

On behalf of the Home Office  
Witness Statement of Louise Horton  
First

Dated: 6 April 2023

**WITNESS EVIDENCE FOR THE COVID 19 INQUIRY**  
**MODULE 1**

**RESPONSE TO RULE 9 REQUEST TO THE HOME OFFICE**  
**(21 November 2022)**

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**FIRST WITNESS STATEMENT OF LOUISE ELIZABETH HORTON**

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**SECTION ONE: INTRODUCTION AND OVERVIEW**

1. I, **LOUISE ELIZABETH HORTON**, provide this statement as one of the Home Office's Corporate Witnesses and in response to a request under Rule 9 of the Inquiry Rules 2006 dated 21 November 2022 ("the **Rule 9 request**"). I confirm that I am duly authorised by the Home Office to provide evidence to assist the Covid-19 Inquiry ("the **Inquiry**").
2. At the outset I confirm my understanding of the overarching purpose of the Rule 9 request. This is set out at paragraph 2 of the Rule 9 request as being to enable the Inquiry to examine (i) the resilience and preparedness of the UK ("**Theme 1**"); whether the risk of a Coronavirus pandemic was properly identified and planned for ("**Theme 2**"); and whether the UK was ready for such an eventuality ("**Theme 3**"). The Rule 9 request seeks information on each of these matters by reference to the Home Office. I will use the term "*the key preparedness and resilience functions*" to summarise the same matters as those defined in the Rule 9 Request at paragraph 3 unless indicated otherwise; these are:

(a) general risk management

- (b) whole-system risk management
  - (c) planning for, preparing for and managing the risk of (i) general civil emergencies and (ii) whole-system civil emergencies
  - (d) planning for, preparing for and managing the risk of: (i) high consequence infectious diseases (ii) epidemics and (iii) pandemics.
3. The Rule 9 request is set out under three headings being '*The Home Office*', '*Planning for a Pandemic*' and '*Planning for Future Pandemics*'; these headings and the three themes noted above have been used to structure my witness statement where appropriate.
  4. The main timeframe under consideration in Module 1 is from **11 June 2009** (WHO designation of the Swine Flu pandemic) to **21 January 2020** (WHO Novel Coronavirus (2019-nCoV) Situation Report). My witness statement will provide information from earlier periods going back to **2006** where necessary, to help explain the position within the principal date range. Also, the information about the Home Office's structures and personnel may overlap the principal date range.
  5. I am satisfied that I am an appropriate witness to provide the information sought by the Rule 9 request on behalf of the Home Office. I am the Deputy Director responsible for the Home Office's response to the Covid-19 Inquiry. In this role I am accountable for the searching and disclosure of material relevant to the Inquiry, and the preparing of information to support those who provide corporate witness statements. This work facilitates an overview of the relevant matters, which is especially helpful in relation to the Rule 9 request which concerns planning and preparedness (rather than specific decisions). Further, I developed personal knowledge of the discharge of the Home Office's responsibilities concerning the Covid-19 pandemic from March 2020 to April 2022, through my work for the Home Office prior to my Inquiry-specific role. Over the preceding 20 years of work for the Home Office since 2000, I held roles in the Immigration and Nationality Directorate, HM Passport Office, Police IT Directorate, and Corporate Enablers. I have been a member of the Civil Service since 1999.
  6. My Witness Statement refers to the high-level Home Office Composite Timeline ("**the Mod 1 Home Office Chronology**") provided in response to the Module 1 Rule 9 Request. Within my statement I refer to summary timelines focused on particular aspects of the matters upon which information was sought in the Rule 9 Request. In

addition, I will refer to underlying documents which are provided in the disclosure made to the Inquiry, using the appropriate production references.

7. My preparation of this witness statement has benefited from the assistance of Home Office colleagues in the General Register Office, Public Safety Group, and Border Force who have knowledge of the Department's planning and resilience activity throughout the period of interest to the Inquiry. I have also been able to draw on the knowledge of the dedicated Home Office team formed to support the Covid-19 Inquiry (of which I am a part). The Home Office Inquiry team are able to search Departmental records to support the recollections of myself and other colleagues. Accordingly, whilst I do not have direct personal knowledge of all planning and resilience activity from 2006 to 2020, I am satisfied that I am able to provide accurate evidence to assist the Inquiry with the entire period covered by the Rule 9 Request to the best of my understanding grounded on the information provided by the relevant records and experienced colleagues.
8. The vast volume of data available covering Home Office resilience planning and specific responses to infectious diseases / pandemics poses a challenge in how best to assist the Inquiry in witness evidence. To contextualise decisions made during the Swine Flu response in 2009, and subsequent responses to infectious diseases, this statement and the Home Office Chronology begins in 2006. This start date for the Home Office's disclosure encompasses the Department's involvement in the Ministerial Committee on Pandemic Influenza Planning (**MISC32**) and its participation in Exercise Winter Willow in 2007.<sup>1</sup>
9. I have endeavoured to use my statement to provide a means to understand the central issues and the factual position at the relevant time, and to provide a guide to the most relevant documents relating to Departmental planning for, and responses to, infectious diseases and pandemics. The Home Office Chronology provides further detail on the role of the Home Office in supporting HMG planning for pandemics and the Department's responses to infectious disease outbreaks. The Department has additional documentation in relation to specific events, if the Inquiry wishes to explore any matter in more detail.

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<sup>1</sup> Exercise Winter Willow took place in January and February 2007. It was a full-scale, Tier 1 exercise testing all levels of the planned UK response to an influenza pandemic. Over 5,000 people from a wide variety of UK organisations representing national and regional government, industry and the voluntary sector participated.

## **Statement Structure and Overview**

10. **Section One** of the statement provides the introduction and overview.
11. **Section Two** of the statement outlines, as requested, the Home Office's role, functions and responsibilities relating to civil emergency planning during the period of interest to the Inquiry: 11 June 2009 – 21 January 2020. **This section broadly corresponds to part (1) (A)-(C) of the Rule 9 request.**
12. **Section Three** provides a high-level overview of the Home Office's preparedness and resilience in respect of the topics of particular interest to the Inquiry. **It broadly corresponds to part 1(D) and part 2(A) and 2(B) of the Rule 9 request.** The specific topics of relevance to the Home Office include:
  - Infectious disease controls at the border
  - Public safety and enforcement
  - Police and Fire and Rescue Services
  - Civil Registration, including death registration and certification
13. **Section Four concerns part 2(C) and 2(D) and part 3 of the Rule 9 request** which refers to the state of planning, preparedness and readiness of the Home Office for future pandemics.
14. **Annex B** provides a table of acronyms.

## **Introductory overview comments on the Module 1 Themes in the Home Office context**

### **Theme 1: resilience and preparedness of the Home Office**

15. **The Home Office does not have specific lead department responsibilities for leading the planning, response, and recovery from the risks associated with infectious diseases in people (or animals).** Its lead department responsibilities concern terrorism, and associated matters, and major public order incidents. Its departmental responsibilities in relation to border security, public safety, and death management are outlined below. Additionally, the Registrar General through her office, General Register Office (**GRO**), is responsible for policy and legislation on civil registration, including death registration, in England and Wales.

16. **UK government policy on border management is primarily decided at ministerial Cabinet level committee meetings** reflecting the intersection of multiple Departments' policy areas, including health, transport, security of supply, international travel advice, the economy, migration, customs, and national security. Home Office officials primarily provide advice on securing the border and overseeing the movement of individuals and goods through the UK border.
17. **The UK Government 'UK Influenza Pandemic Preparedness Strategy 2011' stated that "in general, normal port health measures will apply during a pandemic."** Home Office contingency planning for, and responses, to infectious diseases at the border during the period under consideration by Module 1, reflected this public health position.
18. **In response to domestic incidents or responses, the Home Office coordinates with other bodies tasked with operational roles,** such as the Police and Fire and Rescue Services. These services are operationally independent from the Home Office.
19. **As set out below, the Home Office actively contributed to whole system planning and exercising in relation to the areas of its responsibility** relevant to the risks under consideration by the Inquiry.

**Theme 2: whether the risk of a Coronavirus pandemic was properly identified and planned for**

20. **The Home Office contributed to HMG pandemic planning and exercising in line with its specific policy and operational responsibilities.** Within the Department, long-established plans existed to respond to pandemics or infectious disease outbreaks at the border, in places of detention, asylum accommodation, and for civil registration. These plans were informed by HMG and Departmental exercises, and operational responses to specific disease outbreaks including Ebola.

**Theme 3: whether the UK was ready for such an eventuality**

21. **The initial response to the Covid-19 pandemic in the areas relevant to the Home Office's role was determined by the HMG planning and preparations** in place, set within the UK's legal and constitutional framework and specific legislation. The policy on border management and international travel during pandemics was decided by the Cabinet and its ministerial committees in accordance with official and expert scientific and medical advice which reflected planning, modelling, and experience gained from past pandemics and exercises.

22. **The Home Office response to the Covid-19 pandemic was consistent with long-established policy on international travel and border management during a pandemic.** These decisions were taken by Cabinet committee in 2008 and 2009, and subsequently included in the 2011 Government Flu Strategy. The Home Office corporate witness statement on UK borders for Module 2 sets out the role of the Scientific Advisory Group for Emergencies (**SAGE**) in modelling the impacts of border measures on transmission and on supply chains during the initial Covid-19 response between January and March 2020.
23. **Border Force and Public Health England began working together on the Covid-19 response on 9 January 2020** - the day the World Health Organisation declared a novel coronavirus had been identified. Subsequent border health measures were determined by the responsible public health bodies and operationalised by Border Force, in conjunction with port health authorities and other relevant organisations in accordance with established procedures.
24. **Policy and legislation, in England and Wales, relating to death certification during the Covid-19 pandemic were specifically developed by GRO resulting from participation in HMG planning and exercising.** The Home Office specific clauses in the Coronavirus Act 2020 relating to death certification were drafted in 2017 for inclusion in a Pan Flu Bill owned by Cabinet Office and were directly derived from lessons identified by GRO from x-HMG exercises, including Exercise Cygnus in 2016.

## **SECTION TWO: THE HOME OFFICE ROLE, FUNCTION AND RESPONSIBILITIES**

25. Section Two is intended to respond to the first part of the Rule 9 request which refers to the structures and specialist bodies *within* the Home Office concerned with risk management and civil emergency planning (part **(1)(A)**); Home Office *inter-Organisational connections* with other entities concerned with risk management and civil emergency planning (part **(1)(B)**); and *developments in the Home Office* relevant to the Module 1 themes (part **(1)(C)**). For completeness, I note that the final topic in part 1 of the Rule 9 request is covered in Section Three.
26. In this section of the witness statement, I will provide:
  - An overview of Home Secretaries and Home Office Permanent Secretaries during the period of interest to the Inquiry;

- A summary of Home Office responsibilities related to civil emergency planning and resilience during the period of interest to the Inquiry;
- A summary of the key changes to Home Office responsibilities and functions during the period of interest to the Inquiry;
- A summary of devolved and reserved matters relating to Home Office civil emergency policy responsibilities;
- A summary of the policy areas in which the Home Office had exclusive responsibility or shared competence with other UK Government ministries, departments, agencies and public bodies

**(a) Home Office Ministers and Key Officials**

27. The post of Secretary of State for the Home Department (the **Home Secretary**) was held, during the period of interest to the Inquiry, as follows:

<b>Dates</b>	<b>Home Secretary</b>
15 December 2004 - 5 May 2006	Rt Hon Charles Clarke
5 May 2006 - 27 June 2007	Rt Hon John Reid
28 June 2007 – 5 June 2009	Rt Hon Jacqui Smith
5 June 2009 – 11 May 2010	Rt Hon Alan Johnson
12 May 2010 – 13 July 2016	Rt Hon Theresa May
13 July 2016 – 30 April 2018	Rt Hon Amber Rudd
30 April 2018 – 24 July 2019	Rt Hon Sajid Javid
24 July 2019 – 6 September 2022	Rt Hon Priti Patel

28. The post of Home Office Permanent Secretary was held as follows:

<b>Dates</b>	<b>Permanent Secretary</b>
January 2006 – January 2011	Sir David Normington
January 2011 – November 2012	Dame Helen Gosh
November 2012 – February 2013	Helen Kilpatrick (Acting)
February 2013 – April 2017	Sir Mark Sedwill
April 2017 – March 2020	Sir Philip Rutnam
March 2020 – Date	Sir Matthew Rycroft

29. The post of Second Permanent Secretary was held as follows:

Dates	Second Permanent Secretary
September 2015 - August 2016	Oliver Robbins
August 2016 – June 2018	Patsy Wilkinson
October 2018 – April 2021	Shona Dunn

**(b) Summary of Home Office Responsibilities Relating to Civil Emergencies**

30. Most emergencies in the United Kingdom are handled at a local level by the emergency services and by the appropriate local authority or authorities, with no direct involvement by Central Government. However, where the scale or complexity of an incident is such that some degree of Central Government co-ordination or support becomes necessary, a designated Lead Government Department (**LGD**), or where appropriate, a Devolved Administration department, is made responsible for the overall management of the Central Government response to the incident.<sup>2</sup> **The Home Office has no lead department responsibilities for planning, response or recovery activities relating to infectious diseases in humans or animals.**
31. Cabinet Office guidance issued in 2011 identified the Home Office as the LGD for the following types of emergencies in the UK:
- **Terrorism:** Conventional / siege /hostage (England, Scotland and Wales)
  - **Terrorism:** Chemical, biological, radiological and nuclear (**CBRN**) (England, Scotland and Wales)
  - **Electronic Attack** (with the Centre for the Protection of National Infrastructure)
  - **Radiation Hazards** (extra-territorial): as a result of terrorism overseas
  - **Major Public Order Incidents** (England and Wales).<sup>3</sup>
32. During the period of interest for Module 1, the Home Office was also the lead department for the following workstreams in the Civil Contingencies Secretariat's Key Capabilities Programme:
- **CBRN Resilience:** Ensuring that the country is capable of responding quickly and effectively to deal with and recover from the consequences of incidents involving chemical, biological, radiological or nuclear material, particularly those caused by terrorism

<sup>2</sup> [List of lead government departments' responsibilities for planning, response, and recovery from emergencies - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

<sup>3</sup> [lead-government-department-march-2010.pdf \(publishing.service.gov.uk\)](http://publishing.service.gov.uk)



- **Mass Evacuation:** Ensuring UK-wide mass evacuation arrangements are in place in the event of a major disruption following a CBRN or other catastrophic incident.
- **Mass Fatalities:** Managing fatalities resulting from a major or catastrophic incident; to identify the dead, to investigate causes of death and to dispose of the deceased in a safe and decent manner.<sup>4</sup>

33. In addition to the mass fatalities responsibilities relating to emergencies in the UK, the Registrar General (through her office; General Register Office) is responsible for policy and legislation on civil registration in England and Wales (including death registration) and provides guidance for registrars.

**(c) Summary of Key Changes to Home Office Role and Functions**

34. The **Home Office MOD 2 Core Statement** provides an overview of the Home Office role, responsibilities and functions in January 2020.

35. During the period covered by this Rule 9 request for Module 1, the Home Office and its agencies underwent several organisational changes relating to its responsibilities for management of the border, civil registration in England and Wales, and fire and rescue service policy. These changes are outlined below.

36. On 1 April 2007, the Border and Immigration Agency (**BIA**) was established as an Executive Agency of the Home Office. BIA replaced the Immigration and Nationality Directorate (**IND**) in the Home Office and was responsible for border security, nationality and asylum, and immigration enforcement. On 1 April 2008, BIA was merged with UK Visas and the port customs functions of HM Revenue and Customs to become the UK Border Agency (**UKBA**). On 1 March 2012, the border control functions of UKBA were demerged and **Border Force** was established as a function within the Home Office, directly accountable to Ministers. On 31 March 2013, the agency status of UKBA was removed and Immigration Enforcement (**IE**) and UK Visas and Immigration (**UKVI**) were established as functions within the Home Office.

37. On 1 April 2008, GRO became a function within the Identity and Passport Service (**IPS**) following a machinery of government change which removed civil registration responsibilities from the Office for National Statistics (**ONS**). IPS was an Executive Agency of the Home Office which had been established on 1 April 2006 following the

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<sup>4</sup> [Lead Govt Cover \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Royal Assent of the Identity Cards Act 2006. IPS replaced the UK Passport Agency (**UKPA**). On 13 May 2013, IPS was renamed Her Majesty's Passport Office (**HMPO**) and on 1 October 2014, HMPO's executive agency status was removed and it became a function within the Home Office.

38. In May 2001, control of the fire service in England and Wales passed from the Home Office to the Department for Transport, Local Government and Regions (**DTLR**). This department was then broken up, creating the Office of the Deputy Prime Minister (**ODPM**) which took central government responsibility for fire policy. In May 2006, the ODPM was re-structured, creating the Ministry for Communities and Local Government (**MCLG**) which became the central government department for fire authorities in England.
39. In 2016 fire and rescue services in England returned to the Home Office from MCLG, merging into the Crime and Policing Group (**CPG**) to become the Crime, Policing and Fire Group (**CPF**). Whilst the Home Office now holds the corporate record for fire and rescue services in England, the policy was the responsibility of MCLG from 2006 – 2016.

**(d) Devolved and Reserved Matters**

40. The below table outlines the relevant devolved and reserved matters for the Home Office.<sup>5</sup>

<b>HO Policy Area</b>	<b>Scotland</b>	<b>Wales</b>	<b>Northern Ireland</b>
Policing, Prevention, detection & investigation of crime & maintenance of public order	Devolved	<b>Reserved</b>	Devolved
Fire	Devolved	Devolved	Devolved
Nationality, Immigration and	<b>Reserved</b>	<b>Reserved</b>	<b>Reserved</b>

<sup>5</sup> *Reserved matters in the United Kingdom*, [CBP-8544.pdf \(parliament.uk\)](#)

HO Policy Area	Scotland	Wales	Northern Ireland
Asylum (including border security)			
National security, communications interception, official secrets & terrorism	<b>Reserved</b>	<b>Reserved</b>	<b>Reserved</b>
Issue of travel documents	<b>Reserved</b>	<b>Reserved</b>	<b>Reserved</b>
Civil Registration Services	Devolved	<b>Reserved</b>	Devolved
Criminal Records including disclosure and barring	Devolved	<b>Reserved</b>	Devolved

**(e) Home Office Exclusive and Shared Competency**

41. In addition to the above devolved and reserved matters, the Home Office shared responsibility with other Government departments and / or partner organisations for key aspects of civil emergencies or responses to infectious diseases:

Policy Area	Exclusive	Shared
Health Measures at the Border	No	<ul style="list-style-type: none"> <li>▪ Department for Health / DHSC</li> <li>▪ Public Health England</li> <li>▪ Cabinet Office</li> <li>▪ Port Health Authorities</li> </ul>
Public Safety / Policing	No	<ul style="list-style-type: none"> <li>▪ DHSC</li> <li>▪ Cabinet Office</li> <li>▪ MOJ</li> <li>▪ MCHLG / DHLUC</li> <li>▪ Association of Chief Police Officers / National Police Chiefs Council<sup>6</sup></li> </ul>

<sup>6</sup> The Association of Chief Police Officers (**ACPO**) was replaced by the National Police Chiefs Council (**NPCC**) in 2015.

Policy Area	Exclusive	Shared
		<ul style="list-style-type: none"> <li>▪ National Police Improvement Agency / College of Policing<sup>7</sup></li> <li>▪ Police and Crime Commissioners</li> <li>▪ Individual police forces</li> </ul>
Excess Death Management (including death registration)	No	<ul style="list-style-type: none"> <li>▪ Local Authorities within England and Wales (primarily but not exclusively the Local Registration Service (“LRS”))</li> <li>▪ MOJ</li> <li>▪ DHSC</li> <li>▪ Cabinet Office</li> <li>▪ MCHLG / DHLUC</li> </ul>

### **SECTION THREE: READINESS, PREPARATION AND PLANNING**

42. Section Three is intended to broadly correspond to part **(1)(D)** of the Rule 9 request which concerns the readiness and preparedness of the Home Office in practice, along with **part 2** which concerns planning through learning from past simulation exercises and near pandemic events (part **(2)(B)**). These matters feed into Section Four which concerns specific topics covered in part 2 of the Rule 9 request, Forecasting (part **(2)(A)**), Home Office emergency plans (part **(2)(C)**) and biosecurity (part **(2)(D)**) along with planning for future pandemics (part 3 of the Rule 9 request).

43. Since the position regarding planning, readiness and preparedness has developed over time, naturally building on the various exercises, experiences and ‘lessons learned’, it is helpful to consider the matters identified above together at each stage of chronological development. Date headings are used for each phase, with key matters summarised as an introduction to each phase.

#### **2006 – 2010: Bird and Swine Flu**

44. The key events in this phase include:

- **Exercise Winter Willow:** January / February 2007
- **MISC 32 Considers Border Closure Policy:** January 2008
- **Framework for Managing Deaths in a Pandemic Published:** May 2008
- **H1N1 (“Swine Flu”) Response Begins:** April 2009
- **Independent Review of the Swine Flu Pandemic Published:** July 2010

<sup>7</sup> The College of Policing was established in 2012 as a successor body to the National Police Improvement Agency (NPIA).

45. From February 2006, Home Office Ministers attended the Ministerial Committee on Pandemic Influenza Planning (**MISC 32**) until it was disbanded in 2010 as part of a significant change to UK Cabinet committee structures. Pandemic flu preparation was then considered by members of the National Security Council (Threats, Hazards, Resilience & Contingencies (**NSC(THRC)**)) committee. During this period, the Home Office led on mass fatalities planning, including excess death management, and contributed to collective decisions taken on UK border policy during a pandemic, which were consistent with the decisions taken during the Covid-19 pandemic. A summary of Home Office's policy development in these areas is provided below.
46. On 9 February 2006, MISC 32 received an oral update on the Home Office's planning for excess deaths during a pandemic.<sup>8</sup> In advance of the update, Home Office officials had undertaken work based on case fatality rates of 0.37% and 2.5%, as set out in the UK Influenza Pandemic Contingency Plan. Engagement with GRO and bodies representing funeral directors had identified two priority gaps, which the Home Office intended to address:
- I. Advice on local multi-agency planning; and
  - II. A need for temporary body storage units to cope with overspill from local mortuaries and local funeral parlours.
47. At the February 2006 committee, the Home Office Minister for Policing, Security and Community Safety outlined that the Department was developing guidance on local multi-agency planning and considering how to supplement existing local body holding capacity.
48. At the subsequent MISC 32 meeting on 28 March 2006, the Home Office outlined that existing death management processes and capacity were expected to be sufficient to handle the base case of 48,000 excess deaths in England and Wales. However, even if local management capacity was to be increased by 100%, the existing processes would be unable to manage a prudent worst-case scenario of 320,000 excess deaths.<sup>9</sup> The Home Office recommended further work to scope changes to the process and options for enhancing body holding capacity. Further information about the Home Office's involvement activity relating to enhancing body holding capacity is outlined below.

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<sup>8</sup> INQ000096951

<sup>9</sup> INQ000096957

49. On 3 May 2006, the Civil Contingencies Secretariat (**CCS**) chaired a meeting on pandemic planning within the judicial system. This included the responsibilities of the Home Office, and its executive agencies, at the time, relating to prisons, courts and probation (as well as the 43 police forces in England and Wales).<sup>10</sup> The aim of the meeting was to support the work of the MISC 32 committee and to understand pandemic flu planning progress by the component organisations within the criminal justice system. The meeting subsequently agreed that the Office for Criminal Justice Reform (**OCJR**) should lead on coordinating and integrating pandemic flu planning across all the Criminal Justice System (**CJS**) agencies.<sup>11</sup>
50. On 14-15 June 2006, Exercise Shared Goal took place. Agreed at the MISC 32 meeting in March 2006, this was a Department of Health (**DH**) led pan flu preparedness exercise involving central government departments, ministers, regional resilience forums and the Devolved Administrations.<sup>12</sup> MISC 32 members attended the simulated COBR meeting on the second day with the Minister of State for Immigration, Citizenship and Nationality representing the Home Office. Simulating World Health Organisation Phase 4 (community-level human-to-human outbreaks) and Phase 5 (spread of a virus into at least two countries of one WHO region), the aim of the exercise was to enhance the UK's ability to manage the effects of a flu pandemic and to familiarise ministers with the policy and response issues that would arise at various stages of a pandemic. It provided an opportunity to work through the policies and plans developed over the previous year to highlight any gaps in the response arrangements and preparedness which would then need to be addressed.
51. On 08 November 2006, the Minister of State for Immigration, Citizenship and Nationality attended a meeting of the All-Party Parliamentary Funerals and Bereavements Group<sup>13</sup> (**APPFBG**). Supported by an official from the Home Office Mass Fatalities Section, the Minister discussed the issues raised by the APPFBG, primarily their concern regarding priority access to vaccinations for funeral directors and their staff in the event of a

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<sup>10</sup> INQ000096963. Responsibilities for prisons, courts and probation were subsequently transferred to the Ministry of Justice (MoJ) founded in May 2007),

<sup>11</sup> The OCJR was a cross-departmental team between 2004 and 2010 which supported all criminal justice agencies in working together to provide an improved service to the public. As a cross-departmental organisation, OCJR reported to Ministers in the Ministry of Justice, the Home Office and the Office of the Attorney General.

<sup>12</sup> INQ000096971 / INQ000096970

<sup>13</sup> INQ000096982

pandemic. Guidelines at the time placed funeral directors in the same priority group as the police and other providers of essential services. The position held by UK National Influenza Pandemic Committee at the time was that priority groups would be reviewed in the event of a pandemic and a virus being identified.

52. Stage 1 of Exercise Winter Willow, led by DH, took place on 30 January 2007 and built on Exercise Shared Goal.<sup>14</sup> Delivered in two stages, the initial stage comprised of a national-level tabletop exercise meeting of the ministerial and official-level of the Civil Contingencies Committee (CCC) which simulated UK alert level 2 (first UK cases). Stage two of the exercise, between 16 and 21 February 2007, followed up the decisions taken during stage one with a full national exercise held over several days.<sup>15</sup> This involved almost all central government departments with the aim of enhancing the UK's ability to manage the effects of an influenza pandemic by practising and validating response policies and the decision-making process at local, regional and national levels.
53. In advance of the second stage of Exercise Winter Willow, Departmental records indicate that GRO briefed HO Ministers on policy and technology changes which would support civil registration during a pandemic.<sup>16</sup> In this briefing, dated 7 February 2007, GRO identified the need for primary legislation if more radical change was required. GRO informed the Minister that work, led by Cabinet Office, was underway to identify possible requirements for emergency legislation. This work would ultimately lead to the Home Office specific clauses in the Coronavirus Act 2020.
54. As recorded in the lessons identified report for Exercise Winter Willow, the exercise identified several areas where policy issues needed clarification or further development.<sup>17</sup> This work was already underway under the management of the National Pandemic Influenza Working Group with progress to be reflected in the revised UK National Framework for Responding to an Influenza Pandemic guidance. The exercise also established that further detailed guidance would be beneficial to inform local planning on the operational aspects of high death rates during the peak of a pandemic and to ensure that faith issues were not overlooked.

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<sup>14</sup> INQ000096988

<sup>15</sup> INQ000096990

<sup>16</sup> INQ000096989

<sup>17</sup> INQ000096990

55. On 24 April 2007, the Home Office Minister for Security, Counter-Terrorism, Crime & Policing met with the Local Government Association (**LGA**) to discuss death management learning from Exercise Winter Willow.<sup>18</sup> Key issues relating to death management arising from the exercise were:
- The need to engage faith leaders more actively in planning;
  - The need to review proposed policies to sustain dignity as far as possible in managing the dead;
  - Consideration on whether to set up national contracts for temporary storage locally and for the transport of bodies;
  - The need to identify which department/agency was responsible for ports of entry for the reception of dead UK nationals from overseas;
  - The need to ensure coordination and consistency between arrangements for managing the dead across all four home countries.
56. The Home Office's role was to co-ordinate, through the National Working Group managed by the Mass Fatalities Section, the interests of lead departments and local authorities in taking forward the lessons identified on death management. This work included the development of operational guidelines for local services and drafting of emergency regulations. The outcome of this work is summarised in paragraph 64.
57. In November 2007, the Cabinet Office and Department for Health published a national framework for responding to an influenza pandemic.<sup>19</sup> The framework stated that "*the possible health benefits that may accrue from international travel restrictions / Border restrictions or border closures need to be considered in the context of closures the practicality, proportionality and potential effectiveness of imposing them, and balanced against their wider social and economic consequences. Given the complexity of this issue, the Government will keep under review the evidence on the benefits and disadvantages of various approaches.*" The framework also stated that "*no entry or exit screening will be imposed in the UK*" however the Government would consider the need for screening on a case-by-case basis.
58. At the MISC 32 meeting on 25 January 2008, the Cabinet Office presented a paper on the options and impacts relating to potential border closures during a pandemic.<sup>20</sup> The paper noted that in 2005 Ministers at the Protective Security and Resilience committee

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<sup>18</sup> INQ000096994

<sup>19</sup> INQ000097025

<sup>20</sup> INQ000097029



(DOP(IT)(PSR)) had concluded that the then available evidence on the penalties of border closure outweighed the potential benefits, and agreed that HMG pandemic planning should be conducted on that presumption that there would be no restrictions on international and domestic travel as a means of mitigating the impact of pandemic flu. This decision was reconsidered in January 2008 following concerns about the approach raised by Ministers in October 2007.

59. The paper considered at MISC 32 in January 2008 outlined the arguments for and against closing UK borders as a means of mitigating the impact of pandemic flu. It noted that the UK had never attempted to close its borders and that it would be impossible to ensure that all movement across the border had ceased, particularly in Northern Ireland. Enforcement regimes would require significant resourcing from the Armed Forces and divert resources from police forces and other public agencies.

60. The paper determined that, in the absence of the ability to rapidly develop and deploy a pandemic-specific vaccine, the limited public health benefits of border closure continued to be outweighed by the significant practical problems in implementing and enforcing closures in the UK. This was supported by scientific evidence from modelling and the experience of SARS which suggested that international travel restrictions would neither prevent the cross-border pandemic spread nor reduce the size of the in-country epidemic. Rather, international travel restrictions would only delay pandemic arrival in the UK for a matter of weeks.

61. The social and economic impacts of border closures were also considered within the 2008 paper. Key risks identified were:

- Shortages of essential goods including critical medicines (within days of border closures) and consumable medical supplies relating to collecting and supplying blood products (within four weeks)
- UK reliance on imported food and the potential for panic buying if supplies were affected
- Limiting access to fuel and energy supplies especially gas (Liquefied Natural Gas), diesel and crude oil for further refining.
- Impacts on Crown Dependencies and islands that rely on supplies via the UK mainland.

62. In line with the published framework in November 2007, the MISC 32 committee agreed that planning should continue to be based on the presumption that borders would be kept

open and should only be reviewed at the start of a pandemic (determined as WHO Phase 4 being declared), if the understanding of scientific evidence were to change or there was a breakthrough in the speed with which medical countermeasures could be developed and deployed.

63. The culmination of work arising from Home Office participation in exercises Shared Goal and Winter Willow was published on 19 May 2008.<sup>21</sup> *A Framework for Planners Preparing to Manage Deaths* had been consulted upon in 2007, with the aim of the guidance to assist local authorities in making plans for dealing with additional deaths arising from an influenza pandemic.<sup>22</sup> It addressed how the Government was preparing to respond during a pandemic, providing a brief outline of the roles and responsibilities of local authorities, local resilience forums, Government Offices in the Regions, the Welsh Assembly Government and central government.
64. On 13 June 2008, the Home Office Public Order Unit (**POU**) provided preliminary advice to Lord West (now the Home Office representative to MISC) on draft guidelines produced by the Ministry of Justice (**MoJ**)<sup>23</sup>. Sent to Criminal Justice System (**CJS**) ministers on 15 May 2008, the guidelines were to be used across the CJS on planning for the impacts of pandemic flu. POU noted that at this stage, the Prison Service had not yet engaged with UKBA regarding the potential impact of Prison Service-wide guidelines on the in-country UKBA detention estate but were taking steps to ensure that the particular needs of UKBA were taken into account.
65. On 8 October 2008, the Home Office Mass Fatalities Section wrote to Lord West advising that a revised International Strategy on Pandemic Influenza prepared by Cabinet Office and Department of Health had been received.<sup>24</sup> This sought to reduce the risk of an influenza pandemic through coordinated activities primarily concerned with slowing and preventing the development of avian and pandemic influenza, and with preparing for and mitigating the potential effects. As the Home Office had not been directly involved in the preparation or implementation of the Strategy, no substantive comment or formal reply was required.
66. Between 20 October and 21 November 2008, a trial of the National Emergency Mortuary Arrangements (**NEMA**) took place at the Defence Storage and Distribution Agency

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<sup>21</sup> INQ000097036

<sup>22</sup> INQ000097021

<sup>23</sup> INQ000097038 / INQ000097037

<sup>24</sup> INQ000097046 / INQ000097043

(DSDA) in Bicester as part of the mass fatalities contingency plan.<sup>25</sup> NEMA was part of the Central Government body storage provision which could be made available to local responders in the event of a mass fatality event (terrorist or otherwise) which would overwhelm local capacity. In March 2006, the Home Office had signed a 10-year contract worth £8m with Kellogg, Brown & Root (**KBR**) for the provision of NEMA. Comprising of a series of temporary demountable structures, NEMA could be deployed as two separate facilities (each with a capacity for 300 fatalities), or as a single facility with a capacity for 600 fatalities.

67. Organised and run by the Home Office Mass Fatalities Section, the trial assessed whether the NEMA design worked, enabling operational colleagues to familiarise themselves with the structures whilst ensuring that public investment had been appropriately incurred. Regional Resilience Teams, Home Office teams and operational colleagues were invited to use the facility to conduct training events during this trial period and ministers, including Lord West, and senior officials from Cabinet Office and other departments, were also invited to attend.
68. On 26 January 2009, a cross-government meeting, chaired by the UK Border Agency and attended by officials from the UKBA Policy Unit, DH and the Civil Contingencies Secretariat, discussed contingency arrangements for managing the threat from imported infection.<sup>26</sup> DH officials advised that they had been working on contingency planning in the event of a flu pandemic for several years and had produced a framework document in conjunction with the CO and other government departments through the PFIG, which reported into the MISC 32 committee. As part of this work, DH advised there was no evidence to suggest that attempting to screen all passengers would be effective, nor was quarantine being considered. DH stated that although there were no current plans to close the UK border in the event of a pandemic, it might be advisable to restrict the number of points of entry.
69. The House of Lords Science & Technology committee met on 04 February 2009 to discuss the government's pandemic influenza planning.<sup>27</sup> This was a follow up to the House of Lords S&T Committee meeting regarding pandemic influenza held in late 2005 and was convened as a result of the growing concern regarding the increase in cases of

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<sup>25</sup> INQ000097048

<sup>26</sup> INQ000097054

<sup>27</sup> [House of Lords - Pandemic Influenza: Follow-up - Science and Technology Committee \(parliament.uk\)](http://parliament.uk)

the H1N1 (swine flu) virus.<sup>28</sup> Discussing the possibility of border closures, the 2009 report states “*It appears from the evidence to date that a pandemic could not be stopped but only delayed by a short time—perhaps two weeks. Border closures would have a wider impact on the continuous supply of medicines and food into the country. Screening at borders would be an alternative approach and perhaps a popular one but screening would only detect cases in WHO Phases 4 and 5 and would not detect incubating cases.*”

70. Prompted by this S&T Committee meeting, the Civil Contingencies Secretariat (**CCS**) and UKBA (with representatives from Border Force, Immigration Enforcement and UK Visas & Immigration) met on 02 April 2009 to further discuss the position on border closures in the event of a pandemic.<sup>29</sup> A draft paper in anticipation of an upcoming MISC 32 meeting had been issued for comment by the CCS. This paper explored the practicalities of closing the border, the proposed approach for the legislative framework to close borders, the level of border closures which could practicably be obtained were such a decision to be taken and proposed port health arrangements from WHO phase 4 onwards. It recommended that as full border closures appeared to be impossible and partial closures appeared ineffective, planning should continue on the presumption that borders would be kept open during a pandemic, to which UKBA agreed. This decision had previously been endorsed by ministers at the MISC 32 meeting in January 2008 (see paragraph 59 - 63).
71. At the PFIG meeting on 15 April 2009, CCS presented a draft paper for MISC 32 on border closures which endorsed the decision made at MISC 32 in January 2008 that UK borders would remain open during a pandemic.<sup>30</sup> The draft paper stated that the UK position was consistent with the position of the Global Health Security Action Group (**GHSAG**) countries (i.e. Canada, France, Germany, Italy, Japan, Mexico and the USA), but noted that Australia and New Zealand had proposed different approaches with partial closures. At the PFIG, CCS sought further comments on the draft paper discussed with UKBA on 2 April 2009 regarding the legislative framework required to close borders, the level of border closures which could practicably be obtained, and proposed port health arrangements be invoked from WHO phase 4 onwards.
72. CCS also advised that work had begun to update the “*National Framework for Responding to an Influenza Pandemic*” which had last been published in November 2007.

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<sup>28</sup> [House of Lords - Science and Technology - Fourth Report \(parliament.uk\)](#)

<sup>29</sup> INQ000097056 / INQ000097057 / INQ000097059

<sup>30</sup> INQ000097066 / INQ000097065

This update, planned to be ready for publication by the end of 2009, would fully reflect the wider policy developments over the previous 2 years including, from a Home Office's perspective, the management of excess deaths.

73. Overnight on 27 / 28 April 2009, the World Health Organisation (**WHO**) raised the influenza virus level from Phase 3 to Phase 4 in respect of the H1N1 (Swine Flu) outbreak, indicating human-to-human transmission had been verified.
74. A COBR meeting was convened that same day (28 April 2009) in response to WHO raising the virus level.<sup>31</sup> COBR was attended for the Home Office by Lord West and consideration was given to UK policy on border closure and international travel restrictions, and the use of antibiotics and face masks for health workers and the public. COBR reaffirmed the planning presumption that UK borders would remain open.
75. Operational Instructions issued to UK Border Agency staff on 27 April 2009 stated that no specific precautions were required in respect of Swine Flu.<sup>32</sup> Any ill individual should be referred to the Port Medical Inspector, or local medical arrangements followed. It was noted that the Health Protection Agency would provide leaflets and posters to all ports to inform passengers of risks. Subsequent Operational Instructions issued on 30 April 2009 provided advice to UKBA on following good hygiene practices.<sup>33</sup>
76. On 29 June 2009, IPS published *Planning for a possible influenza pandemic – the Registrar General's guidance on death registration services for Registration Service Managers and Practitioners*.<sup>34</sup> This guidance for planners in the local registration services was to be read in conjunction with the previously published *Planning for a Possible Influenza Pandemic - A Framework for Planners Preparing to Manage Death* (see paragraph 64).
77. This 2009 guidance document sought to recognise the safeguarding role Registrars played in examining the medical certificates of cause of death (**MCCDs**) and in issuing certificates for burial or cremation. It was recognised that in the event of a pandemic, changes to the present system would lead to the decreasing of safeguards which would carry a level of risk, with a balance needing to be struck dependent on the severity of the

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<sup>31</sup> INQ000097068 / INQ000097076

<sup>32</sup> INQ000145811

<sup>33</sup> INQ000145811

<sup>34</sup> INQ000097078

pandemic and the number of excess deaths. It emphasised that the primary responsibility for planning for major emergencies in the UK lay with local organisations but given the national scale and international dimensions of a pandemic, central government co-ordination, advice and support would be needed.

78. Within the guidance, DH was confirmed as the lead government department for the response to an influenza pandemic, with Local Resilience Forums (**LRFs**) as the main mechanism for co-ordinating multi-agency planning at a local level. The guidance also highlighted that there could be some variation in the timing of the peak of a pandemic in different geographical locations as it spread across the country, and with this in mind, different ways of working would be needed in different locations, tailored to meet local requirements.
79. The implementation of different ways of working would be split into 3 phases referenced in the guidance document *Pandemic Influenza: Guidance on the management of death certification and cremation certification*.<sup>35</sup> The implementation of phase 1 and 2 would be decided at local level in accordance with local business continuity plans and the overarching LRF plans. Phase 3 would include all measures that would require changes to legislation. These would need to be decided by Ministers and would be implemented at a national level.
80. On 6 May 2010, the Home Office attended the H1N1 Pandemic Flu Reference Group meeting.<sup>36</sup> Chaired by Dame Deirdre Hine, the meeting discussed the initial findings of her review into the government's response to the H1N1 (Swine Flu) pandemic. The emerging findings showed that although the excess deaths response was not tested, the UK was not fully prepared to cope beyond the lowest end of the planning assumptions. Departmental records show that in response the Home Office aimed to raise levels of preparedness among stakeholders, so that all would be prepared to deal with a medium range of excess deaths (210,000 – 315,000) by the end of 2010.
81. On 01 July 2010, Dame Deirdre Hine's independent review of the H1N1 (Swine Flu) pandemic was published.<sup>37</sup> *The 2009 Influenza Pandemic – an Independent Review of the UK Response to the 2009 Influenza Pandemic*, examined the strategic response to

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<sup>35</sup> INQ000097015

<sup>36</sup> INQ000097091 / INQ000097093

<sup>37</sup> INQ000097109

the pandemic including the way in which it was planned and implemented. Referencing the *Pandemic flu: A national framework for responding to an influenza pandemic* guidance, it recognised that this 2007 guidance formed the basis for the approach and decisions taken in 2009.

82. The review found that:

- Pre-pandemic planning had ensured that many approaches or decisions had already been made in principle before the pandemic enabling the UK to make rapid decisions in response to Swine Flu;
- Central government's crisis management arrangements worked effectively;
- Four nation co-ordination was well managed;
- The Government's communication was successful;
- The long duration of the Swine Flu response (April 2009 – February 2010) tested the resilience of key roles and individuals;
- The management of additional deaths required further work to ensure the UK was ready for a more severe pandemic.<sup>38</sup>

83. The review noted the approach taken to borders and international travel, domestic travel, and mass gatherings without specific findings or recommendations for the Government generally or the Home Office specifically.

84. The review made a specific recommendation in respect of feedback from stakeholders that planning for additional deaths was considered not to be sufficiently advanced. Recommendation 6 from this independent review stated that by December 2010 "(i) Ministers should decide the levels of deaths for which planning is appropriate as part of the process of revising *Pandemic flu: A national framework for responding to an influenza pandemic* and (ii) The Home Office, working with others including the MoJ, DH, CO, Communities and Local Government and the DAs, should ensure that plans were in place to deal with those levels of deaths during a pandemic, linking with other elements of mass fatality management and specifying clear responsibilities for the collection, transportation, storage and burial or cremation of bodies.

85. In anticipation of the publication of this independent review, a submission to the Minister of State for Security and Counter Terrorism on 28 June 2010 detailed the status of

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<sup>38</sup> INQ000097109

planning for deaths arising from a pandemic influenza in relation to Recommendation 6 of the report.<sup>39</sup> The submission highlighted that the risk of not having plans in place was significant. Body storage was identified as a particular area where further guidance was required when dealing with excess deaths. The submission acknowledged the extensive engagement that the Home Office had undertaken with regional and local agencies from across the UK to consider issues and options to drive this work forward. The submission detailed that there was already work underway by the Home Office who were in the process of drafting body storage guidance to enable planners to have a more consistent approach to the provision of local body storage solutions, given the large variation in practise to this point. As part of this work, the Home Office was discussing next steps with the Cabinet Office to generate options for driving up resilience beyond the medium range of 210,000-315,000 deaths. Ministers were advised that planners found it difficult to make plans for the 'reasonable worst-case scenario' of 750,000 deaths, requiring solutions on a wholly different scale than could be managed within the existing processes and resources at the time.

86. At the Pandemic Flu Implementation Group (**PFIG**) meeting on 18 October 2010, departments were asked to review their areas of responsibility for pandemic preparedness and any lessons learned following the swine flu response as part of their strategic planning.<sup>40</sup> The review looked specifically at whether:
- The swine flu response identified any areas where plans were inadequate or insufficiently developed;
  - Any plans needed to be amended in the light of new scientific evidence;
  - Departments were confident their plans would be adequate for a much more severe pandemic (eg a H5N1-type with a high attack rate or high case fatality rate)
87. The Independent Review of the UK Response to the 2009 Influenza Pandemic by Dame Deirdre Hine was also discussed at the PFIG on 18 October 2010 with consideration given to actions underway to address the recommendations in the Hine review. The board papers record that the Home Office was working with Cabinet Office to develop options with the aim of producing a contingency based framework on the levels of deaths for planning and mass fatality management by December 2010, after which the Home Office would revise relevant guidance for future pandemics.

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<sup>39</sup> INQ000097103

<sup>40</sup> INQ000097111 / INQ000097112



## 2011-2012: MERS outbreak

88. This phase covers the Home Office's preparedness for a civil emergency, and participation in **Exercise Themis**. Key dates in this period are:

- **03 August 2011** Regional Mass Fatalities Stakeholders Group meeting
- **19–30 March 2012** Exercise Themis
- **23 September 2012:** HPA confirm a diagnosis of a new type of respiratory illness (referred to as MERS)

89. During this phase the Home Office participated in a number of cross-government committees concerned with civil emergencies planning and the management of death for civil emergencies.

90. **The Regional Mass Fatalities Stakeholders Group (RMFSG)** was a Home Office-chaired meeting aimed at building robust UK capability to respond to the scale of emergencies defined in the National Resilience Planning Assumptions (**NRPA**) for non-contaminated mass fatalities incidents.

91. **The National Resilience Capabilities Programme Board (NRCPB)** was a board aimed to increase capability to respond to and recover from civil emergencies, assessing what resources were needed to deal with the consequences of emergencies, regardless of whether those emergencies were caused by accidents, natural hazards, or man-made threats. The programme then coordinated cross-government activity.

92. On 11 January 2011, the Civil Contingencies Secretariat, in consultation with DH, the Health Protection Agency (**HPA**), the Government Office for Science (**GO-Science**), HM Treasury (**HMT**) and the Devolved Administrations, published a summary of the scientific evidence used to inform the Government's pandemic influenza strategy.<sup>41</sup> This document included a summary of the scientific advice in relation to border closures and international travel restrictions. The report stated that: "***Imposing a 90% restriction on all air travel to (reduce the number of inbound travellers to) the UK would delay the peak of a pandemic wave by only 1 to 2 weeks. On the other hand, a 99.9% travel restriction might delay a pandemic wave by 2 months.***" In respect of border closures, the report stated "***The closure of UK borders would have an impact on both the movement of people and the movement of goods. The same scientific evidence base applies to***

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<sup>41</sup> INQ000097116

***border closures as for international travel restrictions, including the wider social and economic impacts. As for restricting international travel, there would be considerable practical implications and compliance issues to overcome for a policy of border closures to be implemented.”***

93. In considering health screening at ports of entry, the report referenced the SAG Modelling Subgroup paper which summarised the available evidence as showing that “***Assuming passengers are screened before travel for clinical symptoms, there is no additional advantage in entry screening. Even preventing those with clinical symptoms from travelling is only likely to delay the spread of the disease by 1 to 2 weeks. The paper concluded that policy makers should assume no significant benefit from entry restrictions or screening***”. The 2011 advice on borders, international travel, and screening is consistent with the advice provided by SAGE on 22 January 2020 and 3 February 2020 in respect of the emerging risks from Covid-19.

94. On 17 June 2011, Home Office officials provided an update on the excess deaths workstream ‘contingency plan’ work at the PFIG meeting.<sup>42</sup> The draft contingency plan looked to set out the actions that central government could take to support local planners when excess deaths went beyond 200,000 that local levels were expected to have the capacity to manage. Key points raised in the PFIG discussion were:

- Capacity at local level to manage excess demand
- The need to identify options, including legislative options, for addressing deaths in excess of 200,000
- Requirement for a strong communication strategy.
- Local Authority Chief Executives would be given the power and responsibility to bring about necessary changes should they be implemented
- Scotland and Northern Ireland would be consulted regarding their desire to be covered by any approach outlined in the final document

95. On 03 August 2011, the Home Office chaired a Regional Mass Fatalities Stakeholders Group (**RMFSG**) meeting<sup>43</sup>. In attendance were representatives from the Department for Communities and Local Government (**DCLG**); Suffolk Police; UK National Disaster Victim Identification Unit (**UK DVI**); Department of Health (**DH**); Scottish Government; and Kellogg Brown & Root (**KBR**). It brought together local and regional planning

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<sup>42</sup> INQ000097132

<sup>43</sup> INQ000097133

representatives to share experiences, and ensure that the mass fatality capability was visible, accessible and fit for purpose. The Home Office was responsible for mapping the national capability and assessing how it measured up against the National Resilience Planning Assumptions (NRPA).

96. As part of wider contingency planning for the border, on 19th October 2011, the UKBA Chief Executive wrote to all UKBA staff asking for volunteers to form a resource pool which could be called upon in the event of a critical incident in order to maintain border security.<sup>44</sup>

97. On 10 November 2011, DH published the *UK Influenza Pandemic Preparedness Strategy*.<sup>45</sup> This document described the Government's strategic approach for responding to an influenza pandemic and provided background information and guidance to public and private organisations developing response plans, whilst taking account of the experience and lessons learned in the H1N1 (2009) influenza pandemic and the latest scientific evidence. In respect of border closures, the strategy stated that "*There are no plans to attempt to close borders in the event of an influenza pandemic*". Referencing the *Overarching Government Strategy to respond to Pandemic Influenza: Analysis of the Scientific Evidence Base* report published in January 2011 it reiterated that modelling concluded that imposing restrictions on air travel would only delay the peak of a pandemic wave.<sup>46</sup> Furthermore, given the expected 2-3 day incubation period for pandemic influenza, there was no evidence of any public health benefit to be gained from meeting planes from affected countries or similar pro-active measures such as thermal scanning or other screening methods. The clearly stated the Government position that "*in general, normal port health measures will apply in a pandemic*" informed Departmental contingency planning for infectious diseases, as evidenced in the plans for Operation Heir (see paragraph 146 -147).

98. In anticipation of the PFIG on 23 November 2011, records show that the Home Office sent a discussion paper to the meeting attendees to provide an update on excess death planning and the options being considered for the management of excess deaths.<sup>47</sup> This also included a list of issues raised by local authorities in consideration of such, such as whether there be a benefit in bringing retired GPs out of retirement to assist in the death

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<sup>44</sup> INQ000097134

<sup>45</sup> INQ000097135

<sup>46</sup> INQ000097116

<sup>47</sup> INQ000097140 / INQ000097136

certification process and uncertainty around how emergency powers would be used in practice.

99. The meeting minutes show that those in attendance discussed the document agreed that there was not likely to be a need for further Ministerial agreement to the document given that it was clearly referred to in the recent clearance of the UK Influenza Pandemic Preparedness Strategy 2011 and would be a living document to build on as necessary. It was also agreed that the enactment of any of the options in the document would be as the result of exceptional response to exceptional circumstances, whilst recognising that a pandemic would place demands on a number of industries, including the funeral industry.
100. At this same meeting, Cabinet Office set out the proposal for the future of the group proposing that following the PFIG meeting in the spring of 2012, the group would cease to actively meet on a regular basis and that going forward, routine matters regarding pandemic flu preparedness would be addressed at the NSC(THRC)(R)(O). The PFIG network would however continue to exist virtually and provide a mechanism for the dissemination of information across departments. In January 2012, records show that Home Office officials discussed handing its related work to CCS and taking the excess death risk off the CPG register.<sup>48</sup>
101. In March 2012, the National Policing Improvement Agency (**NPIA**) led Exercise Themis which was designed to test the efficiency, effectiveness and deployment implications of elements of the National Emergency Mortuary Arrangements (**NEMA**) when activated in response to a mass fatality incident.<sup>49</sup> The exercise - which ran from 19-30 March 2012 - addressed the initial deployment of the NEMA and highlighted the responsibilities of Local Authorities (**LAs**) when dealing with a multiple fatality incident. It also clarified the purpose of the Central Assistance Programme (**CAP**). The CAP was established in March 2006 and built on the lessons learned from the London Bombings on 07 July 2005. The CAP exists to supplement local responses to major incidents or emergencies which result in large-scale loss of life.

### **2013-2016: Ebola, Zika, Cygnus**

102. This phase covers the Home Office response to the Western African Ebola virus epidemic, and participation in the following exercises: Helebola, Cerberus, Cygnus and Breaking Point. Key dates in this period are:

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<sup>48</sup> INQ000145812

<sup>49</sup> INQ000097152

- **11 October 2014 (Exercise Helebola)**
- **07 November 2014 (Exercise Cerberus)**
- **18 October 2016 (Exercise Cygnus)**
- **08 December 2016 (Exercise Breaking Point)**

103. During this phase, the following cross-government committees considered pandemic planning, with the Home Office contributing to XHMG planning on death management in the event of a civil emergency including an influenza pandemic:

- **National Resilience Capabilities Programme Board (“NRCPB”)** – which aimed to increase capability to respond to and recover from civil emergencies regardless of cause and coordinated cross-government planning
- **The Business Continuity Forum** - co-chaired by the Civil Contingencies Secretariat (“CCS”) and Department of Health (“DH”). DH introduced a discussion on pandemic influenza and the importance of preparation.
- **Resilience and Emergencies Programme Board (“REMP”)** - The Programme Board was collectively accountable for ensuring that the work of Resilience and Emergencies Management Division (“RED”) reflected the strategic vision of ministers from the Department for Communities and Local Government (“DCLG”) and maximised opportunities across DCLG and other government departments (“OGDs”) to enhance the department’s long-term preparedness to respond to and recover from national emergencies.
- **Pandemic Influenza Implementation Group (“PFIG”)** - co-chaired by the Cabinet Office (CO) and DH, the group considered the cross-government response to a pandemic, with a focus on a draft Pandemic Influenza Strategy, and Home Office contributions through the Excess Deaths Management workstream.
- **Business Continuity Professionalism Conference** – Department for Work & Pensions (DWP)-chaired Business Continuity conference. Considerations included how government departments could work closer together and identify interdependencies.

104. On 06 November 2013, the Home Office Crime & Policing Group (CPG) attended the CCS-chaired NRCPB.<sup>50</sup> Attendees included representatives from the Department of Business, Innovation & Skills (BIS), Chief Fire Officer’s Association (CFOA), DCLG, Department for Environment, Food and Rural Affairs (Defra), Department for Transport (DfT), DH, Her

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<sup>50</sup> INQ000097167

Majesty's Treasury (**HMT**), Northern Ireland Office (**NIO**), National Security Secretariat (**NSS**), and Scotland Office.

105. The development of the pilot National Resilience Capabilities Assessment (**NRCA**) was considered at this meeting. Part of the discussion concerned mass fatalities and identified that the number of casualties and fatalities set out by the National Resilience Planning Assumptions (**NRPAs**) were without precedent. The minutes of the meeting state that the Home Office's position was that it would have the capability to respond to the national mass fatalities planning assumption, but that some medium-scale scenarios would present a greater challenge. The Home Office recommended that future iterations of the NRPAs should also include small- and medium-scale scenarios.
  
106. Discussion on capability continued at the next NRCPB on 21 May 2014 when DH supported the use of additional risk scenarios to inform and build confidence in the pilot NRCA. They proposed that although numeric ranges were useful in providing a guide to the estimated levels of capability needed to provide a response, it was still worth considering what specific numbers should be used.<sup>51</sup> Although the early considerations of the NRCA did not ultimately deliver a collective view on the capabilities required, the information was revisited and used by the Home Office led Mass Fatalities Review Project Board (**MFRPB**) in September 2016 which helped inform MFRPB's review of mass fatalities capacity and capability.<sup>52</sup> See paragraph 128 -129 for more information on the MFRPB review.
  
107. On 31 March 2014, the PHE approach to screening nationals seeking to enter the UK for over six months from countries with high incidences of tuberculosis (**TB**) changed.<sup>53</sup> Instead of Port Medical Inspectors (not within the remit of the Home Office / Border Force) conducting screening, visa applicants who intended to stay in the UK for longer than six months were required to take part in the UK pre-entry TB screening programme. The change in approach followed a successful pilot between the Home Office and the International Organization for Migration (**IOM**) and work undertaken by UK Visas and Immigration with PHE to enhance information sharing as part of the visa process.<sup>54</sup> PHE had provided advice, training, clinic audits, data and information to support the quality assurance and evaluation of the programme.

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<sup>51</sup> INQ000097170

<sup>52</sup> INQ000097316

<sup>53</sup> INQ000097169

<sup>54</sup> INQ000097583 ([UK pre-entry tuberculosis screening report 2020 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/304212/uk-pre-entry-tuberculosis-screening-report-2020.pdf))

108. On 14-16 October 2014, Exercise Cygnus (a Tier 1 Command Post exercise) was scheduled to take place. Led by PHE, with Home Office involvement, the overarching aim of the exercise was to assess the preparedness and response to an influenza pandemic in the United Kingdom at both local and national levels. However, due to an outbreak of Ebola, this was postponed at short notice on 08 October 2014 and replaced with a live exercise to ensure robust processes were in place to manage any case of Ebola in the UK.<sup>55</sup>
109. Exercise Helebola took place 3 days later on 11 October 2014.<sup>56</sup> It was an eight-hour exercise involving different scenarios across multiple geographical locations. Volunteer actors feigned Ebola symptoms, and the Health Secretary chaired a simulated COBR attended by other ministers and the Chief Medical Officer. It was intended to provide a realistic test of how prepared the system was to deal with a case of Ebola by:
- Testing health arrangements for identifying, isolating, assessing and moving suspected Ebola cases into treatment facilities;
  - Reviewing contact tracing arrangements, including arrangements for a non-compliant suspect case; and
  - Testing public communications including production, clearance and dissemination of messages.
110. Officials from the Home Office Crime and Police Group (**CPG**) attended Exercise Helebola, together with the national police lead for Local Resilience Forums (**LRFs**) and a representative from the National Police Coordination Centre (**NPCC**). Key issues explored through the exercise included the police's involvement in LRF planning, the role of the NPCC, the police's role in contact tracing and powers available for the police and others to restrict the movement of people suspected of coming into contact with Ebola.
111. On 30 July 2014, the first ministerial COBR meeting on the Ebola outbreak took place.<sup>57</sup> Chaired by the Foreign Secretary, the discussion centred on the Ebola outbreak in West Africa and whether adequate arrangements were in place both in the UK and the region to mitigate the risk to UK public health.

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<sup>55</sup> INQ000097236 / INQ000097238

<sup>56</sup> INQ000097191

<sup>57</sup> INQ000097177

112. On 1 August 2014, Operational Instructions were issued to Border Force officers on communicable diseases and hygiene standards.<sup>58</sup> As the result of an action from the previous day's COBR for PHE to engage with the Home Office on handling procedures for suspected Ebola cases at the border, PHE advice was disseminated to Border Force on 11 August 2014.<sup>59</sup> This provided guidance, including a flow chart, on the identification of any potentially infected individuals who had travelled either directly or indirectly to the UK from affected countries in West Africa.
113. On 6 August 2014, the HO Permanent Secretary chaired a meeting of Home Office officials to discuss the contingency planning in place for infectious diseases.<sup>60</sup> Taking into account possible scenarios such as pandemic flu, further Ebola outbreaks and an anthrax attack on the UK (as examples), the discussion centred on the impact these scenarios would have on UK Visas and Border Force operations, death registration and policing (in the event of civil unrest) with each business area providing an overview of the contingency plans in place in the event of such incidents.
114. On 27-28 August 2014, following the confirmation of a further outbreak of Ebola in Sierra Leone, Guinea and Liberia, the Foreign Secretary and Prime Minister agreed a change in travel advice to advise against all but essential travel to the countries.<sup>61</sup> The advice was influenced by the narrowing of commercial options for flights and the impact on medical facilities. It also advised that British Nationals in the countries affected should discuss the provision of support with their employer or host organisation should they wish to remain overseas or return to the UK. The Home Secretary and Home Office ministers were notified on 28 August 2014, and informed that Border Force officials would attend a COBR to discuss the implications of the revised travel advice.
115. On 9 October 2014, Border Force officers were re-issued the PHE advice provided in August 2014.<sup>62</sup> Border Force officers were advised that the risk of contracted Ebola from passengers was considered very low because the virus was not airborne. Existing procedures for referring ill passengers were to be used, unless the passenger was identified as being at specific risk of having contracted Ebola. Public Health England advised that Border Force officers should refer these passengers to the NHS through usual procedures but notify responders of the risk of Ebola to enable PPE to be used.

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<sup>58</sup> INQ000145814

<sup>59</sup> INQ000145815 / INQ000145816

<sup>60</sup> INQ000097179 / INQ000097180

<sup>61</sup> INQ000097187

<sup>62</sup> INQ000145817 / INQ000145818



116. SAGE convened on 29 October 2014, with a Home Office official in attendance, to consider UK preparedness for potential Ebola cases in the UK.<sup>63</sup> Minutes of the meeting record that Public Health England had already introduced screening at Gatwick Airport, Heathrow Airport and Eurostar Terminals, and was due to implement screening at Birmingham Airport on 31 October 2014 and at Manchester Airport in the week commencing 3 November 2014. Records show that screening conducted by PHE included temperature checks and a questionnaire for passengers arriving from high-risk areas.<sup>64</sup> Operational guidance issued to Border Force colleagues in October 2014 and again in April 2015 provided advice on how to refer passengers to PHE for screening at these ports.<sup>65</sup>
117. On 7 November 2014, Immigration Enforcement participated in Exercise Cerberus.<sup>66</sup> This table-top exercise focused on Immigration Removal Centres (**IRCs**) with the aim of preparing both healthcare and other IRC-based staff to appropriately risk assess and manage any possible cases of Ebola virus infection among detainees. The event was attended by approximately 70 delegates representing IRCs across the UK, Commissioners of Health Services and national partners including the National Offender Management Service (**NOMS**), NHS England, DH and PHE.
118. The findings of the exercise, and recommended next steps, were shared with the Home Office on 5 January 2015.<sup>67</sup> Highlighting issues that need to be addressed, such as the availability of isolation facilities, nevertheless the report noted that the exercise gave a sense of confidence in the ability of IRCs to manage a suspected case of Ebola.
119. During the continuing Ebola response at the border, Border Force participated in Exercise Valverde on 21 May 2015.<sup>68</sup> This was an exercise run by the Global Health Security Initiative (**GHSI**) Sample Sharing Task Group. Border Force cooperated in Exercise Valverde to test the rapid (virtual) sharing of laboratory samples of human serum from patients infected with a novel coronavirus, alongside other GHSI countries (Japan, Canada, USA, France, Germany and the European Commission). Border Force were presented with a scenario relating to handling packages. After engagement with the Deputy Task Manager of the Incident Coordination Centre, it was identified that this

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<sup>63</sup> [SAGE: Ebola - meeting minutes - 29 October 2014 \(publishing.service.gov.uk\)](#)

<sup>64</sup> INQ000097265

<sup>65</sup> INQ000097273

<sup>66</sup> INQ000097247

<sup>67</sup> INQ000097246

<sup>68</sup> INQ000097274 / INQ000097275

scenario would be the responsibility of port operators or carriers to address. Consequently, there was no further involvement required from Border Force.

120. In August 2015, the Home Office published the internal lessons learned report to the response to the Ebola outbreak covering March 2014 – July 2015.<sup>69</sup> Key findings and recommendations are provided below at paragraph 155. By August 2015, approximately 11,400 people had been successfully screened since Border Force had first started referring passengers to PHE.<sup>70</sup> The costs and impacts, and lessons learned from the screening were captured by Border Force and PHE.<sup>71</sup> Routine Ebola screening in the UK ceased on 4 December 2015, following an announcement by the World Health Organisation on 07 November 2015, declaring Sierra Leone Ebola transmission-free and a review of the risk of Ebola to the UK.<sup>72</sup>
121. On 23 August 2016, as the result of a Home Office / Police public order round table meeting, a decision was made to conduct an exercise to test the capability assumptions for managing widespread national disorder and establish what scenarios would cause the police capability to reach 'breaking point'. This resulted in the Home Office supporting the police in implementing Exercise Breaking Point.<sup>73</sup> This was a 3-phase testing and exercise activity involving the National Policing Public Order and Public Safety Lead, NPoCC, College of Policing and the Home Office. The phases were:
- Phase 1 (8 December 2016): Notionally replicated the national response to the public disorder in August 2011 to inform the national capability of the police service to respond to significant spontaneous disorder of a similar scale at that time.
  - Phase 2 (January 2017): Ascertained the estimated number of police officers required to deliver the six critical areas of policing. This would then establish the number of police officers that could be released to mobilise for a threat of significant spontaneous disorder.
  - Phase 3 (February 2017): Established the breaking point for national mobilisation to mitigate against significant spontaneous disorder in extremis. This was achieved by undertaking a table-top process using scenario forecasting.

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<sup>69</sup> INQ000097279

<sup>70</sup> INQ000097279

<sup>71</sup> INQ000145822

<sup>72</sup> INQ000097298

<sup>73</sup> INQ000097343 / INQ000097344

122. Departmental records show that the initial findings from the exercise indicated the police service could muster resources to replicate the national response of the August 2011 riots and meet the national mobilisation requirement of managing widespread national disorder. However, this was achieved following a number of logistical challenges such as Forces exhausting equipment and vehicles before running out of officers. The report of the exercise contained 21 recommendations which were taken forward by the National Public Order and Public Safety group.<sup>74</sup>
123. Before Exercise Breaking Point, the Home Office (**GRO**) participated in Exercise Cygnus between 18 – 20 October 2016.<sup>75</sup> Exercise Cygnus was a Tier 1 (national level) pandemic influenza exercise. Over 950 representatives from the DAs, DH and 12 other government departments, NHS Wales, NHS England, PHE, eight LRFs and six prisons took part in the exercise. Participants considered their capacity and capability to operate at the peak of a pandemic (with the assumption it would affect up to 50% of the UK's population and could cause between 200-400,000 excess deaths) in the UK. It assessed the UK's preparedness and response to a pandemic influenza that was close to the UK's worst-case planning scenarios and considered whether the Civil Contingencies Act (**CCA**) could be used, or if a legislative change was needed. As a result of GRO's involvement in Exercise Cygnus, further Departmental work on death certification during a pandemic was initiated. See paragraph 152 for further information.

### **2017 to 2020 : Post Exercise Cygnus**

124. This phase covers the Home Office response to the lessons learned from Exercise Cygnus and post-NEMA planning.

Key dates in this period are:

- **26 September 2016:** Inaugural Mass Fatalities Review Project Board meeting
- **March 2017:** GRO publish *Planning for a Possible Influenza Pandemic* guidance document
- **29 March 2017:** Preliminary Pan Flu Readiness Board meeting
- **21 August 2017:** Home Office-chaired Mass Fatalities Workshop
- **30 April 2018** End of NEMA contract

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<sup>74</sup> INQ000145831

<sup>75</sup> INQ000097332 / INQ000097331 / INQ000097333

- **24 August 2018** Home Secretary briefed on Border Force's position in the updated cross-government framework for managing international health risks and travel
- **31 October 2018** Border Force update Operation Heir plans for infectious diseases

125. During this phase the following cross-government committees considered pandemic planning:

- **Mass Fatalities Review Project Board (MFRPB)** - The aim of the Board was to provide strategic oversight for Government of the review of UK mass fatalities capability and acted as a cross-government advisory group.
- **Mass Fatalities Review Experts Group (MFREG)** –The Experts group was established to support the MFRPB and provide the expert knowledge and advice the Board would require.
- **Pandemic Influenza Readiness Board (PFRB)** – a CCS- and DH-chaired cross-Whitehall Group aimed at building preparedness for the wider consequences of an influenza pandemic; including planning for excess deaths, the requirement for legislation during a pandemic and wider sector preparedness.
- **Excess Deaths (Pan Flu) Working Group (XSDB)** - The working group's objective was to ensure that there was sufficient capability in England to manage the volume of deaths during a pandemic in a respectful and acceptable manner.
- **Pan Flu Sector Resilience Working Group (SRWG)** - A sub-group of the PFRB, overseeing actions from the lessons learned from Exercise Cygnus and to review planning assumptions for workforce absence during a pandemic ensuring sectors were sufficiently resilient.
- **Mass Fatalities Programme Board (MFPB)** - The Board was established in April 2018 to run for the transition period from the end of the National Emergency Mortuary Arrangements (**NEMA**) contract through to the confirmed establishment of the new regional model (end of May 2018).
- **Mass Fatalities National Assurance Group (NAG)** - with responsibility for gathering national information on body storage, monitoring progress on regional planning, developing national level assurance activity, spreading good practice and considering protocols, guidelines and standards in response to a mass fatalities incident.

126. During this period (2017 – 2020), the Home Office contributed to cross-government planning on the management of death for civil emergencies, including an influenza pandemic. The Home Office also managed the withdrawal of the NEMA contract.

127. On 26 September 2016, the Home Office chaired the inaugural Mass Fatalities Review Project Board (**MFRPB**).<sup>76</sup> The MFRPB was attended by representatives from MOJ, Department of Justice Northern Ireland (**DOJ NI**), Scottish Government, Welsh Government, DCLG and CO. The Board was responsible for considering the review of mass fatalities capacity and capability and conducting a realistic assessment of the National Resilience Planning Assumptions (**NRPA**). The review was an assessment of capabilities currently in place at both local and national levels to respond to a mass fatalities incident; and future strategy for central assistance capabilities including the NEMA.
128. It was proposed that the review would use the earlier learning from the 2014 Cabinet Office led mass fatalities National Resilience Capability Assessment (**NCRA**) and the 2015 Home Office review of NEMA. Both had been informative but had not delivered a collective view on the capabilities required. The review reported in January 2018 (see paragraph 136).
129. Following Exercise Cygnus on 18-20 October 2016, and the subsequent National Security Council (**NSC**) Threats, Hazards, Resilience and Contingencies (**THRC**) discussion in February 2017, the Prime Minister reaffirmed the Government's commitment to ensuring the UK was prepared to manage the health effects and wider consequences of severe pandemic influenza. This led to the formation of the Pandemic Influenza Readiness Board (**PFRB**).<sup>77</sup> This cross-government PFRB provided oversight for a cross-government work programme responsible for delivering the plans and capabilities to manage the wider consequences of pandemic influenza.
130. On 29 March 2017, the Home Office attended the preliminary PFRB chaired by CO and DH with representatives from Scotland Office, Government Office for Science (**GO-Science**), MOD, Defra, PHE, NOMS, Her Majesty's Revenue & Customs (**HMRC**), MOJ, HMT, DFT, Department for International Development (**DfID**), FCO, DCLG, Department for Digital, Culture, Media, and Sport (**DCMS**) and Northern Ireland Office.<sup>78</sup> During the meeting it was noted that Exercise Cygnus had highlighted the need for local and national capability to be freshly assessed and strengthened, ensuring sufficient capacity to manage excess deaths. It was agreed that CCS would coordinate this work via a dedicated cross-government sub-group, leading to the formation of the Excess Deaths (Pan Flu) Working Group (**XSDB**).

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<sup>76</sup> INQ000097316

<sup>77</sup> INQ000097367

<sup>78</sup> INQ000097367

131. Prior to the first XSDB meeting on 02 May 2017, the Cabinet Office sent the Home Office a document outlining the excess deaths workstream proposals to be discussed at the meeting.<sup>79</sup> The Home Office was a core member of the Board alongside DCLG, DH, MOJ and MOD. The Board's purpose was to make recommendations to the PFRB on the scope of the workstream and associated planning assumptions and definitions; agree the project structure, including deliverables and timeframes; the methodology for meeting the objectives of the workstream; assurance and quality criteria for products; provide oversight of the workstream and its products and the management of risks, and progress against milestones. The products of this workstream would closely align with and, where appropriate, integrate with the equivalent capabilities within the DAs. The initial phase of the workstream was to define the capability gap, and more specifically, to review the capability in England to manage excess deaths up to the current version of the NRPA.
132. Between 28 April 2017 and 1 June 2017, the Cabinet Office's Resilience Capability Survey (an online survey on preparedness for excess deaths) was available for completion by all Category 1 and 2 responders as detailed in the Civil Contingencies Act 2004.<sup>80</sup> It was primarily aimed at LRFs and asked questions about their plans for, and any key challenges in meeting the demand of, excess deaths.
133. A paper, providing an analysis of the results of this survey was disseminated before the XSDB on 01 August 2017. Key findings of the survey included:
- 60% (25) of LRFs confirmed they had an agreed plan in place for managing excess deaths, whilst the remainder either did not have a plan or stated that a plan was under development
  - There was a need to identify facilities to create increased capacity for body storage and body disposal.<sup>81</sup>
134. On 21 August 2017, the Home Office chaired a workshop to discuss LRF capability to handle excess deaths consider options for replacing NEMA.<sup>82</sup> Approximately 23 representatives from local areas attended, including those from LRFs, police, NHS and mortuary operatives.<sup>83</sup> The meeting identified the benefits and disadvantages of the different potential alternatives to NEMA on expiry of the contract.<sup>84</sup>

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<sup>79</sup> INQ000097382

<sup>80</sup> INQ000097419

<sup>81</sup> INQ000097420

<sup>82</sup> INQ000097421 / INQ000097422

<sup>83</sup> INQ000097423

<sup>84</sup> INQ000097422

135. The discussion on suitable NEMA alternatives continued at the Home Office-chaired MFRPB on 19 January 2018 where, acknowledging the outcome of discussions at the previous workshop and the views of the Project Board, it was agreed that a regional model to manage future mortuary arrangements was the preferred option.<sup>85</sup>
136. On 19 February 2018, the Home Office advised the Permanent Secretary and Minister of State for Policing and the Fire Service that the Home Office NEMA contract was to end on 30 April 2018, and rather than replace a “*facility [which has] never been deployed and is expensive and inflexible*”, the Home Office proposed to devolve to a regional model supported by a package of measures, including a grant programme.<sup>86</sup>
137. Further workshops were held in March 2018 and on 28 March 2018, a package of documents intended to support the regional approach to a mass fatality response was disseminated to attendees.<sup>87</sup> These documents covered the transfer of mass fatalities assets, assurance on the regional model and mutual aid principles. They proposed the establishment of a national level governance group to assure capability at a national level. This led to the formation of the Mass Fatalities National Assurance group (**NAG**).<sup>88</sup> The NAG met three times in 2018 and provided a platform for the principal Mass Fatalities Point of Contact for all nine regions and the three Devolved Administrations to monitor progress of regional planning and consider protocols, guidelines and standards for response to a mass fatalities incident.<sup>89</sup>
138. In parallel to the work on reviewing and replacing NEMA, the Home Office participated in the Pan Flu Sector Resilience Working Group (**SRWG**). The inaugural meeting was held on 17 May 2017 and was attended by the Home Office.<sup>90</sup> Chaired by the Cabinet Office, the SRWG was formed out of the lessons learned from Exercise Cygnus, which identified a need to review planning assumptions for workforce absence during a pandemic and to ensure sectors were sufficiently resilient. The purpose of the group was to bring departments together and coordinate work to ensure they were confident their relevant critical sectors had adequate resilience to anticipated levels of employee absence during a flu pandemic. Other attendees were DH, GO Science, Business, Energy and Industrial

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<sup>85</sup> INQ000097450

<sup>86</sup> INQ000097458

<sup>87</sup> INQ000097461 / INQ000097462 / INQ000097463 / INQ000097464 / INQ000097465

<sup>88</sup> INQ000097472

<sup>89</sup> INQ000097475

<sup>90</sup> INQ000097387

Strategy (**BEIS**), Her Majesty's Prison and Probation Service (**HMPPS**), DFE, DFT, MOD, DCMS, HMT, and DCLG.

139. Following the initial allocation of responsibility for key sectors to lead departments (HMPPS, DFE, MOD, HMT and DH), it was identified that it would be beneficial to include Border Force, in addition to existing Home Office representation, to ensure specific advice on potential issues for the functioning and security of the UK border during a pandemic. On 30 May 2017, the Cabinet Office approached Border Force proposing their engagement in the SRWG.<sup>91</sup> Further discussion led to CCS asking Border Force to complete a high-level stock-take in respect of the impact a pandemic could have on UK border operations.
140. On 31 May 2017, the Home Office attended the second CO- and DH-chaired PFRB meeting alongside representatives from Scotland Office, GO-Science, MOD, Defra, PHE, NOMS, HMRC, MOJ, HMT, DFT, DFID, FCO, DCLG, DCMS, and NIO.<sup>92</sup> Attendees received Project Initiation Documents ("**PIDs**") for work strands within a programme to deliver the plans and capabilities to manage the wider consequences of pandemic influenza. Departmental records show that Home Office involvement was required in the excess deaths strand, and sector resilience strand with respect to police, fire and Border Force.
141. On 19 June 2017, the Deputy Government Chief Scientific Adviser chaired a meeting of pandemic flu experts. DH had been working with the Office of National Statistics (**ONS**) to refresh the planning assumptions on workforce absence and felt that the 25-30% reasonable worst-case scenario (**RWCS**) estimate for workforce absence was accurate. As a result, they encouraged departments to review the resilience of their respective sectors on this basis. This advice was fed into the second SRWG on 03 July 2017, which was attended by Border Force.<sup>93</sup>
142. In December 2017, Border Force's National Operations & Command Centre (**NOCC**) commissioned all operational ports and units to draw up plans, or update existing Business Continuity Plans (**BCPs**), based upon the potential to have a 30% absentee rate due to a pandemic.<sup>94</sup> The Border Force regional responses informed the Border Force Pandemic Flu Sector Resilience Statement of Preparedness which was sent to CCS the same

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<sup>91</sup> INQ000097388

<sup>92</sup> INQ000097404

<sup>93</sup> INQ000097408

<sup>94</sup> INQ000097434



month.<sup>95</sup> The statement revealed that whilst Border Force could prioritise work to maintain core border functions, the impact of a 30% absentee rate would be severe, with the impact increasing the longer the pandemic continued. The statement confirmed that contingency plans had been recently reviewed, with the expectation that normal immigration and customs controls (in line with the Border Force Operating Mandate) would still be delivered, although certain non-core functionality would not be covered. Border Force confirmed that plans would be reviewed and revised as the effects of a pandemic became clearer and planning for future engagement would include Regional Command Centres (**RCCs**) being asked to engage with key port operators to discuss the impact of pandemics on operations.

143. Following the update of the cross-government framework for managing international health risks and travel by CCS, Border Force National Operations HQ briefed the Home Secretary and Immigration Minister on 24 August 2018.<sup>96</sup> This was in response to a new Ebola outbreak in the Democratic Republic of Congo (**DRC**) earlier that month. Referencing that the CCS International Health Risks Network (**IHRN**) that was put in place in May 2018 to monitor an outbreak of Ebola in DRC at the time (declared over with the last confirmed case on 06 June 2018), the IHRN had been re-formed following confirmation of the further outbreak in the DRC. Border Force led the Home Office response in reviewing and updating the cross-government framework for managing international health risks and travel, with support from the Home Office Chief Security, Science & Innovation Officer.
144. The CCS framework supporting this briefing noted that Border Force could implement active surveillance of arriving passengers to support the objective of “limiting the risk of transmission to others from any passengers displaying symptoms whilst providing care to the individual themselves”. Border Force confirmed that surveillance would only be conducted following discussions with PHE and emphasised (as reflected in the framework document itself) that this process would be a highly expensive contingency, provide negligible improvement in identifying Ebola patients and may have an adverse impact on wider border operations.
145. The role of Border Force in public health measures at the border was reinforced in Border Force’s updated Operation Heir concept of operations (**ConOps**) (guidance for managing the border during a pandemic) which was published on 01 October 2018.<sup>97</sup> The ConOps stated that Border Force’s response would be led by advice from PHE and that Border

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<sup>95</sup> INQ000097435

<sup>96</sup> INQ000097485 / INQ000097486

<sup>97</sup> INQ000097488

Force would work alongside Public Health authorities with the intention of protecting the UK from disease transmission whilst maintaining border control at all ports where Border Force had a presence. In the event of a COBR decision to introduce border screening, such a programme would be led by Public Health authorities and delivered utilising health rather than immigration powers.

146. On 31 October 2018, Border Force published the Operation Heir operational plan (**OpPlan**) for dealing with infectious diseases.<sup>98</sup> This supplemented the ConOps plan published earlier in the month. The OpPlan reiterated that the Border Force response would be informed by advice from PHE and would need to be flexible, whilst taking into account of the nature of the disease. Again, in the event of screening at the border being introduced, it would be led by Public Health authorities and delivered using health rather than immigration powers.
147. Operationally, the level of support that would be provided by Border Force for screening would be outlined in the operational order produced at the time and would be dependent on the nature of the disease and wider government decisions impacting Border Force resources. If a decision was made to introduce border screening, National Command and Control (**NCC**) would act as the Border Force Single Point of Contact (**SPOC**) for PHE's (or their equivalent in the Devolved Administrations) National Incident teams. Public Health Authorities would lead on any exit screening activity at the border including the use of their own powers to secure passenger data if required and in the event that passenger contact tracing was required, this would fall to PHE (or their equivalent in the DAs).
148. Throughout this period (2017 to 2020), GRO continued to contribute to the government's planning for excess death management during a pandemic. A key observation from Exercise Cygnus in October 2016 was that a better understanding in excess death planning was required at all levels, highlighting a lack of centrally produced advice to local authorities.
149. In March 2017, GRO published two updated guidance documents *Planning for a Possible Influenza Pandemic (Registrar General's guidance on death registration services for Registration Service Managers and Practitioners)* and *Guidance Notes for a Flu Pandemic* designed to be read in conjunction with each other.<sup>99</sup> *Planning for a Possible Influenza*

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<sup>98</sup> INQ000097487

<sup>99</sup> INQ000097353 / INQ000097354

*Pandemic* provided updated guidance to assist Registration Service Managers with their responsibilities for organising the delivery of local registration services in the event of an influenza pandemic. It was also designed to assist Registration Officers in the registration of deaths whilst working alongside others in linked services responsible for death certification, investigation and funeral services. The *Guidance Notes for a Flu Pandemic* was published to assist Registration Practitioners with the planning of registration practices and the training of Registrars during the different phases of an influenza pandemic.

150. Building on previous versions of the guidance, it outlined that the primary responsibility for developing plans for responding to major emergencies in the UK lay with local organisations but given the national scale and international dimensions of a pandemic, central government coordination, advice and support would be needed. DH continued to be designated as the lead government department for the response to an influenza pandemic, and that at a local level, the main mechanism for coordinating multi-agency planning would be the LRF.
151. On 5 February 2018, HMPO briefed the Minister for Immigration on a draft Bill that was being prepared for managing an influenza pandemic.<sup>100</sup> The Bill included clauses developed by GRO for death registration in England and Wales during a pandemic. Once finalised, the Bill would be available to quickly pass through Parliament should it be required. The work, led by CO and DH, was taken forward as part of a cross-government work programme with the full support of No10 and with GRO being identified as having a key role as they held the responsibility for ensuring all deaths were registered and directing Registrars to register deaths in line with any temporarily changed legislation. Delivering registration services in an influenza pandemic required changes to the Births and Deaths Registration Act 1953 and associated Regulations. GRO developed the legal instructions to provide for these changes, which were later included in the Coronavirus Act 2020.
152. In November 2018, the Home Office Executive Committee (**ExCo**) agreed to recommendations for improving the Departmental response to critical incidents, to be progressed as part of Operation Yellowhammer.<sup>101</sup> Following the stand down of EU Exit planning in early 2019 this work was taken forward with the establishment of the DOC cross departmental operating model, development of outline playbooks and a Home Office critical incident risk register, which included pandemic flu and other infectious disease outbreaks.

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<sup>100</sup> INQ000097457

<sup>101</sup> Operational Yellowhammer was the UK Government's contingency planning for the EU Exit reasonable worst case scenario.

The work was again paused in autumn 2019 to enable key resources to support EU Exit planning.

### Lessons Identified

153. To consider all the lessons learned from the above work, responses and exercises between 2006 and 2020 would entail a considerable volume of information and learned experience. For the assistance of the Inquiry, I have endeavoured to highlight some of the key lessons learned. Those lessons learned identified in this period include the following, which I have linked to the main relevant event or exercise for ease of reference.

### Ebola response<sup>102</sup>

154. The Home Office conducted an internal lessons learned review on the department's response to Ebola, with the findings published on 1 August 2015. It concluded that;

- The Home Office did not identify Ebola as a cross-cutting issue across the department early enough. Consequently, bespoke crisis management arrangements were activated much later than other departments, evidenced by the appointment of a Gold lead on 13 October 2014, seven months after WHO reported a major Ebola outbreak. (This contrasts to the Home Office response to Coronavirus in January 2020 when the Departmental Operations Centre (**DOC**) was stood up just 20 days after WHO issued a statement identifying a Novel Coronavirus).
- When a Gold lead was nominated to coordinate the department's response in October 2014, the lack of dedicated resource available to the Gold Command Coordination Hub (**GCCH**) reduced the overall effectiveness of the response, with a lack of commitment from some senior managers to supply staff to the Hub.
- Once the GCCH became operational, there was some confusion about roles and responsibilities for operational communications. Individual roles and responsibilities should have been agreed at the outset to avoid confusion and duplication of effort.

### Exercise Cerberus<sup>103</sup>

155. The Exercise Cerberus report was published in December 2014. The report highlighted the challenge of managing a response across the Devolved Administrations. With IRCs in both England and Scotland and immigration issues being reserved and health issues devolved,

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<sup>102</sup> INQ000097279

<sup>103</sup> INQ000097247

there was a potential challenge to cross-border coordination. This impacted the preparation, planning and response to any cases of Ebola within IRCs.

#### Exercise Cygnus<sup>104</sup>

156. PHE published a post exercise report on Cygnus on 13 July 2017. The report found that the UK's preparedness and response, both in policy and capability was not sufficient to cope with the demands of a severe pandemic. There was a recommendation that considerations should be given to reviewing the UK Influenza Preparedness Strategy of 2011 and that of individual government department influenza plans. As outlined above, GRO progressed its pandemic flu planning based on lessons identified from Cygnus.

#### Covid-19 Pandemic

157. The Departmental future pandemic planning outlined in paragraphs 159 – 179 below includes consideration of the external scrutiny and feedback from industry, stakeholders, and passengers received during the Pandemic. The experiences of policy and operational colleagues in the Department and across HMG are also informing future plans. **Annex A** provides a list of external scrutiny on HO plans, including the Government Internal Audit Agency's initial review of Departmental preparedness.
158. Above, I have referred to the Rule 9 Request by reference to the past simulation exercises that the Home Office participated in. For clarity, I can confirm that I have been unable to locate records of Home Office participation in any of the following past simulation exercises: Surge Capacity Exercise, Exercise Alice, Exercise Northern Light and Exercise Cygnet (which were also referred to in the Rule 9 request).

### **SECTION FOUR: CURRENT PROCESSES AND PLANNING FOR FUTURE PANDEMICS**

159. Section Four is intended to respond to the discrete topics in part 2 of the rule 9 request concerning use of forecasting (part **(2)(A)**), Home Office emergency plans (part **(2)(C)**) and biosecurity (part **(2)(D)**), along with **part 3** of the Rule 9 request which concerns the state of planning, preparedness and readiness of the Home Office for future pandemics.
160. To provide enhanced strategic co-ordination and critical incident planning capability for the Department, the Home Office established the Central Crisis Command ("**3C**") in 2022. 3C provides the Department with a single crisis doctrine with a consistent approach to

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<sup>104</sup> INQ000097334

managing critical incidents, events and crises; dedicated planning, training, and exercising on key crisis themes. A future global pandemic is included in 3C's horizon scanning and the Department is progressing its pandemic / infectious disease planning, including planning for future Covid-19 variants. A summary of the planning work is provided below.

161. On 14 March 2022, the Covid Operations Committee (**Covid-O**) agreed the Covid-19 Border Contingency Toolbox. This toolbox was developed by the Covid-19 Taskforce in the Cabinet Office, in conjunction with other government departments including Border Force within the Home Office. The toolbox was predicated on the Government's position within the *Living with Covid-19 Strategy* which stated "*that border measures have carried very high personal, economic, and international costs*" and that the "*Government will only consider implementing new public health measures at the border in extreme circumstances where it is necessary to protect public health.*"
162. The strategic approach for the border in the Living with Covid-19 strategy is underpinned by the following three principles, which have informed Departmental planning for future Covid-19 variants:
  - a. The bar for implementation of any measures is very high;
  - b. Any measure will be tailored and proportionate to the threat posed and will seek to minimise economic and social impacts; and
  - c. In the event any measures were deemed necessary they would be time limited and not be in place any longer than needed.
163. The purpose of the Covid-19 contingency toolbox is to protect the NHS from unsustainable pressure and avoid significant mortality by delaying the ingress of dangerous Variants of Concern or Variants under Investigation. In place of pre-defined border restrictions in response to new variants, the contingency toolbox allows for a tailored response to the specific threat, selecting the most appropriate measures from a range of options.
164. Many of the outlined measures in the contingency toolbox are reliant in practice on the reintroduction of the Passenger Locator Form (**PLF**). The PLF was developed and maintained by the Home Office during the Covid-19 pandemic and further information about its purpose, use and enhancements is provided in the **Home Office Mod 2 UK Borders Statement**.
165. As a component of the contingency toolkit, Border Force has retained the PLF in a state of readiness and developed it to be suitable for use in responses to other infectious diseases

and related health measures at the border. This development means that the PLF is no longer a capability specifically for use in response to Covid-19 and can be deployed if needed for future health emergencies.

166. Development work on the PLF was frontloaded during 2022 and a higher state of deployment readiness (1 week) was maintained until the end of 2022. Development of the PLF has reflected feedback on its usability and accessibility from passengers and industry during the Pandemic. Changes to improve the PLF include:

- Simplification of the form to make it more streamlined for both passengers and Border Force officers to process.
- Addressing accessibility concerns; including providing the PLF in Welsh (which is a legal obligation) and French.
- Appointing a supplier who can provide a third party PLF completion service
- Making provision for online guidance in 22 languages.

167. From 2023 the PLF is being maintained at a 2-week state of readiness, which can be reviewed as necessary dependent on any changes to the health threat going forward. The PLF is also a core component of HO planning for (non-Covid-19) future pandemics and health emergencies.

168. To support cross-government future pandemic planning and biological security, the Home Office is contributing to a number of initiatives and working in partnership with HMG and industry stakeholders. Key activity is outlined below.

169. The Home Office is contributing to the Cabinet Office's refresh of the 2018 Biological Security Strategy which is due to be published in Spring 2023. As part of the refreshed strategy, the Home Office is working with cross-government partners, devolved administrations, and industry to deliver a UK Border which maintains biological security and delivers prosperity. A strengthened vision for the future is being developed by the UK Health Security Agency, which leads on the public health aspects of the UK border and who are evaluating and identifying any gaps in the border health system. This analysis will enable priority deliverables to be identified and for future capabilities to be developed to better protect the public from cross-border threats to health.

170. Central to the Home Office's contribution to future capabilities required for biological security at the border is the development of a Pre-Departure Health Check (**PDHC**) capability. The core objective of the PDHC is to enable a digital message to be sent to

carriers informing them of passengers' compliance with health policy requirements (together with immigration and security requirements) using the Future Borders & Immigration System (**FBIS**) Universal Permission to Travel (**UPT**) solution. This also includes eVisas and Electronic Travel Authorisations (**ETAs**) for Non-Visa Nationals (**NVNs**) by 2025. This functionality has the potential to be used in a future event where Ministers seek to control travel into the UK on health status grounds.

171. The PDHC capability is dependent upon the PLF and is designed to flex to accommodate health and biosecurity policy developments. Ten airlines have now onboarded with the remainder anticipated by the end of 2023. There are also plans to extend the PDHC capability to cover other modes of transport.
172. In addition to contributing to the Biological Security Strategy, the Home Office is an attendee at the cross-government Pandemic Disease Capabilities Board which is jointly managed by the Cabinet Office and DHSC. The current focus for Home Office participation is on International Travel Restrictions & Border Closures under workstream four of the 'Contain' aim. The primary aim of the work stream is to strengthen pandemic capabilities at ports and borders and to limit and to contain imported infection.
173. In addition to the Pandemic Disease Capabilities Board, the Home Office (specifically Border Force) is also participating in the UK Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (**CAPSCA**).
174. The UK collaborative plans to build on the success of the International CAPSCA, a voluntary cross-sectoral, multi-organisational collaboration programme managed by the International Civil Aviation Organization (**ICAO**) with support from the World Health Organization. The aim is to bring together relevant organisations to combine efforts to improve preparedness planning and response to public health events that affect the aviation sector. The UK version of ICAO's CAPSCA is meeting from February 2023 onwards and will be co-chaired by the Head of Port Health at UKHSA and the CAA's Chief Medical Officer.
175. Border Force are also participating in a cross-government, UKHSA led review of the response in January 2023 to the health threat from travellers arriving from China to better inform future pandemic contingency planning. The review is likely to involve tabletop exercises with other departments to develop consensus across government and to ensure any future border health contingency measures can be operationalised quickly and effectively.



176. At an operational level, the Home Office's Border Policy and International Migration Directorate has developed a policy runbook which documents the policy developed during the Covid-19 Pandemic with the aim of informing border policy development for future responses to infectious disease / health emergencies. The runbook forms part of the Department's corporate learning from the Pandemic.

#### General Register Office

177. Further corporate learning from the Covid Pandemic response has been incorporated into the General Register Office's updated pandemic guidance for registrars, published in January 2023. This updated guidance responded to lessons learned and embedded changes introduced during the COVID pandemic. The purpose of the, now simplified, guidance is to assist registration practitioners with planning for future pandemics. Primarily aimed at minimising face to face interactions during registration processes, changes have included reducing the time required for face-to-face registrations by pre-appointment data capture and setting out options for partnership working where there are severe local impacts.

178. To support new processes, GRO are pursuing several legislative changes. To enable remote registration, negating the need for registers to be signed in person, GRO have been able to secure a clause within the Government's Data Protection and Digital Information Bill. This Bill had first reading on 18 July 2022, and it is anticipated that it will resume its passage in due course.

179. In addition, an Electronic Communications Act Order has further enabled the electronic transmission and storage of information. This has, among other things, enabled more timely transmission of cause of death medical certificates (which are required for registration) from medical practitioners to the registration service, while also removing the need for informants to physically collect documentation.

#### **Statement of Truth**

I believe that the facts stated in this witness statement are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

I am content for this witness statement to form part of the evidence before the UK Covid-19 Inquiry and to be published on the Inquiry's website.

Signed:

**Personal Data**

**Louise Elizabeth Horton**

Dated: 6 April 2023

## ANNEX A: LESSONS LEARNED

180. This appendix provides a summary of external scrutiny on the Home Office's Covid-19 response from January 2020 – February 2022.

### Preparedness

181. Government Internal Audit Agency:

- Home Office Coronavirus Preparedness (15 April 2020)<sup>105</sup>

182. National Audit Office:

- [The government's preparedness for the COVID-19 pandemic: lessons for government on risk management - National Audit Office \(NAO\) Report \(21 April 2022\)](#)

### Travel and Borders

183. The Home Affairs Select Committee:

- Home Office preparedness for COVID-19 (coronavirus): management of the borders: [Home Office preparedness for COVID-19 \(coronavirus\): management of the borders - Home Affairs Committee - House of Commons \(parliament.uk\)](#) (5 August 2020)
- Government Response: [Home Office preparedness for COVID-19 \(coronavirus\): management of the borders: Government Response to the Committee's Fifth Report \(parliament.uk\)](#) (13 November 2020)

### Justice System and Domestic Abuse

184. The reports and inspections below cover Home Office policy and operational decisions by policing and Fire and Rescue Services.

185. Home Affairs Select Committee:

- Policing: [Home Office preparedness for Covid-19 \(Coronavirus\): Policing - Home Affairs Committee - House of Commons \(parliament.uk\)](#) (17 April 2020)
- Domestic Abuse: [Home Office preparedness for Covid-19 \(Coronavirus\): domestic abuse and risks of harm within the home - Home Affairs Committee - House of Commons \(parliament.uk\)](#) (27 April 2020)

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<sup>105</sup> INQ000053099

- Home Office Response on Policing - [Home Office preparedness for Covid-19 \(coronavirus\): policing: Government Response to the Committee's First Report - Home Affairs Committee - House of Commons \(parliament.uk\)](#) (27 July 2020)
- Home Office Response on Domestic Abuse - [Home Office preparedness for Covid-19 \(coronavirus\): domestic abuse and risks of harm \(parliament.uk\)](#) (27 July 2020)

186. Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services:

- A joint view of the Criminal Justice Chief Inspectors on the Criminal Justice System's response to COVID-19: [Impact of the pandemic on the Criminal Justice System - HMICFRS \(justiceinspectorates.gov.uk\)](#) (19 January 2021)
- Inspection into the FRS response to the pandemic: [Responding to the pandemic: The fire and rescue service's response to the COVID-19 pandemic in 2020 - HMICFRS \(justiceinspectorates.gov.uk\)](#) (22 January 2021)
- Inspection into policing the pandemic in 2020: [Policing in the pandemic – The police response to the coronavirus pandemic during 2020 - HMICFRS \(justiceinspectorates.gov.uk\)](#) (20 April 2021)
- Custody suites in the pandemic: [Custody services in a COVID-19 environment - HMICFRS \(justiceinspectorates.gov.uk\)](#) (20 April 2021)
- Policing of domestic abuse: [Review of policing domestic abuse during the pandemic – 2021 - HMICFRS \(justiceinspectorates.gov.uk\)](#) (23 June 2021)
- Update on CJS impacts during the pandemic: [The impact of the COVID-19 pandemic on the Criminal Justice System – a progress report - HMICFRS \(justiceinspectorates.gov.uk\)](#) (17 May 2022)

### **Immigration and Asylum**

187. Home Affairs Select Committee:

- Impact of Covid-19 on the immigration & visa systems: [Home Office preparedness for Covid-19 \(coronavirus\): immigration and visas - Home Affairs Committee - House of Commons \(parliament.uk\)](#) 15 June 2020)
- Home Office response: [Home Office preparedness for COVID-19 \(coronavirus\): immigration and visas: Government Response to the Committee's Third Report - Home Affairs Committee - House of Commons \(parliament.uk\)](#) (13 November 2020)

188. Independent Chief Inspector of Borders and Immigration:

- An inspection of contingency asylum accommodation: HMIP report on Penally Camp and Napier Barracks: [www.gov.uk/government/publications/an-inspection-of-contingency-asylum-accommodation-hmip-report-on-penally-camp-and-napier-barracks](http://www.gov.uk/government/publications/an-inspection-of-contingency-asylum-accommodation-hmip-report-on-penally-camp-and-napier-barracks) (22 July 2021)
- Second annual inspection of 'Adults at risk in immigration detention.' July 2020 – March 2021: [Second annual inspection of 'Adults at risk in immigration detention.' July 2020 – March 2021 - GOV.UK \(www.gov.uk\)](http://www.gov.uk/government/publications/second-annual-inspection-of-adults-at-risk-in-immigration-detention-july-2020-march-2021) (21 October 2021)
- An inspection of asylum casework (August 2020 – May 2021): [An inspection of asylum casework \(August 2020 – May 2021\) - GOV.UK \(www.gov.uk\)](http://www.gov.uk/government/publications/an-inspection-of-asylum-casework-august-2020-may-2021) (18 November 2021)
- An inspection of contingency asylum accommodation: [An inspection of contingency asylum accommodation - GOV.UK \(www.gov.uk\)](http://www.gov.uk/government/publications/an-inspection-of-contingency-asylum-accommodation) (12 May 2022)
- A re-inspection of Napier Barracks March 2022: [A re-inspection of Napier Barracks March 2022 - GOV.UK \(www.gov.uk\)](http://www.gov.uk/government/publications/a-re-inspection-of-napier-barracks-march-2022) (30 June 2022)

**Prisons and Other Places of Detention**

189. Home Affairs Select Committee

- Immigration Removal Centres and Asylum Accommodation: [Home Office preparedness for COVID-19 \(Coronavirus\): institutional accommodation - Home Affairs Committee - House of Commons \(parliament.uk\)](http://www.parliament.uk/home-office-preparedness-for-covid-19) (28 July 2020)
- Government response: [Home Office preparedness for COVID-19 \(coronavirus\): institutional accommodation: Government Response to the Committee's Fourth Report - Home Affairs Committee - House of Commons \(parliament.uk\)](http://www.parliament.uk/home-office-preparedness-for-covid-19) (13 November 2020).

## ANNEX B: GLOSSARY

Acronym / Term	Description
2MS	2 Marsham Street
2PUS	2 <sup>nd</sup> Permanent Secretary
ACMD	Advisory Council on the Misuse of Drugs
ACPO	The Association of Chief Police Officers
ALB	Arms' Length Body
APPFBG	All-Party Parliamentary Funerals and Bereavements Group
BCPs	Business Continuity Plans
BEIS	Department for Business, Energy and Industrial Strategy
BF	Border Force
BFNCC	Border Force National Command Centre
BIA	Border and Immigration Agency
BICS	Borders, Immigration and Citizenship System
BIS	Department of Business, Innovation and Skills
BTP	British Transport Police
CAA	Civil Aviation Authority
CAP	Central Assistance Programme
CBRN	Chemical, Biological, Radiological and Nuclear
CCA	Civil Contingencies Act 2004
CCC	Civil Contingencies Committee
CCC	Command, Control and Coordination (3C)
CCS	Civil Contingencies Secretariat
CE	HO Corporate Enablers
CFOA	Chief Fire Officer's Association
CJS	Criminal Justice System
CMO	Chief Medical Officer
CO	Cabinet Office
ConOps	Concept of Operations
COO	Chief Operating Officer
COP	College of Policing
CPFG	Crime, Police, and Fire Group (now PSG)
CPG	Crime and Policing Group (now PSG)
CRIP	Civil Contingencies Secretariat's - Commonly Recognised Information Picture
CSA	Chief Scientific Advisor
CPG	Home Office Crime and Policing Group (now PSG))
CSO	Chief Scientific Officer
CTA	Common Travel Area
CTP	Counter Terrorism Policing
D&I	Data and Identity
DAs	Devolved Administrations
DBS	Disclosure and Barring Service

Acronym / Term	Description
DCLG	Department for Communities and Local Government
DCSA	Deputy Chief Scientific Adviser
DCMS	Department for Digital, Culture, Media and Sport
DD	Deputy Director (also referred to as PB1 and SCS)
DDaT	HO Digital, Data, and Technology
Defra	Department for Environment, Food and Rural Affairs
Deputy CMO	Deputy Chief Medical Office
DfE	Department of Education
DfID	Department for International Development
DfT	Department for Transport
DG	Director General
DH	Department of Health
DHSC	Department of Health and Social Care
DIT	Department for International Trade
DLUHC	Department of Levelling Up, Housing and Communities
DOC	Home Office Departmental Operations Centre
DOJ NI	Department of Justice Northern Ireland
DRC	Democratic Republic of Congo
DSDA	Defence Storage and Distribution Agency
DTLR	Department for Transport, Local Government and Regions
DWP	Department of Work and Pensions
DVPOs	Domestic Violence Protection Orders
EEA	European Economic Area
EMA	European Medicines Agency
ETAs	Electronic Travel Authorisations for Non-Visa Nationals
ExCo	Home Office Executive Committee
FBIS	Future Borders and Immigration Services
FCDO	Foreign, Commonwealth and Development Office
FCO	Foreign and Commonwealth Office
FRONTEX	The European Border and Coast Guard, an agency of the European Union
FRS	Fire and Rescue Services
FSA	Foods Standards Agency
GCCH	Gold Command Coordination Hub
GHSI	Global Health Security Initiative
GLD	Government Legal Department
GO-Science	Government Office for Science
GRO	General Register Office
GTT	Global Travel Taskforce
H1N1	Swine Flu
HAL	Heathrow Airport Limited
HASC	Home Affairs Select Committee

Acronym / Term	Description
Hidden Harms	Refers to crimes such as child abuse, child sexual exploitation, domestic abuse (including "honour"- based abuse), sexual violence and modern slavery, typically take place behind closed doors, hidden away from view.
HM@B	Health Measures at the Border
HMICFRS	Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services
HMG	Her Majesty's Government
HMPO	Her Majesty's Passport Office
HMPPS	Her Majesty's Prison and Probation Service
HMRC	Her Majesty's Revenue and Customs
HMT	Her Majesty's Treasury
HO	Home Office
HOAI	Home Office Analytics and Insight
HOLA	Home Office Legal Advisors
Horizon	HO Intranet
HOS	Home Office Science and Technology Delivery and Strategy
HPA	Health Protection Agency
HR	Human Resources
HS	Home Secretary (see also SSHD)
HSE	Health and Safety Executive
HSG	Homeland Security Group
HSPO	Home Secretary Private Office
IAS	Public Health England's Isolation Assurance Service
ICC	Incident Coordination Centre
ICIBI	Independent Chief Inspector of Borders and Immigration
ICJU	International Comparators Joint Unit
IE	Immigration Enforcement
IHRN	CCS International Health Risks Network
IND	Immigration and Nationality Directorate
IOI	Interim Operational Instruction
IOM	International Organisation for Migration
IPO	Intellectual Property Office
IPS	Identify and Passport Service
IRC	Immigration Removal Centre
ISED	International Strategy, Engagement and Devolution
ITN	Information to Note (briefing to Ministers / Permanent Secretaries which does not require a decision)
JBC	Joint Biosecurity Centre
JCs	Judicial Commissioner
JCHR	Joint Committee on Human Rights
JR	Judicial Review
JTAC	Joint Terrorist Analysis Centre
KBR	Kellogg, Brown and Root



Acronym / Term	Description
LAs	Local Authorities
LGA	Local Government Association
LGD	Lead Government Department
LRF	Local Resilience Forum
MCA	Maritime Coastguard Agency
MCCD	Medical Certificate of Cause of Death
MCLG	Ministry for Communities and Local Government
MERS	Middle East respiratory syndrome
MET	Metropolitan Police Service
MFPB	Mass Fatalities Programme Board
MFRPB	Mass Fatalities Review Project Board
MRREG	Mass Fatalities Review Experts Group
MHCLG	Ministry of Housing, Communities and Local Government
MHRA	Medicines and Healthcare Products Regulatory Agency
MIG	Ministerial Implementation Group
MIGs	Ministerial Implementation Groups
MISC 32	Ministerial Committee on Influenza Pandemic Planning
Mitie	Providers of Managed Quarantine Service – contracted private operator
MOD	Ministry of Defence
MOJ	Ministry of Justice
MPS	Metropolitan Police Service ('The Met')
NABIS	National Ballistics Intelligence Service
NAG	Mass Fatalities National Assurance Group
NAO	National Audit Office
NBTC	Border Force National Border Targeting Centre
NCA	National Crime Agency
NCC	Border Force National Command Centre
NCC	Border Force National Command and Control
NCRA	National Resilience Capability Assessment
NCRC	National Covid-19 Response Centre delivered by UKHSA.
NEMA	National Emergency Mortuary Arrangements
NERVTAG	New and Emerging Respiratory Virus Threats Advisory Group
NFCC	National Fire Chiefs Council
NHS	National Health Service
NIO	Northern Ireland Office
NOMS	National Offender Management Service
NPCC	National Police Chiefs Council
NPCC	National Police Coordination Centre
NPI	Non-Pharmaceutical Intervention (i.e., face coverings, social distancing etc)
NSS	National Security Secretariat
NPIA	National Policing Improvement Agency

Acronym / Term	Description
NPoCC	National Police Coordination Centre
NRA	National Risk Assessment
NRCA	National Resilience and Capabilities Assessment
NRCPB	National Resilience Capabilities Programme Board
NRPA	National Resilience Planning Assumptions
NSC	National Security Council
NSC(THRC))	National Security Council (Threats, Hazards, Resilience and Contingencies)
NSPCC	National Society for the Prevention of Cruelty to Children
NVNs	Non-Visa Nationals
OCJR	Office for Criminal Justice Reform
ODPM	Office of the Deputy Prime Minister
OGDs	Other Government Departments
ONS	Office of National Statistics
OPI	Operational Policy Instruction
OSCT	Office of Security and Counter Terrorism (now HSG)
PAC	Public Affairs Committee
PCC	Police and Crime Commissioners
PCS	Public and Commercial Services union
PDHC	Pre-departure Health Check Capability
PDT	Pre-Departure Testing
PFIG	Pandemic Flu Implementation Group
PFRB	The Pandemic Influenza Readiness Board
PHAs	Port Health Authorities
PHE	Public Health England (later UKHSA)
PHW	Public Health Wales
PMOs	Port Medical Inspectors or Officers
PNC	Police National Computer
PO	Private Office
POISE	Home Office IT network
POU	Home Office Public Order Unit
PPE	Personal Protection Equipment
PQ	Parliamentary Question
PRSA	Police Reform and Social Responsibility Act 2011
PSED	Public Sector Equality Duty
PSG	Public Safety Group
PUS	Permanent Secretary
RASI	Resettlement Asylum Support and Integration
RCCs	Regional Command Centres
RED	Resilience and Emergencies Management Division
REMP	Resilience and Emergencies Programme Board
RMFSG	Regional Mass Fatalities Stakeholders Group
ROI	Republic of Ireland

Acronym / Term	Description
RTW	Return to the Workplace
RWCS	Reasonable Worst Case Scenario
RWS	Returning Workers Scheme
SAGE	Scientific Advisory Group for Emergencies
SARS	Severe Acute Respiratory Syndrome
SCG	Strategic Coordination Group
SCS	Senior Civil Servant
SIA	Security and Intelligence Agencies
SitRep	Situational Report
SMG	Small Ministerial Group
SOCG	Serious Organised Crime Group (now PSG)
SOG	Strategic Oversight Group
SOL	Shortage Occupation List
SpAds	Special Advisors
SPOC	Single Point of Contact
SPI-B	Independent Scientific Pandemic Insights Group on Behaviours
SPI-M	Scientific Pandemic Influenza Group on Modelling
SRO	Senior Responsible Officer
SRWG	Pan Flu Sector Resilience Working Group
SSHD	Secretary of State for the Home Department (Home Secretary)
SSTG	Sample Sharing Task Group
STAR	Home Office Science, Technology, Analysis and Research
SCG	Strategic Coordination Group
Sub	Submission (formal advice / information to Ministers)
TB	Tuberculosis
THRC	Threats, Hazards, Resilience and Contingencies Committee
UAE	United Arab Emirates
UK	United Kingdom
UKBA	UK Border Agency
UK DVI	UK National Disaster Victim Identification Unit
UKHSA	UK Health Security Agency
UKPA	UK Passport Agency
UKVI	UK Visas and Immigration
UPQ	Urgent Parliamentary Question
UPT	Universal Permission to Travel
VAC	Visa Application Centre
VAWG	Violence Against Women and Girls
WHO	World Health Organisation
WHO EUL	World Health Organisation's Emergency Use Listing
WMS	Written Ministerial Statement
WR	Write Round (mechanism for x-government ministerial agreement on decisions)

<b>Acronym / Term</b>	<b>Description</b>
X-govt	Cross-government (i.e., government wide)
x-HMG	Cross Her Majesty's Government (i.e., government wide)
XSDB	Excess Deaths Working Group
XWH	Cross-Whitehall (i.e., government wide)