

Written evidence submitted by G4S Care and Justice Services (COR0043)

Dear Ms Cooper,

1. Thank you for your letter of 25th March 2020. I am writing in response to the Home Affairs Select Committee's call for evidence into the Home Office's preparedness for COVID-19.
2. G4S has managed the Gatwick Immigration Removal Centres (IRC) since Tinsley House opened in 1996 and Brook House in 2009. In September 2019, G4S announced that it would not seek to renew the contract to run these IRCs.
3. Our colleagues at Serco will begin management of the Gatwick IRCs later this year. Until then, the safety and wellbeing of our staff and the people in our care at Gatwick remains a top priority. We have existing well-developed policies and procedures in place to manage outbreaks of infectious diseases and we are working closely with the Home Office and Public Health England (PHE) and following all national guidance. I have provided further detail below in response to your specific questions.

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?*
4. Home Office approved contingency plans are in place to manage the outbreak of infectious disease including influenza, chicken pox and tuberculosis. The COVID-19 plans cover additionally include isolation plans due to the rapid spread of the disease and include steps to manage a significant decrease of staff due to illness and the impact on the Centres' regimes. Specific COVID-19 contingency arrangements include enforcement of social distancing and pre-arrival screening before admittance of a detainee to Gatwick IRCs.
- *Who in your company overall is the senior manager with responsibility for the planning of COVID-19 response across IRCs?*
5. Mr John Whitwam - Managing Director of G4S Custodial and Detention Services has the overall responsibility for Gatwick IRCs.
- *Who, in each IRC, is ultimately responsible for the delivery of COVID-19 contingency plans?*
6. [name redacted], the Centre Director, retains responsibility for the delivery of contingency plans at the Gatwick IRCs.
- *To whom do they report?*
7. [name redacted] reports directly to Mr Whitwam.
- *What consultation is taking place to ensure your COVID-19 IRC plans are as robust as possible?*
8. Daily contingency planning meetings have been taking place for over eight weeks. The meetings include participation from (amongst others):

- o G4S
 - o Home Office
 - o Aramark
 - o G4S Health (including GPs)
 - o Independent Monitoring Boards
 - o Prison Officers Association
 - o Procurement administration
9. The formulation of the contingency plans and operating arrangements was completed with full stakeholder contribution. Planning and oversight, scaled up as the threat level to the UK has increased, required regular meetings (twice daily, including weekends).
- *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? What additional support might you require to ensure that it could, and from whom? 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?*
10. Contingency plans for the Gatwick IRCs have already been activated as the COVID-19 threat has increased; they continue to deliver the required security and safety outcomes. As of this date, there are c50 staff absent sick (approximately 20% of frontline operational staff) and five detainees have been placed in isolation. The first confirmed case was a detainee diagnosed on 07 Apr 20.
11. Through a range of contingency arrangements, including the release of detainees following case management review and the temporary closure of Tinsley House IRC, G4S has ensured that the IRCs remain safe and decent, with sufficient staffing resources in place to deliver security and safety to detainees.
- *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?*
12. To maintain safe social distancing, access to the cultural kitchen has been suspended. The IT suite has reduced access to smaller groups of detainees to ensure that the 2-metre rule is adhered to. Social visits have ceased, but opportunities for detainees to maintain regular (albeit remote) contact with family are in place.
- *What arrangements are being made to increase transportation to and from hospitals, if required?*
13. In common with services across the country, access to NHS facilities have been scaled back to support for emergency appointments and those where ongoing treatment must continue for individuals with serious medical conditions. Where necessary, transportation to offsite healthcare via minibus with staff and detainees wearing PPE takes place.
- *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?*

14. G4S has supplied advice in person and also in written form to all detainees. Where this is available from NHS and PHE in other languages, this has been utilised; where it is not readily available we have sourced posters with the same advice from across the world in a number of languages.
15. During engagement with detainees, we have used a number of methods to bridge language barriers, including the use of multilingual staff, wing-based detainee representatives and telephone interpretation services.

Protecting Detainees

- *What advice is being given to detainees about protecting themselves against the virus?*
16. The advice provided to detainees mirrors what is readily available outside of the Centres, ensuring a consistent message. Detainees are encouraged to educate themselves and to that end all detainees have access to televisions in their rooms. Daily newspapers are also available on residential units and detainees have free access to the internet. In terms of advice being provided directly to detainees by G4S, detainees are encouraged to wash their hands regularly (and especially before handling or consuming food), to adhere to social distancing measures, and to eat in their own rooms.
 17. Detainees have been advised of common symptoms and asked to identify immediately themselves, or others, who may be suffering from symptoms consistent with COVID-19 to avoid spreading the disease.
- *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?*
18. All detainees arriving at Brook House are subject to a set of advanced screening questions and an assessment by a member of Healthcare prior to being granted access to the Centre. The purpose of this screening is to identify detainees who may be carriers of COVID-19 or members of a high risk group.
 19. There are trained healthcare professionals onsite 24 hours a day; this provision includes GPs, paramedics and pharmacists, not all of which are available 24/7. The level of medical service available to detainees at Brook House exceeds what could be expected in the community.
 20. There is no availability to test detainees onsite given national shortages of testing kits. Where detainees are identified as potentially carriers of COVID-19, Public Health England will decide if testing is appropriate and if so, will arrange for this to be conducted.
 21. If detainees are suffering from significant symptoms that require hospitalisation, onsite healthcare will arrange for an ambulance to attend.
- *If required, how will detainees be safely isolated while preserving their dignity and access to vital services including medical, pastoral and legal advice?*

22. A separate isolation wing has been set up within Brook House to ensure that detainees who require isolation can do so in a safe and dignified manner. The rooms on the isolation wing have the same amenities as would be found elsewhere within the Centre. Medical and Pastoral care is provided on the wing. Legal visits will be facilitated via telephone given the Government rules on self-isolation and mirrors what would be expected in the community.
- *Have you assessed whether cleaning usually undertaken by detainees should instead be transferred to a professional service until the rate of transmission has reduced?*
23. Basic cleaning services on wings, conducted by detainees, continues as a paid activity. Paid activities are an important part of the regime at Brook House and are an opportunity for detained men to earn money and feel some sense of normality while detained.
24. The cleaning work undertaken by detainees is currently being supported by Aramark, the appointed subcontractor, who are ensuring enhanced standards of cleanliness through the use of bleach-based cleaning products.
- *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?*
25. A number of measures have been introduced at Brook House to encourage social distancing and to minimise the effects that detention has on the increased proximity of detainees to one another, including:
- o All detainees currently reside in rooms alone, regardless of whether or not they would normally be considered suitable for single occupancy rooms.
 - o The detainee population has been dispersed between three wings where normally the current population could be housed on a single wing.
 - o Meal times are staggered meaning that only a limited number of detainees are allowed to queue for meals at any one time with those queuing adhering to 2-metre gaps.
 - o Communal seating areas have been removed/decommissioned to encourage detainees not to congregate in larger groups.
 - o The regime across the Centre has been staggered such that detainees from one wing will not come into contact with those from another wing.
 - o Detainee numbers have been significantly limited for popular regime activities including the gym, the shop and outside spaces.
- *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?*
26. Currently detainees are not tested on departure from the Centre. Staff and detainees alike have been briefed on what symptoms to look out for and would report to
27. Healthcare any detainees that appear to be suffering symptoms. If required, G4S could ask simple screening questions prior to departure from the Centre and provide advice around

self-isolation/medical treatment in the community. Given the nationwide shortage of testing kits, G4S could not currently test detainees.

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?*

28. The onsite healthcare provider has provided a list of vulnerable detainees defined by their medical conditions stored on the System One record system in accordance with the UK government and PHE guidance on who should be considered as vulnerable in relation to COVID-19.

- *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)?*

29. G4S' assessment and management of vulnerable detainees is in line with government and PHE guidance. There are currently no detainees over 70 years of age, immunocompromised or pregnant at Brook House.

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

30. Vulnerable detainees have been offered accommodation on a separate wing where they would only cohort with other vulnerable detainees. Every vulnerable detainee is seen daily by healthcare staff to ensure that they are not developing Covid-19 symptoms. Additionally, each of these detainees has a care plan in place, detailing observations and interactions.

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

31. Each vulnerable detainee was met with to ensure that they understood the need to relocate to a separate wing. Telephone interpretation was used as required. Each vulnerable detainee has also been issued with a letter detailing the importance of shielding measures and is seen daily by healthcare professionals.

Protecting Staff

- *What additional hygiene measures have been put in place to ensure the wellbeing of detainees and staff? How is the effectiveness of these measures being monitored? What advice is given to staff to assist them in safeguarding their health both at work, and outside work?*

32. Communication to both staff and detainees ensures regular updated information is cascaded regarding the changing picture of COVID-19. Social isolation (assisted by floor marking) is in place and is frequently reviewed by managers. Sanitisers and regular reminders regarding hand washing using hot water and soap support hygiene. PPE stock is currently at the required level and reordering takes place in advance of stock depletion (although it is worthy of note that the pan-UK supply system is under such strain that continued resupply cannot be guaranteed).

- *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?*

33. In the event of widespread infection, the emphasis will be on care for those who are vulnerable for any reason, the supply of controlled medication and the provision of catering.

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

34. Self-isolation occurs off-site in accordance with PHE guidelines.

- What PPE is being provided as standard to staff?

35. Full PPE:

- o Complete all in one suit
- o Gloves
- o Overshoes
- o Surgical mask
- o FFP 3 mask for those dealing with infected detainees.

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

36. There is a centralised log of PPE across our entire custodial and detention services portfolio which is updated daily to ensure adequate stock control and ordering is in place.

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

37. Staff are instructed to observe the 2-metre and 15 minute social distancing rules and to declare if they are symptomatic and to remain isolated from work.

38. We are very proud of our staff who continue to deliver a complex service in increasingly stressful times, and also appreciate our relationships with Home Office, Public Health England and others, who have worked closely with us to ensure our practices are in line with the developing guidance.

39. Please do not hesitate to contact me further, should you need any more information.