

Biometrics Commissioner statement on the use of symptom tracking applications

I have been approached by a number of journalists asking for my comments on the possible use of symptom tracking applications, digital contact tracing applications and digital immunity certificates. Strictly speaking this is not part of my responsibility since my role is limited to the police use of biometrics both for criminal investigation and national security. However, the possible use of phone applications to track coronavirus (COVID-19) is a form of surveillance more normally associated with policing and could have a policing purpose, albeit one connected to controlling a pandemic. In that sense the way in which the police use of biometrics has been regulated may hold some lessons.

The first question about any public use of biometrics for surveillance is: is there a public interest in doing so? That is, not a private interest but one that benefits the society and its citizens to such an extent as to outweigh any intrusion into an individual's general right to privacy. Such questions are of such significance that they should be decided by Parliament and enshrined in law, as was the case for the police use of DNA and fingerprints in the Protection of Freedoms Act 2012 (PoFA).

Given the general and public threat from coronavirus such a public interest test may well be accepted in this case. However, unless we believe that the coronavirus threat is permanent (and at present we do not know) then it may be that the public interest test is only passed for so long as the threat remains. That means that public surveillance to try and control coronavirus probably should be regarded as time limited and should be included in emergency legislation. Parliament certainly acted in this manner when it passed the Coronavirus Act 2020 which, in part, suspended some aspects of PoFA in response to the health emergency. It did so by insisting that the emergency provision had to be limited initially to 6 months and the relevant regulations made in consultation with the Biometrics Commissioner.

If surveillance of coronavirus is regarded as valid only during the pandemic then it is important that public trust in such a process is encouraged by regulation approved by Parliament as to the limitations of that surveillance. A group of university lawyers have produced a [suggested Coronavirus \(Safeguards\) Bill](#) that they believe would be necessary in order to protect an individual's right not to participate, their anonymity, to limit the period for which it could be done and to regulate what use could be made of any data which was collected and who it could be shared with.

The [Ada Lovelace Institute](#), an independent research body, have also carried out some initial analysis of the evidence and made some recommendations about accountability and the need for legislation. Such protections would go some way to limit use to the emergency period and to balance the immediate public

interest against citizen's longer-term interest in privacy and to ensure that such surveillance is not extended beyond the coronavirus emergency or into other areas of public life without further consideration by Parliament and further legislation. The coronavirus emergency has highlighted the very rapid development of new biometric technology in general and its possible use by the State but also by private interests and why that is something that needs a new framework of governance backed by legislation.

For more on this latter point see my forthcoming Annual Report 2019.

[UK set to bring home hundreds more British travellers from across the Philippines](#)

- Only go outside for food, health reasons or work (but only if you cannot work from home)
- If you go out, stay 2 metres (6ft) away from other people at all times
- Wash your hands as soon as you get home

Do not meet others, even friends or family.

You can spread the virus even if you don't have symptoms.

[Grant funding provided to businesses by local authorities in England](#)



As part of the government's coronavirus business support package, the UK government has distributed £12.3 billion to local authorities in England.

As of 19 April 2020, £6 billion has been paid out to 484,166 business properties, approximately half of the grant funding allocated (48.65%).

The Small Business Grants Fund is a £10,000 grant per eligible business, originally announced at Budget. Businesses included in this scheme are those which on 11 March were eligible for relief under the Small Business Rate Relief Scheme (including those with a rateable value between £12,000 and £15,000 which receive tapered relief) or the Rural Rate Relief Scheme.

The Retail, Hospitality and Leisure Business Grants Fund was announced by the Chancellor on 17 March. Businesses in scope will be those that were eligible on 11 March for a discount under the Expanded Retail Discount scheme and with a rateable value of less than £51,000:

- eligible businesses in these sectors with a property that has a rateable value of up to and including £15,000 will receive a grant of £10,000
- eligible businesses with a property that has a rateable value of over £15,000 and less than £51,000 will receive a grant of £25,000

Grants will be provided in respect of each property (hereditament); therefore, businesses with multiple outlets would receive more than one grant and may receive grants from separate local authorities.

Figures for delivered grants are accurate as of 19 April 2020.

Businesses with multiple outlets can receive more than one grant and may receive grants from separate local authorities, if their different outlets are in different local authority areas. Only one grant can be paid per business premise.

Local authorities are contacting eligible businesses. It is important that businesses who have been contacted respond quickly and that any businesses who believe they are eligible check the arrangements in their area on their local authority website if they have yet to be contacted.

Businesses should refer in the first instance to the [grant funding schemes guidance](#).

Further information on support for business is available: [Financial support for businesses](#).

[Find out what support may be available to you and your business.](#)

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1. 22 April 2020

The data was updated on 22 April.

2. 20 April 2020

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Coronavirus (COVID-19): Letter from the Local Government Minister to councils setting out further details of additional funding

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PHE response to a Sun newspaper column

On 20 April the Sun columnist Trevor Kavanagh made a series of claims and accusations about Public Health England's role and response to the COVID-19 outbreak. PHE have made the following corrections.

"...and the advice from those experts – the sprawling Public Health England in particular – was that Britain faced no more than a larger-than-usual dose of winter flu"

This is nonsense. We have never advised that the impact of the COVID-19 outbreak was going to be like a normal winter flu season. Working alongside the whole of government, we have been planning for a reasonable worst case scenario in the UK, with COVID-19 having the potential to kill many more people and cause more hospitalisation than seasonal influenzas.

"PHE was against German style mass testing and, when caught flat-footed, rejected help from commercial laboratories in providing those tests"

This is wrong. The UK was one of the first countries after China to rollout a diagnostic test. PHE published the protocol for a new test on the 23 January which meant any lab could replicate the test from that date. The roll-out of PHE's COVID-19 diagnostic PCR test across the network of PHE and NHS laboratories is the fastest deployment of a novel test in recent UK history.

The DHSC testing strategy is clear that PHE is responsible for Pillar 1 of the plan – which is ensuring that all patients in hospitals that need a test have been tested. We are working to the maximum of PHE’s laboratory capacity and this has meant that in addition to patients, NHS staff and other key workers can also be tested. Responsibility for what the Sun calls ‘mass German-style testing’ using the support of commercial labs is being taken forward by the DHSC and Office for Life Sciences.

“PHE failed to build stocks of personal protective equipment – including masks, gowns and gloves – despite a 2016 test run showing these were a priority”

PHE is not responsible for determining what stock is held in the pandemic stockpile. We are responsible for developing the UK guidance on PPE and advising how to keep clinicians safe. The DHSC is responsible for the procurement of PPE on behalf of the NHS, not PHE.

“PHE dragged its feet over sourcing ventilators for intensive-care patients and extra hospital beds”

Completely wrong. PHE does not source or procure ventilators or beds on behalf of the NHS.

“Frequently when running short of crucial gear, PHE resisted offers of outside help, leaving the NHS scrambling to catch up”

Wrong. PHE is not responsible for the supply of PPE. The DHSC and NHS England is leading this work including dealing with offers of help from private companies.

“...and when it came to opening London’s 4,000-bed Nightingale emergency hospital, it was the Army that did the job in nine days”

The work that has been undertaken to set up the Nightingale hospitals has been fantastic and is the result of much hard work by colleagues across the health system. PHE has not played a role in this but nor would we be expected to.

“It was also PHE who insisted the British public would be protected by ‘herd immunity’”

PHE has never suggested herd immunity as a strategy to protect the public against COVID-19. We have not made any statements about herd immunity and nor have we advised ministers that this should be a policy objective.

“PHE has a giant budget of 4.5 billion”

No we don’t. PHE’s annual budget from government is just shy of £300million – which is about half the cost of a district hospital. The 4.5bn figure the Sun quotes is the amount the Treasury allocates to local government for local

public health services – not PHE budget.