immigration removal centres, there is very close engagement with Public Health England. There are safe systems of working that are being reviewed and revised to make sure everybody is kept safe, and there are links to local resilience fora, to make sure that everybody within the community understands their responsibilities. If anybody did have suspected coronavirus they would be supported, and we have the capability to deal with them appropriately.

Q78 **Chair:** Who would have done the assessment to say, "This is flu quarantine rather than coronavirus quarantine"?

Angela Perfect: I want to provide accurate information to you on that, so I would like to come back in writing to the Committee on that.

Q79 **Chair:** That is fine. I do not need the name of the individual, just the role that they play or their responsibility.

Angela Perfect: There is medical support in all the facilities.

Q80 **Chair:** It would be very helpful to know what the level of assessment was before coming to that conclusion, what assessment was done about whether this was coronavirus instead, and who took the decision, what level officer, whether in PHE or the detention centre. That would be very helpful.

Angela Perfect: We will come back in writing.

Q81 **Stuart C McDonald:** To continue with a couple of further questions on immigration detention, you have spoken a little bit about the possibility of isolating those who display symptoms, but we also know that there are plenty of people in the immigration detention estate who have underlying

health conditions and are therefore particularly at risk if they contract coronavirus. What procedures are in place to protect them?

Angela Perfect: While I do not have specific details of individuals in the immigration removal centres with medical conditions, my response would be that we will treat those individuals no differently than we would treat a member of staff or any other member of the public in the United Kingdom. If they had a specific condition that put them at risk, they would be supported, and, as I said, there are medical teams and facilities within the immigration removals estate.

Q82 **Stuart C McDonald:** On that basis, people with underlying medical conditions in the general public have to take the most far-reaching isolation measures, and there must surely be a real question about how that is even possible within the immigration detention estate. Generally speaking, you have a couple of people to each cell, essentially, so I am struggling to understand why people with underlying health conditions or any other risk factor should be kept in the detention estate at all.

Angela Perfect: I will come back to you in writing on any individuals who have medical conditions and our general approach on that. As I have said, there are medical personnel who are on-site and can support individuals.

Q83 **Stuart C McDonald:** If you come back to us, that would be great. The other issue is this. If removal to all sorts of countries is now proving incredibly problematic, there is an argument that that simply means removal is not imminent, and therefore the legal basis that was in place for detention is not there any more. In fact, not just legally, but morally speaking, it cannot be right to even think of keeping people in the immigration detention estate for four, five or six months, just as some big storage unit. Surely the Home Office has to just face up to the fact that it must now take a decision to responsibly, and in a phased manner, close down huge swathes of the detention estate in the meantime and redeploy staff elsewhere.

Angela Perfect: The legality point is something that we will take absolute due accord of, as is the statutory obligation for the welfare of anybody within our removal centres. The Home Secretary is looking at how we might prioritise and what decisions may follow, in terms of both our capabilities at this moment in time and any implications of release of individuals, but there is no plan to have a wholesale, systematic release from our immigration removal centres.

Q84 **Stuart C McDonald:** You might end up facing lots of bail applications from people if they are still there three or four months down the line and there is just no prospect of removal, but I will leave that there just now.

More generally speaking, there are all sorts of other Home Office policies that, I would argue, are inconsistent with taking a public health approach to this. For example, other Departments are scaling down on requirements for face-to-face contact and requirements to attend interviews. For NHS charging there is no recourse to public funds, which

will prevent some very vulnerable people even seeking any sort of basic support. There are general asylum accommodation issues, where you have got lots of challenges around self-isolating if people have conditions or are very vulnerable. What sort of work has been undertaken to address this whole panoply of issues, which maybe is not consistent with the public health approach?

Angela Perfect: In terms of the changing scenario and what we understand about COVID-19, all our activity is being viewed based on the known assumptions around that, in terms of our capabilities, what we legally need to do, but also how we can support individuals.

To pick up on the two other points you have made, in terms of the NHS, COVID-19 has been listed as a communicable disease, so everybody is eligible and entitled to free treatment from the NHS for any symptoms of COVID-19. In terms of asylum accommodation provision, we recognise that, to ensure individuals have the best support, it is no different. Nationality is not prevailing on this one. As I said, we are working to identify two alternative premises that meet the requirements to support individuals in any self-isolation. They are hotels. We have a 154 bed facility, which is going to be effectively operating from today or tomorrow. We are working with Public Health England on another site close to Heathrow that will have capacity for support of 435 individuals, so they have the requisite support that allows them, if they are presenting with symptoms, to be isolated in a way that meets Public Health England requirements, before they get dispersed into our usual asylum dispersal accommodation.

Q85 **Stuart C McDonald:** Can I just double check on the NHS point? There has been some concern—and there always is concern—that if people attend at a hospital or a doctor there is a risk of data sharing, and that attendance may end up in information being passed to Immigration Enforcement. Are you able to provide reassurance that that is definitely not going to happen?

Emma Moore: We are here to specifically talk about Border Force preparedness, and some of the questions are much broader policy questions. If you would like to explore that in more detail, it would probably be better for the Committee to have policy colleagues or Ministers here to answer those for you, because we are not best placed to address them, unfortunately.

Chair: We are very keen to get Ministers to come before us to talk about it.

Q86 **Stuart C McDonald:** I will leave no recourse to public funds, but you can inform policy colleagues that we are very interested in that as well. In terms of staffing, in some areas demand on services has actually eased, particularly at airports. Do you anticipate the staff capacity being sufficient throughout this pandemic? Are you going to have to rely on seasonal workers and brigade teams? Where are you in terms of workforce capacity?

Emma Moore: We have multiple levers for contingency. Some of them are well worn and are permanently part of our mix of staffing. We have a seasonal workforce; we also have a mobile team of 300 staff called the readiness taskforce. They were set up as part of our EU exit preparedness; they are fully mobile and are dual-trained, so can do virtually any function within Border Force.

Additionally, we have asked Home Office colleagues, within Border Force and the broader Home Office, if they would like to volunteer for training on particular tasks. There are an awful lot of people within the Home Office who have worked for Border Force, on the front line, and used to hold a warrant. We would encourage them to come forward. The number of people who have responded at this point is 800 volunteers from within the broader Home Office. We also have options around HMRC surge, which is a cross-Whitehall resource.

It is fair to say that it is very difficult to predict exactly how the staff extraction will manifest. It is not going to be a certain percentage in every single team and every single port, and that will vary potentially shift to shift and also over the next few weeks. Staff extraction has been relatively muted so far. If we move forward another week, who knows? If we go back a week, we are in quite a different situation now. You are right to note that passenger volumes have significantly come down across all airports, but we are tracking, day by day, a year-to-year comparison on passenger arrivals. That may change at the end of the 30-day period announced by the Foreign Secretary yesterday. It is quite fluid.

Q87 **Laura Farris:** I was going to pick up on one point that Stuart raised. A condition of detention is that removal is imminent, and that cannot be the case now because of the restrictions on travel. I just wondered whether, as a result of that, there is a risk of overcrowding in the detention centres and if there is contingency planning around that.

Angela Perfect: Our intent around both inflow to the immigration removals estate and outflow is being discussed by Ministers today. We have our core activities, as I have outlined. In terms of the current capacity levels within our immigration removals estate, broadly aligned to our bed availability and capacity space, we have utilisation of about 70%. That varies across different sites, so we have about 2,500 beds available to us within our facilities, both short-term holding facilities and in the immigration removal centres. There are roughly 1,800 individuals within that space, so there is sufficient scope and capability to accommodate more if necessary as activity takes place. Part of the rationale for holding some capacity within the estate is to ensure that we can have individuals in supported isolation if we need to.

Q88 **Stephen Doughty:** As a clarification, the two centres that are under quarantine by Heathrow are Colnbrook and Harmondsworth.

Angela Perfect: That is correct.

Q89 **Stephen Doughty:** In the last hour, there has been a confirmed case in

HMP Manchester. Can I just ask whether you have testing kits if necessary, if there is a suspected case in any of these locations, or indeed across the rest of the immigration detention estate? Do you have access to them, or is it that you do not have any at all?

Angela Perfect: I will confirm, because I do not want to mislead you on this. My current understanding is that you do not have access to the testing kits within the immigration removals estate.

Q90 **Stephen Doughty:** If that is the case, are you planning to request some access to it? Obviously the potential in a confined location is significant, whatever the health policies internally in isolation.

Angela Perfect: We are working very closely with our colleagues in the Ministry of Justice, and HM Prison and Probation Service, to make sure that our approach for those in atypical accommodation, either prisons or the removals estate, is consistent across the piece. We will continue to work with them to see whether that is the optimal model and whether testing is appropriate. At the moment we are not doing that, in line with Public Health England statements.

Q91 **Stephen Doughty:** In terms of how you are going to deal with people arriving at the border with potentially expired vignettes, visas or otherwise, I have a constituent who is due to be travelling home from Panama; it was a family reunion, he was granted a visa, and the vignette was only valid for so many days. Has any wider policy or operational decisions been taken yet about how to handle reasonable excuses or delays? For example, if people are prevented from travelling for three months, will they be able to travel on the expired documents or will they have to apply for new ones?

Emma Moore: We will take a pragmatic approach at the best of times, particularly in relation to visa issues, given the number of visa processing centres that are being closed at the moment. We have been undertaking visa waivers at the border for passengers arriving, to try to balance out a workaround with that process. It is fair to highlight that we have people who will be getting beyond the term of their visa in the UK who cannot go home. The Home Office has already taken a position to adjust that, including making sure that they are not financially disadvantaged in doing that extension. That is going to continue to iterate over the next few weeks.

Q92 **Stephen Doughty:** It is a pragmatic approach. Will more detailed guidance be provided? At the moment, a lot is focused on Chinese over-stayers and so on. Will there be guidance for other parts of the world?

Emma Moore: Exactly that, yes.

Angela Perfect: The principle is no disadvantage to individuals. A contact centre helpline has been set up to support individuals whose permissions to stay in the UK may have expired, are due to expire, or they may be experiencing difficulties in leaving the UK. To date we have

had 5,000 calls to that and almost 4,500 emails. We will continue to service that and provide support and advice to any individual who requires it.

Q93 **Stephen Doughty:** What is that number and the email address?

Angela Perfect: Apologies; I do not have the telephone number in front of me, but we can certainly provide it to the Committee.

Q94 **Stephen Doughty:** Could we circulate that to all Members of Parliament? We will be inundated.

Angela Perfect: Absolutely, it is available and published on the GOV.UK website. I am more than happy to make sure that the Committee is provided with that.

Q95 **Chair:** I have a few quick follow-up questions. For staff with any kind of underlying conditions, can you confirm what we heard earlier, that they have all been sent home?

Angela Perfect: We have been absolutely clear on that. Staff welfare, well-being and health take primacy in all of this. As soon as the announcement was made, in line with the PHE guidance, any member of staff who works in a front-facing operation and/or across the Home Office was asked to work remotely and to remove themselves from the office immediately.

Q96 **Chair:** Does the same apply to temporary staff working for the border force? I know you have quite a lot of temporary and agency seasonal staff.

Q97 ***Emma Moore:*** To build on Angela's point, there is obviously a distinction for people who are symptomatic, and it is a very clear position: they are not allowed to come to work.

Q98 **Chair:** Are they still paid sick pay if they are just employed for the season?

Emma Moore: Absolutely, yes. Not all of our seasonal workforce is rostered very far in advance, so we are making sure that we are supporting them through the roster that they would have done.

Q99 **Chair:** Right, so you are not just saying, "Oh well, the roster has run out. They are not feeling well enough to come back, so they get nothing". You are continuing to support them.

Emma Moore: At present that is how it is working. There are some details. Not all our seasonal workforce will work for us every single month or every single week, so it is a more challenging question than just saying yes or no to that. I am happy to provide more detail on it.

On the vulnerable or specific conditions flagged by PHE, the position is that there is strong advice that they should look to socially distance themselves. There are individual colleagues who have said that they would likely to come to work. They are conscious of that advice, but they

would still like to come into the office. That is their choice. We are not at the point where we are saying, "No, you cannot come into work because you have X, Y and Z". That may change, but at the moment that is not where it is.

Q100 **Chair:** If you have temporary staff on a roster who might be pregnant or have severe asthma, or something like that, are they also still covered and paid?

Emma Moore: They are covered by exactly the same principles.

Q101 **Chair:** We heard earlier about the challenges to the juxtaposed controls and people travelling to France in a confined space or a coach to operate those controls. Might there come a point in terms of staff welfare where you have to stop the juxtaposed controls and move them back to the UK?

Emma Moore: I do not believe so. We have had very good engagement with the local ISU branch in Dover and in the juxtaposed locations. We have agreed processes with them regarding transport of staff who may be unwell and how we get them back into the UK. There is very little difference between being in a coach and a train carriage. It is public transport; there are obvious inherent risks about making sure that good hygiene is maintained. We would always recommend that people make sure they wash their hands before getting on public transport of any kind.

Q102 **Chair:** Do you have figures on the number of people arriving at the moment—obviously numbers being down—who are UK residents and how many are non-UK residents?

Emma Moore: I do not have that split, I am afraid.

Q103 **Chair:** Does that figure exist?

Emma Moore: Residency is not as easy to answer as nationality, for obvious reasons. The data we have at the border is in regard to their identification and their documents.

Q104 **Chair:** Given the decisions that other countries are taking about border closures, it would be helpful to know how far the reduction in travel has happened naturally and people are not choosing to travel, and therefore the only people who are coming back to the UK are effectively UK residents, whatever their nationality, or whether there is evidence of people still trying to travel in the way that they always did. If you have any further figures on that, it would be very helpful.

Emma Moore: We will come back to you with that, if that is okay. To give you an idea, you are looking at a reduction of more than 40% in some of the major international terminals and airports. Ones which are short haul or medium term are quite variable, because different countries are getting advice at different times.

Q105 **Chair:** Even with a 40% reduction, that is still an awful lot of people.

Emma Moore: It is, indeed.

Q106 **Chair:** If the UK Government decided to go down the route of some of the other European countries and completely close the borders, would that cause any additional issues for you in the management of that process, or would it be relatively easy to manage?

Emma Moore: We have been involved with all the repatriation efforts, and there may be more to come. That is primarily around making sure the passenger details we can get in advance are washed against the systems that would normally do so, and that we can support people. The passenger arrival data is as of yesterday, and it would be good to point out that this is changing quite rapidly, day by day, particularly with the updated FCO guidance yesterday.

Q107 **Chair:** At a further point down this process, if it became the Government's policy to have a system of testing everybody arriving, would you be able to manage that process? What would you need in order to do so?

Angela Perfect: At the moment, powers for immigration officers at the border are limited. We are looking to bring in our capability to support Public Health England and the Department of Health and Social Care to undertake testing at the border. In terms of our expectation on that from a Border Force perspective, we would not be making a medical judgment. We would be looking for very strong guidance and support from Public Health England.

Q108 **Chair:** You would need Public Health England staff or other additional staff to do so. In terms of the border locations and the management of the estate, would that be a manageable thing to do?

Emma Moore: We are unlikely to get to a point where people are being met at a gate in an airport to have tests undertaken, not least because it is not a practical location either to hold people while they are waiting for the result of it, or to marshal people through in that controlled area. We touched on the temperature checking earlier, so I am not entirely sure what checks you might foresee.

Q109 **Chair:** As you say, this is fast moving. I am just interested in how the policy develops, given what other countries have decided to do, either closing their borders for temporary periods or for longer periods, or having mandatory testing. I understand what you have said about the current test options and so on, but if there were other tests at a future point, for managing this or preventing further outbreaks later in the year, would you be able to manage, in terms of the staffing and capacity issues at the border, given the number of people we still have? Obviously you need to manage.

Emma Moore: The devil is in the detail on that, and different ports are going to have different infrastructure arrangements. Certainly there are options for using alternate terminals or alternate gates, and it would have to be worked out on that basis.

Chair: Thank you very much for your time; I really appreciate it. Thank you for the huge amount of preparation that I know you and all your teams are doing. Please pass on our thanks to them as well. Thank you.