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Additional written evidence submitted by Mitie Care and Custody Limited (COR0237)

Introduction

1. Since March 2020, Mitie Care and Custody (C&C) has implemented a number of short and long term changes in response to the Covid-19 (CV-19) pandemic. Contingency plans implemented at the start of the pandemic have been updated during the period in response to evolving guidance and policy updates issued by Government and Public Health England (PHE). We continue to work in partnership with the Home Office, Healthcare providers and suppliers to reduce the risk of transmission and ensure detainees in our care can continue to access a regime that caters for their individual needs.

2. To date, our contingency plans have worked well. Our testing arrangements, and close working with PHE have contributed to the ongoing health and wellbeing of detainees, staff and wider stakeholders. An indicator for success is that the Centre has remained operationally effective throughout the pandemic, with only five detainees testing positive for CV-19 since March 2020 to date.

Detainee Services

3. The detainee population has continued to remain low at Heathrow IRC and we have not observed an increase in detainee receptions or discharges since we last submitted evidence in May 2020. There have also been less receptions and discharges and fewer transfers within the Escorting services operation.

4. The isolation of employees (resulting from shielding or NHS advice) has been challenging. The impact of these staff absences during the initial pandemic was marginal i.e. the reduced detainee population allowed Centre management to redeploy DCO's between work locations. However, the new variant of the virus has resulted in more employees having to isolate, primarily driven by household isolation requirements.

5. Despite this, appropriate staffing levels within the IRC have been maintained. The requirement for some staff to self-isolate has on occasions impacted our standard regime provision e.g. occasional closure of a classroom. However, restrictions of this type have been minimal. All restrictions of this type are communicated to on site Home Office monitors and we continue to manage our staffing resources to best meet need.

6. To maintain social distancing, we have created 'community bubbles' within the IRC. All detainee areas have been risk assessed and we have restricted classroom sizes. Detainees are informed of this during their induction to the centre and visible signage is in place for detainee's information.

7. Detainee access to both social and legal visits has been impacted at Heathrow IRC with this function having to close for a period to meet "national" lockdown requirements. Legal contact was conducted via mobile phone, Skype or if a physical visit was required, this was completed within the Closed Visits facility. Detainees maintained social ties by using their mobile phone or Skype. Domestic visits have now recommenced via a 'community bubble' approach with restricted numbers to enable social distancing. On conclusion of each visiting period, the Visits Hall is deep cleaned by the onsite Mitie employee cleaning team. Detainees continue to have access to Skype terminals which can be used for both social and legal visits.

8. C&C maintain a £10 phone credit allowance each week for all detainees which they can use on their personal mobile phones. We review all additional requests for funds or use of a landline phone on a

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1-2-1 basis.

9. We continue to work in partnership with our Healthcare Provider, Central North West England (CNWL), to enable detainees to access primary healthcare services with minimal impact from CV-19.

10. We have reviewed medication and Outpatient practices to ensure detainees have the ability to maintain social distancing requirements when accessing healthcare services. External hospital appointments continue, and these escorts are underpinned by related Risk Assessments and Safe Systems of Work.

11. Where possible, staff who have the ability to work flexibly or at home, do so.

Detainee Voluntary Testing Services

12. Routine testing of detainees began in October 2020. However, procuring testing supplies remains a significant challenge due to demand for limited supplies by the NHS. Detainees arriving at the Centre are offered a test on a voluntary basis within 24hrs of arrival at Heathrow IRC. The Polymerase Chain Reaction (PCR) test provides results within 24hrs. On receipt of a positive test the healthcare provider administering the testing program informs C&C managers so medical isolation contingency plans can be enacted.

13. The detainee testing regime has now developed and detainees can now be tested when they identify as symptomatic or, if they wish, on a rolling weekly test program. Detainees are initially given a Lateral Flow Test and where indicated positive, a supplementary PCR test is completed. Take up from detainees to these voluntary testing arrangements is mixed, despite ongoing dialogue with detainees on the risks of CV-19.

Immigration Reception Arrangements

14. In April 2020 Heathrow IRC became the reception “hub” as part of a Home office rolling seven-day admissions policy for the whole immigration detention estate. The IRC locates all detainees received within this period in one specific residential location, effectively creating a community bubble. This bubble is then isolated for a further 14 days. This enables the Centre’s Healthcare Provider to complete enhanced observations on detainees and discuss CV-19 risks/ concerns on an individual basis. We also limit the number of C&C employees working within the residential location as an additional measure to reduce the risk posed to detainees.

15. Access to activities and education by detainees from a community bubble remains tightly controlled to further reduce risk.

16. We continue to deliver an enhanced deep cleaning program and detainees are encouraged to wear a face mask although this is not mandatory.

Employee and Stakeholder Testing Services

17. We recently widened testing arrangements to include staff, Home Office colleagues and wider stakeholders. We have a dedicated team of employees that have completed accredited training and the Centre is registered as a site for testing with the NHS. Employees can access a Lateral Flow Test voluntarily. The test is self-administered and results are returned to staff within approximately 30 minutes. Where a positive test is confirmed, staff will follow NHS guidance and we commence an internal occupational Track and Trace process to identify other people in the centre that the member of staff has been in contact with.

18. Testing runs five days per week with both staff and stakeholders appreciative of access to this resource.

Health and Safety

19. Fluid resistant surgical masks and hand sanitiser remain available in all detainee locations. Staff unable to wear a mask for extended periods of time are redeployed to non-detainee contact roles. We are also now providing fluid resistant surgical masks in Administration areas which are separate to detainee areas.

20. We continue to adhere to mandated Home Office instructions relating to Safe Systems of Work as well as PHE/ NHS guidance, citing these sources to staff when implementing new risk assessments or changes to our working practices. This allows us to signpost staff and stakeholders to the relevant source of the information. This approach operates across the C&C business and enables the QHSE teams across our Immigration and Health contracts to have a standardised approach to creating and updating Risk Assessments and Safe Systems of Work.

21. Currently, Heathrow IRC has published Version 12 of its Risk Assessment document, which reflects updated guidance mandated by the Home Office to all of its key stakeholders.

PPE

22. On the whole, PPE supply has been good. Following the emergence of CV-19 within the UK, the IRC utilised internal C&C relationships to ensure a good stock of PPE is continually available. The Centre and wider C&C business were also supported by the wider Mitie Group which ensured a central stock of PPE items could be accessed where local supply chains were unable to fulfil operational requirements.

23. At Heathrow IRC there have been no incidents of substandard PPE being supplied. However, we have implemented local quality checks within our Stores and QHSE team to ensure safety standards of the PPE is in line with the correct industry standard for CV-19 applicable PPE.

24. The acceptance and use of PPE within the detainee population is largely positive. Detainees continue to be issued PPE e.g. face masks issued daily to enable detainees to change their masks. We have continued to promote a strong message of personal and public health on the importance of PPE with communications supported from all areas of centre delivery including Gymnasium Officers, Chaplaincy and IMB.

25. All detainees that are released into the community are provided a number of PPE items to allow them to travel in safety, such as hand sanitiser and fluid resistant face masks. Employees conducting discharge duties discuss with the detainees the use of PPE when travelling on public transport and use within the community. Additional information is provided to reinforce what to do if the detainee becomes symptomatic or comes in to contact with a person who tests positive for CV-19. Professional translation services are used where required to ensure that the detainee understands these requirements and to give them the opportunity to ask any questions or to allow the employee to respond to any concerns that the detainee may raise.

Social distancing, personal hygiene and handwashing facilities

26. Throughout the pandemic we have maintained regular reviews across the IRC in regard to social distancing requirements and identified 'Champions' to promote social distancing and to report incidents where social distancing has not been maintained within employee areas. Any breaches of social distancing guidelines are dealt with via formal disciplinary proceedings.

27. We have restricted employee movement within the IRC by requesting employees to remain within their working location unless operationally required to move elsewhere. We have reviewed

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'pinch points' within the IRC, for example meal service locations to reduce queuing and social distancing concerns. This approach is applicable to all detainee and employee areas i.e. gatehouse, lifts and food servery areas.

28. We have continued to reinforce the importance of personal hygiene and handwashing which evolved from posters and information on Centre Induction to a more daily informal reinforcement between employees and detainees. We have also provided hand sanitising wipes, alongside hand sanitiser dispensers, that detainees can use to clean any hard surface within their accommodation, association areas and activities. Promotion and adherence to social distancing is a constant challenge within the detainee population. Where necessary, we have provided 1-2-1 guidance to individual detainees to provide education in a language that they understand about the reasons for social distancing.

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