

Written evidence submitted by Mitie Care and Custody Limited (COR0034)

The below evidence has been prepared by Mitie Care and Custody Limited (Mitie Care & Custody) in response to specific questions from the Home Affairs Committee as requested in a letter from Yvette Cooper MP dated 25 March 2020. The responses include detail on how Mitie Care & Custody is working closely with both the Home Office (HO) and other contractors to ensure the safe and effective operation of Immigration Removal Centres during the COVID-19. This includes plans and measures put in place to protect both staff and detainees during the outbreak.

Guidance and planning

- **What business continuity plans are in place at IRCs to respond to an outbreak of infectious disease? Does your planning for COVID-19 differ from these plans and if so, how?**

Mitie Care & Custody has well established business continuity plans in place across all its IRC operations. These plans have been created and tested with the HO as contract Authority and with Public Health England (PHE) as the UK Authority in the control of infectious diseases. These plans have been tested several times as infectious diseases such as Chicken pox, Tuberculosis, and Influenza arise within the detainee population within the normal course of events in most years. The existing Communicable Disease and Pandemic Contingency Plan was reviewed in February 2020, to test whether it remained fit for purpose in the event of an expected COVID-19 outbreak.

Given the expected scale and nature of COVID-19, we have had to consider additional resilience measures to accommodate expected reduced staffing levels as colleagues become sick or self-isolated and the potential impact to supply chains as a result of the UK "lockdown". As a result, the HO has also given consideration to reducing the detainee population and how it manages immigration enforcement more widely. As such, we have witnessed a significantly reduced detainee population.

Moreover, given the rapid spread and seriousness of the pandemic, an 'Extraordinary Planning Document' was created between Mitie Care & Custody, the HO and healthcare supplier Central and North West London Foundation Trust (CNWL). This is designed to ensure current government guidance is effectively communicated to our staff and detainees to help suppress the spread of the disease across all individuals living and working at the Centre. This includes information regarding where to isolate suspected/confirmed cases, the regime that could be provided to detainees, communications on how to care for oneself and minimise risk of contracting the disease

A further specific contingency plan has also been drafted to cover the potential death of a detainee/detainees owing to COVID-19 (Death of a Detainee COVID-19 Contingency Plan) to provide a structured set of actions to safely manage the transfer of the deceased out of the establishment.

- **Who in your company overall is the senior manager with responsibility for the planning of COVID-19 response across IRCs?**

Centre Manager

- **Who, in each IRC, is ultimately responsible for the delivery of COVID-19 contingency plans?**

Head of Operations and Security

- **To whom do they report?**

Centre Manager

- **What consultation is taking place to ensure your COVID-19 IRC plans are as robust as possible? Please include in your response information about discussions with:**

- **The Home Office**

There is a dedicated on-site HO team led by the HO Service Delivery Manager. We continue to work in partnership with the authority on the development, testing and maintenance of business continuity plans to ensure they are fit for purpose and keep pace with any developments as they unfold. They are further informed by CNWL, the centre healthcare provider, who has well established links into PHE.

- **Visiting partners, such as law firms, charities, and medical professionals**

The HO, in line with the Ministry of Justice (MoJ) approach to “lock-down in prisons” instructed that all visits to the centre should be suspended to minimise the risk of continued spread. This includes families and friends, visiting organisations and charities. This action coincided with said organisations & charities withdrawing their staff from attending the centre to prevent exposure of their staff to the virus.

Nevertheless, it is important to note that prior to this decision all visiting groups had taken the decision to cease visiting the centre and self-isolate. All organisations who, in the normal course of events worked or visited the centre have provided us with further numbers / emails / faxes to assist in maintaining effective communications with detainees.

All detainees are provided with mobile phones and have access to email and our Skype facility, allowing them to maintain contact with agencies and organisations that are important to them e.g. their legal advisors. However, if a physical legal visit is still required then arrangements are made for the legal visit to be facilitated under closed conditions.

- **Detainees and their families**

Information is shared with detainees via a variety of mediums such as staff briefings, Notices to Detainees, Information hubs and mobile phone text facility.

Prior to ‘lock-down’, for visiting families, information screens in the Visits Centre/Visits Halls were updated to initially include prevention guidance such as effective hand washing, use of hand gels etc. and reminding visitors and families that only essential visits/journeys should be taken.

When Domestic Visits ceased, detainees were updated again to explain the reasons for this and to reinforce with them other ways they can stay in touch with family and friends. This information was also sent to all detainees through our electronic Detainee Management System (DMS) Text Service for detainees to inform family

members.

As advised above, all detainees are provided with mobile phones and have access to

email and our Skype facility allowing them to maintain family ties.

- **Staff representatives**

We have very good relationships with the recognised union, Community Union and its on-site staff representatives and we continually consult and brief them on matters relating to our actions identified in the COVID-19 Communicable Disease and Pandemic Contingency Plan. Senior leadership at the centre operate an open-door policy with staff representatives, this is underpinned by more formal meeting structures such as the scheduled monthly Employee Relations meeting and the weekly Communicable Diseases Committee Meeting. These are now held remotely due to social distancing guidelines.

- **In the worst-case scenario, were substantial numbers of detainees and/or staff unwell, how confident are you that an IRC would be able to operate safely, and humanely?**

The safety and security of detainees and our colleagues is always our first concern. If, at any point, we do not believe the Centre can operate safely and humanely, we will work with HO to immediately introduce measures to ensure it can. The Heathrow IRC COVID-19

Communicable Disease and Pandemic Contingency Plan includes proposals to pare back elements of the regime so that it remains adequately correlated with staff attendance. Any reduction in regime would be approved by the HO before being communicated to detainees.

As noted above, our population has materially reduced since the COVID-19 situation first arose, which has allowed us to move to single room accommodation for all detainees.

Moreover, we also have specific areas of the centre dedicated as detainee isolation units to accommodate those detainees who have started to display symptoms.

To date we have had only one confirmed detainee case of COVID-19. This detainee was released to his home address by the HO on confirmation of the test result. We remain confident that these measures are proportionate and appropriate to manage the spread of disease within the Centre, operate humanely and keep everyone safe. We recognise that this is a fast-moving and dynamic situation and all contingencies remain under constant review.

- **What additional support might you require to ensure that it could, and from whom?**

Our Mitie Care & Custody leadership team continue to receive excellent levels of support from the HO, CNWL and PHE. This has included reducing the detainee population, contributing to continuity plans and ensuring we promptly receive all up to date guidance and advice. Mitie Care & Custody can also draw upon its Escorting Services (transport of immigration detainees) Detention Custody Officer (DCO) workforce who are trained and accredited to a very similar HO standard as our DCOs operating in Heathrow.

- **If additional resource was required, would this fall under the terms of your contract with Government? If not, how would this additional resource be provided?**

Our contract with HO obliges Mitie Care & Custody to make available bed spaces as defined by the contract. The availability of each space is measured against a range of services including the regime delivered and the number of colleagues available for

work. If we are unable to deliver the regime because colleagues are unavailable for work, as noted above, we will work with HO to adjust the regime and occupancy levels so they remain appropriate for the resources available. Where we can secure additional resources to meet demand, we will. However, in the current extraordinary circumstances we recognise that they may not be available so, the first principle would be to deliver safely within the limits of the resource available.

- **What facilities within the IRC might have to be scaled back as a result of a possible outbreak? For example, would communal kitchens and computer access still be available to detainees?**

As stated, our continuity plans contain several steps to be taken to scale-back the detainee regime during an outbreak and it is possible that this may include reduced access to communal kitchens and computer access. Any reductions to the regime are only actioned with the authority of the HO and communicated to detainees prior to implementation. Our overall aim is to deliver as much of the normal regime and activities as possible whilst adhering to Government/healthcare advice. We will continue to balance the scope of the available regime against staff and detainee safety.

- **What arrangements are being made to increase transportation to and from hospitals, if required?**

Heathrow IRC has an existing in-patient facility which is run by CNWL, our NHS partner, and forms part of our care and isolation contingency arrangements. Were the need to arise for increased transportation we would be able to draw upon Mitie Care & Custody's Escorting Services DCO team who are risk assessed to transport symptomatic detainees to hospital. However, our experience to date based on the one positive COVID-19 case being confirmed with the centre, is that it is likely a release request will be approved by the HO.

- **What plans do you have to ensure that advice to detainees on COVID-19 measures, both from Public Health authorities and from you, is available in languages other than English?**

We have put the links and web pages up in all internet rooms now for appropriate COVID-19 advice and information sites. These are placed on all Detainee Desktops and translated into 21 languages.

Protecting detainees

- **What advice is being given to detainees about protecting themselves against the virus?**

We share all PHE guidance on how detainees can protect themselves through a variety of channels. These include frequently asked questions (FAQs) and notices to detainees which are translated into different languages. Detainees also have access to related government websites. We also hold regular staff/detainee representative meetings (observing social distancing principles) to hear and respond to concerns from across the wider detainee population.

- **What additional medical services, if any, are being made available to detainees to**

ensure that any displaying symptoms can be quickly, securely and safely tested?

Any detainee showing any symptoms is immediately placed into one of the available isolation units and monitored by our healthcare provider CNWL daily. CNWL then arrange the testing of these individuals.

- **If required, how will detainees be safely isolated while preserving their dignity and access to vital services including medical, pastoral and legal advice?**

We have identified several isolation units for those showing symptoms across Heathrow IRC which includes a separate unit for those detainees who fall under the Vulnerable or High-Risk criteria and who wish to self-isolate. All detainees on isolation units have access to outside exercise, private showers and their own room. A limited regime has been agreed including daily visits by staff working in Healthcare (HCC), Welfare & Chaplaincy. HCC will supply either a daily or weeks' worth of medication to the detainees while residing on this unit. Further unit regime equipment includes a table tennis table and an exercise bike, access to Kindles & Fire Tablets along with various Arts and Crafts.

- **Have you assessed whether cleaning usually undertaken by detainees should instead be transferred to a professional service until the rate of transmission has reduced?**

The cleaning of the centre is the responsibility of our team of directly employed professional cleaners. In the normal course of events they are supported by paid detainee workers to create an opportunity for detainees to be positively engaged, learn new skills and earn money. Where it is safe to do so, we are keen for detainees to remain engaged. However, where this becomes impractical our professional cleaning team will complete the work.

- **The nature of accommodation in IRCs increases the proximity of detainees to each other. Are you considering any changes to accommodation to allow more effective distancing between people?**

All detainees at present have their own rooms. These rooms are located on small houseblocks currently accommodating approx. 30 detainees. Our plans in terms of proximity is to follow government guidance for individuals to only associate with others in their 'household'. As such, we consider a unit a 'household' and all movement of detainees between units has ceased. These unit populations then access different areas of the regime at different times of the day.

- **300 detainees have been released from IRCs in recent days. Are they being tested on departure to ensure any who might be infected can be transferred straight to medical care or isolation?**

All detainees are screened by the healthcare provide CNWL prior to departure and issued with literature offering advice and guidance.

Vulnerable detainees

- **What information do you hold about vulnerable detainees, and how is this being used to develop plans to protect them from COVID-19?**

Healthcare services are provided by CNWL and commissioned by NHS England. All

vulnerable detainees considered to be in the high-risk group have been identified and considered for early release by the HO. Detainees that do not meet the criteria for release, are being moved into protective isolation (Shielding) in line with the government's guidance on maintaining social distancing and Shielding for those at high risk. All detainees identified as requiring 'Shielding' will have a corresponding Vulnerable Adult Care Plan opened to document all mitigating actions bespoke to their individual needs.

- **What assessment have you made of the possible additional risk to vulnerable detainees (including but not limited to those who are older, immunocompromised or pregnant)?**

See previous response

- **What measures are being taken to protect vulnerable detainees, while preserving their dignity and rights?**

Detainees placed into protective isolation 'Shielding' and staff working on the unit are reminded to observe the 2-metre rule and to wash their hands regularly in accordance with PHE guidance. Cleaning schedules of communal areas have been increased, particularly relating to contact surfaces. Detainees in isolation are advised and encouraged to maintain separation from each other where possible and are encouraged to wear a facemask. In all cases, facemasks are given to all shielded detainees upon arrival to wear when necessary. Detainees being shielded will still have access to a limited unit regime whilst ensuring they observe the 2-metre rule. Exercise in the open air is limited to 2 detainees at a time and medication dispensing is moving to daily or weekly supply where possible. Other unit activities include:

- Exercise Bike (wiped down after each use with anti-bac wipes)
- Table tennis table
- 5 x Kindles (upload more materials on request, wipe down after with anti-bac wipes)
- 4 x fire tablets (wiped down after each use with anti-bac wipes)
- puzzle packs
- Newspapers/Books
- Arts and crafts
- PC in the information hub (only 1x detainee to use at one time)

- **What consultation is being undertaken on an individual level with those detainees, to ensure they have the correct treatment and protections?**

This is a matter for the Healthcare provider CNWL and is not something we can comment upon.

Protecting staff

- **What additional hygiene measures have been put in place to ensure the wellbeing of detainees and staff?**

A large number of existing hand washing facilities with hot water, soap and paper towels are readily available to staff and detainees, with notices from the NHS (in several languages) on the correct way to cleanse hands, e.g. illustrating on how to stop infection spreading and also the things staff and detainees can do to help reduce the risk.

All rooms have in-room sanitation with hot and cold running water. Our in-house facilities management department has increased the number of hand sanitisation points throughout the centres, including covering all exit/entry locations and areas where hand washing facilities are not readily available. All locations are checked daily to ensure soap dispensers are replenished, as well as the facility for staff to replenish their personal issue hand sanitiser bottles.

The frequency of cleaning schedules has increased with a particular focus on surface contact areas. We have implemented social spacing, one person within a lift carriage at any one time, and a continual replenishment of stock levels programme for Personal Protective Equipment (PPE). This consists of Anti-Bacterial sprays for soft/hard surfaces, surgical face masks, Anti-Bacterial wipes, Anti-splashback face masks with eye guard, disposable gloves, disposable full body suits and shoe covers. Colleagues have been given refresher training on how, what and when to use the PPE according to PHE guidelines in order to protect themselves and the detainees.

- **How is the effectiveness of these measures being monitored?**

The Centre operates under a comprehensive contractual facilities management regime. Outcomes are measured on a daily basis by the on-site HO monitoring team and the site is audited each month by the MoJ's professional FM auditing team. We will continue to operate to these high standards and have also introduced further measurable activities including checking all dispensing locations on a daily basis to ensure stocks are replenished, a daily PPE stock audit, to ensure adequate stock levels are available on site, and fortnightly delivery of PPE.

- **What advice is given to staff to assist them in safeguarding their health both at work, and outside work?**

The IRC has COVID-19 information hubs in place providing daily updates of government guidance, Mitie Care & Custody information updates, Notices to Staff and email updates in addition to access to government websites. Our Health and Safety departments have published booklets for staff, detainees and visitors containing guidance information on handwashing, sanitising, PPE donning and doffing, and further guidance on what to do if colleagues start to show symptoms of COVID-19.

- **What staff functions of IRCs are being prioritised in the event of widespread infection? What action is being taken to ensure these priorities can be met?**

We are continually measuring our Staffing levels to ensure that essential services are maintained. The scope of regime we can offer is tied to staff numbers and is documented

within our Communicable Diseases and Pandemic contingency plan.

- **Some staff will find it difficult to work remotely owing to the nature of their job. What action is being taken, if any, to more readily allow them to do so if they are required to self-isolate?**

All support staff who can work remotely have been guided to do so and we have provided Working From Home (WFH) safety guides for all such staff. Workplace equipment is provided for staff who do not usually WFH such as laptops.

- **What facilities are available to isolate staff on site at IRCs, should that be necessary?**

Unfortunately, we do not have facilities for staff to self-isolate on site, we ask staff who are showing COVID-19 symptoms not to attend work and to self-isolate at home to prevent the risk to others. If a member of staff develops signs of COVID-19 whilst at work they would be sent home to self-isolate or seek medical assistance from the emergency services. As a further precaution we would then deep clean their work location.

- **What PPE is being provided as standard to staff?**

We are providing FFP3 face and surgical masks, spittle proof eye protection/visors, disposable white suits, disposable shoe protection and gloves.

- **What assessment have you made of how much PPE you will need in total to protect your staff from infection?**

We have a continual supply of PPE being delivered. This is audited daily and a spreadsheet is provided to the Senior management at the daily Operational Meeting.

- **Are staff being instructed to change any of their usual working practices in order to keep themselves and others safe? If so, how?**

Where changes are implemented to roles this is communicated to all, via a Notice To Staff and/or Line Manager Briefings.

As noted in previous responses, a number of measures have been implemented. Those that can work from home have been advised to do so and for staff working in the centre there is an increased focus on protection such as increased handwashing, sanitisation, PPE and social distancing.

Staff have proved to be professional and adaptable ensuring that any regime changes are implemented efficiently and effectively to ensure the safety and wellbeing of those living and working in the centre.

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