HOUSE OF COMMONS

Home Affairs Committee

Oral evidence: Home Office preparedness for Covid-19 (Coronavirus), HC 232

Wednesday 10 March 2021

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Watch the meeting

Members present: Yvette Cooper (Chair); Simon Fell; Andrew Gwynne; Adam Holloway; Tim Loughton; Stuart C. McDonald.

Questions 971-1049

Witnesses

I: Lee Wook-Gyo, Quarantine Facility Management Team Leader, Korea Disease Control and Prevention Agency; Kim Geum-Chan, Director, Quarantine Policy Division, KDCPA; Susan Pearce, Deputy Secretary, Patient Experience and System Performance, Government of New South Wales; Deputy Commissioner Gary Worboys, New South Wales Police; and Dr Hugh Heggie, Chief Health Officer, Northern Territory.

II: Ian Conduit, Director, Business Development, Sitel; Emma Gilthorpe, Chief Operating Officer, Heathrow; and Kate Nicholls, Chief Executive Officer, UK Hospitality.

Examination of witnesses

Witnesses: Lee Wook-Gyo, Kim Geum-Chan, Susan Pearce, Deputy Commissioner Gary Worboys and Dr Hugh Heggie, Chief Health Officer.

Q971 **Chair:** Welcome to this evidence session for the Home Affairs Select Committee as part of our continuing inquiry and evidence taking on the Home Office response to the covid crisis.

We are very grateful to have with us this morning witnesses from South Korea and Australia to talk about the border measures that their countries are taking in response to the covid crisis.

We welcome Lee Wook-Gyo, quarantine facility management team leader from South Korea's Disease Control and Prevention Agency; Kim Geum-Chan, director of quarantine policy from the Korea Disease Control and Prevention Agency; and interpreter Monica Kim. You are very welcome.

Also joining us will be Dr Hugh Heggie, the chief health officer from the Northern Territory; Susan Pearce, deputy secretary from the Government of New South Wales; and Deputy Commissioner Gary Worboys from the New South Wales Police. You are all very welcome this morning.

I begin with questions to our witnesses from South Korea. Please can you tell us why you decided to have a mixed approach, including both hotel quarantine and home quarantine?

Kim Geum-Chan (Translation): For Korea, many short-term international travellers on short-term visas don't have a home where they can quarantine. For this reason, we prepared some facilities near the airport for them to quarantine, whereas Korean nationals or long-term residents who have a home in Korea are able to quarantine at home.

Q972 **Chair:** Why did you decide not to adopt the Australian approach, with hotel quarantine for everyone?

Kim Geum-Chan (Translation): Because we have a very large number of international arrivals in Korea, it was not practically feasible for us to quarantine everybody at facilities, or to prepare a sufficient quantity of facilities to accommodate all of them. Also, many people have a home that they can comfortably quarantine in, and many of them would prefer to do it that way.

Q973 **Chair:** How effective do you think your quarantine system has been? Do you have any evidence or assessment of how many cases you may have missed as a result of the quarantine arrangements?

Lee Wook-Gyo (Translation): We started using quarantine facilities in March 2020; since then, we have quarantined 97,000 people. Of those, 845 people tested positive—a positivity rate of about 0.8%. That would be the number of cases that were prevented by early detection and quarantine.

Q974 **Chair:** I understand that you require tests before people travel, and then you have some tests on arrival at the airport and other tests later on. Can you tell us how you decide who gets a test at the airport and why you do not test everyone on arrival at the airport?

Kim Geum-Chan (Translation): Currently, we are in fact requiring all international arrivals to get tested for covid-19. The current system is for all international travellers to have documented proof of negative current PCR test results before departure, and also to be tested on the first day they arrive in Korea. After the 14-day quarantine, they are also required to test negative before they are able to finish and be released from quarantine.

Q975 **Chair:** How many people are tested at the airport when they first arrive, and how many people are tested once they get home or somewhere else?

Kim Geum-Chan (Translation): Among the international arrivals into Korea, people with covid-related symptoms are tested in the airport by our staff from the national quarantine station. About 15% are tested after they are sent to a facility near the airport and about 85% get tested after they arrive home from the airport.

Chair: Thank you. I will hand over to Andrew Gwynne to ask some questions.

Q976 **Andrew Gwynne:** Good morning, Mr Lee and Mr Kim. As I understand it, the South Korean Government requires arrivals to use a private car or designated airport transport to return home or go to one of the isolation facilities. That is not what we do in the UK, so I am interested in that. Could you briefly tell us how that policy works?

Kim Geum-Chan (Translation): For people who are quarantining at home, we recommend and encourage them to use private cars, their own cars if possible; for those who are unable to use their personal vehicle, we provide transportation.

Some of the airport limousine buses are used exclusively for international arrivals who need to quarantine, so they will take the bus to go home. Another method of transportation that we provide is the KTX, which is the high-speed train system. Usually these trains have about 18 cars, of which two are usually reserved for international arrivals who need to go home by train, so we are using that as well. Once they arrive near home, a health official from the local government will be waiting to greet them and introduce them to getting tested.

Q977 **Andrew Gwynne:** That is very interesting. Who pays for that system and how do you ensure that people follow the rules? How do you enforce home quarantine?

Lee Wook-Gyo (Translation): To answer your first question about cost, for people moving from the airport to the temporary facilities, transportation is provided by the Government. People who will go home and home-quarantine are expected to provide for their own mode of transportation.

Kim Geum-Chan (Translation): To add more on quarantine compliance and management, for people quarantining at home, officials from the local government are assigned quarantining persons and they are responsible for ensuring that people follow the quarantine rules and making sure that they don't leave home unnecessarily. Usually, they call the person twice a day. Sometimes, they might make an unexpected visit to ensure that they have not left home. We do take the management pretty seriously.

Q978 **Andrew Gwynne:** Finally from me, I understand that the South Korean Government have a quarantine phone app. The United Kingdom has a phone app for Test and Trace, which has had mixed outcomes. Has the app helped you to prevent cases arriving from overseas? Can you tell us how the app works?

Kim Geum-Chan (Translation): Currently there are two apps, but they mostly serve the same purpose. People quarantining or isolating at facilities use the self-diagnosis app, which is what they use to self-report their symptoms. People quarantining at home use a different app, which is also used to self-report any symptoms they might experience, so that the Government official in charge can take a look and see if they are developing symptoms that might be of concern and whether they might need some additional attention.

We understand that the quarantine system might cause some discomfort or inconvenience for the public, but people seem to understand that it is for the greater good and for public benefit, so the compliance has been relatively high, we believe. However, we currently don't have any official assessment or evaluation of how effective the system has been.

Q979 **Stuart C. McDonald:** My thanks to our witnesses this morning. Some of the scientific evidence presented to us is to the effect that border measures such as quarantine become increasingly important as domestic transmission lessens and is got under control. That helps prevent re-importing new cases. Is that something you would agree with?

Kim Geum-Chan (Translation): We believe that quarantine policy or border control policy serves a very important role as a gatekeeper to prevent outside diseases or cases from coming through. For example, the very first covid-19 case that was reported in Korea was screened. They were able to be screened from the border control policy at the quarantine level. We do believe it is an effective measure.

Q980 **Stuart C. McDonald:** Thank you. Looking forward, now, has there been a discussion yet about when these measures might be relaxed? Are there any dates or targets for when quarantine might not be needed any more, and what criteria will be used to decide when it is safe to do that?

Kim Geum-Chan (Translation): I think this is the question that every country, as well as international organisations like the WHO or the EU, or other people, are also facing at the same time. Currently Korea is experiencing about 400 cases, roughly, per day, which is a much higher number compared to last November; so at this time we do not have plans for consideration of easing or relaxing quarantine or border restrictions.

However, since we started vaccination programmes at the end of February, and as more and more vaccines are distributed and hopefully more immunity is formed in the community, I think the discussions about maybe the possibilities of shortening the quarantine requirement, or easing the testing requirement—I think these conversations and discussions will come naturally at the right time.

Q981 **Stuart C. McDonald:** That is very helpful, thanks. Can I take from that that the extent of vaccination will be one of the key factors in determining when border rules can be relaxed? Are there any other considerations that will be important?

Kim Geum-Chan (Translation): At the moment, I think that vaccination is the only real game changer that will significantly change the current situation. We believe widespread vaccination will be the key factor in making it possible to relax the restrictions and the requirements. Similarly, for international arrivals, the rate of vaccination in the international community will probably be one of the factors that decide whether to relax border measures.

Q982 **Stuart C. McDonald:** This is my second last question. Even with the roll-out of the vaccine, border measures have been seen to act as a gatekeeper or a guard against new variants of the virus. Will there still be a role for quarantine measures or other border restrictions even after there have been widespread vaccinations, to protect against new variants of the virus?

Kim Geum-Chan (Translation): May I explain a little about the background? The reason why we require three tests for international arrivals was in fact because of the emerging variants of covid-19 abroad. We noticed that in countries where the new variants were prevalent, the risk of transmissibility seemed to be high for these variants. That is why we began requiring proof of negative test results—pre-departure tests for all international arrivals. It is also the reason why we shortened the time from arrival to getting tested. Previously, some people were able to get tested—they were only required to get tested within three days of arrival, but now they are required to get tested within one day of arrival. These changes were made in response to these emerging variants.

Q983 **Stuart C. McDonald:** Thank you. My very final question is this. There has been a debate and some discussion about the use of vaccine passports. Is that something that has been discussed and debated in Korea as well? What is the thinking on that particular issue?

Kim Geum-Chan (Translation): At the moment, we are reviewing the possibility of this type of policy. However, we are not really considering, at the moment, a vaccine passport system. Domestically, we only began a covid-19 vaccination programme less than 15 days ago. Also, scientifically, we are still waiting for more evidence regarding how long the antibodies last—how long the effect of the vaccines will last. We are still waiting for more evidence to accumulate, and we are watching for the evidence.

Stuart C. McDonald: Thank you very much.

Q984 **Chair:** I have some final questions for our South Korean witnesses. Can you clarify these points? Is every international arrival met by public health officials when they get home, and do those health officials conduct the tests on people when they arrive home?

Kim Geum-Chan (Translation): Because physical contact with a Government official will possibly pose a risk of transmitting the infection, they prefer, whenever possible, to use contactless methods to deliver the notice of quarantine to the person, so that would be done through text message, email or some other non-person-to-person method. So they don't actually physically escort them to get tested, but they do inform the person to make sure that they are wearing proper protective equipment, such as masks and other things, and travel safely to a public health centre, or another place where they can get officially tested and get their samples taken, and also return home in a safe way.

Q985 **Chair:** Why did you decide not to do that initial testing when people arrive at the airport, rather than once they get home?

Kim Geum-Chan (Translation): The most prohibitive factor was the lack of sufficient space that we could provide for all the international arrivals. It takes at least six hours or more from when they get their samples taken to when they get their PCR test results, and in the meantime they have to wait. Because there is a large number of international arrivals, there was simply not enough space to accommodate all of them, which is why we have them go home and get tested as soon as possible.

Q986 **Chair:** Have you had any outbreaks linked to international arrivals that were not prevented by the quarantine system?

Kim Geum-Chan (Translation): Some cases do seem to slip through. We have detected some cases of emerging variants and, genetically, the GR group of the virus that we can only infer originated outside Korea—they are not prevalent in Korea. Based on that evidence, we believe that some cases must have slipped through, so the border policy was not 100% preventive.

Q987 **Chair:** Do you have any estimates of the scale of those cases and where the gaps might be in the system?

Kim Geum-Chan (Translation): We do not have specific statistical or numerical data. Our assumption is that not everyone quarantining at home follows all the rules; we think that possibly some people don't follow all the rules and sometimes contact happens. Also, even though people quarantining at facilities complete 14 days in quarantine, there are some reports of instances when the virus is still transmissible even after 14 days. We think that that is another explanation of how these cases might have come through.

Q988 **Chair:** Thank you. That is all our questions to our witnesses from South Korea. We are very grateful for your time this morning. Is there any final point that you would like to make or any question we should have raised with you?

Kim Geum-Chan (Translation): We thank you for inviting us to this meeting and asking us to speak on this matter. It has been a great honour and pleasure. Thank you.

Q989 **Chair:** We are very grateful for your time and wish you all the best in the continuing important work that you are doing. Thank you very much.

We now move to questions about the arrangements in Australia. We are grateful to have Dr Hugh Heggie, Susan Pearce and Deputy Commissioner Gary Worboys with us this morning.

Do by all means choose which of you should answer each question; do not all feel the need to answer every one. Initially, may I ask what your understanding is of the reasons why the Australian Federal Government chose to introduce a comprehensive hotel quarantine system, rather than a mixed hotel and home quarantine system, like the South Korea model?

Dr Heggie: Madam Chair, thank you for the opportunity. Good morning and good evening.

The first thing I would like to say is that I sit on the national expert committee of jurisdictional chief health officers and other experts. We have not always had the same approach. I recall that right at the beginning one of the reasons why hotels were chosen was that the industry, which would normally have been full of travellers, was not filling the beds. That was because there were border closures nationally very early and in the Northern Territory soon thereafter. That has probably been one of the biggest controls.

As a federated system, we have all had different approaches; as you state, Madam Chair, it has been a mixture. I speak for the Northern Territory. You will not mind my saying that Australia is the same size as Europe but with a population only one tenth of the UK's. It has a very large sea border, of course. The Northern Territory is one fifth of the land mass but has only 250,000 people—most located in Darwin—and a lot of open spaces.

For a range of reasons that I can explain, the Northern Territory had one case of locally acquired transmission in home isolation quarantine when one of the travellers returned home. We had not had any outbreaks or community transmission at all—unlike any jurisdiction in the world except for the moon. I guess that is serendipity, but we had some very early learnings from having been asked to assist returning Australian travellers—as the travellers were, predominantly, then—using a mining camp just outside Darwin, but in a rural area and with demountables.

It was through that early experience and the people returning from the "Diamond Princess" that we saw the benefit of two things. One was the model and the facility, which had good amenities—open places, and a swimming pool that people had access to. People could sit on their balconies. We use principles in the Northern Territory, rather than numbers—how many people and so forth. One opportunity was for people to talk to others in quarantine while sitting on their balcony.

I think, probably, our early learnings informed what we then came to do, and did more of, and it was always about learning, and about evidence from other places of what people died from and who they were. That also informed our federated approach—and I would say that it has been, very strongly, a federated approach.

We have had some hotel quarantine, but we have now consolidated that because of being able to maintain infection control—the testing of those who are most exposed in quarantine facilities, and also, now, the vaccination, and they are the ones getting the vaccination first.

Q990 **Chair:** To clarify, in the Northern Territory, what proportion of new arrivals go into hotel quarantine, and what proportion go into home quarantine?

Dr Heggie: First, we have not had home quarantine for any international visitors, except, in the Northern Territory, for that one case. Secondly, we now don't have any hotel quarantine. We use the Howard Springs mining camp for fly-in, fly-out workers. There are large cohorts of Defence here all the time, and also Defence activities that come to our shores in the Northern Territory, so we have a number of other camps that are now being used.

Some of the hotels had open corridors. Now we have learned about air flow, the pressurisation of rooms and the emitting of an aerosol containing covid-19.

Q991 **Chair:** Susan Pearce, can I ask you about the New South Wales arrangements?

Susan Pearce: Certainly, and I am sure that my colleague, Mr Worboys, will also have something to contribute. We obviously have a vastly different situation in New South Wales from the Northern Territory. Certainly, the two systems do not resemble each other in any particular way.

We have relied almost entirely on hotel quarantine since the commencement of it on 29 March 2020. Obviously, it was a federal Government decision at that time, so it is not for the bureaucracy to put themselves in their shoes and say why those decisions were made, except to say that we were obviously seeing what was happening overseas and the rapid rise in cases. Australia was somewhat protected from that at the start because of its geography and distance. However, in March of last year, we started to see a rapid rise in cases in New South Wales. Our highest daily total was 214 cases in one day—that is as high as it ever got for us.

Prior to the commencement of hotel quarantine, the view was that the home isolation measures in place were not sufficient to prevent the rise in cases that we were starting to see, so very swift action was taken by the federal Government, with the introduction of hotel quarantine at the end of March. That, along with a pretty significant lockdown for a period of

weeks, certainly stemmed the flow of cases. We have obviously had our issues since then, but it has been a very different experience.

Q992 **Chair:** Mr Worboys?

Deputy Commissioner Worboys: Good morning. I think the experience in New South Wales has been vastly different from that in any of the other states. Certainly, the hotel quarantine operation that we run is a police operation, strongly supported by New South Wales Health. Right from the very first day, we recognised that Sydney was the most used gateway into Australia. The decision to hotel quarantine was made by the New South Wales Government, in consultation with Health and the police. We continue to run that strong regime on quarantine around public safety and, first of all, the security of people from when they get off an aircraft right through to the transportation to a hotel and throughout the 14-day period.

By way of context, this morning we have over 5,000 people in our hotel quarantine system. In our health hotels today—they are for people who test positive, or who have other comorbidities or infirmities that need special care—there are 424 people. The number continues to be high, and has been as high as 6,500 over 20 hotels. It was certainly not the case that it assisted our hotels in Sydney to have these people put into them.

In fact, at the very start we realised, as my colleague Susan said, that the vast majority of cases of this disease were going to be brought in from overseas, coming off aeroplanes and boats, from our ports and into our cities. We thought it was a significant and major risk not to have a very strong programme and regime for putting our people into a very strong hotel quarantine system.

People are removed from the plane, transported in a very controlled way to the hotel, checked in and put into rooms, and they stay there for 14 days, unless of course they need other care. They are provided with all necessary arrangements to see out those 14 days, with the healthcare and the testing regime that occurs.

Every day, I look at the numbers of people who come in from overseas. Susan will correct me, but every day I see people who bring covid into the country. They are removed from the police hotels and placed into our health hotels, in a structured and proper way. The system has already seen 135,000 people put through it. I think it has been highly successful.

Q993 **Chair:** Why do you think you need the comprehensive hotel system, rather than having apps, phone calls or other ways of testing people while they are at home, in order to monitor them there?

Deputy Commissioner Worboys: To be quite frank and blunt, we have at times had cross-state or territory issues; we have asked people to travel by way of permits and do what we would call home quarantine or self-quarantine, but invariably all those people do not follow the rules. With such a large geography and the ability of people to move a long distance very quickly, we have found it to be, I guess, a trust issue. As we

see it as such an important part of public safety and public health, we have found that the strict regime or programme that we run has served this state particularly well. We have never seen the need to change that. It would be risky to change that.

Q994 **Chair:** Do any of you have any figures or estimates for the proportion of cases that you think you might have if you were to have a home quarantine system, as compared with—*[Interruption.]* Are you okay? We lost the camera for a second. I am unclear whether it was the camera or you who slipped.

Deputy Commissioner Worboys: I am struggling with an iPhone in a motel room, so I am doing my best, Chair.

Chair: We are incredibly grateful to you for doing this. Does anyone have any assessment of the figures? How many more cases do you think you might get in Australia if you had home quarantine rather than hotel quarantine?

Susan Pearce: I am happy to have a go at answering that. It is difficult to put a number on it, to be honest with you, because it is contingent on so many variables. It is contingent on people adhering to home isolation. It is also obviously the rate that we have seen. Here in New South Wales, obviously we have received thousands of people back through Sydney who have had covid. They have either arrived with it or developed it during their time in hotel quarantine. I don't have the number off the top of my head, but Mr Worboys has mentioned our health accommodation. We have housed thousands of people in that as well during this period. I guess it is ultimately the exponential growth and the nature of this disease—it does not take much for it to grow, so it is very difficult for us to put a number and a figure on that. That would be my view.

Dr Heggie: We had the experience of home quarantine for our border and people coming from other jurisdictions or hotspots—what we call geographical areas of risk. We had a lot of compliance checks, both by environmental health officers and by others, including police and, from time to time, Defence. We found that there was very good compliance, in the order of 90% to 95%, but as we have come to understand the significance of the virus for aged persons—and also Aboriginal people—who have susceptibility to infection, the risk was then deemed too high, and now we are also facing the variants of concern, which have more infectivity. It is a small number who have prolonged infectivity, but they pose a risk.

The fact that we have got to that stage means that we are looking at the future for things like technology. Ours is a geolocation app for those people who can be trusted to do home quarantine and feel they can do it safely in a home that they might share with others. That technology has been used in one jurisdiction, and we have started using it in ours.

On the other question about technology, there is bluetooth connectivity to other devices when somebody is identified as a contact. I think that relies

on large numbers, and we have only ever had small numbers. We expected more, so that has not been as useful.

Chair: Thank you. We turn now to questions from Andrew Gwynne.

Q995 **Andrew Gwynne:** I am interested in the mental health support available for people in hotel quarantine in Australia. As I understand it, federal guidance contains a lot of information about mental health support and wellbeing. How are you making sure that staff at quarantine sites appreciate that this is a priority, and how are you monitoring the wellbeing of individuals who are basically stuck in one hotel room for a fortnight?

Susan Pearce: Here in New South Wales, from basically the first week of hotel quarantine, we placed health staff in all the hotels that are run by the police. We recognised the issues, with respect to mental health, quite early here. This system is not perfect, and I think it is worth our saying that. We are not suggesting otherwise, despite the relative success that we have had with this. However, we did recognise that issue very early, and we had a mental health clinician in each of the hotels every day. They were there to support people who needed that type of care.

In the background, we also stood up a mental health crisis team, which was made available from one of our metropolitan local health districts, in case someone urgently needed a high level of care. Of course, if someone had a crisis and needed to attend hospital, that is exactly what happened. They would be taken from the hotel by New South Wales Ambulance and assisted in that way.

Over time, we have also tried to improve activities for people while they are in hotel quarantine, because it is a very rigid system here. Other states do it differently. We know New Zealand has done it somewhat differently to us. Once you come here and you go into that hotel room, particularly in a police hotel, there are simply too many people coming in and out, so we have tried to create an environment where there are activities to occupy people's minds.

Separate to all of that, we have special health accommodation. People who have known anxiety or mental health issues will be triaged sometimes right from the airport, or even before they get to the country. If they have written to us and asked for us or a different type of care, we have an exemption system as well, but very few of those are given. We would triage those people from the airport to the special health accommodation, which has rooms with balconies and large living spaces, and they are also able to get outside in a supervised way, one at a time. They obviously can't co-mingle with other guests in the special health accommodation.

Then we have a virtual healthcare system within the special health accommodation that links back to the Royal Prince Alfred Hospital. There is 24/7 access to clinicians via video link, and we also have an in-reach system into the police hotel rooms so that people can ring in and check in

on the guests. They also have a number that they can dial at any time. So we have made attempts to address those issues.

Q996 **Andrew Gwynne:** In the triage system, what would be the circumstances whereby somebody would be appropriately placed in the special accommodation rather than a hotel?

Susan Pearce: For some people, this happens before they even get here. I have a lady coming tomorrow from the US. We know that she suffers from anxiety. When she gets to the airport, our team already know who she is and what flight she is on, and she will go straight to the special health accommodation, because she has written to us and told us that. We have a screening team at the airport, not only with our police colleagues and ABF—the border force people. The health screening team at the airport screen people. We screen people, as Mr Worboys has mentioned, for comorbidities—he is becoming a health professional after all this time hanging around with us. We screen them out right from that point. Obviously, if anybody looks like they have the slightest sniffle or anything that could vaguely resemble covid, they go straight to the special health accommodation as well.

Q997 **Andrew Gwynne:** Thank you. May I briefly ask Mr Heggie whether the situation is the same in Northern Territory? It is obviously a federal priority to tackle mental health, but the delivery of that will be down to the state Administrations, so how do you do it in Northern Territory?

Dr Heggie: At the Howard Springs facility there is a range of support. As stated by New South Wales Health, there is an assessment before they come because they have to submit their authority to enter Australia. That can also identify other issues such as disability and whether they have small children, which might require other activities. On the mental health one, although it is challenging, it is only for 14 days. I will say this and will probably be accused of getting out of my swim lane, but the consequences for the economy and business failures and such are hugely important. We have tried to strike a balance between health and lives lost as well as jobs kept and jobs lost.

I think that, in the Howard Springs facility particularly, they have internal wi-fi so that people can communicate among one another. They also have biometric monitoring, using armbands and geolocation, so that people can move around and others can know where they are when they go to the different exercise and activity areas—they do have activities there. It's a wellness model. There are always going to be people who need to be case-managed if they have, particularly, a high degree of anxiety. We do get people with dementia arriving unescorted. We do have arrangements for exemptions, but that's more around how people can visit a dying relative. That is done in a covid-safe way, and they remain—go back and stay—in the facility.

In the hotel facilities, when we had them, we also had some opportunities to support people, but because of the environment, that wasn't as easy. There are people who are nicotine dependent, and not all hotels have

balconies. Some of these things led to breaches, like just crossing through another room to go to a balcony. That was a defence force, coming from another country, and it made us realise that we had to provide nicotine replacement therapy if that was a problem for people.

Andrew Gwynne: Thank you.

Q998 **Stuart C. McDonald:** I thank our witnesses very much for joining us. I'm going to start with a rather lazy sweeping generalisation, but here in the UK, there tends to be, it seems to me, the thinking that, as case numbers drop and domestic transmission levels decline—as they are doing just now—people start looking for an opening-up of shops and restaurants and hospitality here, but there is almost an assumption at the same time that that means we can open up, to an extent, to international travel and can look forward to summer holidays. But the scientific evidence presented to us appears to suggest that it is actually at the point where domestic transmission is under control that border measures and quarantine become more important rather than less. And that seems to be the lesson from Australia: you are using strict quarantine measures to protect the domestic opening-up. Is that fair?

Deputy Commissioner Worboys: I think that is a very fair assumption. The people in New South Wales are very strong—I don't speak for other states, but the people in New South Wales are very much attuned to the fact that international travel is off the agenda for, certainly, the foreseeable future. In fact, we have seen a marked increase in domestic travel, around New South Wales. The coming long weekend—the Easter break—sees most of our hotels and attractions, even in some of the most remote places in New South Wales, already booked out. The sale of cars has gone through the roof, as have the sales of caravans and camping gear. The situation with New South Wales people is that, into this year at least, international travel is certainly not something that they should be planning. So I guess your assumption is quite fair and reasonable. We think that, while there is no specific date, the hotel quarantine, from a police perspective and, indeed, that of health, would support me in saying that we are in this for the rest of the year.

Q999 **Stuart C. McDonald:** Susan Pearce, you wanted to come in on that, but could you also comment on another issue? We are obviously not talking about any time soon, but what sort of analysis would have to be done and what sort of criteria met before there was even talk of beginning to loosen these restrictions?

Susan Pearce: Before I answer that, I would add, supporting what Mr Worboys has said, that we have had very strict quarantine measures in place, as we have said, for almost 12 months, and they have grown, in terms of their sophistication, probably over that period of time, with the tweaking and constant improvement measures that we have put in place to improve what we are doing with infection prevention and control in our hotels. Hugh has mentioned the issue around the negative pressure and the like in hotel rooms, and obviously we have got a very large footprint in that space, so we are constantly improving.

It is more important to us now than it has ever been in that respect, because our economy is open and at the present time, which is nice here in Australia, we have no internal border closures. So, that's good. I don't want to put the Jonah on us, but we have just passed our 50th day here with no cases of covid at all in our state, so people are moving around very freely. I think you touched on this as well earlier—that balancing act between the health of our population broadly. To keep people in jobs and to keep our economy going also has to be balanced against the health of people in our hotel quarantine system.

In response to your question, I agree with the comment by Mr Worboys that we do not see it ending any time soon. We have at least planned out until October, which is basically the end of the year. Our colleagues from South Korea mentioned earlier the role of the vaccine and what that will mean, and I think that will be strongly determinative as to what follows in regard to what this country does, and obviously the rate of vaccination in other countries.

I suspect that in the end we will end up with probably a different-looking quarantine system as we move through that period. We already have an arrangement with New Zealand, for example, which is about to be reinstated after they had a few issues over there with some community transmission. But we have a bubble with New Zealand that's been very successful. I think that we can look forward—in the fullness of time hopefully, with the vaccine roll-out—to more of that and to change the way that we are currently doing things, but it's far from over.

Q1000 **Stuart C. McDonald:** Hugh Heggie, can I ask you about that? Is it going to be a case of loosening restrictions bubble by bubble, country by country? And to what extent has there been any discussion yet about vaccine passports, and what has the discussion been like?

Dr Heggie: The first is the lessons learned from other jurisdictions and other countries, and the collective advice from our expert committee. We have green, amber and red countries. Some of those are countries that have not had covid but that have a not very mature public health system to address an outbreak if it occurred. Now it has played out that some of those countries that had not had it before are having difficulty with their outbreaks.

Also, it is not the case that once you are a green country that you stay a green country, because, as was stated, we had to suspend that there for a little while because of concerns, not just in the cases but with some of the things that New Zealand were doing differently than us. So, it's an adjustment that you make.

With our vaccine approach, we have waited until we looked at the evidence from different countries and researchers about the efficacy and the safety, but we are rapidly vaccinating people in our country. And then comes a vaccine passport, but that would require understanding about the duration of effect: which vaccine was given and had they had the full regime, in terms of the number of doses and the timing of doses? So they

are all things, I guess, that we are looking to places like Israel, which have similar populations—a much smaller country—to look at what the evidence is for considering that.

We have had our national biosecurity Act—the Biosecurity Act 2015—continued, with arrangements to continue for another three months, and looking at the possibility in time of making adjustments to more countries that have been vaccinated with vaccines that we believe are safe.

For me, it still comes down to behaviours—principles of public health—that were long practised before we even knew what a virus was. We took an approach of people maintaining physical distance and, particularly if they are facing someone, hand hygiene and cough hygiene, and more recently the wearing of masks in places where you cannot avoid contact with others. Most transmissions here have been indoors, not in big outdoor gatherings. We have also had travel restrictions in other places. Anybody who is unwell, particularly with symptoms that might be consistent with covid-19, should stay where they are, get a test and not go out anywhere.

It has been a journey of learning, I suppose, Mr McDonald. We have changed our approach, for a variety of reasons, including a single cluster caused by the use of a nebuliser inside a room when the door was open, and the person who had a cough infected people in other rooms and also people who were delivering food and beverage services in the hotel. Again, all of that, and fomites, we have come to understand. We currently have elimination in Australia, and our economy and industries are returning, beyond, perhaps, to what they were before, because people have not travelled overseas.

We need to understand that pre-testing before people come from overseas is an important control. We need to understand what the test was and when it was done. If people coming here have been away for a long time or are leaving people they have been with for a long time, it may be about that that last hug that they gave someone at the airport before they left. We have evidence on the timing of the onset of symptoms, and it must have been just prior to leaving.

Stuart C. McDonald: Thank you very much.

Q1001 **Tim Loughton:** I want to come back to the vaccine passport issue, but can I just ask a general question? It is refreshing to hear two health officials, Dr Heggie and Susan Pearce, talk about getting a balance of the health risks with the economic implications, including for jobs, which has been a criticism of the policy in other countries. Can you just say what you think made such a material difference to Australia in dealing with the pandemic, perhaps early on? Your record is quite remarkable. I think there have been fewer than 1,000 deaths, and cases are very largely concentrated in Victoria, I believe, whereas of course we have a much higher death rate here, although hopefully that is now coming down, helped by the vaccine roll-out. I hope that we have persuaded the European Union to release some of the AstraZeneca vaccine to Australia so that you can get on with your roll-out as well. Dr Heggie, what do you

think was the biggest material factor that made it much easier for you to deal with this pandemic so successfully?

Dr Heggie: Probably some of it is serendipity and early learnings. Public confidence is in that. We are not the densely populated country that the UK is—my wife comes from Wales—with the densely populated areas and densely populated aged care facilities and disability care facilities. Most of the deaths in Victoria were indeed in aged care. We learned that from overseas experience as well.

I guess that we looked at where the highest-risk areas were to put our focus and governance. I think governance is one of the biggest things. People were throwing rocks at us because we were stopping them from doing activities and opening up premises, but then because of that, we have been able to open up more quickly. As part of governance, we must also—we are doing this currently—audit our quarantine arrangements end to end. That is from even before the moment the person gets on and off the plane and then goes to the quarantine facility for the people who transport the potentially infected persons. This is at the end of long flights—it is a 24-hour flight from the UK and a 12-hour flight from India—so we have to be respectful of people and their fatigue, and particularly those who have small children.

I think public trust has been the biggest thing. That has been done through a range of ways. All of us have gone up before cameras in press conferences with our political leads to demonstrate who we are and for us to explain the decisions that have been made that have protected the country in each of our jurisdictions.

Tim Loughton: Susan Pearce, do you want to add anything to that?

Susan Pearce: From my perspective, I think one of the single biggest things that made a difference to us is undoubtedly hotel quarantine. I speak for New South Wales, where we have an exceptional public health system with wonderful contact tracers. It is absolutely world class; there is no doubt about that. However, as you know, when the disease gets away on you, it gets away on you and the contact tracing becomes a much more difficult proposition.

Quarantine here in New South Wales stopped what was happening in its tracks. As I said, that was accompanied by a very significant, broad community lockdown for about four weeks during the end of March, April last year. But I think the other point, touching on one of the comments that Hugh made, is that in New South Wales we have had 56 deaths in total since covid commenced here in Australia and in New South Wales. We are the most populous state in the country, and obviously we wanted no one to die from covid, so while you cannot be proud of a number of deaths at all, 56 is a low number compared to other parts of the world.

What we have seen here, though, is community compliance and listening to the messages of our chief health officer, our politicians and our Health Minister. When we have called on people to come and get tested or to stay

at home when we had those community lockdowns, it has been quite exceptional. Right before Christmas in the part of Sydney that I live in, we had an outbreak of covid and we were in a temporary period of lockdown. The testing rate was 70,000 tests in one day. I think Christmas facilitated that to some extent, but in a population of this size in this part of the world that is an exceptionally high number for us—I am talking about a fairly condensed area. People were lining up and prepared to wait in line for six, eight, 10 hours to get a test because the queues were so long in those early days. So we have kept the community with us and shown them that we can manage this.

I will say, to give context, that while obviously we want our economy to be open, we are very strict in our quarantine system. So you can do both, and I think we will have a lot to be proud of when this is all over in terms of how we have managed this.

Dr Heggie: Can I congratulate New South Wales on their approach? That has been exceptional. It has not been a broad-based lockdown of the whole of Sydney; it has been targeted around places of exposure. The use of genomics for identifying a single outbreak or several has really been useful, as well as waste water testing—it has got its limitations, but it has certainly been useful to know where there are cases that you would not expect.

Deputy Commissioner Worboys: Everything here in New South Wales is underpinned by public health orders or indeed an order by the chief health officer, and New South Wales police take on very strongly and proudly the compliance aspect to that. Of course, there are sanctions attached to that as well, so while we do issue infringement notices, and put people before the court who breach public health orders and continue to do that, the vast majority of our police work has been around discussion and a collaborative approach. As Susan said, the messaging between the Government and all agencies has been consistent, and certainly brought the community along through good, factual information, and a progressive approach, on a weekly basis.

Q1002 **Tim Loughton:** Thank you. I think we would all like to congratulate New South Wales, and indeed Australia, on your record compared with other countries.

I will come onto the issue of vaccination passports and come back to you, Deputy Commissioner Worboys, on that. Obviously, if a vaccination passport is required for international travel, that is out of your hands—or out of our hands—and there will be a lot of international discussion about that. However, there is also talk, in this country, about internal vaccination passports to gain access to shops, public places, or whatever, and about people who have not had a vaccination. That will come up with all sorts of problems around legal challenges and equality laws, and so on.

We are fortunate, in this country, that the polls show that there is likely to be a 95% take-up rate of the vaccine. In those groups who have been prioritised about 94% or 95% have so far been covered, so we are lucky

that we have a very high compliance level.

What initial thinking have you had—starting with you, Deputy Commissioner Worboys—about whether you will need to have some sort of vaccination passport? Then, when we come to the health officials, they could perhaps tell us what the forecast take-up of the vaccine is likely to be in Australia.

Deputy Commissioner Worboys: I think it is a very interesting question. New South Wales Police Force has 18,000 employees, and there was a discussion, very early on, around mandatory vaccination. The discussion was pulled up when I pointed out the fact that not one New South Wales police officer has contracted covid, in their work experience, since this pandemic was realised.

Of course, for normal flu vaccinations, and indeed other vaccinations, we have never made those mandatory. Like you said, when we then did a straw poll of our people, it was clear that the vast majority of them were very keen to take the vaccine. We've arrived at a spot now where it is not mandatory, but it is highly recommended. We have said that police officers won't lose their job if they're not vaccinated, but there will certainly be a choice made as to where we task and deploy those people. I think in the broader community people who own services and products will no doubt maintain the right to allow people to access those services and products on the back of what they think is best for their business.

At the moment, we have been very fortunate and successful. I think our health people have vaccinated over 1,000 police officers now—particularly in the quarantine space—without any issue whatsoever, and that continues to be rolled out. It is an interesting conundrum, but when you look at the evidence on what we have done previously, and the fact that, I think, we haven't had a police officer infected with covid—and they are, with health, right at the heart of the quarantine system—I think it is an interesting way forward.

Q1003 **Tim Loughton:** Again, that is a remarkable record. Susan Pearce, what do you think about domestic vaccination passports? Will that be a thing in Australia or not?

Susan Pearce: There is discussion about it, but it is probably not for me to comment on that in particular. I think that there is every likelihood that there will be some form of that, but it is, again, contingent on a number of factors.

I think we will be very interested in what happens with respect to international travellers, and what that looks like in the fullness of time. We will clearly be wanting to safeguard our current state and ensure that we maintain that into the future, so I think that will be a very important factor going forward. But it hasn't been determined here, yet.

Q1004 **Tim Loughton:** Dr Heggie, any thoughts on that? Would it have to be a federal policy decision? You wouldn't have different requirements state by state?

Dr Heggie: No, the federal Government does not broadly do things: it works with others and supplies funding. There is a bit of history here. New South Wales did have a pub that was named as a source of an outbreak, and even after it had its deep clean and opened the premises, people did not want to go back there. I think that business owners are probably a bit sensitised about being identified in that way.

I suppose we have got some vaccine hesitancy: it is less about anti-vax proponents, but rather people who are just unsure about the safety and the efficacy. The evidence is that over time, as that evidence grows and other people have it, we will get to that: 80% of the population will be vaccinated, and hopefully we will have some evidence about people who are either pregnant or have got other underlying conditions where vaccinating might pose a problem for them, or indeed be a protection. I think that because, broadly speaking, we had various incremental changes around the country—escalation of controls and then de-escalation of controls—there was some predictability about that, and the messaging that went out by many to describe it. It was not on/off. There has not been broadly a policy where we have been consistent about anything, but I think more and more, our approach has been more proportionate around the country.

Tim Loughton: Thank you very much.

Q1005 **Chair:** Just a quick final question from me. You have obviously had a big reduction in international travel as a result of introducing the comprehensive hotel quarantine. Is it right that you have also effectively had to ration the number of people returning because there are not enough hotel places in some areas at different times?

Susan Pearce: No, I do not think that is an entirely correct comment. We have caps on each state that are determined, obviously, in discussions between our federal Government and state governments, but we have a very variable situation in terms of the volume that we take back into the country. In New South Wales, you know, we have a limit here in terms of what we can safely manage—I think Gary was probably about to say that—but in the case of other states here, it depends on what their circumstances are at any given time. For example, at the moment, because of the recent issue in Victoria with the nebuliser that Hugh mentioned earlier, they have not accepted overseas arrivals now for a number of weeks. It is not necessarily associated with availability of hotel rooms, strictly speaking; it arises due to a number of factors. Sorry, Gary, I think I cut you off.

Deputy Commissioner Worboys: No, I think you did particularly well, Susan. Thank you. Certainly, we here in New South Wales talk about 5,000 people being what I would say is the sweet spot, and people need to understand that it is not just police: it is also New South Wales Health, the help we get from the Australian Defence Force, and the availability of private security, so there are a number of cogs in the programme that need to fit together.

At times, we have had well over that—6,500 people and more—and we have certainly coped, but we understand that the more people who we put into the programme, the more people that we then bring in from other agencies to do the work, and of course there is still crime, there is still public health, and there is still state health to do. The security industry is being used elsewhere more and more as the economy opens up, so it is a real balance trying to make sure that we keep that number or that rhythm going, as we say. We have done that quite successfully for nearly 12 months now.

If you look at New South Wales—as I said earlier, I am not ashamed of this—it has been a port, both by sea and particularly by air. The vast majority of people—returning Australians—come in through Sydney for a number of reasons. Generally speaking, of that number about 42% or 44% of people that come into New South Wales quarantine are not New South Wales people, so they do their 14 days and they move to other spaces and territories. When you pull the numbers together and have a look at them, in recent times we charged what I think is a very nominal rate for our hotel quarantine, but it is a massive operation that has continued and has served us very well.

Q1006 **Chair:** Two very quick final questions from me: if you suddenly had to double the number of places because of a big increase in the number of people wanting to arrive would you be able to cope? Secondly, Mr Worboys, you were talking about the nebuliser incident earlier. We are about to take evidence next from the UK hospitality industry about the way in which hotels are being provided here. Could you clarify what you would say would be the most important lessons learned from those issues about air circulation for us to take account of in our hotel quarantine system here? Can you cover both those questions at once?

Susan Pearce: I can cover the nebuliser issue, Chair. That incident occurred in Melbourne. In New South Wales we immediately took steps. We asked people if they had brought nebulisers and the like into hotel rooms, and about sleep ap machines, for people with sleep apnoea at night, so we covered that issue as well. We took the decision after that episode that we would not allow anybody in hotel quarantine—in police hotel quarantine—with a nebuliser. If someone requires a nebuliser, they go to our special health accommodation where they can be more safely managed by the health staff there. That process is well and truly in place.

I do not want to Jonah us here, but with respect to ventilation issues generally, we have a protocol that has been in place from day one with a ventilation standard for our hotels, that health issued when the hotels were being booked. We have had no evidence whatsoever of transmission of covid via air conditioning in hotels during the last 12 months in New South Wales. Indeed, in our special health accommodation, for example, all of those rooms had single units. That is something that we closely monitor and audit, to ensure that its integrity is maintained.

Gary might like to answer the question about if we could double; in a way, he already has answered it. It cannot be dependent on just one state to

double. Without getting into our inter-state discussions on this issue, there would need to be a decision taken for other states to perhaps do some more, rather than New South Wales taking on more.

Dr Heggie: I will follow that up by saying that we have been asked to increase ours from 850 to 2,000, using the model that we have, including nebuliser users and others who would go to our medi facility. That is going to be a large increase for us that will need a lot of increments in personnel and services, but the model seems to have done us well.

Chair: Thank you to our Australian witnesses. We are hugely grateful to all of you for your time. Thank you for the work that you are doing in Australia; we wish you the very best with all of that. We are particularly grateful given how late at night I realise it is now. We are very grateful for hearing your evidence this evening. Thank you very much. We will say goodbye to our Australian and South Korean witnesses now.

Examination of witnesses

Witnesses: Ian Conduit, Emma Gilthorpe and Kate Nicholls.

Chair: We now welcome our second panel, who I hope will start to flicker up on our screens. We have Emma Gilthorpe, chief operating officer at Heathrow Airport, Kate Nicholls, CEO of UK Hospitality and Ian Conduit, director, from Sitel UK. Thank you very much for joining us this morning and apologies for the delay in starting. We are very grateful for your patience. I will turn directly to Tim Loughton to begin the questions.

Q1007 **Tim Loughton:** Thank you, Chair; I will de-mask. Good morning to our witnesses. I will start with a general question about your overall assessment of the Government's hotel quarantine system, whether it is well advised and whether it is working well in practice. Emma Gilthorpe, would you like to start?

Emma Gilthorpe: Good morning everybody. Thank you for having me here today. From Heathrow's point of view, it is not for me to say anything on the appropriateness of the Government policy. We are here to implement Government policy as effectively as we can. It is a measure that was introduced at relatively short notice. We were offering support from the minute we thought it may be reality.

In practice, when complex processes are introduced at short notice, it can be tough, in the early hours and days when these things become a reality, to get to the bottom of the outcomes we are trying to get from implementing the process. As chief operating officer, I was concerned that we did not have enough time to implement something.

Obviously, we are working with a number of different agencies, with Border Force, and across Government Departments as well, which can sometimes add to the complexity, so it was very positive when we got in place the DHSC leadership and the resource to programme manage that

implementation. It was quite late in the day and it was stressful to get it in a place where we could serve passengers coming through well and keep security at the border, or at least support Border Force to do that. But actually, once it was implemented, it went relatively smoothly. And, of course, when you implement these things, you then have time to improve and smooth and streamline once they are in place.

Q1008 **Tim Loughton:** I sense a very diplomatic answer there, even though you prefaced it by saying it is not for you to comment on the appropriateness of it. Is it actually working? Is it still causing a lot of problems or are those initial problems now resolved?

Emma Gilthorpe: The process is working well, in that we are seeing low levels of people coming through who need to be hotel quarantined, and those that are coming through are being dealt with relatively smoothly.

What I will say is that this is one of a number of processes that have been introduced and they are being introduced on top of a Border Force capability that is already under a huge amount of pressure.

Last summer, before managed quarantine and before pre-departure tests were in place, I had issues with congestion in halls, where I was having to keep passengers on planes because I couldn't introduce more passengers into the immigration hall as we couldn't get the flow through the border that we needed. I would say that my concern is more about the fundamental capability we have at the border and whether we have the right resource and the right processes in place to manage the additional layers, when we didn't have the capability even before these additional measures were being introduced. It was a rush to get there with the actual managed hotel quarantine service, but once it was in place, I would say it has run relatively smoothly.

What is not running smoothly right now is the level of pressure that we have with the very small number of passengers we do have coming through, relative to a normal year, month or day at Heathrow. We are seeing significant pressure on the border, and very long queues. That is a worry.

Q1009 **Tim Loughton:** Kate Nicholls, how is it going down with your hotel members—both those who have been selected to host what will presumably be quite lucrative business at an otherwise lean time, and the rest? How practical it is, how well has it been set up, and where are the flaws?

Kate Nicholls: I would echo what Emma said. Obviously, we had the announcement of policy, and there was a slight delay before all those details became clear and we were able to engage and understand what the Government's objective was and what was going to be required of us. Then, there was a roll-out at pace to deliver against a very tight timeframe. Having said that—again, agreeing with Emma—once that lead was identified and we had the details, it processed very smoothly from a hotels perspective.

The biggest areas of concern we had in the run-up and at the start were the clarity and certainty about the interrelationship between the different providers of the service. Hotels are at the back end, doing only one element of the whole quarantine process. The difficulty we had in the very early stages was understanding whose responsibility it was to deliver the various elements.

Once we had the service set up and the tender process went through, it was incredibly easy to implement. The number of members who have been engaged with it are relatively small—just 16 hotels—but it has been smooth and has worked pretty well from day one from a hotels perspective. The hotel operators that were engaged are largely international operators with a lot of international experience of operating quarantine hotels in other jurisdictions, so they were able to bring that expertise to bear. Since then, it has worked smoothly, with a very small number of passengers needing to be hosted.

I would just like to say, though, that it is not a lucrative business. It is being provided at low cost—this is a small amount of money. Those hotels are working with the Government to provide a service that the Government want. It is not a lucrative driver at the moment.

Q1010 **Tim Loughton:** Were you, or the hotel industry, properly consulted before that was brought in? Obviously, it was brought in quite late and in quite a hurry. Are there any criticisms about the consultation on how it might be implemented?

Kate Nicholls: I think there was a hiatus, as I say, between the announcement of the policy and the engagement of the hotel industry in understanding and helping to influence the detail of what the services would be, so that that was in place. It was a very short period between that discussion and consultation, and then the invitation to tender going out. We had to react very rapidly, and that is why you get a self-selecting group of hotels, with experience of delivering this type of service, engaged in that process. Consultation could have been more detailed and we could have helped more in identifying that. That would have smoothed out some of the last-minute rushes.

As I say, once we did have that, we had very good detailed consultation in the latter stages, ahead of the publication of the tender document and, after that, the delivery of the service, just to iron out some of the areas of uncertainty around what would be required and whose responsibility it was to deliver various elements when the people were actually in the hotel. For example, there were discussions about smoking, ventilation, exercise, who was responsible for escorting guests through the hotel, and what our team members were required to do.

Q1011 **Tim Loughton:** Presumably, if the red list were to expand greatly—I hope not—and a large number passengers needed hotels, the industry can scale up quite quickly now and other contenders will come in and be able to offer facilities.

Kate Nicholls: Yes. At the moment, capacity is very low in the hotel industry across the UK, as you would expect. We have hotels that have been open throughout the pandemic to provide accommodation for essential workers and to house NHS staff and frontline workers working in the covid pandemic, as well as housing the homeless. We are at a very low occupancy level. We would be able to scale up. You would then just need to understand how that fits with the reopening—or the proposed reopening and reintroduction—of global travel, so that you had a clarity and a seamlessness between inbound and outbound travel, and opening for leisure in association with quarantine. That is the only point at which you get to a discussion about capacity. These are all exclusive-use hotels. No other passengers and no other visitors can be housed in those hotels, so you could scale up within the hotels that have already been identified as providing that service.

Q1012 **Tim Loughton:** Understood. Mr Conduit, is there anything you would like to add to those comments?

Ian Conduit: No, nothing from me at this point in terms of the hotels or broader aspects in terms of Heathrow. From Sitel's perspective on delivery of the isolation assurance service—because we have been running it from June and doing a sample size of arrivals—it has actually been relatively quick and seamless to scale and flex. As of 15 February, we are contacting everybody who is entering the UK.

Q1013 **Andrew Gwynne:** Emma Gilthorpe, may I follow up what you said to Mr Loughton about the queues at the Heathrow border taking longer to process? How long are the queues currently?

Emma Gilthorpe: They vary. That is the reality. We only have somewhere between 10% and 15% of our normal volume of passengers going through. Heathrow in a normal year has 80 million passengers. Last year, it had 20 million passengers, but the first two months of that were, in effect, pre-covid. In January, we only had 677,000 passengers, which means that we were something like 89% down on our usual capacity level. I say that just to give some context for the queuing that we have seen.

The reality is that queues have been deteriorating since the Olympics, when we last did a big push with Border Force and the Home Office to get resourcing up to a satisfactory level. We have seen a gradual decline over the years of that service level. There are service level agreements in place. It is supposed to be 25 minutes for EU passengers, and 45 minutes for non-EU passengers, recognising the different checks that need to happen. Clearly, covid has introduced different measures and different layers.

Border Force has had to close e-gates because it needs to ensure compliance, and we do not have any integration into those systems so that you can get your passenger locator form and any pre-departure testing, for example. We do not yet have those results on the e-gate. The hope is that that is going to be introduced before summer, so that you will be able to use the e-gates again and get the compliance check. That is not

in place at the moment. Pre-covid, it was very common to see queues of an hour and a half to two hours in our immigration halls when we were at very high volumes. Now it is not uncommon to see queues of three hours, and we have had queues extending out to nearly six hours on occasion.

The extra layers that have been introduced are crippling the resourcing capability that Border Force has in place. As I say, this was a conversation that we were having pre-covid to try to get things back to an acceptable level. We know that additional resource has been introduced, but the level of complexity of the processes, and the way that resource is being deployed—certainly, as an operator and as the responsible person for security outbound, I am managing 10 minutes for a queue at security, with slightly less compliance involved, but none the less it is an important process that we have to go through.

While I would expect things to be above the SLA of 25 minutes and 45 minutes, we are at unacceptable levels of queueing. Last summer, when we had covid but a pre-managed quarantine service and pre-departure tests, I was holding passengers on planes so that I did not bring additional passengers into the immigration hall until we could get a level of flow going that was safe, frankly.

Q1014 **Andrew Gwynne:** Thank you. That opens up so many questions. Perhaps it would be useful to know what the levels of Border Force staffing are at Heathrow at the moment, and how does that compare with historical staffing levels, pre-pandemic?

Emma Gilthorpe: I cannot answer that question. I am afraid you will have to go straight to Border Force to get that information. Even if I did have it, it probably would not be mine to share.

I know that in very recent times there has been an increase in resource, with a new COO in place at Border Force. I think he is very focused on this issue, so we have seen an increase, but half the problem we are facing is that there are so many pressures—we went through Brexit at new year, which introduced new pressures on the border, and in July we have new customs measures coming in—and currently some of the resource that Border Force is using is customs resource, for things like compliance checks, but that resource will go come July.

We need a systematic and sustained focus on how we are going to resource, so that we can stop passengers having to queue for unacceptable lengths of time. We do all we can at Heathrow—we have numerous staff in the hall, we put welfare in place, we skim off passengers who have young families, and there are separate queues for vulnerable people—but, ultimately, we need to get flow moving through the border far, far better than we are at the moment.

Q1015 **Andrew Gwynne:** Absolutely. The numbers arriving into the UK are low compared with pre-pandemic, as you said, and it is likely that they will increase as measures are eased over the summer. Do you think that the system will cope? If not, what changes need to be made?

Emma Gilthorpe: We need a great plan—I say this to my team. We need to understand what our capability is, and we need to make sure that the desk that you come to when you come off the plane and down the corridor is manned—we need a system and a level of resource that allow those desks for EU and non-EU passengers to be manned.

We need the digitisation of the forms, so that people can go through an e-gate. I have loads of e-gate capacity that cannot be used at the moment, because of compliance checks. Of course we support the compliance checks—we all want security and health measures at the border—but we need to progress those rapidly. I am hearing positive things from the new COO, Paul Morgan, who is pushing this very hard, but we must have support to make sure that happens, because that will open up capacity and allow the flow, certainly for EU, US, Korea and Singapore. Those passengers will then be able to go through.

Let us say that at the moment we see 10% of demand going through, but if that ramps up to 30%, 40% or 50%, of course I will open more terminals—I only have two terminals open at the moment, and I would certainly be opening Terminal 3 for the summer—which will open up more capacity, but I need to know that the desks can be manned if I open up Terminal 3. We are working through that with Border Force, but it also needs support from Government to make sure that this capability is in place.

Heathrow is Britain's hub airport. It is the front door. We have to get our economy moving and make sure that we are capable of receiving people, because if you have a poor experience at the border, there is a risk that you will not come back again, that traffic will go to Charles de Gaulle and Frankfurt, and that we will miss out on the economic resurgence. We know that Heathrow is key to business and trade, as part of the recovery.

Q1016 **Andrew Gwynne:** Lastly from me, the issue of the safety of the queues is also paramount—not just the length of the queues, but the safety of the passengers coming into the airport. We saw some quite frightening images on social media, which can be a double-edged sword. In conjunction with the Home Office, what are you doing to make queues at Heathrow as safe as possible?

Emma Gilthorpe: We socially distance the queues, and we have what we call covid marshals in place—members of our team with pink high-vis on. Everybody has to wear a mask. We put that in place well in advance of Government mandates at Heathrow, both for departing and arriving passengers. We have deep cleaning regimes. We have a lot of visible signage, as well as people and PA announcements. We regularly test our ventilation systems, which are above the necessary levels for covid compliance. The Civil Aviation Authority and Airports Council International, which provide some regulatory oversight and standard setting for this, have confirmed that we match the best global standards for our airport health and safety.

Ultimately, my job as lead accountable person for the safety of passengers and colleagues at Heathrow is that, if I feel that it is at risk of being compromised, I will first keep people on planes. If that is not enough, I will stop flow into the airport. We take this incredibly seriously. It is distressing when you see those pictures of queues. None of us wants that to happen. As I said before, digitisation of these processes and resourcing at the border will make a massive difference, but I can assure you that we do everything in our power to ensure that there is a safe environment, even though it is not a good customer experience.

Andrew Gwynne: Thank you.

Q1017 **Adam Holloway:** I am sorry that I haven't been here for all of this session; I have been at a funeral. You keep referring to resourcing at the border, and we hear of queues of six hours, which I find absolutely staggering. We have far fewer people coming into the country, as Andrew Gwynne suggested, but we still have the same number of Border Force officers. Where are they? Surely it should be the quickest border ever at the moment. What is the excuse?

Emma Gilthorpe: Again, I do not have the detail. However, what I can tell you is that, like all businesses and services at the airport, people have been hit by covid absence. We have definitely had groups and cohorts across my business who have been shielding because they are in vulnerable categories. There have been impacts. Having said that, and to your point, if you think of the maths, as you have pointed out, we have 10% to 20% of demand, yet we have seen a significant uptick in those queues. Transaction times—how long it takes me when I go up to the border to go through these checks—have extended significantly.

Q1018 **Adam Holloway:** Like what?

Emma Gilthorpe: As an EU passenger, your transaction time pre-covid would have been a couple of minutes, at tops—maybe even a minute, if you are coming from a short-haul destination. Now, you are talking about many, many more minutes than that in order to check that your passenger locator form is complete, you have had your pre-departure test and you have a right to be in the country—that there is legitimacy to your travel. Are you coming from a red list country? If so, you need to go through the managed hotel quarantine service. I don't have the data for those transaction times.

Q1019 **Adam Holloway:** So you don't think that the problem is what I have perhaps rather simplistically alluded to: that there are fewer people and loads of Border Force officers, and therefore everybody should be going through faster? Obviously, as you are saying, the checks are longer. But there has historically been a real problem at Heathrow, whereby 10 intercontinental flights have arrived at 6.30 in the morning. You would rather have expected that every single desk would be full, and there are three slightly grumpy people at the front of the queue waiting for two desks to open. There really is a problem there. Where does it lie: with the Border Force, with the Government's lack of resourcing, with trade unions

or with what?

Emma Gilthorpe: I think that ultimately it is for Government to provide the resources. I also think that there needs to be a real focus on how those resources are deployed. To your point, they need to be on the border desk. We need to get digitisation so that we get those e-gates open, because actually part of the reason the queues were shorter pre-covid was you had lots of capacity going through an automated e-gate process. Taking that away has massively reduced capability. However, the Border Force officers that we have need to be on those desks, and it is deeply frustrating, as the operator of the airport, when you have a queue full of people and you have only two desks open. It is rare to see all the desks manned, and we have to find our way to how we make that happen, so we can get that flow—getting back to that Olympic product where, when people came in for the Olympics, every desk was open and people flowed through smoothly. If we had that, even with these additional measures, we would not be seeing three or four-hour queues, let alone six-hour queues.

Adam Holloway: I think we hear what you are saying. I hope Ministers do, too. Thank you, Chair, for letting me in.

Q1020 **Stuart C. McDonald:** Kate Nicholls, I think you said earlier that once you knew exactly what was expected of you and of other parties involved in the process, things became significantly simpler. Can you just say, in broad terms, precisely what is it that is asked of your members? What is their role, including in terms of support for the people who are in quarantine, and what is it that other actors are involved in?

Kate Nicholls: The provision that we have is providing the accommodation and the meals, and checking guests in as they come to stay in managed quarantine. The other aspects of the service include a separate transport arrangement to get guests from the airport to the hotel. There are separate security firms involved in managing the process of making sure people do comply with their quarantine and managing them during their stay.

From the hotel's perspective, we are simply there to make sure that those people who are coming to stay with us have the best possible experience in what is a very difficult set of circumstances. Our responsibility then is sort of back-house and making sure that the guests' requirements are fulfilled in terms of food, drink, room service, provision of tea, coffee, water etc. on a regular basis, and then obviously at the end of the stay there is a deep clean requirement to make sure that those rooms are cleaned, after having had a period when they lie fallow before they can be re-used again. So really it is just us acting as the traditional hotel role that you would expect if you were staying as a normal guest for a pre or post-airport transaction.

Q1021 **Stuart C. McDonald:** Listening to the Australian witnesses we had before this panel, we actually got an impression that there was quite a lot of technical stuff involved in this. We heard about an incident with a

nebuliser, for example, and about people who had sleep apnoea and who had support for that and they couldn't quarantine with everybody else. We also heard about ventilation standards and that people that were particularly at risk from covid would go into what I think we would call police quarantine, as opposed to hotel quarantine. Is any of that within your members' responsibilities, or is that, as far as it is dealt with at all, a responsibility of other actors?

Kate Nicholls: If anybody has got medical requirements or there is a specific level of risk, or there is a specific medical condition, they are dealt with by the medical support team that is also there available to us. The terms of the broader ventilation piece were built into the tender documents that the hotels had to bid against when they were putting forward their facilities for the service, so we learned all of the lessons from New South Wales and the other areas where managed quarantine was in place. That is why many hotels weren't able to bid and participate in the tender process, because there were very stringent requirements around ventilation, and not just in the overall hotel but particularly in the rooms, to make sure that the risks were minimised. We were particularly keen to make sure that we were involved in having a good dialogue on that to make sure that our teams were kept safe.

As far as our staff are concerned, they don't get involved in anything to do with compliance with quarantine, security or safety, and they don't get involved other than providing the tests when they are required to be provided to people during their stay. They don't get involved in any of the medical issues. There is medical support, security support and a point person for those hotel staff to be able to direct all of those queries to.

Q1022 **Stuart C. McDonald:** On the issue of staff, are you confident that the impact on them is manageable, and that their welfare is being properly looked after?

Kate Nicholls: The welfare of our staff is at the front of our concerns, and we do everything we can to make sure that they are kept safe. We made sure that, in the discussions with the Government, we asked for them to be prioritised for rapid and mass testing. We have asked for them to be prioritised for vaccination as well, so that we can make sure that we are protecting them.

Most of our staff do not have any day-to-day interaction with those guests; it is only those with reception duties and checking people in when they arrive. In the main, our staff are working to provide the food services, which are dropped off remotely, and to provide the cleaning afterwards. As I say, there is a 72-hour period post a guest departing where a room is untouched before anybody goes in and does that deep clean, with protection provided by the hotels. We have the most covid-secure protocols in the world for our hospitality industry, which allowed them to reopen. We developed them drawing on the experience and expertise of our international operators in south-east Asia, Australasia and so on.

As I say, our hotels operated from March last year. They provided accommodation for NHS frontline staff in the Nightingale hospitals and the at-risk hospitals. They did convalescence. They housed the homeless. We have never had a single case of covid in one of our UK hotels. Our protocols, our isolation standards, and our hygiene and sanitation are world beating, and we therefore know that our staff are protected.

Q1023 **Stuart C. McDonald:** That is encouraging. Going forward, if these measures are in place for, say, several more months, and if there is a period when passenger numbers are higher as well, would any changes be required to make this policy sustainable? Is the capacity there? Would you recommend any changes? If that is the case, what will be the implications for the sector more broadly?

Kate Nicholls: There is this intersection between this policy being in place for longer, or needing to be increased, and a reopening of global travel and tourism. As Emma said, this is a major driver of economic growth. We all want the reopening of our domestic hospitality industry, and we want to see a reopening of global travel and tourism, to be able to allow our businesses to get back into growth and recovery, so I think you have an intersection there.

The only point at which you get a capacity constraint is where there is a driver for international travel, both inbound and outbound, and those hotels or facilities need to be used by domestic leisure travellers, where they are permitted to travel, versus the restriction on the red list of people coming back in. That is a delicate negotiation that will need to be had, and there will come a tipping point.

I will mention a few key points. Clearly, the global travel tourism taskforce will report by 12 April and will look at some of these issues, in terms of capacity supply and how to safely reopen global travel, and elements including covid testing, vaccination, quarantine, self-isolation, test release and screen corridors. All these are interrelated, and managed quarantine hotels may well be part of that going forward, but clearly they have the potential to be phased out or to be less relevant as we move forward with other elements. A huge amount of work is ongoing at the moment to understand what the future policy will be. We are hopeful that that report will give a signal of when we can return to international travel and tourism.

Tourism is our third largest export earner—it is a hugely important export for us. Our international visitors, 70% of whom come through London, and most of those come through Heathrow, spend more in the country eating and drinking out and with our hospitality businesses than all our food and drink exports put together, so our ambition is to be able to ease this managed quarantine process away so that we can restart our international inbound and outbound tourism industry and get the economy moving again, delivering jobs and growth.

Q1024 **Stuart C. McDonald:** Thank you very much. Ian Conduit, did you say that everybody now arriving into the UK is receiving a call from the

Isolation Assurance Service?

Ian Conduit: Yes, that is correct. As of 15 February, we have scaled the resources to be able to contact everybody arriving into the UK.

Q1025 **Stuart C. McDonald:** That will obviously include people isolating at home, but do you actually have to call people isolating in the hotels as well?

Ian Conduit: No, it is the non-red route countries. Essentially, Sitel is responsible for providing the contact handlers who contact all those arrivals from non-red route only.

Q1026 **Stuart C. McDonald:** How many calls a day is that at the moment?

Ian Conduit: It fluctuates. Obviously, it is linked to the number of arrivals, which can be anything from 6,000 to 17,000 on a daily basis. On average, we have the resources and capacity to deal with up to 20,000 contacts per day at the moment. We are in discussion with Public Health England and the Department of Health and Social Care about expanding that capacity further depending on the appropriate contact strategy that is decided.

Q1027 **Stuart C. McDonald:** On an average day, you will make first calls, although not all of them will be successful. How often do you call back to establish that contact if you have failed the first time?

Ian Conduit: We will attempt three contacts over a three-day period, currently. Where those contacts are not successful and we don't manage to speak to somebody, whether they acknowledge that they are compliant and understanding or are non-compliant, we will do that three times over three days. Where there is a level of unsuccessful contact, that information is then passed back to Public Health England and the Home Office for further triage and investigation.

Q1028 **Stuart C. McDonald:** Right. Say somebody answers the phone, to what extent is anything set out in a script? This seems to be the very difficult part: how on earth does somebody try and establish whether the quarantine rules are being complied with or not?

Ian Conduit: It is a scripted service and it is difficult sometimes to understand the level of compliance. From 15 February, over 78% of people spoken to and 96% of people have confirmed that they will self-isolate. On the whole, most people are absolutely fine and understand. We follow the script and ask them a number of questions to make sure they understand the isolation regulations and ensure that they are going to adhere to those guidelines. Most of the travellers do understand them and accept and acknowledge that they are required to adhere to those. If they don't and they advise that they are not isolating, it becomes an immediate trigger point and that case is then escalated back through PHE to the Home Office.

We do a lot of onboarding and training activity with our agents to pick up and listen for those nuances. If we are hearing outside background noise,

they would be raised as a call for concern—not because they are in breach of the regulations, but they potentially need more investigation. They would also get passed back to the Home Office.

Q1029 **Stuart C. McDonald:** So if somebody sounds like they are on their mobile phone while walking down the high street, then, yes, you query the assertion that they are abiding by quarantine?

Ian Conduit: Yes. It is not the fact that they are in breach, it is the fact that they require onward or further investigation.

Q1030 **Stuart C. McDonald:** You spoke about the sorts of questions that might be asked and going through the guides. Are you asking about the part of the regulations like understanding that they shouldn't be going to the shops and that they should keep a distance from other people in the property?

Ian Conduit: That's right. Not only do we make sure that they understand the regulation itself and the requirement to self-isolate; we also provide them with practical steps and simple information that they can then follow. They are then subsequently advised of online tools and information that can be accessed if they need further follow-up.

Q1031 **Stuart C. McDonald:** If somebody does not answer the first time but they do the second time, is that in itself a cause for concern? Are they asked why they did not answer the first time?

Ian Conduit: No, we are not asked to capture that. There could be some very good reasons as to why people don't answer the phone, particularly if they have been on a long-haul flight or something like that. As long as they answer within the three attempts that are mandated and we speak to them, that is classified as a compliant activity.

Q1032 **Stuart C. McDonald:** You have given me some percentages here. Do you know what percentage of people are successfully contacted at the first try?

Ian Conduit: We will have that data, but I don't have it to hand. I will follow it up.

Stuart C. McDonald: That's okay. Thank you very much.

Q1033 **Chair:** Mr Conduit, just to clarify, you said that 78% were spoken to by the end of the third contact?

Ian Conduit: Yes. Since 15 February, we have successfully reached 78% of people, and 96% of those confirmed that they were self-isolating in line with Government policy and advice.

Q1034 **Chair:** And that is 78% of all travellers other than those exempt, either by hotel quarantine or because they are hauliers.

Ian Conduit: Yes, all those who have not been contacted. Obviously, within the 22% there are a number who are not contacted, and they would be passed back to the Home Office.

Q1035 **Chair:** Okay. Does the three-day run of calls tend to be the first few days when people arrive home? Does it tend to be spread out over a 10-day period or a 14-day period, and so on?

Ian Conduit: The current way in which the system and the rules work means that the first call is conducted on the first day following arrival. Obviously, that is then done for a period of up to three days, where they are either compliant or non-compliant. We are in discussions with Public Health England and the DHSC about contacting everybody for every day of their isolation, and we are just waiting for that policy to be defined so we can effectively, if it is agreed, roll that out.

Q1036 **Chair:** Has there been discussion about whether, for example, compliance deteriorates the longer people are at home? For the first three days, maybe they stay home. By day seven or eight, they just want to go out to the shops or for a run, or whatever.

Ian Conduit: We do not get involved in any further follow-up conversations around that. I think that will be one that would have to be picked up by Public Health England.

Q1037 **Chair:** Just going back to the border queues issues, has there been a public health assessment of your arrival halls, what the level of risk is, and whether the level of risk to someone increases if they are standing in those arrival halls for a long time? If they have to stand in an arrival hall for six hours, does that put them at increased risk, even if they are still two metres away from someone, compared with if they are standing in an arrival hall for 20 minutes?

Emma Gilthorpe: My understanding, from talking to the chief operating officer of Border Force's predecessor, is that they had a conversation with Public Health England about that, but I have not seen that assessment. We were clearly pushing for flow—a desire to keep people moving through. We were, of course, pressing our arguments about resourcing, the deployment of that resource, and automating some of the processes.

My view, based on my safety advice from Heathrow safety advisers, is that the measures that we are taking are adequate to keep passengers safe, given that they come into the arrival hall having had a pre-departure test. They are coming in with a negative test when they arrive. They have the mask. We have the cleaning regime, the ventilation regime and the marshalling that encourages social distancing. In terms of the risk profile as the queue builds, I cannot answer that question, but I am aware that Border Force has had discussions with Public Health England about that.

Q1038 **Chair:** Is there any provision—I am not sure whether you said this earlier—to separate the red list country arrivals from everybody else?

Emma Gilthorpe: There is not currently a requirement to do that. People come in through the hall. The red list countries at the moment, for the most part, are non-EU countries, so there is some separation within the hall, obviously between EU and non-EU, and there will be absolute separation, for example, with people requiring support—what used to be called PRM customers, with reduced mobility or needing help to get from

the plane to the hall. That is an entirely separate channel. Those would certainly often be more vulnerable passengers, but there is no requirement to separate out red grouped countries from other countries coming into the immigration hall.

Q1039 **Chair:** In terms of your capacity at the moment, if the resources at Border Force did not change, and if the procedures—so the time that it takes, the gate issues and so on—did not change, how much spare capacity is there? How many additional travellers could you cope with in Heathrow before you reached the point of needing to keep people on planes, stop the planes arriving and so on?

Emma Gilthorpe: I can give you an example. I can't give you an empirically precise answer to that; I would probably have to take it away. But to give you an example, last summer, when I was holding passengers on planes to ensure safety, I had approximately 20% to 25% of pre-covid demand. Now, I have 10% to 15% of demand, depending on day of week, week of month and whether you are in—it just varies. And it varies by terminal.

However, I will be introducing, of course, a new terminal, so I will be adding an extra third of capacity. I would say that I can just about cope with 20% to 25% with two terminals, but if I get to an additional terminal I would say—this is genuinely a guesstimate—that I should be able to deal with 40% to 50% of pre-covid capacity. However, I would argue that those queue lengths would still be unacceptable.

We need to do everything we can to get back as close as possible to about 25-minute and 45-minute SLA, because the hall was dimensioned and the asset was created on the basis of that flow, and I don't have another immigration hall spare to deal with covid. So, we need to find a way of mitigating those impacts.

Q1040 **Chair:** The summer delays feel very hard to understand or explain, because you still had a significant drop in the number of arrivals. You weren't at that point, or Border Force wasn't at that point, checking every passenger locator form; in fact, they were checking very few. So, it is very hard to understand why you had such a big increase—such high and long queues—at that point, with so few passengers.

Emma Gilthorpe: I agree with you, Chair, and I think that, yes, we had covid absence and, yes, we had people shielding at that point, but given that we were only at 20% of maximum capacity—it is the deployment, it's the way that the resource that they have is deployed that is causing the problems, and the difference between what is happening front of house at that border queue and what is happening back of house, and how we get more resource front of house.

Q1041 **Chair:** Just in terms of the options of testing at the airport, we already have the pre-departure testing but, as I understand it, Heathrow did look at the on-arrival testing options and I think it had a pilot last summer. Could you tell us what your views are on that option—the on-arrival testing option?

Emma Gilthorpe: Our preference is to stick with pre-departure testing, because we want to make sure that people come into the airport knowing that they have a negative test. And I—

Q1042 **Chair:** But let's assume that this is an additional option.

Emma Gilthorpe: As an additional option, if it came along with streamlined paperwork and a way of, if you like, having a common international standard for what was required—what is hard is if we have different measures for different circumstances. So, is it a test as soon as you arrive or you can do other things, or is it a PCR test, a LAMP test, a lateral flow test?

If we can get commonality, we are ready to ensure that the service is in place with our partners, as we were with departures testing; we put it in well ahead of the Government putting in any mandated position on pre-departure tests. If that is trying, though, to harmonise what the requirements are, so we have a clear thing to shoot at and then we can resource up and we can get the partners in place.

Where we have multi-faceted and sometimes slightly conflicting messages about what it is we're trying—what is the outcome we are trying to get to?—and the time to work through that with Government and with stakeholders, then if that was the way to get travel unlocked on a risk-based approach, we would of course be up for working with Government and stakeholders to implement that.

However, we need this common international standard, this risk-based approach, and the harmonisation of that in order to make sure we have any hope of serving passengers and stakeholders.

Q1043 **Chair:** We had a witness some weeks ago who suggested having lateral flow tests on arrival at the airport before people go on to public transport or whatever. Could you run a system of lateral flow tests on arrival? If so, where and how would you do it, given that you obviously have arrivals hall constraints

Emma Gilthorpe: I would have to take that away and think it through, Chair. We would have to think about parallel processing and what we can do from the minute you arrive at the pier or at the plane stand, and whether or not we could start the process there before you got into the immigration arrivals hall. On the process from deplaning to getting to the arrivals barrier where your onward transport happens, it is very common for that process to take somewhere between 20 and 40 minutes, which happens to be the time a lateral flow test takes to go from inception to conclusion. So it is not impossible for us to devise that process, but we would need time to do that, working with our partners, to make sure we pick the passenger up at the earliest possible point on landing at the plane or at the pier. We would need some way of making sure that we match the passenger up with the test and that we see that compliance before we let them out of the baggage hall, which is the last point where we can contain passengers before they are free to go on their onward journey.

Q1044 **Chair:** From your point of view, that does not look like a logistical impossibility if you have time to plan, assess and consider things.

Emma Gilthorpe: With those other measures, the risk-based measures, who are we doing this to? Are we doing it to the vaccinated person who has come from a low-risk country? Are we doing it to what we might call the amber countries, or are we doing it to the red countries? If this was a blanket thing as we ramp up in summer, I think that would cause us significant challenges. If it is a risk-based approach, we would absolutely do everything in our power, if that is what unlocks travel, to create a parallel process to ensure that that happened. It is certainly not beyond our capabilities to do that, but it would need to be a risk-based approach.

Q1045 **Chair:** The evidence we took earlier from South Korea was about making sure people avoid public transport to go home. I realise this is not you direct responsibility, but in terms of your reflections and your relationships with partner and transport organisations and so on, if there was a rule in place that prevented international arrivals going on to public transport and going instead on to private cars or some form of airport buses or designated transport to take people home, could that be managed and delivered?

Emma Gilthorpe: As you say, it is not our particular role. However, we are responsible for things such as Heathrow Express. That is our asset—the 15-minute shuttle train into Paddington. We are seeing very low public transport utilisation at the moment, partly because of Government guidelines and also because of passenger preference. Generally, people want to turn up under their own steam. If there was an outright ban—again, if it wasn't a risk-based approach, but an outright ban—it very much depends on how sharp the ramp-up is in summer. Pre-covid we would see about 40% to 45% utilisation of public transport. The first is coming under your own steam—

Q1046 **Chair:** Can you say that figure again?

Emma Gilthorpe: Some 40% to 45% of passengers travelling to and from the airport used public transport pre-covid. That is a much-reduced figure now. I don't have it to hand, but it is not just anecdotal. There is data to suggest far fewer people are using it. If there was an outright ban, we would work with partners—taxi companies and other services—to ramp up. I am not expecting us to get up to 80 million passengers by the summer. I am still expecting, even if we see a sharp uptick, for us to be at materially depressed levels, because not all routes are going to open.

I am really keen to pursue this risk-based approach, so that we understand what we are opening up in those bilateral relationships with key markets, such as the States and across Europe. But ultimately, it is as much down to the end Government—the Government at the other end of that route—about what they are doing and whether they want British travellers coming into their country. I am not expecting us to go back up to that annualised level of 80 million passengers, so there is capacity, theoretically, to ensure that far higher numbers use private transport

versus public transport. Again, we would need time to plan in order to assess the viability of that.

Q1047 **Chair:** Thank you. Mr Conduit, do you have particular operating hours for making the calls?

Ian Conduit: Yes. We would do the outbound contacts predominantly between 8 am and 8 pm. We would not contact people outside those hours. There has been the odd exception where we have been asked to try to trace people linked to certain variants, but it is not common practice.

Q1048 **Chair:** Have you done some of the direct tracing work around the new variants as well?

Ian Conduit: Yes, that is part of the Test and Trace service. It is part of the Department for Health and Social Care, rather than the IAS.

Q1049 **Chair:** I see. Finally, the evidence we heard was that as domestic infections fall, international restrictions become more significant. That was the evidence to us from some of the public health experts. We obviously heard from Australia earlier, where they are effectively talking about maintaining a zero risk or a very low risk, given the points that you were making, Emma Gilthorpe, about being risk based. Based on that international evidence and scientific advice, it would suggest that, actually, as infections fall in the UK, it might be harder to reduce travel restrictions. Are you planning currently on the basis that travel restrictions will be reduced this summer? In the light of that scientific evidence, do you think you are wise to do so?

Emma Gilthorpe: As has been said throughout the pandemic, scientific advice is the basis on which all decisions should be made, but there is always a responsibility on Government to choose the direction they want to go in. America, Australia and New Zealand have very much chosen the elimination strategy. The suppression strategy has been used largely across Europe. That is a function of the balance between public health and economic impact, and we know economic impact also has an impact on health societally.

We are currently awaiting the view of the Global Travel Taskforce, which we hope will be opining on 12 April, to understand what the road map out of this is for travel. We know the earliest date that travel will open up is 17 May. We will be ready for that, because we have to make sure we give the best possible service that we can to passengers who are permitted to travel under that Government regime. We will be planning for some level of opening up, but we are not expecting there to be a wholesale withdrawal of constraints. That is why we are advocating this risk-based approach.

We think the facts and the science will back up that certain bilateral air bridges are a valid way forward. The links with Europe and the US are absolutely fundamental to our recovery as a nation, and we will not recover unless air transport links, both for cargo and for people, are put back in place. As an island trading nation, you are not going to recover

economically unless you have that connectivity, but it needs to be measured and it needs to be risk based. Some countries will absolutely remain closed, and rightly so, but we need to open up as much as we can where the science backs that up.

Chair: Thank you very much to our witnesses. We appreciate your time this morning, and we are very grateful for that. That brings to an end our evidence session this morning. Thank you very much.