



House of Commons
Home Affairs Committee

Home Office preparedness for COVID-19 (coronavirus): management of the borders

Fifth Report of Session 2019–21

*Report, together with formal minutes relating
to the report*

*Ordered by the House of Commons
to be printed 30 July 2020*

Home Affairs Committee

The Home Affairs Committee is appointed by the House of Commons to examine the expenditure, administration, and policy of the Home Office and its associated public bodies.

Current membership

[Rt Hon Yvette Cooper MP](#) (*Labour, Normanton, Pontefract and Castleford*) Chair

[Rt Hon Diane Abbott MP](#) (*Labour, Hackney North and Stoke Newington*)

[Dehenna Davison MP](#) (*Conservative, Bishop Auckland*)

[Ruth Edwards MP](#) (*Conservative, Rushcliffe*)

[Laura Farris MP](#) (*Conservative, Newbury*)

[Simon Fell MP](#) (*Conservative, Barrow and Furness*)

[Andrew Gwynne MP](#) (*Labour, Denton and Reddish*)

[Adam Holloway MP](#) (*Conservative, Gravesham*)

[Dame Diana Johnson MP](#) (*Kingston upon Hull North*)

[Tim Loughton MP](#) (*Conservative, East Worthing and Shoreham*)

[Stuart C. McDonald MP](#) (*Scottish National Party, Cumbernauld, Kilsyth and Kirkintilloch East*)

The following Members were also Members of the Committee:

[Janet Daby MP](#) (*Labour, Lewisham East*); [Stephen Doughty MP](#) (*Labour (Co-op) Cardiff South and Penarth*); [Holly Lynch MP](#) (*Labour, Halifax*)

Powers

The Committee is one of the departmental select committees, the powers of which are set out in House of Commons Standing Orders, principally in SO No 152. These are available on the internet via www.parliament.uk.

Publications

© Parliamentary Copyright House of Commons 2020. This publication may be reproduced under the terms of the Open Parliament Licence, which is published at www.parliament.uk/copyright.

Committee reports are published on the Committee's website at www.parliament.uk/homeaffairscom and in print by Order of the House.

Evidence relating to this report is published on the [inquiry publications page](#) of the Committee's website.

Committee staff

The current staff of the Committee are Simon Armitage (Committee Specialist), Melissa Bailey (Committee Assistant), Chris Battersby (Committee Specialist), Chloe Cockett (Senior Specialist), Elizabeth Hunt (Clerk), Penny McLean (Committee Specialist), George Perry (Senior Media and Communications Officer), Paul Simpkin (Senior Committee Assistant) and Dominic Stockbridge (Assistant Clerk).

Contacts

All correspondence should be addressed to the Clerk of the Home Affairs Committee, House of Commons, London SW1A 0AA. The telephone number for general enquiries is 020 7219 6856; the Committee's email address is homeaffcom@parliament.uk.

You can follow the Committee on Twitter using [@CommonsHomeAffs](https://twitter.com/CommonsHomeAffs).

Contents

Summary	3
Introduction	6
1 Government decisions on the border up to and during lockdown	8
COVID-19 border measures prior to 13 March	8
Incremental quarantine and self-isolation measures targeted at high-risk countries/areas	15
Other potential approaches at the border	16
COVID-19 border measures after 13 March	18
Withdrawal of travel advice and move to 'delay'	18
International comparisons	20
Importation of the virus in the UK in March	23
Decision to withdraw measures for international arrivals	28
Scientific evidence and advice informing decision-making	29
The decision-making process	35
Appropriateness of Home Office calculations and analysis	35
2 The introduction of border quarantine requirements	42
Consideration and announcement of quarantine requirements	42
Introduction of measures on 8 June	45
International comparators	46
Analysis of quarantine measures	47
Practical implementation of the new measures	50
The introduction of travel corridors to and from the UK	51
Analysis of travel corridors	53
Reintroducing quarantine for Spain	56
Government use of science and analysis in quarantine and travel corridors policy	62
Departmental responsibility for border measures	64
Enforcement of the new measures	67
Conclusion: the future of border measures	72
Conclusions and recommendations	73
Formal minutes	85
Witnesses	86
Published written evidence	88
List of Reports from the Committee during the current Parliament	93

Summary

The Government and its scientific advisers faced a huge challenge in early 2020 from the international spread of COVID-19, in circumstances where information was changing constantly and decisions about borders had to be made at pace. Almost every country in the world, including the UK, has used border measures at different stages in the crisis to help control the virus. This report examines the UK Government decisions and the reasons behind them to ensure that lessons can be learned as the pandemic continues.

From late January to early March, the UK gradually introduced a series of international travel measures including the quarantining of 273 people mainly from Wuhan, and non-mandatory guidance to self-isolate for 14 days for travellers from designated high-risk countries. The list of countries was incrementally expanded and by mid-March included China, Iran and Italy but not Spain. Advice from SAGE at that time was against introducing wider quarantine measures or testing at the border.

That early introduction of measures was in line with other countries, and the Government was right to adjust and extend provisions as the virus spread. However, it is clear that the border measures in the UK and many other European countries in early March were not sufficient to contain the cross-border spread of the virus. The UK Government did not recognise soon enough the increased risk of importations from European countries, and not advising people travelling from Spain to self-isolate was a problem. Had stronger early measures been taken, we conclude that it is likely that the spread of the virus could have been slowed.

On 13 March, the Government withdrew its self-isolation guidance for arrivals from specific countries and for almost 3 months—until 8 June—there were no border measures in place. No reason was given for the withdrawal of the guidance at the time. Other countries at that time were introducing more comprehensive measures, including quarantine, self-isolation, testing and screening. The UK's approach was highly unusual.

Evidence suggests that thousands of new infections were brought in from Europe in the ten days between the withdrawal of guidance and the introduction of lockdown on 23 March. It is highly likely that this contributed to the rapid increase in the spread of the virus in mid-March and to the overall scale of the outbreak in the UK. The Committee therefore concludes that the failure to have any special border measures during this period was a serious mistake that significantly increased both the pace and the scale of the epidemic in the UK, and meant that many more people caught COVID-19.

We asked the Home Office and other Government departments to provide us with the scientific advice behind its decisions. Their failure to do so despite repeated promises to provide the information is completely unacceptable. It is not clear, therefore, who was making the decisions about borders in March, nor on what basis such decisions were made. We find that this lack of clarity is very serious and may well have contributed to mistakes being made.

It is understandable that the Government did not consider it practical or effective simply to restrict flights, not least because of large numbers of British residents

seeking to return home. However, the failure properly to consider the possibility of imposing stricter requirements on those arriving—such as mandatory self-isolation, increased screening, targeted testing or enforceable quarantine—was a serious error. A precautionary approach aimed at continuing suppression of imported cases of the virus should have included more comprehensive measures.

Ministers do not appear to have been given any estimates for the number of people likely to be travelling into the country with COVID-19 during this period. Instead, the Home Office focused on the proportion of circulating cases that were coming from importation, which they told us was less than 0.5% after 22 March. We believe a wider range of estimates and information should have been made available to Ministers throughout March to allow them to make fully informed decisions.

Quarantine measures were introduced on 8 June. These firm border measures were considerably stronger than both the ‘stay at home’ guidance and lockdown restrictions imposed in mid-March. We welcome the Government’s decision to re-introduce border measures and we recognise the difficult task the Government continues to face in ensuring control of the virus at the same time as getting the economy moving, including international travel, in the safest possible way. At a time when COVID-19 infections continue to increase across the world and when hotspots of infection continue to change, all countries are going to need different kinds of border measures to control the spread of the virus for some time to come.

On 29 June, the Government announced that it would introduce “travel corridors” to exempt arrivals from safe countries from having to quarantine for 14 days. We welcome the Government’s attempt to develop an approach to travel corridors which recognises the different prevalence of the virus in different countries and regions, but we believe the Government needs to publish much more information on the analysis behind these decisions. Given that we will need to be able to manage the changing risk of COVID-19 from different countries for some time to come, setting up a sustainable and agile framework that can be adapted quickly is extremely important. However, we also note the warnings from public health experts who advised against mass-market travel in Europe this summer.

On 25 July, the Government announced it was removing the travel corridor with Spain and therefore reintroducing quarantine requirements for people travelling back to the UK. Given the surge in confirmed COVID-19 cases in mainland Spain, a precautionary approach is the right one and we welcome the Government’s commitment to regularly review its quarantine regulations. Given the likely increase in travel during the summer holidays, public health surveillance is particularly important for those countries where passenger numbers are highest.

However, we conclude that the Government needs to be more sensitive to the serious consequences for families and businesses of changing policy with no warning. There should be significant changes to the way these decisions are handled and communicated. The Government has now rightly warned that no international travel is risk-free in the present circumstances. A similar warning should have been given at the time air corridors were introduced in early July.

The Government should also make clear what criteria it applies to assess possible risks. We call on the Government to publish details of its assessments of countries, including a traffic light system, to allow the public to assess more readily the risks of travel to different places. The creation of a Joint Biosecurity Centre ought to represent a step forward in the management of the pandemic, involving regular and comprehensive public health surveillance. However there remains a concerning lack of transparency and clarity about departmental responsibilities and the information provided to Ministers, which the Government needs to address.

We also recommend that the Government investigates further the viability of introducing widespread or targeted tests at the border, as in Iceland, Hong Kong or South Korea. We agree with the Government that a testing and tracing system alone is not currently sufficient to address the risk from overseas travel; however, more work should have been done to develop testing and screening options alongside quarantine and self-isolation measures.

Some sort of border quarantine mechanism will be required for the foreseeable future. We do not take lightly the potential burden on individuals and the economy from closing borders and requiring quarantine, as well as the potential damage to the economy and to public health if the virus takes hold again. Border health measures can only be one strand in a wider, larger strategy of disease control, but they will continue to be a crucial part of any Government strategy to control the virus over the months to come.

Introduction

1. We launched an inquiry into Home Office preparedness for COVID-19 (Coronavirus) on 12 March 2020. Since then we have published over 150 pieces of written evidence, and reports on the policing response, domestic and child abuse, the immigration and visa systems and institutional accommodation. We have twice taken evidence from the Home Secretary and have engaged in correspondence with Home Office Ministers and officials on issues across the Home Office's remit.

2. This report covers the measures taken at the UK border to respond to the spread of COVID-19. We heard from UK Border Force, the Immigration Services Union, the Port of Dover, the Airport Operators Association, former Border Force Director-General Tony Smith CBE, and experts in science policy, public health and epidemiology from the University of Bristol, University of Sheffield, London School of Hygiene and Tropical Medicine, National University of Singapore, Hong Kong University, and the University of Otago, New Zealand. We are thankful to all our witnesses for their contributions, and particularly those who joined from overseas.

3. This first chapter of this report seeks to set out the advice provided to the Government concerning measures to take at the UK border to manage the spread of the virus from January to May, and the decisions made by Government on that advice. It particularly addresses the Government's decision to retract self-isolation guidance for arrivals from some other countries on 13 March, at approximately the same time as many comparable countries were strengthening measures to prevent the importation of cases. The second chapter looks at the border quarantine measures implemented by the Government in early June and adapted over the course of July.

4. **In conducting this inquiry, we recognise that the COVID-19 pandemic brought unprecedented challenges and that the Government had to respond swiftly in circumstances of great uncertainty. We also recognise and are grateful for the hard work of all those responding to the crisis to ensure safety at the border at a time of considerable pressure, from Border Force staff to Government officials and scientific advisers. We recognise too that border measures in isolation are not effective in controlling the virus and must be considered alongside a suite of other measures such as social distancing and lockdowns. However, as one witness told us, all measures are “additive” and the relative absence of firm border measures in the UK earlier during the pandemic is notable.¹**

5. **While it is not possible to determine the precise impact that borders policy has on the trajectory of the pandemic, almost every country in the world including the UK has used border measures at some point to try to control or manage the spread of the virus. As well as important public health consequences of those decisions, there are also significant economic consequences. For that reason, we have looked not only at the decisions that were taken and their consequences but also the reasons behind them and the lessons that should be learned. As the COVID-19 pandemic continues, and as patterns of infection in different countries keep changing, governments across the**

1 [Q642](#) [Professor Gabriel Scally]

world are likely to keep drawing upon border measures to help control the spread of the virus. We want to be assured that everything possible is being done here in the UK to ensure that the most effective measures are put in place at the right stage.

1 Government decisions on the border up to and during lockdown

COVID-19 border measures prior to 13 March

6. Throughout the pandemic, the UK Government has stressed that its policy has been guided by scientific advice. This advice has primarily been provided by the Scientific Advisory Group on Emergencies (SAGE), which is itself informed by other groups offering external advice. These include the Scientific Pandemic Influenza Group on Modelling (SPI-M), the Scientific Pandemic Influenza Group on Behaviours (SPI-B), and the New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG).² Government Chief Scientific Advisers, including the Chief Scientific Adviser to the Home Office, Professor John Aston, are members of SAGE.³

7. SAGE first met to consider COVID-19 on 22 January.⁴ SAGE discussed advice provided to it from NERVTAG on 21 January concerning initial measures to take at the UK border to reduce the risk of the virus arriving from the then-epicentre of the pandemic, the city of Wuhan in China. Approximately 1,484,800 people arrived by air into the UK that week—similar to the equivalent week of the previous year.⁵

8. The minutes suggest that, at this early stage in the pandemic, consideration had not yet been given to quarantining arrivals. The minutes also state that “NERVTAG does not advise port of entry screening, irrespective of the current limited understanding of the epidemiology”. This advice was supported by SAGE on the basis that “Temperature and other forms of screening are unlikely to be of value and have high false positive and false negative rates”.⁶

9. On 27 January, the Government advised that anyone entering the UK from Wuhan should self-isolate for 14 days. The Secretary of State for Health and Social Care told the House that he had “directed Public Health England to take a belt-and-braces approach, including tracing people who have been in Wuhan in the past 14 days”. He added

From today [...] we are asking anyone in the UK who has returned from Wuhan in the last 14 days to self-isolate. [...] The Foreign Office is rapidly advancing measures to bring UK nationals back from Hubei province. I have asked my officials to ensure that there are appropriate measures in place upon arrival to look after them and to protect the public.⁷

There is no published scientific advice related to this direction from SAGE, Public Health England or elsewhere. The Secretary of State told the House that the “belt-and-braces approach” was because “this is a new disease, and the global scientific community is still learning about it”. He said the approach “has been guided by the chief medical officer, Sir

2 HM Government, ‘[Scientific Advisory Group for Emergencies \(SAGE\): Coronavirus \(COVID-19\) response](#)’, accessed 12 July 2020

3 Government Office for Science, ‘[List of participants of SAGE and related sub-groups](#)’, last updated 3 July 2020, accessed 12 July 2020

4 Scientific Advisory Group on Emergencies, ‘[Minutes of first meeting relating to COVID-19](#)’, 22 January 2020

5 Border Force ([COR0007](#))

6 Scientific Advisory Group on Emergencies, ‘[Minutes of first meeting relating to COVID-19](#)’, 22 January 2020

7 HC Deb, 27 January 2020, [col 559](#) [Commons Chamber]

Chris Whitty”.⁸ During this last week in January, 1,474,500 people arrived in the country—again a figure at near parity with 2019.⁹ On 28 January, British Airways suspended all flights to and from mainland China.¹⁰

10. SAGE considered international arrivals in the UK at its second meeting, on 28 January. SAGE considered advice from NERVTAG about whether those coming into close contact with returning travellers to the UK, “e.g. Border Force agents”, needed additional infection control measures.¹¹ NERVTAG’s minutes of 28 January state at paragraph 7.4 that “NERVTAG does not recommend PPE for professional staff exposed to healthy individuals from at-risk areas”. SAGE endorsed this advice.¹² It also considered the UK’s “reasonable worst-case scenario” and concluded that the scenario “should assume that some of those who have returned from China are infectious”. It further agreed that the scenario should be based on “pandemic influenza planning”. No other discussion of border measures, including quarantine, is included in the minutes.

11. On 31 January the first evacuation flight returning 83 UK nationals and 27 foreign nationals from Wuhan landed at RAF Brize Norton. Arrivals were transferred to Arrowe Park hospital in the Wirral for 14 days’ quarantine.¹³ These people were later joined, on 2 February, by 11 individuals who had been evacuated from Wuhan via France.¹⁴ A total of 273 UK nationals were quarantined from four flights: alongside the 94 accounted for above were 147 arriving from Wuhan on 9 February (alongside 104 from Germany, Italy and France who were transferred to their home countries) and 32 arriving on 22 February from Tokyo, where they had been passengers aboard the stricken Diamond Princess cruise liner.¹⁵

12. On 3 February, SAGE discussed the potential impact of travel restrictions from China. Notably the minutes suggest that the focus of the discussion was on how travel restrictions might help give the NHS additional time to prepare, but not on whether they might reduce the scale of the epidemic or the overall number of people infected. SAGE’s minutes record its conclusion that a reduction of imported infections of 50% may delay the onset of the epidemic by 5 days; a reduction in imported infections of 95% or more “maybe buys a month”. SAGE concluded that “only a month of additional preparation time for the NHS would be meaningful” and that an additional five to 10 days “would be of limited value”.¹⁶

13. SAGE minutes also note that “to prevent imported infections along these lines would require draconian and coordinated measures, because direct flights from China are not the only route for infected individuals to enter the UK.”¹⁷ It agreed an action that the Department for Transport and the Home Office would “produce more wide-ranging estimates on people entering the UK from China for the next SAGE meeting (4

8 HC Deb, 27 January 2020, [col 559](#) [Commons Chamber]

9 Border Force ([COR0007](#))

10 BBC News, ‘[Coronavirus: Britons on Wuhan flights to be quarantined](#)’, 29 January 2020

11 New and Emerging Respiratory Virus Threats Advisory Group, [Minutes of the NERVTAG Wuhan Novel Coronavirus Third Meeting](#), 28 January 2020

12 Scientific Advisory Group on Emergencies, [Minutes of second meeting relating to COVID-19](#), 28 January 2020

13 BBC News, ‘[Coronavirus: Britons evacuated from Wuhan arrive at quarantine facility](#)’, 31 January 2020

14 HC Deb, 3 February 2020, [col 49](#) [Commons Chamber]

15 [Written Parliamentary Question 41459](#) [Migrants: Quarantine], 4 May 2020

16 Scientific Advisory Group on Emergencies, [Minutes of third meeting relating to COVID-19](#), 3 February 2020

17 Scientific Advisory Group on Emergencies, [Minutes of third meeting relating to COVID-19](#), 3 February 2020

February)".¹⁸ These numbers have not been published and are not mentioned explicitly in the minutes of SAGE for 4 February. At that 4 February meeting, SAGE minutes show that the response was focused again on preparation time for the NHS. Despite recognising that "a delay now in the arrival and spread of WN-CoV [i.e. COVID-19] in the UK would be beneficial for improving NHS readiness and ability to handle cases", the committee "remain[ed] content with the validity of the statement (issued 3 February) on the impact of international travel restrictions on delaying spread of WN-CoV [i.e. COVID-19]".¹⁹

14. On the same day, a SPI-M operational sub-group (SPI-M-O) paper looked at the possible efficacy of non-pharmaceutical measures on the trajectory of the pandemic. This paper was provided to SAGE on 4 February. Among interventions "judged to have a greater potential to delay a UK pandemic" were "Restricting travel from countries with outbreaks (if there is not unseen sustained transmission in the UK at present)" and "Quarantine of those people returning from China". SPI-M-O advised that

While it is possible that a combination of these could produce a meaningful delay in a UK epidemic uncertainty is even greater when the interaction of combinations of interventions is considered. As such, no meaningful conclusions could be drawn as to whether it is possible to achieve a delay of a month.²⁰

15. At approximately the same point in time, other countries began to take steps to prevent importation of the virus from China. For example, on 22 January Singapore began to require the 14-day quarantine of all symptomatic arrivals from China. By 29 January it had begun to temperature check all incoming flights, and to deny entry to all arrivals from Hubei province. On 1 February these measures extended to deny entry to anybody who had been in China in the previous 14 days. The following day, the USA similarly banned the arrival of anybody who had been in China during the previous 14 days apart from returning US residents. New Zealand took the same measure on 3 February.²¹

16. Later that week, on 6 February, a case of COVID-19 was confirmed in Brighton. The patient lived in the UK, arriving on 28 January after having travelled from Singapore via France.²² Also on 6 February, SAGE met and advised that:

in light of new evidence of human-to-human transmission beyond China, SAGE advises that the UK geographical case definition should be widened, taking into account available information on air travel volumes from Hubei to other countries, numbers of reported cases in other countries, and understanding of other travel routes. SAGE now advises that individuals in the UK who have travelled from Thailand, Japan, Republic of Korea, Hong Kong, Taiwan, Singapore, Malaysia or Macau and are showing possible symptoms of WN-CoV should also be included in the case definition.²³

18 Scientific Advisory Group on Emergencies, [Minutes of third meeting relating to COVID-19](#), 3 February 2020

19 Scientific Advisory Group on Emergencies, [Minutes of fourth meeting relating to COVID-19](#), 4 February 2020

20 Scientific Pandemic Influenza Advisory Committee Modelling Operational sub-group (SPI-M-O-), [Statement on the impact of the possible interventions to delay the spread of a UK outbreak of 2019-nCoV](#), 3 February 2020

21 The Guardian, [Travel bans plunge China into deepening isolation over coronavirus](#), 1 February 2020

22 The Guardian, [First British national to contract coronavirus had been in Singapore](#), 6 February 2020

23 Scientific Advisory Group on Emergencies, [Minutes of fifth meeting relating to COVID-19](#), 6 February 2020. A case definition is the criteria applied to an individual to assess whether they are recordable as a case of a particular condition for epidemiological purposes.

Five days later, on 11 February, SAGE acknowledged that “the UK has 8 confirmed cases, all of whom acquired the virus overseas.”²⁴

17. Two days later, SAGE was provided with two papers relating to international measures, which at the time of writing had not been published on the SAGE website. These were ‘Singapore: Summary’ and ‘The effect of travel restrictions on the spread of the 2019 novel coronavirus outbreak’. A paper of the same name as the second of these has since been published online in *Science*.²⁵ This paper examined the possible effect of travel restrictions upon the early spread of the virus in China. It found that the travel ban had led to a “77% reduction in cases imported from mainland China to other countries” until mid-February, and that at this time the majority of cases exported from China were to neighbouring countries such as Japan (13.8%), Thailand (13%), and South Korea (11.3%). However, it noted that “sustained 90% travel restrictions to and from mainland China only modestly affect the epidemic unless combined with a 50% or higher reduction of transmission in the community” and that “early detection, hand washing, self-isolation and household quarantine will likely be more effective than travel restrictions at mitigating this pandemic.”²⁶

18. On 14 February, the Government issued guidance for those who had “travelled or passed through (such as transit through an airport)” China, Hong Kong, Japan, Macau, Malaysia, Republic of Korea, Singapore, Taiwan and Thailand. The guidance advised that any passenger who developed symptoms should self-isolate “as you would with the flu”. Self-isolation was advisory rather than compulsory and it was not enforceable.²⁷ On this date, the World Health Organization (WHO) reported that confirmed cases had reached 63,932 in China, with Singapore (58 confirmed cases), Japan (33), Thailand (33) and Korea (28) the most affected countries elsewhere in Asia. In Europe, the UK had nine confirmed cases, compared to sixteen in Germany, eleven in France, three in Italy and two in Spain.²⁸ Government advice for international arrivals therefore focused on Asian countries and not on potential importations of the virus from Europe, where confirmed cases were much lower.

19. On 25 February the Government published expanded guidance about international travel measures, reportedly following a joint decision from Public Health agencies for arrivals in the UK from certain countries.²⁹ At this time, the WHO reported that there were thirteen confirmed cases in the UK, compared to 229 in Italy, sixteen in Germany, twelve in France and two in Spain.³⁰ Arrivals in the UK were 2% lower than during the equivalent week in 2019, at approximately 1,812,000.³¹ The guidance, titled ‘COVID-19: specified countries and areas with implications for returning travellers or visitors arriving in the UK in the last 14 days’, would be modified several times over the ensuing fortnight before its withdrawal on 13 March. It created two categories of risk:

24 Scientific Advisory Group on Emergencies, [Minutes of sixth meeting relating to COVID-19](#), 11 February 2020

25 Chinazzi et al, ‘[The effect of travel restrictions on the spread of the 2019 novel coronavirus \(COVID-19\) outbreak](#)’, *Science*, 24 April 2020, pp395–400

26 Chinazzi et al, ‘[The effect of travel restrictions on the spread of the 2019 novel coronavirus \(COVID-19\) outbreak](#)’, *Science*, 24 April 2020, pp395–400

27 Department for Transport and Public Health England, ‘[COVID-19 Guidance for staff in the transport sector](#)’, 14 February 2020

28 World Health Organization, [Coronavirus disease 2019 \(COVID-19\): Situation Report 25](#), 14 February 2020

29 Scottish Government, ‘[Coronavirus travel advice updated](#)’, 25 February 2020

30 World Health Organization, [Coronavirus disease 2019 \(COVID-19\): Situation Report 36](#), 25 February 2020

31 Border Force ([COR0007](#))

Table 1: extract from guidance issued on 25 February

Category 1: Travellers should self-isolate, even if asymptomatic, and call 111 to find out what to do next. Go home or to your destination and then self-isolate.	Wuhan and wider Hubei Province, China; Iran Daegu or Cheongdo, South Korea
Category 2: Travellers do not need to undertake any special measures, but if they develop symptoms they should self-isolate and call NHS 111.	Cambodia; rest of mainland China; Hong Kong; Macau; Japan; Laos; Malaysia; Myanmar; South Korea beyond Daegu and Cheongdo; Singapore; Taiwan; Thailand; Vietnam; Northern Italy

Source: Public Health England, 'COVID-19: specified countries and areas with implications for returning travellers or visitors arriving in the UK in the last 14 days'³²

20. Arrivals from category 2 countries/areas therefore did not need to undertake precautions over and above those required by people already in the UK; namely, to self-isolate if symptomatic and call NHS 111. Except for Northern Italy, arrivals from Europe were not subject to special measures, regardless of whether they were symptomatic.

21. Requirements on arrivals from category 1 locations were stronger, requiring individuals to self-isolate immediately on arrival in the UK. These measures focused on the same countries/areas as those taken by other national governments, although the nature of the measures differed: for example, from 28 February Germany required all arrivals from China, South Korea, Japan, Italy and Iran to report their health status before entry.³³ Singapore banned all arrivals from Cheongdo and Daegu in South Korea on 26 February, and New Zealand banned arrivals from Iran on 28 February. South Korea, which had begun screening and quarantining arrivals from Wuhan from 3 January, had by the end of January established 288 screening clinics offering tests and required arrivals from China to undertake quarantine.³⁴

22. SAGE's minutes suggest that it did not discuss borders or international travel ahead of this guidance being issued. International travel is not mentioned in SAGE minutes between 6 February and 27 February. At its meeting on 27 February, SAGE discussed the "risk posed by national and international travel associated with large events (e.g. sports)". It concluded that the question "should be further investigated" and the minutes note an action for the Department for Transport to "produce numbers indicating numbers [sic] travelling to major sporting events, compared to overall numbers travelling, including from abroad". At its next meeting on 3 March, SAGE concluded that "there is currently no evidence that cancelling large events would be effective".³⁵

23. At the same meeting, on 3 March, SAGE also considered a paper from scientists at two London universities titled 'Adoption and impact of non-pharmaceutical interventions

32 The 'page history' attached to this guidance online demonstrates where changes to the categories were made over the ensuing days

33 Bloomberg, 'Germany Tightens Border Checks in Bid to Curb Coronavirus Spread', 28 February 2020

34 Center for Strategic and International Studies, 'A Timeline of South Korea's Response to COVID-19', 27 March 2020

35 Scientific Advisory Group on Emergencies, [Minutes of eleventh meeting relating to COVID-19](#), 27 February 2020; Scientific Advisory Group on Emergencies, [Minutes of twelfth meeting relating to COVID-19](#), 3 March 2020

for COVID-19'.³⁶ This paper explored the effect of travel restrictions within China on the in-country spread of the virus. It found that restrictions “slowed the rate of spread between cities, delaying arrival by approximately 2.9 days”. The paper also found that, in China, “measures implemented pre-emptively could reduce cases in the first week of introduction by 37%” and that “had interventions been applied earlier, for example by 3 weeks, the effects would have been greater, leading to a 95% reduction in cases”. A study referred to in the SAGE paper estimated that earlier pre-emptive measures could have reduced the number of Chinese cities affected from 308 to 61.³⁷ The paper also referenced a study led by Asami Anzai of Hokkaido University in Japan, which estimated that travel restrictions out of Wuhan prevented 226 cases being exported “corresponding to a reduction in exported cases of 70%”.³⁸ SAGE minutes up to this date do not suggest that SAGE considered papers describing alternative studies of non-pharmaceutical measures taken in other countries during the start of the pandemic.

24. Also on 3 March, the UK Government published its four-phase ‘Contain, Delay, Research and Mitigate’ strategy.³⁹ Echoing the language of the paper considered by SAGE on 13 February concerning travel restrictions in China, the Government favoured an approach that sought to mitigate the effects of the virus rather than suppress it entirely. The strategy described the UK as “having undertaken significant preparedness work for an influenza pandemic for well over one decade”. It described mitigation as the required step “if transmission of the virus becomes established in the UK population”, which would focus on “provid[ing] essential services, helping those at risk to access the right treatment”. The strategy does not explicitly describe moves to reduce the number of COVID-19 positive arrivals in the UK, or quarantine options, instead saying that “it may be that widespread exposure in the UK is inevitable; but slowing it down would still nonetheless be beneficial”.⁴⁰

25. The Government’s new guidance for travellers arriving in the UK was altered flexibly as the virus spread, as the relative risk of importation changed and grew. On 5 March, category 2 status was expanded to the whole of Italy. At the time, the WHO reported that there were 89 confirmed cases in the UK, compared to 3,089 in Italy, 282 in France, 262

36 MRC Centre for Global Infectious Disease Analysis, Imperial College London, and the Centre for Mathematical Modelling of Infectious Diseases, London School of Hygiene and Tropical Medicine, [Adoption and impact of non-pharmaceutical interventions for COVID-19](#), 3 March 2020

37 Lai S.; Ruktanochai, N.; Zhou, L.; Prosper, O.; Luo, W.; Floyd, J.R.; Wesolowski, A.; Santillana, M.; Zhang, C.; Du, X.; Yu, H.; Tatem, A.J., [Effect of non-pharmaceutical interventions for containing the COVID-19 outbreak in China](#), medRxiv, 3 March 2020 [pre-print]

38 Anzai, A.; Kobayashi, T.; Linton, N.M.; Kinoshita, R.; Hayashi, K.; Suzuki, A.; Yang, Y.; Jung, S. M.; Miyama, T.; Akhmetzhanov, A.R.; Nishiura, H., [Assessing the Impact of Reduced Travel on Exportation Dynamics of Novel Coronavirus Infection \(COVID-19\)](#), *Journal of Clinical Medicine*. 2020, 9, 601; A further study found that preventive measures such as travel bans between cities and cancellation of public gatherings had slowed the spread from Wuhan to other parts of China by up to 2.91 days; Tian, H., Liu, Y., Li, Y., Wu, C-H., Chen, B., Kraemer, M. U., Li, B., Cai, J., Xu, B., Yang, Q., Wang, B., Yang, P., Cui, Y., Song, Y., Zheng, P., Wang, Q., Bjornstad, O. N., Yang, R., Grenfell, B., Pybus, O., and Dye, C., [Early evaluation of transmission control measures in response to the 2019 novel coronavirus outbreak in China](#), medRxiv 2020.01.30.20019844

39 Department of Health and Social Care, [‘Coronavirus action plan: a guide to what you can expect across the UK’](#), 3 March 2020

40 Department of Health and Social Care, [‘Coronavirus action plan: a guide to what you can expect across the UK’](#), 3 March 2020

in Germany and 198 in Spain.⁴¹ Northern Italy⁴² was upgraded to category 1 on 8 March, followed on 10 March by the rest of the country.⁴³ Neither Spain nor France were ever added to either the category 1 or category 2 list.

26. 1,490,100 people arrived in the UK in the week ending 10 March—14% lower than the equivalent week the previous year.⁴⁴ By the time the whole of Italy was upgraded to category 1 on 10 March, it had recorded 9,172 cases and 463 deaths. This rose to 15,113 cases and 1,016 deaths by 13 March.⁴⁵ The accelerated spread of the epidemic in some European countries like Spain, Germany and France compared to the UK is illustrated by figures published by the WHO on confirmed cases and deaths. The table below compares the emerging infection threat in three countries not considered for self-isolation guidance (Germany, France, Spain) with Italy, and with countries from category 2 (data is not available for Myanmar and Laos).

Table 2: Confirmed cases and deaths between 25 February and 13 March

Country	Total to 25 February:		Total to 10 March:		Total to 13 March:	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
UK	13	0	323	3	594	8
France	12	1	1,402	30	2,860	61
Germany	16	0	1,139	2	2,369	6
Italy	229	6	9,172	463	15,113	1,016
Spain	2	0	1,024	28	2,965	84
Cambodia	1	0	2	0	5	0
China (incl SARs)	77,749	2,655	80,879	3,139	80,942	3,179
Japan	157	1	514	9	675	19
Malaysia	22	0	117	0	129	0
Singapore	90	0	160	0	187	0
South Korea	977	10	7,513	54	7,979	66
Taiwan	30	1	45	1	49	1
Thailand	37	0	53	1	75	1
Vietnam	16	0	31	0	39	0

Source: World Health Organisation, [Coronavirus disease \(COVID-2019\) situation reports](#)

27. At a time when Vietnam, Taiwan, Thailand and Singapore all remained on the category 2 list, arrivals from Spain, France and Germany remained subject to no specific precautionary guidance despite the clearly significant and increasing numbers of infections in those countries. Furthermore, while data is not publicly available on a daily

41 World Health Organization, [Coronavirus disease 2019 \(COVID-19\): Situation Report 45](#), 5 March 2020; For the purposes of this Report, Northern Italy refers to the provinces in footnote 42.

42 'Northern Italy', as defined by 8 March guidance, includes areas of Lombardy ("Milan, Bergamo, Como and provinces"), Emilia Romagna ("Modena, Parma, Piacenza, Reggio Emilia, Rimini"), Marche ("Pesaro e Urbino"), Piemonte ("Alessandria, Asti, Novara, Verbano-Cusio-Ossola and Vercelli") and Veneto ("Padova, Treviso and Venezia")

43 Based on Committee analysis of the history of the guidance page.

44 Border Force ([COR0007](#))

45 World Health Organization, [Coronavirus disease 2019 \(COVID-19\): Situation Report 50](#), 10 March 2020; World Health Organization, [Coronavirus disease 2019 \(COVID-19\): Situation Report 53](#), 13 March 2020

or weekly basis, Civil Aviation Authority figures show that, during February and March 2020, 3,482,702 people travelled between UK and Spanish airports, 1,305,441 between the UK and France and 1,401,837 between the UK and Germany. By comparison, 190,170 people travelled between the UK and Singapore, 136,068 between the UK and Thailand, and 23,861 between the UK and Vietnam.⁴⁶

28. On 11 March, 8 days after SAGE advised that there was no evidence in favour of cancelling mass gatherings, and at a time when Spain already had over 1,000 recorded cases, Atletico Madrid played Liverpool Football Club in a Champions League match hosted at Anfield; an estimated 3,000 people travelled from Madrid to attend the match.⁴⁷

29. On 12 March, the Chief Scientific Adviser stated at a Downing Street press conference that, in terms of scale of the outbreak, the UK was “maybe four weeks or so” behind Italy, and “behind where Germany and France are as well”. Other countries were continuing to extend their border restrictions, as is described later in this Report.

30. On 13 March, the Government lifted all special guidance for international arrivals from specific countries/areas. From 13 March until 8 June there would be no quarantine or self-isolation requirements for asymptomatic travellers, and no screening or testing at the border.

Incremental quarantine and self-isolation measures targeted at high-risk countries/areas

31. We set out later in this Report the evidence on the number of people arriving in the UK with COVID-19 during February and March, but it is clear that even by early March there were significant and rising numbers of imported infections. A genomic study published in June (see paragraph 64 onwards) estimated that only 0.08% of UK imported infections came directly from China, to which the earliest travel restrictions were applied. From Italy, it estimates that imported cases started to rise in early February and then to gradually fall again after around 25 February. Imported cases from Spain rose from late February until the middle of March, and imported cases from France rose from early March until late March before falling significantly in April.⁴⁸ The analysis in this study has also been referred to by the Government’s Chief Scientific Adviser.⁴⁹

32. The Government and its scientific advisers faced a huge challenge in early 2020 from a fast-moving virus in circumstances where information was changing constantly and decisions about borders had to be made at pace. Inevitably those decisions were difficult, and some will look different in hindsight. However, scrutiny is important to ensure lessons are learned. As COVID-19 has not gone away, many of these challenges could recur.

46 Civil Aviation Authority, ‘[Airport data 2020](#)’, Table_12_1_Intl_Air_Pax_Traffic_Route_Analysis

47 Liverpool Echo, ‘[Official investigation launched into Liverpool-Atletico Madrid match coronavirus link](#)’, 24 April 2020

48 Pybus, O. and Rambaut, A. with du Plessis, L., Zarebski, A. E., Kraemer, M. U. G., Raghwani, J., Gutierrez, B., Hill, V., McCrone, J., Colquhoun, R., Jackson, B., O’Toole, A. and Ashworth, J. on behalf of the COG-UK consortium, ‘[Preliminary analysis of SARS-CoV-2 importation & establishment of UK transmission lineages](#)’, 8 June 2020; The [World Health Organisation](#) defines genomics as “the study of genes and their functions, and related techniques. The main difference between genomics and genetics is that genetics scrutinises the functioning and composition of the single gene whereas genomics addresses all genes and their inter-relationships in order to identify their combined influence on the growth and development of the organism”.

49 Oral evidence taken before the Health and Social Care Committee on 5 May 2020, HC 36, [Q390](#)

33. The incremental introduction of international travel measures during the period from late January to early March corresponded to the practice in other countries during this time and reflects the great uncertainty with which governments were grappling. It was right to adjust and extend self-isolation provisions as the virus became established, starting with Wuhan and China, but also extending provisions to cover places like Italy as the virus spread. Many other European countries were beginning to be affected by coronavirus in the same way, and many took a similar incremental approach as the UK. Evidence shows that the number of cases of direct transmission from China into the UK was extremely small, and that the number of cases from Italy started to fall after 25 February when border measures were introduced. However, it is impossible to distinguish between the impact of border measures and other factors such as lockdowns in Wuhan and Italy or falling overall passenger numbers which may have had a much bigger effect.

34. It is also clear that, overall, the border measures in the UK and many other European countries in early March were not sufficient to contain the cross-border spread of the virus. Had stronger early measures been taken—such as requiring legally-enforceable quarantine for arrivals—it is likely that the spread of the virus could have been slowed. The UK Government did not recognise soon enough the increased risk of importations from European countries owing to the greater amount of travel between these countries and the UK, and the speed at which case numbers were increasing. Many of those returning to the UK during that period were British residents, and we agree with the SAGE assessment that border closures would not have been appropriate.

35. However, the failure to advise people travelling or returning from Spain in particular to self-isolate for 14 days (in line with category 1) or, at the very least, to monitor symptoms and call NHS 111 (in line with category 2) was a mistake. With border measures in mind, there should have been particular surveillance focus on the countries that have high levels of travellers into the UK, particularly Spain and France. We are concerned that we have not seen evidence of that happening during the early stages of the crisis, and that, as a result, Spain was not added to the list of countries for self-isolation measures when it should have been. As a result, large numbers of passengers from Spain continued to arrive, including to attend the Atletico Madrid-Liverpool football match, without any requirements being placed upon them.

36. We are also concerned at the lack of clarity over who was responsible for the continued monitoring and assessment of emerging infection threats from different countries, and for drawing up policy options for Ministers to respond. Any future inquiry into the UK's handling of COVID-19 should consider not only whether the UK Government should have acted more quickly at this time to prevent cases of the virus arriving in the UK and spreading in the community, but also whether the arrangements for monitoring and assessing emerging threats and considering policy options were fit for purpose.

Other potential approaches at the border

37. Testing and screening at the border were not pursued throughout the first phase of the epidemic. The advice of SAGE and NERVTAG on 22 January against port of entry temperature screening was reiterated by Emma Moore, Border Force's Chief Operating

Officer, in oral evidence to us on 20 March. She told us that “temperature checks at port are not effective, and that is the very clear scientific advice we have had consistently throughout”.⁵⁰ However, Professor Gabriel Leung, Dean of the Li Ka Shing faculty of medicine, University of Hong Kong, told us that temperature testing had had some limited utility in other countries during the early stages of the pandemic. Although they were “quite leaky”, temperature checks were “able to act as sentinels to warn us to step up further measures at the border”.⁵¹

38. On 10 June, in evidence to the Science and Technology Committee, Professor Neil Ferguson, Imperial College London, suggested that part of the reason that the decision not to impose stronger border measures, such as screening passengers, was “to do with testing capacity and PHE capacity to actually implement that on the huge numbers of travellers coming in from Heathrow and other airports”. He told the Committee that:

Had we had the testing capacity—and we have to bear in mind that there were testing capacity limits—certainly screening everybody with symptoms coming in would have given us a much better impression of where infection was coming from.⁵²

39. **We recognise the difficulties faced by the Government in considering temperature checks, screening or testing at the border, and we also recognise the limited UK testing capacity at that time. However, given the success of targeted COVID-19 testing on arrivals demonstrated by South Korea during early March, more should have been done to assess the feasibility of such approaches in the UK even if they could not immediately be introduced. The lack of existing testing capacity should not have prevented proper analysis of the options and a strategy to develop and expand testing as part of border measures.**

40. **Overall, in the early phase of COVID-19, insufficient emphasis was placed on the importance of controlling importation from overseas as a method for containing the virus or delaying its spread. The decision by SAGE only to consider measures that could deliver a full month’s delay to the spread of the virus was a mistake and it is very hard to understand why that approach was taken. Additive measures that could have contributed to more effective containment should have been considered, and delays even of a few days alongside the introduction of other domestic measures such as social distancing and lockdown could have had a significant impact on the scale of the outbreak in the UK.**

41. **Dismissing strict border measures as “draconian” on 3 February was erroneous, as it was their strength that could have made a significant contribution and potentially mitigated the scale of domestic restrictions that were later needed. SAGE papers suggest that prioritising delay of spread rather than suppression of cases was influenced by the conclusion that the virus ought to be treated similarly to pandemic influenza, but this has been retrospectively proved wrong.**

50 [Q71](#)

51 [Q754](#)

52 Oral evidence taken before the Science and Technology Committee on 10 June 2020, HC 136, [Q837](#)

COVID-19 border measures after 13 March

Withdrawal of travel advice and move to ‘delay’

42. On 13 March, the Government withdrew its travel advice for specific incoming countries. No reason was given for the withdrawal of the guidance at the time, other than that it had been “superseded by information in COVID-19: stay at home guidance” which was published on the same day.⁵³

43. In a letter to the Committee on 4 May, the Home Office Chief Scientific Adviser, Professor John Aston, confirmed that:

This advice was removed on 13 March when the incidence in the UK had increased and the ‘stay at home’ guidance to everyone in the UK, regardless of whether a new arrival or not, came into force.⁵⁴

This was reiterated by the Second Permanent Secretary of the Home Office, Shona Dunn, in oral evidence on 1 July:

As Professor Aston has explained, the position on 13 March, when the guidance was removed—because that was the point in time when the stay at home guidance came into effect for all people regardless of whether they were already within the country or coming into the country—was that specific guidance with respect to self-isolation for people coming in from particular routes was no longer regarded as being appropriate.⁵⁵

44. The new guidance for all households in the UK was significantly less stringent than the guidance for travellers from identified high risk (category 1) areas like Italy and Wuhan that it replaced. It was also significantly less stringent than the quarantine arrangements introduced for everyone on 8 June, which we cover in the next chapter.

45. This new guidance, *for households with possible or confirmed coronavirus (COVID-19) infection*,⁵⁶ came into effect following a press conference held by the Prime Minister on 12 March in which he advised that:

From tomorrow, if you have coronavirus symptoms, however mild—either a new continuous cough or a high temperature—then you should stay at home for at least 7 days to protect others and help slow the spread of the disease.⁵⁷

Four days later, on 16 March, the Prime Minister gave another press conference in which he advised that:

[...] even if you don’t have symptoms and if no one in your household has symptoms, there is more that we need you to do now.

53 Public Health England, ‘[COVID-19: guidance for households with possible coronavirus infection](#)’, first published 12 March 2020, accessed 12 July 2020

54 [Letter from the Home Office Chief Scientific Adviser on the border and Covid-19](#), 4 May 2020

55 Oral evidence taken on 1 July 2020, HC 536, Q7

56 Public Health England, ‘[COVID-19: guidance for households with possible coronavirus infection](#)’, first published 12 March 2020, accessed 12 July 2020

57 10 Downing Street, ‘[Prime Minister’s statement on coronavirus \(COVID-19\)](#)’, 12 March 2020

So, second, now is the time for everyone to stop non-essential contact with others and to stop all unnecessary travel.

We need people to start working from home where they possibly can. And you should avoid pubs, clubs, theatres and other such social venues.⁵⁸

46. From 16 March, everyone in the UK was encouraged to avoid all unnecessary social contact, but not to self-isolate when asymptomatic, as had been required of ‘category 1’ travellers prior to 13 March. UK residents were at that time advised to avoid pubs and restaurants, but they were not discouraged from going to the shops or going to work if it was not possible to work from home. These conditions, which superseded the withdrawn guidance for international arrivals, therefore reduced the level of restrictions applying to the travellers deemed as having the highest risk of infection.

47. The announcements on 12 March (followed by accompanying guidance) and 16 March were also not the same as the introduction of ‘lockdown’, which was announced on 23 March and brought into force using secondary legislation on 26 March.⁵⁹ ‘Stay at home’ guidance was voluntary, as opposed to ‘lockdown’ regulations which were enforceable by Fixed-Penalty Notices, with some specific measures varying according to constituent part of the UK. These regulations in turn contrast with legislatively underpinned quarantine measures that were brought in on 8 June, discussed in chapter 2 of this Report, which restricted persons to a greater extent than ‘lockdown’ regulations; for example, those subject to quarantine regulations cannot leave their home to exercise or to buy essential goods without exceptional reason.

48. 13 March was also the date on which the UK moved from the ‘Contain’ phase of its strategy to ‘Delay’. Under ‘Delay’, the Government’s intention was to “slow the spread in this country; if it does take hold, lowering the peak impact and pushing it away from the winter season”.⁶⁰ It noted that “based on experience with previous outbreaks, it may be that widespread exposure in the UK is inevitable; but slowing it down would still nonetheless be beneficial”.⁶¹ It was in the context of discussing the move from ‘Contain’ to ‘Delay’ that Sir Patrick Vallance told Radio 4’s *Today* programme that “it’s not possible to stop everybody getting it and it’s also actually not desirable because you want some immunity in the population. We need immunity to protect ourselves from this in the future”. Ministers have subsequently stated that “herd immunity” has never formed part of the Government’s strategy.

49. On 13 March, 134 new confirmed cases were recorded in the UK, and there had been 594 confirmed cases in total. There had been eight deaths. On 23 March, 669 new confirmed cases were recorded, and there had been 5,687 confirmed cases in total. There

58 10 Downing Street, ‘[Prime Minister’s statement on coronavirus \(COVID-19\)](#)’, 16 March 2020

59 Health Protection (Coronavirus, Restrictions) (England) Regulation 2020 ([SI, 2020, No. 350](#)); The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020 ([SSI, 2020, No. 103](#)); The Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020 ([SI, 2020, No. 353 \(W. 80\)](#)); The Health Protection (Coronavirus, Restrictions) Regulations ([Northern Ireland](#)) 2020 ([SR\(NI\), 2020, No. 55](#)). The Northern Ireland Regulations came into force on 28 March as opposed to 26 March.

60 Department of Health and Social Care, ‘[Coronavirus action plan: a guide to what you can expect across the UK](#)’, 3 March 2020

61 Department of Health and Social Care, ‘[Coronavirus action plan: a guide to what you can expect across the UK](#)’, 3 March 2020

had been 281 deaths.⁶² Minutes for the fourteenth, fifteenth and sixteenth SAGE meetings in mid-March provide situation updates and indicate that true case numbers were much higher than indicated by confirmed cases, and were rising rapidly. On 10 March, it was estimated that “the UK likely has thousands of cases—as many as 5,000 to 10,000—which are geographically spread nationally”.⁶³ On 12 March, Sir Patrick Vallance confirmed at a Government press conference that “it is much more likely that we’ve got somewhere between 5,000 and 10,000 people infected”.⁶⁴ On 13 March, an update was provided which stated that “there are probably more cases in the UK than SAGE previously expected at this point”.⁶⁵ On 16 March, SAGE discussed the possibility that there were “5,000–10,000 new cases per day in the UK” with the caveat that there was “great uncertainty around this estimate”.⁶⁶

International comparisons

50. Research from the Pew Research Centre in the United States, published on 1 April and referred to by Professor Gabriel Scally in evidence to the Committee on 22 May, estimated that “more than 90% of the world’s population currently lives in countries where there are public health restrictions on travel to and from those countries”.⁶⁷

51. While the UK withdrew its guidance for international arrivals in mid-March, comparator countries (i.e. travel hubs and major economies) were instead formalising their border measures. On 15 March, Singapore banned all arrivals from Italy, France, Spain and Germany and required all arrivals from the UK, Switzerland and ASEAN countries to self-isolate for 14 days. Only those with Singaporean residency or citizenship were permitted into the country. In its guidance on self-isolation, issued on 22 March, the Singapore Government estimated that “around 80% of recent [COVID-19] cases were imported”.⁶⁸ All arrivals at that time—which were only Singaporeans and residents—were provided with a ‘Stay-Home Notice’. This required the holder to remain in their residence for 14 days. They could not leave even to purchase food and essentials, instead using delivery services or enlisting assistance from others. On 28 March, Singapore began to place arrivals from the US and UK in hotels to prevent any possible spread of virus within households. At that time, about 1,200 Singapore residents were returning each day from the UK and US. It is estimated that the Singaporean government had booked in excess of 7,500 hotel rooms for the purposes of quarantine. Those quarantined in hotel rooms could not leave their room to use hotel facilities.⁶⁹

52. Giving evidence to us from Singapore, Professor Teo Yik-Ying explained that:

62 World Health Organization, [Coronavirus disease 2019 \(COVID-19\): Situation Report 50](#), 10 March 2020; World Health Organization, [Coronavirus disease 2019 \(COVID-19\): Situation Report 36](#), 23 March 2020

63 Scientific Advisory Group on Emergencies, [Minutes of fourteenth meeting relating to COVID-19](#), 3 March 2020

64 Business Insider, [‘The real number of coronavirus cases in the UK could be up to 20 times higher than official figures’](#), 12 March 2020

65 Scientific Advisory Group on Emergencies, [Minutes of fifteenth meeting relating to COVID-19](#), 13 March 2020

66 Scientific Advisory Group on Emergencies, [Minutes of fourteenth meeting relating to COVID-19](#), 10 March 2020;

Scientific Advisory Group on Emergencies, [Minutes of fifteenth meeting relating to COVID-19](#), 13 March 2020;

Scientific Advisory Group on Emergencies, [Minutes of sixteenth meeting relating to COVID-19](#), 16 March 2020

67 [Q641](#); Pew Research Center, [‘More than nine-in-ten people worldwide live in countries with travel restrictions amid COVID-19’](#), 1 April 2020

68 Government of Singapore, [‘Check on travel restrictions before you fly overseas during this COVID-19 period’](#), 25 March 2020

69 Bloomberg, [‘In Singapore, Quarantine Comes With Sea View, Room Service’](#), 29 March 2020

We are still facing an upward trend in the outbreak around the world. In Singapore we have opted to communicate very clearly the message that the travel restrictions are very likely to remain in place until the later part of this year or even beyond. [...] In Singapore it is a very clear situation that until the rest of the world has its situation contained, we will not be rushing to release the border control measures and to allow for mass market travel at the moment.⁷⁰

53. Tony Smith CBE, a former interim Director General of Border Force, praised the incremental approach taken by the Singaporean Government, based on frequent reviews and updates. He described this approach favourably relative to the UK's approach, telling us:

I would have thought that I would have seen more of an incremental approach, such as I described was in Singapore, where a risk assessment would be done almost daily, but certainly every couple of days, as part of the critical incident command structure, which would be informing Government on what we ought to be doing at our borders. I am not sure that that is what has happened. I think we have very much, and maybe rightly, diverted our attention away from our borders and into the country to focus upon the health and safety of our indigenous population, which is perfectly understandable, but I think we may have been able to introduce more incremental steps, in other ways, that might have reduced the transmission from abroad, and I'm afraid by the time we actually did get round to doing that, it was too late.⁷¹

54. New Zealand also introduced mandatory 14-day quarantine for all arrivals, including New Zealand citizens, on 15 March. This was followed on 20 March by complete border closure to non-residents, with some exceptions such as for Pacific Islanders with no other route of transit to their home countries.⁷² Sir David Skegg from the University of Otago told us that, like Singapore, New Zealand “decided very early on that trying to eliminate this virus was not just best for the health of the people, it was also best for the economy”.⁷³ Notably, while New Zealand was able to lift all domestic restrictions on its people at midnight on 9 June, it still enforces rigorous border restrictions.

55. European countries also began to tighten border restrictions during this period. On 16 March, the European Commission adopted a communication to the European Parliament and Council calling for restriction on non-essential travel into the Schengen area, while still permitting transit arrangements “for the repatriation of EU citizens and their family members stranded in third countries.”⁷⁴ While residents of Schengen countries, Ireland and the UK were exempt from this restriction, individual EU member states chose to implement their own stringent border measures. On the same day as the Schengen measure came into force, Spain closed its borders to all except returning Spanish

70 [Q740](#)

71 [Q601](#)

72 New Zealand Ministry of Health, ‘[COVID-19—current cases](#)’, 5 June 2020

73 [Q751](#)

74 European Commission, [COM\(2020\) 115 of 16.03.2020](#), 16 March 2020

residents; this included land borders with Portugal and France.⁷⁵ The measures originally ran until 11 April but were extended until 25 April. On 20 March, Germany restricted border crossings at its overland borders to a limited number of points and to necessary purposes only, including for people returning to their country of residence via Germany.⁷⁶

56. In Canada, on 14 March the Government advised against all international travel and advised all arrivals to self-isolate for 14 days; this would become compulsory from 26 March under the terms of the federal Government's Quarantine Act.⁷⁷ On 18 March, international arrivals were banned except for returning Canadian residents, and the land border with the USA was restricted on 20 March to only key workers and family members. Restrictions on the land border were extended for 30 days on 17 April.

57. In Hong Kong, the Government began to close border crossing posts on 3 February. It faced possible strike action by medical staff during February for its perceived reluctance to close further border posts, particularly with mainland China; however, by 25 March the Hong Kong border was closed to non-residents including a moratorium on transferring flights in Hong Kong. A 14-day compulsory quarantine order was imposed to be served either at home or a hotel, with mobile phone tracking used to enforce the order.⁷⁸ Professor Annelies Wilder-Smith, Professor of Emerging Infectious Diseases at the London School of Hygiene and Tropical Medicine, told us that, despite its firm travel ban, "Hong Kong test[ed] everyone" on arrival into the territory, with those testing positive sent for treatment and those testing negative required to quarantine for 14 days.⁷⁹ Professor Gabriel Leung, Dean of the Medical School at Hong Kong University, said:

For Hong Kong, we have found that because we applied these border restrictions very early, from essentially the second week of January onwards up until now—they have been progressively layered on and we still to this day have not relaxed any bit of it—the most striking decline in our real-time effective reproductive number, the RT , is when we started the test and hold policy. That is that no one can come in, regardless of who you may be, until you have been tested at the port and then you go straight either into isolation as a confirmed patient or into quarantine as a potentially infectious individual for 14 days. Once you do that, you make sure that quarantine is enforced and enforceable.⁸⁰

58. Professor Leung added that Hong Kong's experiences of the 2003 SARS pandemic had informed its approach to the COVID-19 pandemic:

You can see that the countries and places that have gone through SARS have all, almost uniformly, acted early and much earlier than their neighbours, so it is not geographic, it is not even political, but it is that indelible societal

75 International Network for Government Science Advice, '[Closed border to most non-EU residents](#)', 16 March 2020. Exceptions included "non-Spaniards who cite reasons of force majeure", cross-border workers, health professionals, goods transportation workers and flight crew required to carry out air freight activities.

76 German Federal Ministry of the Interior, '[Coronavirus: Questions and Answers](#)', accessed 12 July 2020

77 Government of Canada, '[Pandemic COVID-19 all countries: avoid non-essential travel outside Canada](#)', updated 19 April 2020

78 Government of Hong Kong SAR, '[Exemptions for inbound travellers from the Mainland, Macao or Taiwan](#)', updated 28 May 2020; Government of Hong Kong SAR, '[Exemptions from Compulsory Quarantine Arrangement for inbound travellers from foreign places](#)', updated 28 May 2020

79 [Q651](#)

80 [Q741](#)

imprint of SARS. I give you the example of mainland China, Hong Kong, Singapore, South Korea, and if you compare Canada's response with the American response, I rest my case.⁸¹

While it is difficult to know precisely how best to design an approach to any new virus, it is notable in this context that at its second meeting on 28 January, SAGE's minutes note that "SAGE urges caution in comparing [COVID-19] with SARS and MERS: the transmission dynamics are different".⁸²

59. We are concerned that the UK's approach to border measures in the period from 13 March to 8 June was very different from countries in similar circumstances. This should have raised serious questions within the Government about whether it was taking the correct decisions. We have not seen any evidence that, at the time it was making its own decisions, the UK Government was examining and evaluating the approaches taken by other countries to controlling importations of the virus from abroad.

Importation of the virus in the UK in March

60. In light of the significantly different approach to border measures taken by the UK in March, when compared to comparator countries, we sought to examine the consequences of the decision to withdraw all measures aimed at international arrivals on 13 March and to maintain that position until 8 June, and the particular implications the decision had for the spread of the virus in the UK in that period.

61. On 5 May, Sir Patrick Vallance, the Government's Chief Scientific Adviser, told the Health and Social Care Committee that ahead of lockdown on 23 March "we saw a big influx of cases, probably from Italy and Spain, looking at the genomics of the virus in early March, seeded right across the country".⁸³ He speculated that this might be "people returning from half term".⁸⁴ Speaking to the Science and Technology Committee on 16 July in a session reflecting on lessons learned, Sir Patrick said that:

in mid-March it became obvious that [the pandemic] was accelerating faster [...] and that moment was when the advice changed to say, "Implement the measures as soon as possible. [...] The advice changed [to favour lockdown] when we realised we were not four weeks behind Italy and the infection rate was about twice what we thought it was to start with."⁸⁵

62. For the first three weeks of March, figures provided to us by Border Force confirm that inbound travel remained substantial: 1,688,100 passengers arrived in the UK in the first week of March, 7% lower than the same week in March 2019. Figures for the following two weeks were 1,490,100 (down 14%) and 1,352,000 (down 24%) respectively. By the week ending 22 March 2020, arrivals were down 67% relative to the equivalent week in 2019 but 587,300 passengers still arrived in the UK.⁸⁶ The number of international arrivals into the

81 [Q763](#)

82 Scientific Advisory Committee for Emergencies, [Minutes of second meeting relating to COVID-19](#), 28 January 2020

83 Oral evidence taken before the Health and Social Care Committee on 5 May 2020, HC 36, [Q390](#)

84 Oral evidence taken before the Health and Social Care Committee on 5 May 2020, HC 36, [Q390](#)

85 Oral evidence taken before the Science and Technology Committee on 16 July 2020, HC 136, [Qq1043-4](#)

86 Border Force ([COR0007](#))

UK then fell precipitously following the introduction of legally enforced lockdown in late March: Home Office statistics released on 28 May show a 99% drop in air arrivals into the UK during April 2020 compared to April 2019.⁸⁷

Figure 1: Number of arrivals into the UK by air, January to April 2020

	Air arrivals	Of which: British nationals	% British nationals	% change with same month in 2019
January 2020	7,082,000	2,905,000	41%	+1%
February 2020 ¹	6,804,900	3,463,400	51%	-2%
March 2020	3,815,300	2,195,800	58%	-51%
April 2020	112,300	63,400	56%	-99%

Source: Home Office, [Statistics relating to COVID-19 and the immigration system](#), 28 May 2020

63. In oral evidence on 22 May, Professor Annelies Wilder-Smith, London School of Hygiene and Tropical Medicine, discussed the likely impact this volume of arrivals had:

If you say that there were about 1 million people [arriving in the UK] in those few weeks [between 13 March and 23 March], I think that there would have been at least 1,000 infected people—probably up to 10,000—who brought it in. We know that it was probably the Spanish, because Italy had already locked down. It was probably the Spanish who came to the football game. That was a mass gathering, and probably a super-spreading event. Indeed, an earlier lockdown would have helped the UK, but that is hindsight now.⁸⁸

64. Professor Gabriel Leung drew the Committee's attention to a genomic study from academics from the University of Oxford, University of Edinburgh and the COVID-19 Genomics UK (COG-UK) consortium, published in non-peer reviewed format on 8 June 2020.⁸⁹ The study estimated the number of UK COVID-19 transmission incidences originating overseas based on the numbers of inbound travellers to the UK, estimated numbers of infections worldwide, and genome sequencing undertaken by the COG-UK consortium. The study detected 1,356 transmission lineages in the UK up to the date of its publication.⁹⁰ This indicates a minimum of 1,356 cases that originated outside the UK—and were therefore imported—and that spread to at least one other person. The study notes that “for methodological reasons [the 1,356 figure] is likely to be an underestimate of the actual number of times the virus has been introduced to the UK with subsequent onwards transmission”.⁹¹

65. The 8 June study broke down the transmission lineages by probable country of origin and time of importation. It estimated that nearly a third of importation lineages were from Spain, with a further 43% from Italy and France. Only 0.08% were from China:

⁸⁷ Home Office, [Statistics relating to COVID-19 and the immigration system](#), 28 May 2020

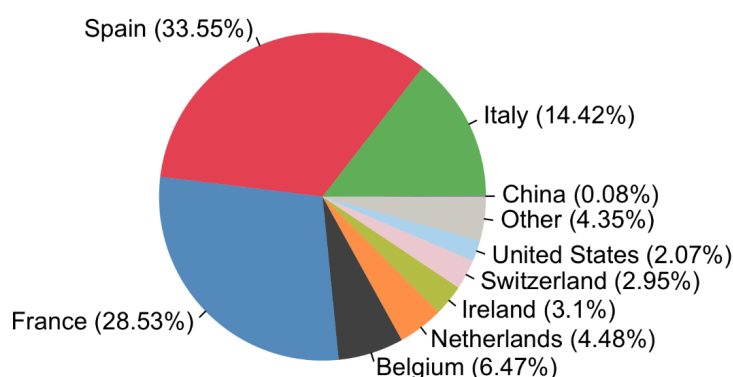
⁸⁸ [Q678](#)

⁸⁹ Pybus, O. and Rambaut, A. with du Plessis, L., Zarebski, A. E., Kraemer, M. U. G., Raghwan, J., Gutierrez, B., Hill, V., McCrone, J., Colquhoun, R., Jackson, B., O'Toole, A. and Ashworth, J. on behalf of the COG-UK consortium, 'Preliminary analysis of SARS-CoV-2 importation & establishment of UK transmission lineages', 8 June 2020

⁹⁰ The study defines a “UK transmission lineage” as “two or more UK infection cases that (i) descend from a shared, single introduction of the virus into the UK from elsewhere, (ii) are the result of subsequent local transmission in the UK, and (iii) were present in [the researchers'] virus genome sequencing dataset”

⁹¹ Pybus, O. and Rambaut, A. with du Plessis, L., Zarebski, A. E., Kraemer, M. U. G., Raghwan, J., Gutierrez, B., Hill, V., McCrone, J., Colquhoun, R., Jackson, B., O'Toole, A. and Ashworth, J. on behalf of the COG-UK consortium, 'Preliminary analysis of SARS-CoV-2 importation & establishment of UK transmission lineages', 8 June 2020

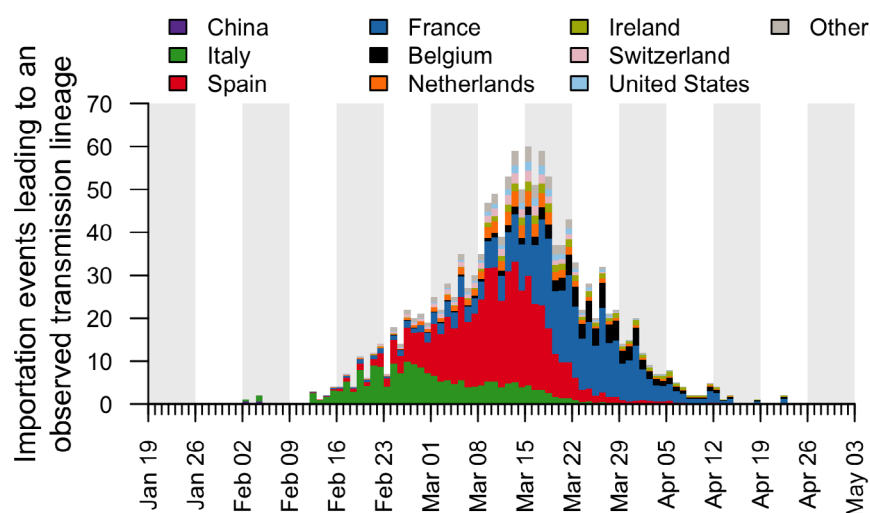
Figure 2: The estimated fraction of importation events that are attributable to inbound travellers from each country



Source: Pybus et al, [‘Preliminary analysis of SARS-CoV-2 importation & establishment of UK transmission lineages’](#), 8 June 2020

66. The study also broke down the estimated dates of importation lineages. It found that the majority of importation events occurred throughout March, during which “the diversity of source locations also increased”.⁹² The paper notes the increased prevalence of importations from France as March progressed, suggesting that “the relative contribution of cross-channel movement to all international arrivals likely increased through time due to the collapse in inbound air travel”.⁹³

Figure 3: The estimated number of importation events that are attributable to inbound travellers from source countries



Source: Pybus and Rambaut et al, [‘Preliminary analysis of SARS-CoV-2 importation & establishment of UK transmission lineages’](#), 8 June 2020⁹⁴

92 Pybus, O. and Rambaut, A. with du Plessis, L., Zarebski, A. E., Kraemer, M. U. G., Raghwan, J., Gutierrez, B., Hill, V., McCrone, J., Colquhoun, R., Jackson, B., O’Toole, A. and Ashworth, J. on behalf of the COG-UK consortium, [‘Preliminary analysis of SARS-CoV-2 importation & establishment of UK transmission lineages’](#), 8 June 2020

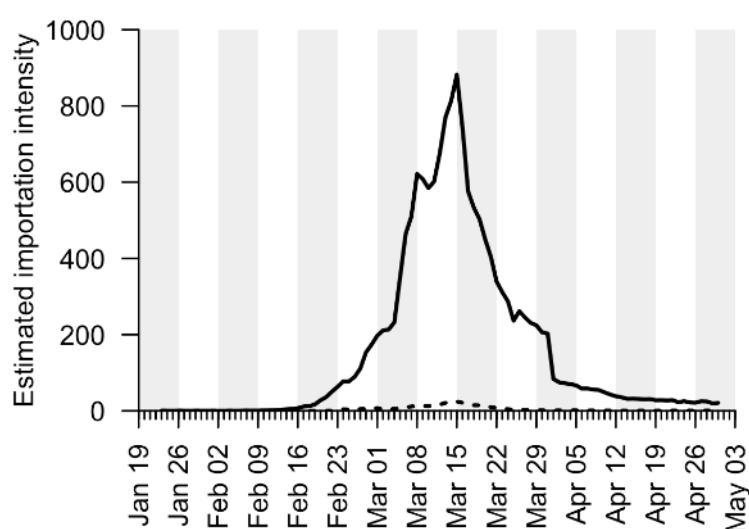
93 Pybus, O. & Rambaut, A. with du Plessis, L., Zarebski, A. E., Kraemer, M. U. G., Raghwan, J., Gutierrez, B., Hill, V., McCrone, J., Colquhoun, R., Jackson, B., O’Toole, A. and Ashworth, J. on behalf of the COG-UK consortium, [‘Preliminary analysis of SARS-CoV-2 importation & establishment of UK transmission lineages’](#), 8 June 2020

94 N.B. the descriptor for the Figure as it appears in the paper: “The estimated number of importation events that are attributable to inbound travellers from each of several source countries. Values shown are per day and not cumulative. Estimated dates of importations are obtained by combining the size-dependent importation lag model with the TMRCAs [time to the most recent common ancestor]. Note that this is a statistical inference of the overall importation process, and cannot ascribe a specific source location to any given UK lineage”.

67. The above graph indicates that, for the period of the first two weeks of March, the highest number of transmission lineages brought into the UK were from Spain, which was not at any point subject to special international travel measures. The study showed a possible lag time of around 10 days between the estimated importation date of cases and the associated peak of cases associated with the lineages that were imported.

68. The same study suggests that the number of infectious people entering the UK per day (estimated importation intensity on the graph below⁹⁵) may have reached 600 by 8 March, rising to approximately 800 on 13 March and peaking at around 900 on 15 March. The study cautioned that “further work is needed to evaluate whether these assumptions are reasonable”.⁹⁶

Figure 4: Estimated importation density into the UK from January to May 2020



Source: Pybus and Rambaut et al, [‘Preliminary analysis of SARS-CoV-2 importation & establishment of UK transmission lineages’](#), 8 June 2020

69. The study concluded that the peak in imported cases occurred because “there was a period in mid-March when inbound travel to the UK was still substantial and coincided with high numbers of active cases elsewhere”. It further concluded that “Peak importation intensity was highest for Spain because there was a window of time when large numbers of inbound travellers from Spain coincided with high prevalence there”.⁹⁷ The study suggested

95 The study calculated estimated importation intensity by multiplying the estimated proportion of people in each country who are infectious on each day (see item (ii) above) and the number of people entering the UK from that country on that day (see item (i) above). Caveats include that the estimate assumes that fatality rates are accurate and constant across countries, and that the probability of a traveller being infectious is the same as the proportion of infectious people in their source country on the day of travel.

96 Pybus, O. and Rambaut, A. with du Plessis, L., Zarebski, A. E., Kraemer, M. U. G., Raghwan, J., Gutierrez, B., Hill, V., McCrone, J., Colquhoun, R., Jackson, B., O’Toole, A. and Ashworth, J. on behalf of the COG-UK consortium, [‘Preliminary analysis of SARS-CoV-2 importation & establishment of UK transmission lineages’](#), 8 June 2020

97 Pybus, O. & Rambaut, A. with du Plessis, L., Zarebski, A. E., Kraemer, M. U. G., Raghwan, J., Gutierrez, B., Hill, V., McCrone, J., Colquhoun, R., Jackson, B., O’Toole, A. and Ashworth, J. on behalf of the COG-UK consortium, [‘Preliminary analysis of SARS-CoV-2 importation & establishment of UK transmission lineages’](#), 8 June 2020

that 34% of transmission lineages arrived from Spain: in March, 1,273,872 passengers travelled by air between the UK and Spain.⁹⁸ None of those passengers arriving from or returning from Spain in March were required to self-isolate or quarantine.

70. Professor Neil Ferguson, who was a member of SAGE during March, later reflected that “what we now know [...] is that probably 90% of cases imported into this country were missed by those border measures because we were not checking people.”⁹⁹

71. Professor Gabriel Scally was clear that it was a mistake by the Government not to consider stronger border measures:

It was said that the virus had now spread so much within the community that there was no point in doing these things. I completely disagree with that. One of the major failings has been the failure to regard measures as additive. It seems to me that there was often a desire to find the one thing that would work; cancelling mass gatherings, for example, is another one that was seen as not making much of a contribution, but those measures are additive, and it all adds up to dealing with the virus. You need all those contributions. They are sometimes synergistic, as well.¹⁰⁰

72. It is now apparent that many more COVID-19 cases were imported to the UK from Europe in mid-March than was estimated at the time, when, with the exception of Italy, the focus remained largely on potential importations of the virus from Asia. As evidenced by genomic studies and referenced by Sir Patrick Vallance in oral evidence, a large number of instances of the virus—up to 1,356 importation strains and up to 10,000 cases—were imported during the period leading to, and following, the abandonment of special measures for international arrivals on 13 March, even though the overall number of people arriving in the UK was decreasing. Evidence shows it is highly likely that uncontrolled importations of the virus from European countries contributed to the rapid increase in the spread of the virus in mid-March, and the overall scale of the outbreak in the UK.

73. Not having any special border measures applicable to people arriving from Spain and France during March, and only having time-limited self-isolation measures for arrivals from Italy, therefore had a material effect on the number of cases circulating within the UK. Border measures in the UK were lifted rather than extended on 13 March at a time when the number of infections being imported from abroad was still rising. Evidence suggests that thousands of new infections in the UK resulted from cases arriving from Europe in the ten days between this decision and the introduction of lockdown on 23 March. The failure to have any special border measures during this period was a serious mistake that significantly increased both the pace and the scale of the epidemic in the UK, and meant that many more people caught COVID-19.

74. Although the full scale of the epidemic in Spain and later in France was not properly known in mid-March, that is not a justification for the lifting of border measures. Evidence of the epidemic escalating, especially in Spain, was already available. Other

98 Civil Aviation Authority, *International Air Passenger Traffic To and From Reporting Airports for March 2020*; Graphs available at Appendix 4 to the study (Pybus and Rambaut et al, *op. cit.*) shows that approximately 400 cases were imported from Spain on 15 March.

99 Oral evidence taken before the Science and Technology Committee on 10 June 2020, HC 136, [Q830ff](#)

100 [Q642](#)

countries with the same information as the UK introduced stronger measures—for example, quarantine or limiting international arrivals so that only residents could enter the country—and proved justified in doing so. The UK was extremely unusual in choosing not to introduce measures of this kind; it is evident that this was the wrong approach.

Decision to withdraw measures for international arrivals

75. Given the seriousness of the consequences of the decisions made about border measures for returning travellers and visitors in March, we have sought to understand the reasons behind the decision to lift rather than extend the self-isolation guidance on 13 March.

76. As far as can be ascertained from publicly available information, the UK Government’s withdrawal of border measures at this time did not follow any specific scientific guidance from SAGE. There is no minuted discussion of border measures in SAGE between 3 March and 23 March.

77. By mid-March the Government stated that it was sceptical of the efficacy of border measures. In response to a question from Stephanie Peacock MP in the House of Commons on 16 March, asking whether the Government intended “to implement stricter measures at our airports, ports and rail terminals”, the Secretary of State for Health and Social Care indicated that the Government did not consider border measures to be worthwhile at the time. He focused his remarks on restricting flights rather than the screening and quarantining measures implemented in other countries. He told the House that:

Now that there is onward transmission in the UK, those sorts of measures are less efficacious. Of course, we have been doing that all along and strengthening it, but there are also those who said, “Go further and stop all the flights.” Of course, the Italians were the ones who initially stopped flights from China and ended up as the European epicentre of this anyway.¹⁰¹

78. At its 23 March meeting, ten days after guidance was withdrawn, SAGE considered a paper dated 22 March titled ‘Scientific advice on restricting flights from specific countries’.¹⁰² The paper noted that limiting flights from Italy, France and Germany would have “very low” impact as “we can have confidence that these countries are at a roughly similar stage of the epidemic to the UK”. This paper only considered restricting flights and not measures such as restoring self-isolation guidance for asymptomatic travellers from hotspots, putting in place additional screening or imposing enforceable quarantines on arrivals.

79. The 22 March paper indicated that while Spain was also “likely to be at a similarly stage of the epidemic”, “the number of passengers is far higher” thus making “flights from Spain, relatively speaking, a higher risk”.¹⁰³ SAGE concluded at its meeting on 23 March that “closing borders would have a negligible effect on spread” as “numbers of cases arriving from other countries are estimated to be insignificant in comparison with

101 HC Deb, 16 March 2020, [col 726](#) [Commons Chamber]

102 Scientific Advisory Group on Emergencies, [Scientific advice on restricting advice from specific countries](#), 22 March 2020

103 Scientific Advisory Group on Emergencies, [Scientific advice on restricting advice from specific countries](#), 22 March 2020

domestic cases, comprising approximately 0.5%”.¹⁰⁴ It is not clear whether this number referred to total cases or only to symptomatic cases. Subsequently, no measures were taken to introduce any checks or quarantine rules, or to reduce flights from Spain or from other emerging hot spots, such as New York State.

80. In the 10 days between guidance being withdrawn and SAGE discussing border measures, Border Force statistics indicate that 1,174,700 international passengers arrived in the UK.¹⁰⁵

Scientific evidence and advice informing decision-making

81. We asked the Government what advice was procured ahead of the decision on 13 March. On 23 March, in response to a Parliamentary Question from the Chair of this Committee, the Minister for Immigration Compliance and the Courts, Chris Philp MP, told the House that:

On mandatory self-isolation for people returning from high-risk countries, she is right to say that the advice changed. However, let me reassure her by saying that it is under continual and ongoing scientific evaluation. The Home Secretary and I have both asked recently for refreshed scientific advice, and that is being monitored almost daily. If the scientific advice says that the safety of our country requires a further change in policy, we will certainly do that in response.¹⁰⁶

82. We therefore sought to discover what “refreshed scientific advice” was being provided as a result of “almost daily” monitoring. On 3 April, we sent a series of questions to the Home Secretary about the advice Government had taken in respect of its policies, asking specifically to receive the information mentioned by Mr Philp. We noted that, at the time the letter was sent, Australia, Canada, Germany, Ireland and New Zealand specifically recommended or required quarantine for people arriving into their countries.¹⁰⁷ Responding on 9 April, the Home Secretary wrote:

Whilst I understand your concerns around this matter, let me be clear that there is no need to enforce additional self-isolation requirements on those entering the UK. The scientific advice is very clear that doing so at this time would not have any significant impact on epidemic progression in the UK. The same social distancing rules apply to new arrivals into the UK as apply to the population as a whole, and, in particular, anyone developing symptoms will be required to self-isolate. The number of imported cases is a very small percentage of current cases in the UK, and incoming travellers from other countries which are also experiencing COVID-19 epidemics do not present a significant additional risk.¹⁰⁸

83. The Home Secretary drew the Committee’s attention to the SAGE paper of 22 March and consequent conclusion on 23 March, but her letter did not address the issue

104 Scientific Advisory Committee for Emergencies, [Minutes of eighteenth meeting relating to COVID-19](#), 23 March 2020

105 Border Force ([COR0007](#))

106 HC Deb, 23 March 2020, [cols. 12–13](#) [Commons Chamber]

107 [Letter to the Home Secretary on Covid-19 checks at the UK border](#), 3 April 2020

108 [Letter from the Home Secretary on Covid-19 checks at the UK border](#), 9 April 2020

of scientific advice considered before the withdrawal of borders guidance on 13 March. Therefore, during oral evidence provided by the Secretary of State for Health and Social Care to the Health and Social Care Committee on 17 April, our Chair asked the Secretary of State to provide any advice his department had received that informed the decision to end special international travel measures at that time.¹⁰⁹ The Secretary of State undertook to “ask the Chief Medical Officer to publish the explanation behind the decisions that were taken”, as well as the analysis which informed those decisions.¹¹⁰ A week later, we wrote to the Secretary of State to confirm our desire to receive this information.¹¹¹ To date this information has not been provided.

84. On 28 April, the Chair of this Committee asked the Chancellor of the Duchy of Lancaster when we could expect the advice to be published. He responded that “it is not for me to dictate what SAGE, NERVTAG or any of our independent scientific committees should or should not do, but I know that our chief scientific adviser has spoken about the importance of building confidence, and more will I am sure be said in due course”.¹¹²

85. In oral evidence on 29 April, we asked the Home Secretary again to explain what advice had been provided concerning the decision to withdraw guidance on 13 March. She said that “all advice is based upon SAGE and Public Health England” and that “border measures have been constantly under review”.¹¹³ She emphasised that the Home Office Chief Scientific Adviser, Professor John Aston, was a member of SAGE. When asked to estimate what percentage of people arriving on flights were infectious with COVID-19, the Home Secretary said that she understood “that the estimate was 0.5%” of arrivals.¹¹⁴ This was later clarified by the Second Permanent Secretary, Shona Dunn, as the estimate of the total number of community transmissions in the UK resulting from imported cases as of 23 March.¹¹⁵ However, no Home Office witness was able to provide an estimated percentage or number of individuals arriving in the UK ahead of 23 March who were infectious. The Second Permanent Secretary offered to provide any available numbers concerning the absolute number of arrivals—and the proportion—who were infectious.

86. In response we received a letter from Professor John Aston, the Chief Scientific Adviser to the Home Office, on 4 May. In his letter, Professor Aston explained that the figure of 0.5% referred to the estimate of “total domestic cases” resulting from importation. He explained that:

This figure was calculated using estimates of incidence of disease within hotspot countries, derived from death data. Using death data is the most reliable method available to estimate numbers of infections within countries. These data were combined with numbers of incoming air passengers from those hotspot countries. SAGE is in the process of publishing papers and has committed to publishing the paper that informed this analysis in the next two to three weeks.¹¹⁶

109 The Chair attended the Health and Social Care Committee as a ‘guest’, under the provisions of Standing Order No. 137A.

110 Oral evidence taken before the Health and Social Care Committee on 17 April 2020, HC 36, [Qq344–47](#)

111 [Letter to the Secretary of State for Health and Social Care on border quarantine](#), 24 April 2020

112 HC Deb, 28 April 2020, [col. 228](#) [Commons Chamber]

113 [Qq344–46](#)

114 [Q319](#)

115 [Qq332–6](#)

116 [Letter from the Home Office Chief Scientific Adviser on the border and Covid-19](#), 4 May 2020

87. Professor Aston did not provide estimates of the number of infectious people who had arrived and were still arriving in the country, or what proportion of overall arrivals might be infectious. The letter did not set out what guidance had informed the withdrawal of guidance on 13 March. He did not include a list of “hotspot countries”, nor the estimated prevalence rate within that group of countries. He did however note that “median population prevalence worldwide is likely less than 1 in 1000”.¹¹⁷ As a global median figure would include countries which at the time of his writing were not yet heavily affected by the virus—including many in South America which now are—it is difficult to be confident in this figure as an appropriate placeholder for an estimate for the proportion of arrivals into the UK with the virus in the run-up to, and following on from, SAGE’s advice on 23 March.

88. On 5 May, in the Chamber, the Chair of this Committee asked the Secretary of State for Health and Social Care to publish evidence behind the decision to withdraw self-isolation guidance on 13 March. He responded that he would “look into the question that the right hon Lady raises”.¹¹⁸

89. On 11 May, we responded to Professor Aston’s letter to ask which hotspot countries were included in the calculation to reach the figure of 0.5%, how many people had arrived in the UK from those countries, and how the median figure of 1 in 1000 people related to the approximate prevalence rate in countries from which the majority of people were arriving in the UK.¹¹⁹ We also asked what estimate had been made on 12 March of the proportion of cases resulting from importation ahead of the withdrawal of guidance, in light of Sir Patrick Vallance’s consideration that total importations from Spain and Italy had been high during that period, (as would later be corroborated by the study of 8 June).

90. On 13 May, the Chair of this Committee asked Professor Aston whether the decision to withdraw self-isolation guidance was informed by an estimate of the number of people arriving each week who might have COVID-19. Professor Aston responded that:

At that point in time, when that decision was made, an estimate was made of what the effect would be of putting further restrictions on the border—that it would delay the epidemic by a small amount of time and therefore was deemed unsuitable.¹²⁰

91. Professor Aston responded further to this point in a letter to the Committee on 5 June. However, rather than drawing the Committee’s attention to advice received at the time the decision was made—13 March—he directed the Committee to the minutes of the SAGE meetings of 3 and 4 February, writing to the Chair that “your questions around the limited amounts of delay that would have been potentially possible if strict measures had been imposed are addressed in those minutes”.¹²¹ No information about advice considered subsequent to the 3 and 4 February, but prior to 13 March, has been provided.

117 [Letter from the Home Office Chief Scientific Adviser on the border and Covid-19](#), 4 May 2020

118 HC Deb, 5 May 2020, [col 509](#), [Commons Chamber]

119 [Letter to the Home Office Chief Scientific Adviser on the border and Covid-19](#), 11 May 2020

120 Oral evidence taken before the Science and Technology Committee on 13 May 2020, HC 136, [Q521](#); The Chair attended the Committee as a ‘guest’, under the provisions of Standing Order No. 137A

121 [Letter from the Home Office Chief Scientific Adviser on the border and Covid-19](#), 5 June 2020

92. He did not explicitly address our questions about hotspot countries. He sought to reassure us that “the Home Secretary, Ministers and Officials in the Home Office have constantly asked for scientific advice when making decisions around COVID-19”.¹²²

93. On 3 June, the Home Secretary made a statement in the House of Commons concerning refreshed UK border health measures, which we discuss in the next chapter of this Report. Our Chair asked that the Home Office provide a figure for how many people had arrived in the UK ahead of 23 March with COVID-19, and particularly during the period from 13 March to 23 March, again drawing attention to the withdrawal of self-isolation guidance for international arrivals on 13 March. She also asked that an estimate be made of how many people arriving in the UK over the three weeks from 3 June would likely be infectious.¹²³ The Home Secretary responded that:

I have given examples of the number of airports, territories, airlines and flights that were monitored throughout the period from 22 January to 12 March. In terms of publishing the advice, I think the right hon. Lady refers specifically to advice from the Home Office, and I will ensure that the Home Affairs Committee receives it. On the number of incoming passengers, it is well known and documented through air passenger data—that does not include ports, which are separate—that the number of passengers travelling to and arriving in the United Kingdom has been at an all-time low and completely fallen off. We obviously cannot predict those figures for the next three weeks, but working with the Department for Transport we will collate that information and make it public.¹²⁴

The Committee has not yet received the information promised by the Home Secretary.

94. On 1 July, the Committee took oral evidence from the Permanent Secretaries at the Home Office and again asked what specific advice was provided ahead of the decision to withdraw all self-isolation guidance for international arrivals on 13 March. The Second Permanent Secretary said:

as Professor Aston has explained, the position on 13 March, when the guidance was removed—because that was the point in time when the stay at home guidance came into effect for all people regardless of whether they were already within the country or coming into the country—was specific guidance with respect to self-isolation for people coming in from particular routes was no longer regarded as being appropriate.¹²⁵

95. The Second Permanent Secretary reiterated that the prevailing figure at that time was 0.5% of community transmissions resulting from importation. The Second Permanent Secretary committed to asking Professor Aston to provide the Committee with “an account of the days in advance of 13 March, after this Committee meeting, in detail”. She accepted that “clearly the material he has provided, so far, has not given you that day-to-day account”.¹²⁶ We have not yet received that day-to-day account.

122 [Letter from the Home Office Chief Scientific Adviser on the border and Covid-19](#), 5 June 2020

123 HC Deb, 3 June 2020, [col 872](#) [Commons Chamber]

124 HC Deb, 3 June 2020, [col 872](#) [Commons Chamber]

125 Oral evidence taken on 1 July 2020, HC 536, [Q7](#) [Shona Dunn]

126 Oral evidence taken on 1 July 2020, HC 536, [Q14](#)

96. In total, Members of the Committee have made nine appeals for information concerning the advice behind the decision to withdraw guidance on 13 March:

- i) a question from the Chair to the Minister for Immigration Compliance and the Courts in the Chamber on 23 March;
- ii) in correspondence from the Committee to the Home Secretary on 3 April;
- iii) in oral evidence from the Secretary of State for Health and Social Care, via the Chair acting as a 'guest' of the Health and Social Care Committee, on 17 April;
- iv) a question from the Chair to the Chancellor of the Duchy of Lancaster in the Chamber on 28 April;
- v) in oral evidence from the Home Secretary on 29 April;
- vi) a question from the Chair to the Secretary of State for Health and Social Care in the Chamber on 5 May;
- vii) in correspondence from the Committee to the Home Office Chief Scientific Adviser on 11 May;
- viii) a question from the Chair to the Home Secretary in the Chamber on 3 June;
- ix) in oral evidence with the Home Office's Permanent Secretaries on 1 July.

97. The failure of the Home Office and other Government Departments to provide us with the scientific advice behind the decision to withdraw special measures for international arrivals on 13 March despite their repeated promises to do so is completely unacceptable. Despite many appeals for this information, the Government has only drawn our attention to SAGE advice and analysis on 22 and 23 March, ten days after the decision, and to SAGE papers from 3 and 4 February, nearly six weeks before the decision. Given the rapidly changing circumstances of the epidemic, we do not accept that these SAGE discussions adequately explain or justify decisions made on 13 March.

98. The Government has still has not given any indication that it will provide the evidence behind the withdrawal of guidance on 13 March. These appeals have been made to three members of the Cabinet, to one further Minister, and to three of the Home Office's most senior officials. It is unacceptable that the information we requested concerning the decision to withdraw measures for international arrivals on 13 March has not yet been made available to us. The Committee has been reassured time and again that it would receive copies of the advice it had requested. After more than three months of being repeatedly promised this information, it will be difficult for this Committee to accept that there are any grounds why the Government cannot provide it to us; if there were such grounds, it has had ample time and opportunity to explain what these might be. It could at any previous juncture over this period have offered reasons for non-compliance or agreed terms for information to be given privately or with redaction. In such circumstances as these, the Committee could quite reasonably conclude that the advice we have requested simply does not exist.

99. *The Home Office—and other departments of Government if necessary—must either publish or provide to the Committee immediately a full account of the scientific evidence and advice leading to its decision to withdraw guidance for international arrivals on 13 March. If this does not exist in written form, the Committee should receive a full account of what considerations were made and a summary of orally tendered advice, including the dates on which it was provided.*

100. The decision to lift all COVID-19-related guidance for international arrivals on 13 March, just as other countries were expanding their border measures, is inexplicable. The Committee does not accept the argument that the introduction of voluntary ‘stay at home’ guidance for households with possible coronavirus infection on 13 March was enough reason to withdraw all guidance for returning travellers or visitors. Advice to stay at home applied only to those households with a suspected case of COVID-19 and was not legally enforceable for another 13 days. The Government stated that its priority in mid-March was buying time for the NHS. Imposing firmer measures on all international arrivals—including travellers from parts of Europe that had never been subject to specific guidance—would have contributed to this to some degree, as part of a cumulative or “additive” approach. Removing measures for international arrivals rather than extending them was the wrong thing to do.

101. Nor do we accept that falling numbers of arrivals justified the lifting of border measures in mid-March. Although passenger numbers started to fall, a further one million people were to arrive between 13 March and lockdown on 23 March, and possibly hundreds of thousands more by mid-April. That is likely to have included thousands of people with COVID-19.

102. We also do not accept the Home Office’s suggestion that no measures were needed after 13 March because imported cases made up only 0.5% of total UK infections. That figure was not calculated until 22 March by which time a million more people had arrived and the epidemic had rapidly escalated in the UK. It is likely to have been substantially higher at the time when guidance was lifted. We set out further concerns about the Home Office reliance on this measurement from paragraph 108.

103. The Government does not seem to have examined the full range of possible measures affecting international travel and considered their additive effect. It is understandable that the Government did not consider it practical or effective to simply restrict flights, not least because of large numbers of British residents seeking to return home. However, the failure to properly consider the possibility of imposing stricter requirements on those arriving—such as mandatory self-isolation, increased screening, targeted testing or enforceable quarantine—was a serious error. In mid-March, the Government had a limited sense of how many infectious people were arriving in the UK, or where they were arriving from, and had limited means of controlling the onward spread of the virus from such cases. In the circumstances, a precautionary approach aimed at continuing suppression of imported cases of the virus should have included more comprehensive measures for passengers arriving from places which had significant numbers of infections.

104. Firm border measures introduced in June were considerably stronger than both the ‘stay at home’ guidance and lockdown restrictions imposed in mid-March. Indeed, they were exactly the “draconian” measures initially rejected by SAGE, enforceable

in law. Justifying the decision to lift measures on 13 March on the basis that, at that time, measures applying to international arrivals were at parity with ‘stay at home’ guidance issued the same day is not consistent with the Government’s eventual chosen strategy. That later strategy, discussed in the next chapter, places more onerous legal restrictions on arrivals from overseas than have been placed on any other group in the UK, at any point over the course of the pandemic.

The decision-making process

105. In view of our concerns about the lack of evidence to justify this decision, we have tried to understand how this decision was taken and who was responsible for taking it. In oral evidence to the Science and Technology Committee, Professor Aston did not specify who had made the decision, but responded that “It was likely a Government decision across the board” and that “Because it was a SAGE piece of advice, that would come from the Government’s point of view”.¹²⁷ Professor Phil Blythe, the Department for Transport’s Chief Scientific Adviser, and Professor Aston confirmed that neither of them had given advice to Cabinet on the decision, although Professor Aston “talked to the Home Secretary at all times about the effect of people crossing the borders”.¹²⁸

106. In later evidence, Professor Neil Ferguson said that “this is really about decisions by the Foreign Office and the Department of Health and Social Care, not by SAGE.” He did not specifically mention the Home Office or the Department for Transport.¹²⁹

107. It is not clear who was responsible for making the decision to withdraw self-isolation guidance on 13 March, or on what basis. It is hard to reconcile Professor Aston’s suggestion that advice was provided at the time the decision was made with either his own indication that he was not involved in the decision, or his later emphasis on advice given six weeks prior to the decision, on 3 and 4 February. Urgent clarity is needed on what scientific evidence was considered and advice provided in relation to self-isolation measures in the days preceding the decision of 13 March, given its likely significant impact in the number of cases imported into the UK in mid-March. Despite this, no Cabinet Minister or official whom we have asked has been able to provide any explanation for the process by which, and the basis on which, the decision was made. It is not clear who was responsible for gathering the evidence, formulating policy options or scrutinising and testing the advice. It is not clear whether there was a lead department or a lead institution, or which Minister took lead responsibility for the decision. The lack of clarity about the responsibility for decision making in this crucial area is very serious and may well have contributed to mistakes being made.

Appropriateness of Home Office calculations and analysis

108. We have asked many times for the Government’s estimate of the number of people likely to be arriving in the UK with COVID-19. We have repeatedly been told that the Home Office does not have those figures, that senior Ministers and officials variously have not asked for or have not been given any such estimates, and that actual numbers of people arriving is not an appropriate figure on which to base policy decisions. The Home

127 Oral evidence taken before the Science and Technology Committee on 13 May 2020, HC 136, [Q532](#); The Chair attended the Committee on 13 May as a ‘guest’, under the provisions of Standing Order No. 137A

128 Oral evidence taken before the Science and Technology Committee on 13 May 2020, HC 136, [Q533](#)

129 Oral evidence taken before the Science and Technology Committee on 13 May 2020, HC 136, [Q834](#)

Office has told us instead that the most significant figure is new arriving infections as a proportion of domestic cases. Since first being asked about scientific evidence informing Government decisions on international travel, the Home Office has relied upon its estimate that the proportion of community transmissions in the UK resulting from imported cases is below 0.5%. The Committee has repeatedly sought to understand the rationale for using this calculation as the basis for decision-making.

109. In Professor Aston's most recent letter to the Committee, dated 15 July, he suggested that the proportion of 0.5% represented a threshold, below which "numbers of cases arriving from other countries were estimated to be insignificant in comparison with domestic cases" and above which the proportion was considered to be "significant". He told the Committee that he was "confident" that the figure remained below 0.5% between 23 March and 8 June, but gave no indication of the date at which the proportion had fallen below the threshold (because of widespread community transmission) or the rate at which the figure had fallen in the days and weeks preceding 23 March.¹³⁰ Given that the genomic study discussed in the previous section estimated that hundreds of individuals with COVID-19 were likely entering the UK each day before and after 10 March, the date when the Government was working on the basis that there were between 5,000 and 10,000 total cases in the UK, it is probable that the proportion was very much higher than 0.5% in mid-March.

110. In oral evidence to the Science and Technology Committee on 13 May, attended by the Chair of this Committee, Professor Aston described the process behind the calculation of the 0.5% figure:

Effectively, we looked at the likely numbers of cases within the UK and overseas, while understanding that there is, of course, underreporting. That is not under-reporting being done deliberately; it is, of course, because the number of tests do not reflect the number of people who have the virus. We have used estimates of how to take reported cases to total cases, and we have used that to estimate the ratio between imported cases and the total number of cases.¹³¹

111. When asked whether a number for incoming cases with COVID-19 existed, he said:

I personally do not feel that that figure is a particularly robust estimate. The ratio itself is a much better estimate—first, because it gives you an idea about the actual risk that is posed by people coming across the border. Secondly, it is much more stable than the estimate of particular incoming cases. The reason for that is you have to take the estimate of the prevalence in a particular country, be that in the UK or in other countries, and understand the infection fatality rate, because from the best statistics in countries across the world it is possible to estimate the number of true cases in the country. You also want to look at the number of reported cases in the country and use that. The infection fatality rate is subject to uncertainty, and the number of symptomatic cases is subject to uncertainty. However, the ratio between domestic and overseas cases means that they cancel out

130 [Letter from the Home Office Chief Scientific Adviser on Covid-19 and the border](#), 15 July 2020

131 Oral evidence taken before the Science and Technology Committee on 13 May 2020, HC 136, [Q512](#)

on both sides, so that uncertainty drops out. The 0.5% figure is far more robust than particular figures about the number of cases coming across the border or the number of cases in the UK.¹³²

112. We asked scientific experts whether the use of a measure based on community transmission (i.e. the Government's 0.5% figure) was appropriate for estimating the relative risk presented by imported cases. Sir David Skegg, University of Otago, New Zealand, told us that he "would certainly be looking at the absolute number" of arrivals as well as the proportion of community transmissions they constituted. He added:

by the way, the 0.5%, I do not know how that estimate was derived, but I am sure it is not necessarily a very precise one. I think at the time that those decisions were made in the UK, as I understand it, there was an acceptance that this virus was going to spread through the community.¹³³

113. Professor Teo Yik-Ying, of the National University of Singapore, was similarly sceptical about the appropriateness of the Government's reliance on the 0.5% figure:

I think it boils down to how one is quantifying that figure of importations leading to primary and second infections. Because if you do not have any contact tracing procedures in place what it means is if I enter the UK today and I am infected I could spread it on to perhaps five other contacts around me, and those five other contacts could go and spread on to other people, perhaps another five each, so that will be 25 or 30 people in total. Are all 30 people attributed to me or is it only the first initial five? [...] I see this to be absolutely crucial because when we start to think about figures like 0.5% it will grossly underestimate the impact of importation risk, because everyone that comes in we will perhaps see additional clusters. Each member within that cluster will go on and that is the dangerous nature of COVID-19 being so infectious.¹³⁴

114. Professor Gabriel Leung, Hong Kong University, agreed. He explained that:

when you try to build a model of spread, and there have been many builds in the UK as well as elsewhere, one of the most important things that we do is to look at how we seed that model. It is the absolute number of seeds that matter, it is not the proportion.¹³⁵

115. Professor Gabriel Scally, University of Bristol, noted that, as the virus was imported from overseas to begin with, the proportion of cases in community circulation must have been considerably higher than 0.5% for some time:

I have seen some of the assessments—the figure of 0.5% is used quite widely—and I must admit that I get quite confused, because it seems to me to be quite imprecise as to what exactly people are talking about. Clearly, at some point in this epidemic, it was 100% of cases that had been imported.

132 Oral evidence taken before the Science and Technology Committee on 13 May 2020, HC 136, [Q518](#)

133 [Q766](#)

134 [Q766](#)

135 [Q766](#)

That, for me, is the important thing. We should not regard it as, “Because we failed to contain it inside the country, there is no point in stopping new cases.”

[...] In my view, every single opportunity should have been taken to detect cases and stop transmission. That includes border control and the importation of fresh cases from abroad.¹³⁶

116. We asked witnesses whether it was possible to estimate the absolute figure for the number of individual importations that could have contributed or led to the spreading of the virus in the community. Professor Scally said “I would have thought it must be hundreds or thousands”:

Chair: If the ONS assesses the current prevalence in the UK to be 137,000, that 0.5% would end up being around 700 new infections from abroad. Is your view that we should not be troubled by 700 new infections from abroad because we already have 137,000? Or, given that we are trying to bust a gut to get those 137,000 cases down, should we be doing everything possible to stop those 700 as well?

[...]

Professor Gabriel Scally: Actually, to me it does not matter; a case is a case. If you are importing—I think you mentioned 700 or so earlier—700 cases is 700 people who can go on and transmit, or 700 people who could lose their own lives, or be responsible, not deliberately but accidentally, for infecting other people and causing death.¹³⁷

117. In his letter of 15 July, John Aston explained that the figure of 0.5% of community transmissions was in his view still a reliable estimate of the number of cases in community circulation that had resulted from importation:

Since that time [23 March], we have continued to monitor whether the proportion of cases at any time has likely become significant, defined as being greater than 0.5% of UK cases. Due to the considerable drop in passenger numbers, we are confident that this did not happen between 23 March and 8 June, and the proportion remained less than 0.5%. On June 8, mandatory self-isolation was put in place, in which case, this mitigated any risk. On July 10, countries with lower risk were exempted from the regulations, and we continue to be confident that the proportion of cases coming from other countries not subject to mandatory self-isolation remains insignificant compared to domestic cases, as it is less than 0.5%.¹³⁸

118. It is deeply concerning that the Government is not able to provide any estimates that were produced at any point of the cardinal number of imported cases during March. The Home Office should have requested advice on the estimated number of importations, and the rough proportion of overall arrivals which that estimated figure represented. While the figure of 0.5% of circulating cases resulting from importation

136 [Q642](#)

137 [Q676–8](#)

138 [Letter from the Home Office Chief Scientific Adviser on Covid-19 and the border](#), 15 July 2020

is a useful one and indeed may still be reliable as of 15 July, evidence to us demonstrates that these other figures are also crucially important to deciding border policy and should have been made available to Ministers. Nothing the Home Office had told us demonstrates beyond doubt that these other figures were asked for or made available. Having actual estimates of the number of people likely to be affected by any decision is important and can lead to qualitatively different decision-making processes than just relying on figures expressed as small proportions. Estimates should have been available to Ministers throughout March to allow them to make fully informed decisions.

Transparency of Government scientific advice

119. The Government's professed adherence to scientific advice was not at first matched by transparency about the content or nature of that advice. SAGE first met to discuss the pandemic on 22 January 2020, but it was not until 20 March that the Government consented to begin publishing minutes of SAGE's meeting, and a limited number of SAGE's advice papers.

120. Although most SAGE papers are now being published, not all Government advisory documents have been published within one month of their consideration. There is no explanation provided as to why certain papers have not been published, or why there has been such a delay in publishing others. It is reasonable to consider that some papers may be subject to ongoing peer review, others may be relevant to national security, and others have been provided to the Cabinet—but as the list of SAGE papers provided by Government does not indicate any reason for non-publication it is difficult to discern why some papers have been published in line with the Government's commitment whereas others have not.

121. Professor James Wilsdon, Vice-Chair of the International Network for Government Science Advice, told us on 10 June, following the introduction of border quarantine measures, that he was “not clear myself what new, fresh advice they [SAGE] are giving to support the policy changes we are seeing now”:

Unless I have missed it, I have not seen an updated statement from SAGE to support the measures that are now being introduced. It may be that that advice exists and has not yet been published, but as we have seen through the course of recent months, the importance of transparency in the advisory process is clearly paramount at this point.¹³⁹

122. Speaking in July, Sir Patrick Vallance said that “SAGE is an advisory body” that was “always dealing with uncertainty”. Part of its “job is to express that uncertainty to allow Ministers and others to make decisions as to which policies they wish to follow [...] We say “There is uncertainty here, but within the bounds of this uncertainty here is some advice”.”¹⁴⁰

123. It is not clear to us how the Home Office interrogated the advice received by SAGE, either about the 0.5% figure, or the conclusion that only a 95% reduction in border crossing could achieve meaningful delay of a month to the pandemic. SAGE's advice is based on “uncertainty”; evidence from Home Office officials and the Home Secretary does

139 [Q744](#)

140 Oral evidence taken before the Science and Technology Committee on 16 July 2020, HC 136, [Q1015](#)

not indicate that due regard was given to the uncertainty inherent in the advice provided. Otherwise, as discussed earlier in this report, we could reasonably expect other figures to have been asked for and considered when formulating policy.

124. Public Health England has been a key reference point for Government action during the pandemic and continues to inform key Government mechanisms such as the Joint Biosecurity Centre (discussed from paragraph 197); despite this, its internal scientific analysis has not been published. This makes it difficult to reach conclusions about the extent to which rigorous assessment was made by Public Health England of the importation risk, or of the efficacy of measures taken in other countries to control the virus and how these might relate to that importation risk. We note that the Science and Technology committee raised similar concerns in a letter to the Prime Minister.¹⁴¹

125. In a public health crisis transparency is crucial, both to ensure that analysis is tested and to build trust and confidence. We welcome the decision to publish SAGE papers. However, transparency cannot be selective without clear explanation, particularly when the advice relates to policy decisions as important as those concerning the introduction of border measures, which affects wide swathes of the economy and disrupts millions of peoples' plans. Where it has not been able to meet the commitment to publish papers within a month of the relevant meeting, the Government should explain clearly why.

126. The Committee shares the concern of the Science and Technology Committee that bodies advising Government, including Public Health England, are also insufficiently transparent about the nature and content of the advice they are providing.

127. It still stands that no evidence has been provided to us about what advice was provided to the Home Secretary or to other Ministers, when, or by whom.¹⁴² It is also not clear whether any senior officials from the Home Office beyond Professor Aston were privy to SAGE papers and what specific scrutiny the Home Office carried out of advice from SAGE where it was relevant to the department's remit. The Permanent Secretary told us on 1 July that "Home Office officials have played a central role in helping to advise Ministers on all aspects of the COVID response that are relevant to the Home Office" and added that "the Home Office continues to be joined-up [...] in terms of Professor Aston being a Member of SAGE, and the Second Permanent Secretary and myself taking part in Permanent Secretary meetings". However, when pressed on the internal scrutiny of SAGE advice and related advice concerning the removal of international arrivals guidance on 13 March, the Second Permanent Secretary could refer only to published SAGE advice and not to any further analysis or consideration by the Home Office.¹⁴³

128. Professor James Wilsdon suggested that the Government's strategy required "at least greater transparency instead of indications of the science as a sort of singular thing followed by somewhat shifting policy responses". He said that:

Where we have had problems arising here—not just with respect to border measures, in many other areas too—has been at various points an overly simplified, singular account of the science as supporting simple decisions rather than greater acknowledgement of the plurality of advice and evidence,

141 [Letter from the Chair of the Science and Technology Committee to the Prime Minister on lessons learned so far in the Covid-19 pandemic](#), 18 May 2020

142 Oral evidence taken before the Science and Technology Committee on 13 May 2020, HC 136, [Q533](#)

143 Oral evidence taken on 15 July 2020, HC 561, [Qq39–40](#)

which clearly exists, as we are seeing from other sources. There is also the messy interface between the scientific and the political, which is at the heart of these sorts of situations.¹⁴⁴

129. The Home Office has stated repeatedly that it followed scientific advice from SAGE and from its own Scientific Adviser ahead of the Government's decision to withdraw guidance for international arrivals on 13 March. By the same measure, the Government's Chief Scientific Adviser has been clear that advice from SAGE includes an inherent degree of uncertainty. This is reasonable, particularly in a rapidly evolving situation such as COVID-19. However, we have heard no evidence to suggest that the Home Office requested additional information that could have fed into its border policy, nor that it interrogated the inherent uncertainties around SAGE's advice or around the limited figures it was given. We are forced to conclude, therefore, that the Department took at face value the advice provided; it should not have done so.

2 The introduction of border quarantine requirements

Consideration and announcement of quarantine requirements

130. Between 23 March and 28 April there was no minuted SAGE discussion of measures that could be taken at the border. On 28 April SAGE considered a paper titled 'measures at the border'.¹⁴⁵ The paper ostensibly poses a number of questions to SAGE from the Home Office and provides Home Office analysis to inform discussion of those questions. Some of the questions posed and discussion points raised are in Box 1, below.

Box 1: Extract from 'Measures at the border', provided to SAGE on 27 April 2020

Questions posed to SAGE are in bold type; answers provided are in normal type

Does SAGE agree with the principle that if imported cases represent a higher proportion of total UK cases, there would be scientific reason to implement measures at the border?

[...]

Is it possible for SAGE to use public health and modelling input to provide definitive advice on a particular point at which it would be advisable to implement measures at the border to control imported cases? If not, is it possible to model a range of scenarios to inform decision-making based on risk appetite?

How to assess the number of imported cases is not trivial. In the absence of direct data on the number of cases coming into the country from abroad, analytical approximation of predicted imported cases is likely to be the best measure.

[...]

Analysis could focus on countries that are assessed as being particularly high risk based on the incidence of COVID-19 cases in their population. The numbers of deaths reported in those countries is likely to be a better indicator of incidence than confirmed cases, given differences in testing regimes in different countries. Reported numbers of deaths could therefore be used to extrapolate the likely incidence in the general population, and in conjunction with the predicted passenger numbers, give an estimate of the numbers of cases likely to be imported from those countries over the coming week.

A similar approach could be taken to include passengers travelling by rail and by sea.

These figures could be used to determine the contribution of imported cases to the UK totals. If the total number of UK cases falls to very low numbers, then the associated uncertainties would require absolute numbers of imported cases, rather than the proportion, to be considered.

145 Scientific Advisory Group on Emergencies, [Measures at the border](#), 27 April 2020

Does SAGE agree to the approach outlined above to determine the proportion of total UK cases that are imported (and thus the level of risk from imported cases)?

[...] Is SAGE able to stand up the ability to determine the level of risk from imported cases at any particular time?

Options for measures at the border

[...] The main options are:

- *Screening on arrival. Possibilities include:*
 - Testing for infection: At present, it would not be possible to test directly for infection in the rapid, high throughput way that would be required to be of use in this context. Even if this were possible, very early stages of infection would not be detected.
 - Temperature screening: Temperature screening is not effective as it will miss asymptomatic and presymptomatic cases, and not all symptomatic cases present with fever. There will also be a high rate of false positives from those who have an increased temperature for reasons that are unrelated to COVID-19.
 - Other screening: Other ways of screening individuals may include screening for symptoms other than temperature (or in combination with temperature), but this would have similar inherent issues as temperature screening. Travel history may be used as a means of risk-profiling people, but this would be highly unspecific.
- *Screening prior to travel*, with passengers being refused travel if they do not meet the requirements. This would involve the sorts of screening noted above, with the same associated issues. Compared with screening upon arrival, this has the benefit of avoiding infected people potentially infecting other passengers, but is reliant on the country of departure for implementation.
- *Quarantine/self-isolation*. Passengers could be placed in quarantine for 14 days before they are allowed to travel to their final destination in the UK; this would have large practical implications in terms of accommodation. Alternatively, they could be told to self-isolate for 14 days upon arrival at their final destination in the UK.
 - These measures could be applied to all passengers, or just those arriving from higher risk countries. In the latter case, passengers from higher risk countries who have travelled via a third country would not be subject to quarantine/self-isolation.
 - The measures could be mandatory or voluntary.

- As an alternative to a 14 day period, passengers could be offered a test and be released from quarantine if they test negative for COVID-19; however, the effectiveness of this would be dependent on the sensitivity and of any test used.
- *Tracking and tracing.* As part of a wider track and trace strategy, measures could be taken to ensure visitors to the UK can be contacted and require them to take part in any track and trace programme.
- **Which measure(s) would SAGE recommend as being the most effective? Are there other measures that should be considered?**

Source: Scientific Advisory Group on Emergencies, [Measures at the border](#), 27 April 2020

The minutes of SAGE's 28 April meeting reach the following conclusions:

As the number of cases in the UK decreases, the potential proportion of imported cases may increase. It is impossible to estimate the number of cases which may be imported and their proportion of the total.

Determining a tolerable level of risk from imported cases requires consideration of a number of non-science factors and is a policy question.

Measures implemented at the border may change the level of risk and these will be reviewed.¹⁴⁶

131. On 10 May, the Prime Minister announced that 14-day quarantine would be required as part its recovery strategy, saying “to prevent re-infection from abroad, I am serving notice that it will soon be the time—with transmission significantly lower—to impose quarantine on people coming into this country by air”.¹⁴⁷ The following day, the Government published its COVID-19 recovery strategy. This included the first details of that future quarantine regime, as follows:

First, alongside increased information about the UK's social distancing regime at the border, the Government will require all international arrivals to supply their contact and accommodation information. They will also be strongly advised to download and use the NHS contact tracing app.

Second, the Government will require all international arrivals not on a short list of exemptions to self-isolate in their accommodation for fourteen days on arrival into the UK. Where international travellers are unable to demonstrate where they would self-isolate, they will be required to do so in accommodation arranged by the Government. The Government is working closely with the devolved administrations to coordinate implementation across the UK.

Small exemptions to these measures will be in place to provide for continued security of supply into the UK and so as not to impede work

146 Scientific Advisory Group on Emergencies, [Minutes of twenty-ninth meeting relating to COVID-19](#), 28 April 2020

147 Gov.uk, [Prime Minister's statement on coronavirus \(COVID-19\)](#), 10 May 2020

supporting national security or critical infrastructure and to meet the UK's international obligations. All journeys within the Common Travel Area will also be exempt from these measures.¹⁴⁸

132. At a Downing Street press briefing on 22 May, the Home Secretary provided more information about the measures, announcing that “temporary public health restrictions at the border” were required “to protect hard-won progress and protect against the devastation of a resurgence in a second wave of the virus”. She announced that from mid-June spot checks would be undertaken to ensure that self-isolation was being adhered to, and that the police would be empowered to issue Fixed-Penalty Notices of up to £1,000 for breaches in quarantine requirements.¹⁴⁹

Introduction of measures on 8 June

133. On 8 June 1,326 cases were recorded in the UK, with a cumulative total of 286,198. There were 77 deaths on that date, bringing the total number of deaths confirmed to 40,542.¹⁵⁰

134. Statutory Instruments brought quarantine measures into effect across the nations of the UK on 8 June.¹⁵¹ Arrivals into the UK were required to provide personal and contact details on a “Passenger Locator Form” and self-isolate for 14 days at an address provided. The regulations also created a regime of Fixed-Penalty Notices. For breach of self-isolation requirements, a fine of £1,000 would be issued; for “information offences” such as the provision of a knowingly false name, fines ran from £100 for the first offence up to £3,200 for a sixth offence.

135. The requirements for self-isolation under the regulations are more onerous than those imposed on the broader UK population during lockdown from 23 March. For example, it is not permitted to leave the location of quarantine for shopping or for exercise. It remains permissible to leave for reasons including escaping the risk of harm, seeking medical assistance, or attending the funeral of a family member or close friend.¹⁵² As discussed earlier in this report, the Government previously justified the lifting of earlier border self-isolation guidance in March on the basis that non-compulsory measures introduced across the whole UK were identical in scope to that guidance. However, by the time these legally enforceable measures were introduced on 8 June, it had clearly been concluded that those subject to quarantine required stricter measures to reduce the risk of importation.

136. Schedule 2 to the regulations lists categories of persons exempted from the requirement to quarantine. The list is extensive, and includes: healthcare professionals

148 HM Government, *Our Plan to Rebuild: The UK Government's COVID-19 recovery strategy*, May 2020

149 Home Office, ‘Home Secretary’s statement on coronavirus (COVID-19)’, 22 May 2020

150 World Health Organisation, *Coronavirus disease 2019 (COVID-19): Situation Report 140*, 8 June 2020

151 Health Protection (Coronavirus, International Travel) Regulations (Northern Ireland) 2020 ([SR\(NI\), 2020, No. 90](#)); Health Protection (Coronavirus) (International Travel) (Scotland) Regulations 2020 ([SSI, 2020, No. 169](#)); Health Protection (Coronavirus, International Travel) (England) Regulations 2020 ([SI, 2020, No. 568](#)); Health Protection (Coronavirus, International Travel) (Wales) Regulations 2020 ([SI, 2020, No. 574 \(W. 132\)](#))

152 Health Protection (Coronavirus, International Travel) Regulations (Northern Ireland) 2020 ([SR\(NI\), 2020, No. 90](#)), regulation 4; Health Protection (Coronavirus) (International Travel) (Scotland) Regulations 2020 ([SSI, 2020, No. 169](#)), regulation 9; Health Protection (Coronavirus, International Travel) (England) Regulations 2020 ([SI, 2020, No. 568](#)) regulation 4; Health Protection (Coronavirus, International Travel) (Wales) Regulations 2020 ([SI, 2020, No. 574 \(W. 132\)](#)), regulation 10

travelling to the UK to provide essential healthcare; categories of inspector including of civil aviation, of ships and of nuclear facilities; persons working in offshore petroleum facilities; Eurotunnel crew and air crew; diplomats accredited to the UK; those escorting a person sought for extradition; and “a person who resides in the UK and who pursues an activity as an employed or self-employed person in another country to which they usually go at least once a week.”¹⁵³ In response to a written question from Baroness Hamwee, Home Office Minister Baroness Williams of Trafford explained that “the exemption for those travelling at least once a week ensures that those who live in one country but are employed in another can continue to pursue their employment if they are unable to work from home and can return to work”.¹⁵⁴

137. Explaining the new regulations in a statement to the House on 3 June, the Home Secretary committed to review the measures every three weeks, starting on 28 June. She explained that the measures had been designed with the Cabinet Office, BEIS, DfT and DHSC, as well as the devolved Administrations and “science and industry”. The Home Secretary told the House that the Government would publish “in due course more information on the criteria that must be satisfied for these health measures to be lifted”, but that factors for consideration would include “the rate of infection and transmission internationally and the credibility of reporting; the measures that international partners have put in place; levels of imported cases in other countries where there are more relaxed border measures, and the degree to which antibody and other methods of testing prove effective in minimising health risk.”¹⁵⁵ She added that “these measures are backed by science and supported by the public.”

International comparators

138. At the time the UK introduced stronger border measures in June, a range of approaches were being taken by other countries at similar stages in the pandemic.

139. On 11 June the European Commission recommended that Schengen Member and Associated States lift internal border controls by 15 June 2020, allowing free travel between European countries.¹⁵⁶ Some European nations have however maintained some temporary border controls, and Spain maintained its traffic restrictions until 21 June.¹⁵⁷ The Commission also set out an approach to lifting restrictions on travel into the EU from 30 June, and on that date the European Council adopted the Commission’s recommendation, stating that Member States should begin to gradually lift restrictions on non-essential travel for residents of a number of third countries.¹⁵⁸ The countries would be subject to a range of criteria, including: that the number of new Covid-19 cases over the

153 Schedule 2 in respect of each of the regulations in the previous footnote

154 [Written Parliamentary Question HL5994](#) [Quarantine: coronavirus], 8 July 2020

155 HC Deb, 3 June 2020, [col 866](#) [Commons Chamber]

156 European Commission, [‘Coronavirus: Commission recommends partial and gradual lifting of travel restrictions to the EU after 30 June, based on common coordinated approach’](#), 11 June 2020. Because of the UK’s imposition of a 14-day quarantine period for inbound travellers, France decided that, even though they would not be subject to entry restrictions as per the European Commission’s recommendation, travellers from the UK would be “invited to observe a fortnight on their arrival”: see French Ministry of the Interior, [‘The lifting of movement restrictions at France’s internal European borders’](#), 13 June 2020

157 European Commission, [‘Temporary Reintroduction of Border Control’](#), accessed 21 July 2020

158 Algeria, Australia, Canada, Georgia, Japan, Montenegro, Morocco, New Zealand, Rwanda, Serbia, South Korea, Thailand, Tunisia, Uruguay and China (subject to confirmation of reciprocity); Council of the European Union, [‘Council Recommendation on the temporary restriction on non-essential travel into the EU and the possible lifting of such restriction’](#), 30 June 2020

last 14 days and per 100,000 inhabitants is close to or below the EU average as of 15 June 2020; that the trend of new cases over the same period in comparison to the previous 14 days is stable or decreasing; and the adequacy of their overall response to the pandemic and provision and reliability of information on aspects such as testing, surveillance, contact tracing, containment, treatment and reporting. The list of third countries is to be reviewed every two weeks.¹⁵⁹

140. Other nations have different policies:

- In South Korea, all arrivals, regardless of nationality and length of stay, are required to be tested and undergo quarantine. Asymptomatic arrivals from the USA and Europe must receive a test within three days and must quarantine at a government-designated facility for 14 days on arrival, for which they are required to pay a daily charge of around 100,000KRW (approximately £66). Those who test positive will be isolated and treated at a hospital or community treatment centre.¹⁶⁰
- On 15 June the Singaporean Multi-Ministry Taskforce announced plans for a “progressive re-opening of our economy and society” including a review of border measures in place to manage the risk of importation. However, travellers to Singapore who are not Singaporean citizens, permanent residents or long-term pass holders are still not allowed entry (except under established Green/Fast Lane arrangements or with special prior approval). Citizens and residents are required to serve a 14 day ‘Stay At Home’ notice.¹⁶¹
- In New Zealand the border is still closed to almost all travellers. Some individuals—including non-visa-holding partners and dependants of New Zealand citizens or residents, resident Australian citizens and critical health and humanitarian workers—can apply for approval to enter the country. All arrivals are tested and a 14-day managed quarantine or isolation is mandatory.¹⁶²

Analysis of quarantine measures

141. In written evidence to us before the announcement of the measures Tony Smith, former interim Director-General of Border Force, suggested that there should be international standards on quarantine to allow border officials and ports of entry to manage flows of passengers who are exempt from quarantine.¹⁶³

142. On 22 May, Professor Wilder-Smith told us that the effectiveness of border quarantine measures “really depends on the timing and is highest very early on in an outbreak”. She compared the situation with the SARS outbreak in 2003, noting that

it was one single case that led to the outbreak [of SARS] in Singapore. The second case, which was also imported, had no secondary cases. Therefore,

159 On 16 July the list was updated to omit Serbia and Montenegro; Council of the European Union, ‘[Council updates the list of countries for which member states should gradually lift travel restrictions at the external borders](#)’, 16 July 2020

160 Coronavirus Disease-19, Republic of Korea, ‘[Korean government’s response system](#)’

161 Singapore Ministry of Health, ‘[Gradual re-opening of travel and changes to border measures](#)’, 15 June 2020

162 New Zealand Immigration, ‘[Border closures and exceptions](#)’

163 Tony Smith CBE ([COR0136](#))

I do think that we still need to put all our efforts into quarantine. Now, at a time when the cases are declining, it is very important to tighten up our border quarantine measures.¹⁶⁴

She added that any measures would need to be “strengthened” with “legal enforcement”.

143. Both Professor Wilder-Smith and Professor Scally noted the importance of including quarantine as part of a wider strategy including widespread testing, such as that undergone by arrivals in Hong Kong. Professor Wilder-Smith noted that in Singapore, identification of countries to be subject to quarantine changed regularly between January and March. She suggested that the UK identify countries to be subject to measures on a weekly basis, rather than applying blanket measures.¹⁶⁵

144. Prior to the announcement of new quarantine regulations, we asked the Airport Operators Association and the Port of Dover what discussions they had had with Government about new quarantine measures, and about international alignment to match their highly internationalised sectors. Karen Dee, Chief Executive, Airport Operators Association, told us that

We see the quarantine proposal as being a rather blunt tool because it just applies to everybody, in all circumstances. If the medical evidence suggests that is what is needed, of course we will go with that, but our preference is to work on, “What is the international agreement on a set of standards?” [...] the air bridge proposal, which is to look at agreements with other countries, would be a much better approach to this, because not only would it be much more risk-based and would therefore reduce the economic impact, which is going to be huge, but it would also achieve the kind of safety we are looking for.¹⁶⁶

She also queried whether exempting categories of person from quarantine regulations would have any economic benefit for the aviation industry:

Of course, an airline is not going to fly a flight if only one or two people who are exempted are going to be coming in. That is why we are concerned about the way this will operate; it may simply lead to a prolonged shutdown of all aviation.¹⁶⁷

145. Our colleagues on the Transport Committee have reported more fully on the impact of quarantine measures on the aviation industry. They shared Ms Dee’s concerns that blanket quarantine measures would be profoundly damaging to the aviation sector, concluding that they were “not persuaded that a blanket quarantine policy is the right policy option at this time compared to the alternatives”. They agreed with Ms Dee and Mr Smith that introducing global aviation standards was necessary to preserve the UK’s aviation sector in the medium term.¹⁶⁸

164 [Q643](#)

165 [Q651](#)

166 [Q624](#)

167 [Q624](#)

168 Transport Committee, Second Report of Session 2019–21, [The impact of the coronavirus pandemic on the aviation sector](#), HC 268, para 27

146. We asked witnesses on 10 June for their initial reaction to the UK's measures. Sir David Skegg told us

I think the point is that these border measures would be most effective if they were done very early. As in the case of New Zealand, all of your cases were originally imported—this disease did not originate in the United Kingdom—so the earlier the better. I think it would have been much more effective if you had done this in February, but it may still be worth doing now. It all depends on what the strategy is and that is not clear to me.¹⁶⁹

147. Professor Leung pointed out that decisions over border closure always operated within the context of “a three-way tug of war between health protection, economic preservation and social consent or the emotional wellbeing of the population”:

I do not think that the three-way tensions are going to go away any time soon regardless of what stage of the pandemic we have come to. Secondly, it is important to bear in mind—and we have to be fair—that it has always been the de facto position of the WHO and many national Governments before Covid-19 not to impose any border restrictions in most circumstances. But Covid-19 has proven itself to be special because of the characteristics of the transmission and also because of the overwhelming magnitude.¹⁷⁰

He noted the importance of interaction between different countries' approaches:

Thirdly, in terms of the interrelations between different travel destinations, whether it is for business or for leisure, it is not what you do unilaterally that matters most. It is what everybody else whom you trade with does, and receive and send tourists from and to, that matters. If you were the most open port, but all the other countries with which you have relations all impose very strict border restrictions then it would not do you any good to be very open either.¹⁷¹

148. In light of this, it is encouraging the Home Secretary was clear that the Government would monitor other countries' experiences of COVID-19 and border measures to inform future UK decisions.

149. We welcome the Government's decision to re-introduce border measures. We discuss later what the most appropriate border measures should be. But at a time when COVID-19 infections continue to increase across the world and when hotspots of infection continue to change, all countries are going to need different kinds of border measures to control the spread of the virus for some time to come.

150. It was inevitable that the Government's reintroduction of border measures was greeted with some scepticism in June. Having removed country-specific guidance in March when other countries were imposing compulsory quarantine arrangements for arrivals, the Government then found itself increasing restrictions just as other countries were loosening them in June—something which was hard to explain, and which appeared inconsistent. This has been exacerbated by the Government's continued

169 [Q749](#)

170 [Q751](#)

171 [Q751](#)

defence of the previous lack of quarantine at the border from March until June rather than acknowledging that, in hindsight, firmer measures should have been in place. Building up credibility requires transparency. *The Government should publish the analysis that informed its decision to introduce quarantine measures and explain how it relates to the Government's wider strategy for overcoming the pandemic.*

151. The Government faces a difficult task: how to ensure control of the virus at the same time as getting the economy moving, including international travel, in the safest possible way. It will build more support for the difficult balancing judgements it has to take if it is open about the evidence behind them.

Practical implementation of the new measures

152. The new measures came into force on 8 June. In written evidence to us, the Immigration Services Union (ISU) told us that guidance for Border Force officers on how to operate the new measures was not available until very late in the day: “in the event the guidance, amounting to 50 pages of some fairly technically dense material was not released to staff until after 5pm on Friday 5 June.”¹⁷² While Border Force is a “24/7 operation”, the ISU noted that “those providing policy advice and non-operational support for officers do not work weekends.” Therefore, “where queries arose, for example on the use of powers of arrest in the event of non-compliance, it was not possible to get a response prior to implementation”. The ISU concluded that “as much as one third of staff would have arrived for duty on or after Monday [8 June] with only the knowledge obtained through the media of what this change was in practical terms.”¹⁷³ Owing to the late release of guidance, the ISU claim it “contained anomalies and illogicalities which, because of the late disclosure, staff were not able to challenge or understand. This further undermined the perception of the value of what staff were being asked to do.”¹⁷⁴ For example, “the address given [by a passenger in the Passenger Locator Form] on arrival could not be checked; in accordance with instructions it should not even be challenged unless it was manifestly incredible. The guidance specified as examples where travellers gave their address as Buckingham Palace, or their name as Mickey Mouse.”¹⁷⁵ They added “travellers appear quite willing to put some form of plausible address into the declaration although this cannot be checked or verified”.

153. The ISU noted that “on implementation the response was very localised” with some locations attempting to “turn off their e-gates and conduct 100% checking”; they noted queues at Heathrow “which in normal times would have been relatively unremarkable, but in post Virus travel with such significantly reduced numbers was unprecedented”.¹⁷⁶ The Public and Commercial Services Union expressed similar concerns to the ISU. A public statement on the PCS website noted that “implementation of the new measures across the country varied greatly. Some regions closed all their e-gates and attempted 100% coverage of all arriving passengers, whilst some left their e-gates open and did spot-checks”. PCS assessed that “in many areas where up to 80% or more of the travelling public normally go through the gates, this alone produced an increase in workload.”¹⁷⁷

172 Immigration Services Union ([COR0185](#)), para 7

173 Immigration Services Union ([COR0185](#)), para 7

174 Immigration Services Union ([COR0185](#)), para 11

175 Immigration Services Union ([COR0185](#)), para 11

176 Immigration Services Union ([COR0185](#)), para 9

177 Public and Commercial Services Union, ‘[Quarantining Health Measures for UK Arrivals](#)’, 16 June 2020

PCS were also concerned that “the failure of IT, and the lack of preparation time meant that systems implemented at the last minute often failed to work or were unable to deal with the practicalities of the situation”.¹⁷⁸

154. There were media reports of problems with the Passenger Locator Form application, including the option initially to pick a country of arrival that no longer existed, such as Yugoslavia or East Germany. This was an error and quickly fixed.¹⁷⁹ The Passenger Locator Form was originally only available in English, before being made available in 10 more languages a week later; however the ISU reported incidences where mobile phones were “frequently passed back and forth between travellers and officers as officers tried to help travellers complete the form”; in a context where minimal cross-household contact is encouraged, this understandably could concern officers.¹⁸⁰ Provision of personal protective equipment for Border Force officers is addressed later in this report.

155. We asked the Airport Operators Association and the Port of Dover on 22 May how long they estimated it might take for them to prepare to implement any new measures. Karen Dee told us that, if she received information on 22 May, “it would take a few weeks. It depends, really, on what we are required to do, but if we need to make changes to the arrivals halls, that will take some time and some planning”.¹⁸¹ Sarah West, Chief Operating Officer, Port of Dover, told us that, ahead of any border measures being announced, the port had worked with ferry operators travelling to Calais and Dunkirk to “make sure we adapt to the higher level and we have consistency, because there is some uncertainty for travellers.”¹⁸²

156. **It is very disappointing that Border Force officers did not receive guidance on the implementation of new regulations until less than one working day before they came into force. Without enough time to raise questions and properly to digest the guidance, it is likely that avoidable mistakes were made during the first days that the regulations were in force. As the UK begins to exempt countries from the regulations, the task of ascertaining who should and should not quarantine and what information they should provide is further complicated. We ask the Government to ensure that any changes to guidance are provided to Border Force officials as early as possible before they come into operation.**

The introduction of travel corridors to and from the UK

157. In a Written Ministerial Statement on 29 June, the Secretary of State for Transport informed the House that the Government would “shortly begin to ease the health measures at the UK border, allowing passengers to be exempted from self-isolation requirements in certain circumstances on arrival in the UK. This will apply to international rail, maritime, and aviation”.¹⁸³ On 3 July, the Department for Transport published a list of those countries

178 Public and Commercial Services Union, ‘[Quarantining Health Measures for UK Arrivals](#)’, 16 June 2020

179 The Times, ‘[Flying back in the USSR](#)’, 16 June 2020

180 Immigration Services Union ([COR0185](#)), para 13

181 [Q630](#)

182 [Q609](#)

183 HC Deb, 26 June 2020, [col 4WS](#) [Commons written ministerial statement]. Throughout our inquiry this targeted relaxation has been referred to variously as air bridges, air corridors, and travel corridors. For the purposes of this report we adopt the latter term.

and territories deemed exempt from quarantine regulations in England; it comprised 59 countries.¹⁸⁴ Exemptions would commence from 10 July 2020. Exemptions in other parts of the UK remained a matter for devolved governments.¹⁸⁵

158. Prior to the announcement, it had been reported that the Government had designed a ‘traffic light system’ to classify risk in different countries: green for the lowest risk countries; amber for countries that were less safe than green countries; or red, which would result in quarantine requirements for returning passengers.¹⁸⁶ Similar approaches had been taken by other Governments, including in Czechia, Hungary and Belgium, all of which had published their traffic light assessments. The Belgian traffic light system includes sub-national variation, and categorises Aragon and Catalonia as higher risk than the rest of Spain.¹⁸⁷ The UK’s traffic light assessment was not published as part of the UK Government’s announcement.

159. In a separate written ministerial statement, The Secretary of State for Transport set out the process informing the travel corridors. It involved the Joint Biosecurity Centre, in close consultation with Public Health England and the Chief Medical Officer, and an approach to assessing the public health risk based on virus incidence rates, trends in incidence and deaths, and assessments of countries’ public health approaches.¹⁸⁸ In a government news story the Transport Secretary said that “whether you are a holidaymaker ready to travel abroad or a business eager to open your doors again, this is good news for British people and great news for British businesses.” He also warned that “safety must remain our watchword and we will not hesitate to move quickly to protect ourselves if infection rates rise in countries we are reconnecting with.” The statement was titled “Self-isolation lifted for lower risk countries in time for holidays this summer”.¹⁸⁹

160. We discuss the analysis behind the Government’s approach later. This categorisation informed the Government’s decisions about relaxation of border measures and has allowed the establishment of travel corridors through which passengers arriving in England from certain countries and territories will be exempted from the requirement to self-isolate.

161. The Scottish Government announced on 8 July that passengers would not need to quarantine if they arrived from 57 destinations with similar or lower levels of infection than Scotland. In making the announcement, the First Minister provided more information on the analysis and the unpublished traffic light system developed by Public Health England, which she explained had informed both the UK Government’s and the Scottish Government’s decisions:

184 The Telegraph, ‘[Holidaymakers will be able to find summer sun—but some destinations are still off-limits](#)’, 10 July 2020; HC Deb, 26 June 2020, [col 4WS](#) [Commons written ministerial statement]

185 Department for Transport, ‘[Coronavirus \(COVID-19\): travel corridors](#)’, published 3 July 2020 (accessed 12 July 2020)

186 Sky News, ‘[Coronavirus: Which countries you might be able to visit under traffic light system](#)’, 30 June 2020; Financial Times, ‘UK to begin dismantling its quarantine policy’, 2 July 2020; The Times, ‘[Holiday season back on with travel ‘traffic light’ plan](#)’, 27 June 2020

187 Ministry of Health of the Czech Republic, ‘[Traffic lights: the risk of COVID-19 contagion remains low is most European countries](#)’, 22 June 2020; Hungarian Government, ‘[We must prevent introduction of virus from abroad](#)’, 12 July 2020; Kingdom of Belgium, [Department of Foreign Affairs homepage](#), accessed 27 July 2020

188 HCWS338 [Travel Corridors], 7 July 2020

189 Department for Transport, ‘[Self-isolation lifted for lower risk countries in time for holidays this summer](#)’, 3 July 2020

On Friday, the UK Government published a list of 59 countries and territories for which it would no longer, for England, impose quarantine restrictions. The information underpinning that list, separated countries into a green or low risk category and an amber or medium risk category.

In the green category are 39 countries or territories, which either have very low rates of COVID-19 or very small populations, and therefore considered low risk.

And in the amber group are 20 countries where the risks are considered to be greater and so classed as medium.

Those green and amber ratings are decided on the basis of two factors - first, the prevalence of the virus in each country, and second an assessment of the current situation—based on things like numbers of new cases and local outbreaks—conducted initially by Public Health England.¹⁹⁰

162. The Scottish Government’s announcement described the aims of Scotland’s response to the pandemic as being “to limit the introduction of new chains of transmission of the virus as the country’s own infection rates are/have been falling”.¹⁹¹ This enabled the same travel corridors between Scotland and other countries as the UK Government had done for England, with two exceptions: Spain and Serbia. The First Minister told media that she could not “in good conscience lift restrictions” on Spain, owing to its estimated prevalence rate of 330 per 100,000 population compared to 28 per 100,000 in Scotland.¹⁹² These estimates were based on the unpublished reports of the Joint Biosecurity Centre.

Analysis of travel corridors

163. Oral evidence to the Committee supported the careful opening of travel corridors with low levels of infections; however, we also heard significant warnings about the risks involved from public health experts in countries that are taking a more cautious approach to relaxing their border restrictions like New Zealand and Singapore.¹⁹³

164. Karen Dee suggested that travel corridors would be a “much better approach” than blanket quarantine and would “reduce the economic impact”.¹⁹⁴ Giving evidence from Switzerland, Professor Wilder-Smith told us on 22 May that

I believe that quarantine is necessary, but I am against blanket quarantine for all incoming travellers. Why should someone coming in from New Zealand, where there are zero cases, be quarantined in the UK for two weeks? Seriously, that does not make sense. Here in Switzerland, where we now have 10 cases per day, out of a population of 8 million, the risk of that one person travelling is extremely low, so I would not quarantine them. I still believe in the differential: if the risk is higher than yours in the UK, you must quarantine.¹⁹⁵

190 Scottish Government, ‘[Coronavirus \(COVID-19\) update: First Minister’s speech](#)’, 8 July 2020

191 BBC News, ‘[Coronavirus: Scotland retains quarantine measures for Spanish travel](#)’, 8 July 2020

192 Scottish Government, ‘[Quarantine rules lifted for Spain](#)’, 20 July 2020

193 [Q680](#)

194 [Q624](#)

195 [Q666](#)

165. She explained that bringing in someone from a lower incidence country, such as Greece, “does not increase our overall incidence within the UK”. She concluded that “you need to have a full, 100% travel ban on Brazil” and other high-incidence countries but warned “do not punish New Zealand or South Korea.” Tony Smith agreed that the UK should implement quarantine “zoomed in to the high-risk countries—countries that have a clearly higher incidence than the UK at the time”.¹⁹⁶ Professor Gabriel Leung described the consideration of border measures as a “three-way tug of war” between public tolerance, economic risk, and health risk.¹⁹⁷

166. Professor Gabriel Scally, on the other hand, favoured a more universal approach, saying

I understand the analysis, but I am not sure I agree with the conclusion. A swap of sick people doesn’t seem to be a great idea under any circumstances. Secondly, we have to take into account the circumstances of travel, as I mentioned earlier. If we are still saying that social distancing is important, then that seems to be antipathetic to aircraft travel. Movement through transport hubs or ferries is flawed.¹⁹⁸

Sir David Skegg said “if [travellers] are coming from countries with a lower prevalence of infections I think that is less of a problem for Britain, but of course if your policy is to try to stamp out this infection, obviously every case counts.”¹⁹⁹

167. It is no coincidence that travel corridors have been opening in time for the peak European holiday season. The Office for National Statistics estimated that, in August 2019, 4.1 million visits to the UK were made by overseas residents, and that in turn UK residents made 9.4 million visits abroad. Overseas residents spent £3.1 billion on visits to the UK during that month.²⁰⁰ The impact on the travel industry of COVID-19 has already been devastating.

168. However, witnesses to our inquiry warned that it was premature to open mass travel markets. Professor Leung told us that

One is of course if you do not encourage or facilitate this mass market tourism then it would be safest. That is making a statement of the obvious. It is also very difficult to imagine that most of these tourists would be lying on private beaches, so what you can imagine is crowded beaches, but I cannot imagine anybody going on a holiday in any kind of destination where you go and enjoy the sun but do very good hand hygiene and put on a mask. That is just not something that you could imagine.²⁰¹

Professor Teo agreed that mass market travel “does not sound like a good idea” and emphasised that steps being taken in Singapore to open travel corridors with China and other countries were for business travellers only and not for the mass market; travellers

196 [Q561](#)

197 [Q751](#)

198 [Q647](#)

199 [Q748](#)

200 Office for National Statistics, ‘[Overseas travel and tourism: August 2019 provisional results](#)’, 29 November 2019

201 [Q772](#)

would require to take tests at each end of their journey.²⁰² He noted that Singaporeans travelling to countries that did not have a travel corridor agreement would lose their healthcare coverage and insurance if infected with COVID-19.²⁰³

169. Witnesses felt that any increase in travel volumes would have to be met with a rapid expansion in testing in order to identify any possible importations and risks of secondary transmission. Professor Leung said that “testing capacity would need to be massively ramped up for any kind of cross-border travel, even within these travel bubbles or air bridges, first and foremost, not least from an occupational health point of view for air crew and port personnel who come into intense and frequent contact with travellers from everywhere.”²⁰⁴ However, this would not entirely remove the requirement to quarantine arrivals and was no guarantor of non-infectiousness. Professor Teo said:

The reality is, based on what we know about the transmission dynamics right now, a negative test at the point of entry may not mean anything. It does not necessarily mean that the person is free from infection because it could just be in the initial phase of infection where PCR tests are not that sensitive to pick it up. I will repeat, a negative test at the point of entry does not necessarily mean the person is free from infection.²⁰⁵

170. Sir David Skegg warned that travelling at all could increase opportunity to catch the virus. He noted that in planes “people are in close proximity with air being recirculated, using the same toilets and so on”²⁰⁶

171. Professor Leung suggested that any longer-term travel corridor would require cross-border sharing of information and contact tracing. He noted that “tracing within national borders between different provinces or states or counties is complex enough. You can imagine how non-trivial cross-border tracing can become if you are talking about these kinds of air bridges.”²⁰⁷

172. Tony Smith told us on 22 May that for border measures to be effective, “countries need to be identified on a weekly basis” and the Government’s three-weekly review proposal was not sufficiently frequent:

Singapore identified these countries on a daily basis. On a daily basis they looked at the incidence and added them to the list for travel bans. We need to be as agile as Singapore. Maybe a weekly basis is enough.²⁰⁸

173. Although the first review of measures (which resulted in the initial introduction of travel corridors) was carried out after three weeks, as of 24 July the Government has now committed to updating travel corridor guidance on gov.uk “on a weekly basis (should any be required) to reflect the shifting international health picture”. It adds that “the border

202 [Q746](#)

203 [Q748](#)

204 [Q746](#)

205 [Q768](#)

206 [Q762](#)

207 [Q746](#)

208 [Q561](#)

health measures (i.e. the overall quarantine arrangements) remain subject to review every 28 days in England”.²⁰⁹ In practice, it appears that decisions are being made on a daily basis.²¹⁰

174. We welcome the Government’s attempt to develop an approach to travel corridors which recognises the different prevalence of the virus in different countries and regions. It is clearly sensible to be able to treat travellers from New Zealand, where there have been 52 new cases since 8 June, differently from travellers from the USA or Brazil where infections continue to soar. Given that we will need to be able to manage the changing risk of COVID-19 from different countries for some time to come, setting up a sustainable and agile framework that can be adapted quickly is extremely important.

175. However, we also note the warnings from public health experts in countries like New Zealand and Singapore that are continuing to take a much more restrictive approach to international travel, and who advised against mass-market travel in Europe this summer. We consider in the next section the reintroduction of quarantine for Spain and the criteria for exempting countries. *However the travel corridor list is constituted, it is clear that Government must have a system in place for robust surveillance and assessment of any increasing risk in countries where travel corridors have been agreed so that they can be swiftly suspended if necessary to prevent the virus spreading again, and to prevent deeply damaging consequences for both public health and the economy.*

176. We welcome the Government’s commitment regularly to review its border quarantine regulations. The move to weekly and daily reviews of travel corridors is welcome as three-weekly reviews were not sufficiently frequent. Far more frequent review appropriately reflects the agility required to prevent a rise in importations. *We recommend that the Government publish the methodology and findings of its reviews by means of a statement to the House, and on gov.uk when the House is not sitting. Given the likely increase in travel during the summer holidays, public health surveillance is particularly important for those countries where passenger numbers are highest. The Government should therefore make clear in its statements what criteria it is applying to assess possible risks, the relative weighting of those criteria, and on what basis changes to travel corridors are made.*

Reintroducing quarantine for Spain

177. According to the First Minister of Scotland, in early July, at the time when travel corridors were first introduced, the estimated prevalence rates of COVID-19 calculated by the Joint Biosecurity Centre were 28 per 100,000 population for Scotland, 180 per 100,000 population for the UK as a whole, and 330 per 100,000 population for Spain.²¹¹ The First Minister suggested that Spain was on the Joint Biosecurity Centre’s unpublished ‘amber’ list, but this was not confirmed.²¹²

209 Department for Transport, [Update: travel corridors](#), 24 July 2020

210 Foreign and Commonwealth Office, [Travel advice: coronavirus \(COVID-19\)](#) (accessed 30 July 2020): “We are monitoring the international situation very closely and keeping this advice under constant review so that it reflects our latest assessment of risks to British people.”

211 Scottish Government, [‘Quarantine rules lifted for Spain’](#), 20 July 2020

212 Scottish Government, [‘Coronavirus \(COVID-19\) update: First Minister’s speech’](#), 8 July 2020

178. At around the same time, it was reported by the European Centre for Disease Prevention and Control that the number of reported cases (as distinct from the estimated prevalence rate) was 3.8 per 100,000 population for Spain, and 8.5 per 100,000 population for the UK.²¹³

179. In the week ending 12 July, it was reported by the Agència de Salut Pública de Barcelona that confirmed cases in the city had more than tripled from 157 to 496 since the previous week.²¹⁴ On 11 July, a local lockdown was announced in Lleida, a city in the west of Catalonia, the first since the raising of the national state of emergency on 21 June.²¹⁵

180. In oral evidence to the Committee on 15 July, the Home Secretary was asked about arrangements for passengers from Spain in light of recent reports of rising numbers of cases there:

Chair: Given that people are booking their holidays at the moment and that the number of cases in Spain seems to be rising, I would have thought that, actually, people would have a right to know whether the Joint Biosecurity Centre's assessment is that they are rising up close to the threshold or that, alternatively, Portugal's cases might be falling down towards the threshold. If people are making big financial decisions about booking holidays, or travel agents are booking things, surely they have a right to know the scientific bases on which you the Government are making such crucial decisions?

Home Secretary: [...] For travel advice, people go to the usual place, which tends to be the Foreign Office. Of course, there are other areas—obviously through the JBC, and obviously through Public Health England. That information helps to inform the decisions that the Foreign Office takes on travel advice. But let's not forget the engagement with the carriers and travel agencies—that all takes part through the Department for Transport, which is absolutely the right and proper approach.²¹⁶

On 20 July, the Scottish Government announced that quarantine rules would be lifted for Spain from 23 July “following a thorough review of infection prevalence rates”. Those rates were not included in the announcement.²¹⁷

181. On 29 July, the European Centre for Disease Prevention and Control produced the following chart for reported cases per 100,000 population in European countries:

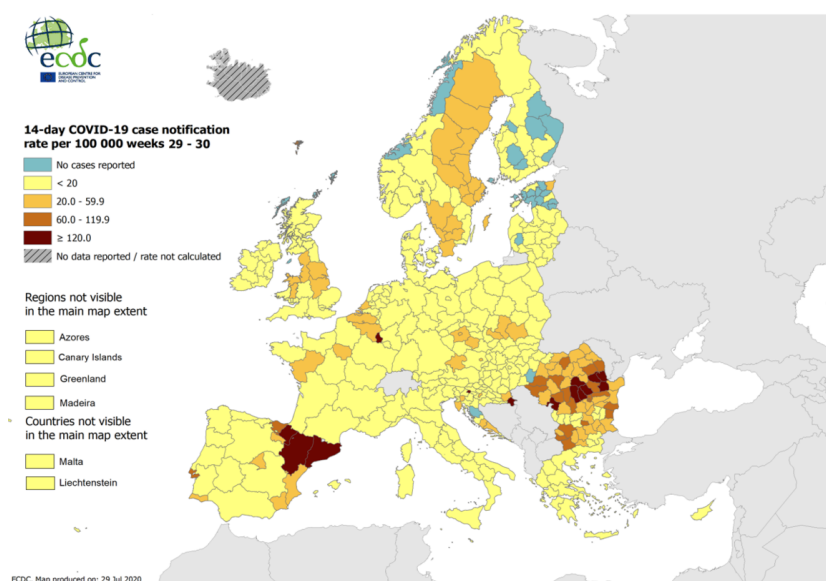
213 European Centre for Disease Control, [COVID-19 surveillance report: Week 26](#), accessed 7 July 2020

214 Agència de Salut Pública de Barcelona, [Dades diàries de la infecció per coronavirus SARS-CoV-2 \(COVID-19\) a Barcelona](#), (accessed 29 July 2020)

215 CNN, [Lockdown ordered for 200,000 in north-eastern Spain due to COVID-1 outbreaks](#), 4 July 2020

216 Oral evidence taken on 15 July 2020, HC 561, [Q10](#)

217 Scottish Government, [‘Quarantine rules lifted for Spain’](#), 20 July 2020

Figure 5: COVID-19 14-day case notification rate per 100,000

Source: European Centre for Disease Control, [COVID-19 situation update for the EA/EEA and the UK](#), 29 July 2020

It showed elevated numbers of cases in the Catalonia, Navarre and Aragon regions of Spain but that the majority of Spain, including the Canary Islands and the Balearic Islands, had case notification rates below 20 per 100,000 population.

182. On 24 July, Estonia, Latvia, Slovakia, Slovenia and St Vincent and the Grenadines were added to the list of travel corridors with effect from 2 July.²¹⁸ Spain remained on the list of travel corridors.²¹⁹ The following day, on Saturday evening, it was announced by the Department for Transport and Foreign and Commonwealth Office that Spain had been removed from the travel corridors list, effective from midnight, in all four nations of the UK.²²⁰ Therefore, quarantine for travellers from Spain was re-imposed in Scotland just two days after it had been lifted. The announcement stated that:

The Joint Biosecurity Centre together with Public Health England have updated their coronavirus assessments of Spain based on the latest data. As a result, Spain has been removed from the lists of countries from which passengers arriving in England, Scotland, Wales and Northern Ireland are exempted from the need to self-isolate.²²¹

The date of the next review was not included in the announcement and, at the time of writing, the Government advice remained that “countries and territories can be taken off or added to this exempt list at any time”.²²²

183. The decision to remove Spain from the list of travel corridors followed “a significant change over the last week in both the level and pace of change in confirmed cases” in Spain.²²³ The Spanish Health Ministry reported on 24 July that the weekly cumulative incidence (the number of cases diagnosed in the preceding seven days, per 100,000)

218 Department for Transport, [‘Update: travel corridors’](#), 24 July 2020

219 Gov.uk, [‘Spain removed from travel corridors exemption list’](#), 25 July 2020

220 Gov.uk, [‘Spain removed from travel corridors exemption list’](#), 25 July 2020

221 Gov.uk, [‘Spain removed from travel corridors exemption list’](#), 25 July 2020

222 Department for Transport, [Coronavirus \(COVID-19\): travel corridors](#), 3 July (updated 28 July)

223 Gov.uk, [‘Spain removed from travel corridors exemption list’](#), 25 July 2020

had reached 23.37 in the whole of Spain, up from 12.11 the previous week. The highest incidence rate was found in three Spanish regions, Aragon (160.16, up from 76.10) Navarre (79.18, up from 28.28) and Catalonia (63.14, up from 37.52). By contrast, the rate remained low in other Spanish regions, including the Balearic (3.48) and Canary (4.41) Islands.²²⁴

184. Reacting to the UK Government announcement, the Spanish Foreign Minister, Arancha Gonzalez Laya, urged the UK Government to take account of this variation:

At the moment our dialogue efforts are focused on excluding from the quarantine measures of the Balearic and Canary Islands.

This is for two reasons—number one these are islands, very safe territories; number two, their epidemiological data is extremely positive and well below the epidemiological data in the UK.²²⁵

185. Other national Governments have changed their guidance on travel to Spain, adopting both regional and national approaches. For example, on 24 July, the French government advised its citizens not to travel to Catalonia, and the Norwegian government re-imposed a 10-day quarantine on returning travellers and visitors from all of Spain.²²⁶

186. At the same time as the travel corridor was suspended by the Department for Transport, the FCO changed its travel guidance for Spain, advising against all but essential travel to mainland Spain and removing it from the exempt list. FCO guidance kept the Balearic and Canary Islands on the exempt list of destinations on the basis that they “no longer pose an unacceptably high risk for British travellers”.²²⁷ Therefore, as of 26 July, British travellers were not advised against travel to the Balearic and Canary Islands but were nevertheless subject to quarantine requirements on their return to the UK.

187. Explaining the apparent discrepancy between Department for Transport and FCO guidance, the Government’s announcement stated that FCO travel advice “is based on the risk to the individual traveller and COVID-19 infection rates are lower [in the Balearic and Canary Islands] than mainland Spain,” whereas “self-isolation arrangements are put in place on the basis of risk to the UK as a whole”.²²⁸ On 27 July, the Balearic and Canary Islands were removed from the FCO exemption list. All non-essential travel to Spain, including the Balearic and Canary Islands, was therefore advised against from this date.²²⁹

188. The decision to reintroduce quarantine for Spain, announced with no warning on a Saturday evening, was strongly criticised by industry representatives with the British Chamber of Commerce warning that the “abrupt” decision “will be yet another hammer blow for the fragile travel and tourism industries”.²³⁰ The International Air Transport Association warned that “a unilaterally decided blanket quarantine order for everybody

224 Government of Spain, Ministry of Health, [Coronavirus illness, situation in Spain \(consolidated data as of 2pm on 23 July 2020\)](#), accessed 28 July 2020; Government of Spain, Ministry of Health, [Coronavirus illness, situation in Spain \(consolidated data as of 2pm on 24 July 2020\)](#), accessed 28 July 2020

225 The Telegraph, [‘Spain’s foreign minister urges British government to reconsider holiday quarantine’](#), 26 July 2020

226 The Telegraph, [‘France calls on Spain to limit border crossings and advises against travel to Catalonia’](#), 25 July 2020

227 Foreign and Commonwealth Office, [‘Countries and territories exempt from advice against ‘all but essential’ international travel’](#), accessed 27 July 2020

228 Gov.uk, [‘Spain removed from travel corridors exemption list’](#), 25 July 2020

229 Foreign and Commonwealth Office, [Travel advice: Spain](#), accessed 28 July 2020

230 Financial Times, [‘European travel shares slides as new curbs hit recovery hopes’](#), 29 July 2020

returning from Spain does not accurately reflect the risk of a regional spike in one corner of the country”.²³¹ Tour operator Tui announced on 27 July that it had cancelled all mainland Spanish holidays until 9 August.²³²

189. Media reports demonstrated concern and confusion from holiday makers in Spain, particularly about the unexpected requirement to quarantine on return and the possible loss of pay this entailed. People quarantining on return from Spain are not currently entitled to Statutory Sick Pay unless they live with a symptomatic person.²³³

190. In response to criticisms, Downing Street told media that “no travel is risk-free and disruption is possible. Anyone travelling abroad should be aware that our travel advice and exemption list is under constant review as we monitor the international situation.”²³⁴ The Foreign Secretary added that “we are changing the rules—the law is changed in relation to holidaymakers and travellers—and of course we expect employers to show those employees who will have to quarantine because of the law the flexibility they need.”²³⁵ On 29 July, the Secretary of State for Digital, Culture, Media and Sport told Sky News that people should continue to book holidays but “need to be aware of the risk that quarantine could be imposed.” He added:

I do genuinely understand people’s anxiety and frustration about it and, believe me, from friends and family and people I meet on the street, everyone is asking this question.

Inevitably what we have to do is analyse the situation in countries around the world. Where we feel there is too high a degree of risk—where the incidence of the disease is rising in another country and we risk that import—we have to take measures.²³⁶

191. As we made this Report on 30 July, no other countries had been removed from the travel corridors list. It was reported that travel corridors with Belgium, Luxembourg and Croatia were being considered for suspension.²³⁷ As of 30 July, the 14-day cumulative number of COVID-19 cases in each country per 100,000 population was 31.8 (Belgium), 240.6 (Luxembourg) and 23.8 (Croatia). The UK’s rate was 12.4 per 100,000 population.²³⁸

192. Given the surge in confirmed COVID-19 cases in mainland Spain and the clear and rising risk of increasing numbers of people returning to the UK with COVID-19, a precautionary approach including quarantine for returning travellers is the right one. As we have set out in Chapter 1, the consequences of not introducing quarantine for Spain and then France in February and March were very serious for public health and, as a result, the economy. It is important and welcome that the Government has learned from what happened earlier in the crisis and is responding now to prevent imported cases rising.

231 Financial Times, [‘European travel shares slides as new curbs hit recovery hopes’](#), 29 July 2020

232 BBC News, [‘Coronavirus: Tui scraps holidays to mainland Spain over quarantine’](#), 26 July 2020

233 Evening Standard, [‘Can I claim sick pay if I need to quarantine after returning from Spain?’](#), 28 July 2020

234 Financial Times, [‘European travel shares slides as new curbs hit recovery hopes’](#), 29 July 2020

235 Evening Standard, [‘Can I claim sick pay if I need to quarantine after returning from Spain?’](#), 28 July 2020

236 Birmingham Mail, [‘Tui cancels more flights to Spain, Balearic and Canary Islands and shares date it hopes to resume’](#), 29 July 2020

237 The Times, [‘Tough new isolation rules to stop coronavirus surge’](#), 30 July 2020; The Telegraph, [‘Holiday quarantine: Which country will be next?’](#), 28 July 2020

238 European Centre for Disease Control, [COVID-19 situation update for the EA/EEA and the UK](#), 29 July 2020

193. However, this has undoubtedly been extremely difficult for many travellers who paid for holidays in Spain following the FCO and DfT guidance in the expectation that they would be able to return to work, caring responsibilities, medical appointments and family events on their return, which will now be impossible. Many will face significant financial difficulties as a result of losing pay. Such sudden changes in policy make it even more difficult for businesses in the travel industry which are already under huge pressure. Given the continued risk from COVID-19 and the pace at which it can spread, travel corridors can only work as part of a plan to control the virus if they can also be lifted swiftly based on data when cases rise. However, the Government needs to be much more sensitive to the serious consequences for families and businesses of changing policy with no warning in this way. There should be significant changes to the way such decisions are handled and communicated.

194. *The Government has rightly warned now that “no travel is risk free”. However, stronger warnings should have been given at the time the travel corridors were first introduced in early July. The Government’s mixed messages at that time were regrettable. In the case of Spain, it appears from the First Minister of Scotland’s statements that the Joint Biosecurity Centre had already concluded that prevalence rates there were significant higher than in the UK at the time when the travel corridor was established—but that information has not been published. It should have been, both so that individual travellers could be aware of the risks and so that the decision to include Spain at all could be scrutinised. The Government should publish these prevalence rates now and explain why Spain was included on the travel corridors list.*

195. Evidence has also been growing for some weeks of new outbreaks in Spain, which we raised with the Home Secretary in the middle of July, to give the Government some more opportunity to provide cautionary advice or warning for people looking to book last-minute holidays. *The disruption to travel plans and surprise caused by removing Spain from the travel corridor list demonstrates how essential it is that surveillance data is shared with the public openly and frequently. Potential travellers must be presented with the risks of travelling, even to countries on the travel corridor list, while the pandemic is ongoing and the guidance is liable to change at short notice. We urge the Government to publish the details of its traffic light system to distinguish between high-risk (red), medium-risk (amber) and low-risk (green) countries, and how different countries are currently categorised on that system, so potential travellers can assess the level of risk attached to their chosen travel destinations, and to whether quarantine rules might change.*

196. *Greater clarity would also be helpful on the Government’s overall objectives for its border measures and travel corridors as part of their wider strategy against COVID-19, including how it is balancing public health and economic considerations. We heard significant warnings from public health experts in Singapore and Hong Kong that Europe’s attempt to restart mass market travel and cross border tourism this summer was a mistake and would make it harder to suppress the virus or as a result return to near normal in other sections of the economy. The Government should therefore explain its strategy, including its different objectives on suppressing the virus and opening up the economy, and how it believes its border measures and the current expected level of cross border travel contribute to those objectives.*

Government use of science and analysis in quarantine and travel corridors policy

197. In a written ministerial statement on 6 July, the Secretary of State for Transport set out the process informing the introduction of travel corridors:

The Joint Biosecurity Centre, in close consultation with Public Health England and the Chief Medical Officer, has developed an approach to assessing the public health risk associated with inbound travel from specific countries and territories. The categorisation has been informed by an estimate of the proportion of the population that is currently infectious in each country, virus incidence rates, trends in incidence and deaths, transmission status and international epidemic intelligence as well as information on a country's testing capacity and an assessment of the quality of the data available. Data has been used from official sources in each country and modelling by the London School of Hygiene and Tropical Medicine, as well as from Public Health England and the National Travel Health Network and Centre. Other data sources may be used in the future.

This categorisation has informed the Government's decisions about relaxation of border measures and has allowed us to establish travel corridors through which passengers arriving in England from certain countries and territories will be exempted from the requirement to self-isolate.²³⁹

198. The Joint Biosecurity Centre sits within the NHS Test and Trace Service in the Department of Health and Social Care. It is not clear how it relates to SAGE which is notably not mentioned in the Transport Minister's statement.

199. The analysis underpinning the approach taken by the Joint Biosecurity Centre (JBC) has not been published, but the appropriateness of its categorisation has been challenged. For example, analysis by The Daily Telegraph found that 100 countries not included on the DfT exemptions list had lower rates of COVID-19 prevalence than some countries that were on the list. The paper took the example of Luxembourg, which is on the list, despite having a higher infection rate than Portugal, which is not. *The Telegraph* observed that Thailand, with a reported infection rate of 0.02 cases per 100,000 population is not exempt from quarantine measures.²⁴⁰

200. It is difficult to assess the accuracy of this report without seeing the details of the JBC's analysis. Beyond early July prevalence rate figures for Spain, Scotland and the UK quoted by the First Minister of Scotland, no other Government estimates of prevalence rates in other countries have been published. It is possible that, in some cases, countries have been considered for inclusion on air corridor lists for reasons other than simply their COVID-19 prevalence: for example, if they host a large number of UK residents' second homes or are relatively safe and popular holiday destinations. It is not possible to be certain where this is the case, or what weighting is given to non-epidemiological factors, while JBC data remain private.

239 [HCWS338](#) [Travel Corridors], 6 July 2020

240 Daily Telegraph, ['Over 100 'red listed' countries have lower COVID rates than destinations approved by Government, says Telegraph research'](#), 7 July 2020

201. In addition to concerns about the approach taken by the JBC, questions also remain about the scientific evidence and advice informing the Home Office's assessment of the threat posed by imported cases. In oral evidence on 15 July, we asked the Home Secretary for the Home Office's latest estimate of the number of arrivals in the country with COVID-19, the proportion of arrivals in the country with COVID-19, and the proportion of cases in community circulation that had resulted from importation. While the Home Secretary could estimate that the number of people arriving into the country per day was 50,000, she said that the Home Office did not have an estimate for the number of those people who could have COVID-19 and that "it was difficult to get accurate information".²⁴¹ She reiterated the importance of the proportion of overall cases in community circulation (the 0.5% figure) to the Government's assessment of risk.²⁴²

202. In the same evidence session, the Permanent Secretary told us that

That number continues to be up to 0.5%, so it is a refreshed number. It happens to be the same upper limits as the number from 23 March, but it is refreshed advice from SAGE.²⁴³

SAGE had previously taken the view that such calculations were now not possible. The minutes of its 28 April meeting state "it is impossible to estimate the number of cases which may be imported and their proportion of the total."²⁴⁴

203. We asked the Home Secretary whether she was familiar with the estimate of the prevalence rate for COVID-19 as expressed by the First Minister of Scotland. She told us that "the data is not in the hands of the Home Office; that is now in the hands of the Department of Health" which "would look at that data and aggregate it, and it would work with the Department for Transport". When asked why the Government had not published the JBC's assessment for Portugal, which was not included on the travel corridors list, the Home Secretary told us that "That is not for me to publish [...] It would be for the Department of Health, with Public Health England, to organise that."²⁴⁵

204. In a response, dated 17 July, to a Written Parliamentary Question of 5 May requesting that the Department of Health and Social Care provide breakdowns of prevalence rates for highly-affected countries and regions over the first quarter of 2020, the Government said that "Public Health England does not hold prevalence rates or R rates for international countries."²⁴⁶ This is an alarming response for two reasons: first, the terms of the Question do not specify Public Health England, and as the JBC is answerable to the Department of Health and Social Care through its being part of NHS Test and Trace, any response to this question could reasonably be expected to account for the data held by the centre; second, if it is true that no estimates were being made of R rates or prevalence rates during January to April of this year, this indicates a worrying gap in the UK's intelligence about the risk of importations of the virus and of its general spread.²⁴⁷

241 Oral evidence taken on 15 July 2020, HC 561, [Qq14–20](#)

242 Oral evidence taken on 15 July 2020, HC 561, [Q24](#)

243 Oral evidence taken on 15 July 2020, HC 561, [Q36](#)

244 Scientific Advisory Group on Emergencies, [Minutes of twenty-ninth meeting relating to COVID-19](#), 28 April 2020

245 Oral evidence taken on 15 July 2020, HC 561, [Q8](#)

246 [43660](#) [Coronavirus: Disease Control], 17 July 2020

247 Department of Health and Social Care, '[Senior civil servant and former lecturer in medical statistics appointed to Joint Biosecurity Centre](#)', 5 June 2020

205. We do note, however, that the Question requests data from January to April 2020 and the JBC was formally established in May; it is therefore possible that data from May onwards does now exist and is held by a body answerable to the Secretary of State for Health and Social Care. It has not been possible to request further information via a supplementary Written Question between the Government's original answer being provided and the Committee's issuing of this Report.

206. The creation of a Joint Biosecurity Centre ought to represent a step forward in the management of the pandemic, establishing clear responsibility for regular surveillance of travel risks from different countries and publishing clear and transparent analysis, including of international prevalence rates. It should also be responsible for assessing the combined public health impact of all the border measures including assessments of the number of people likely to be arriving with COVID-19. However there has so far been a concerning lack of transparency about the analysis produced by the Joint Biosecurity Centre as even basic assessments of prevalence rates have not been published.

207. The Government's historic inability to convince the Committee of the credibility of its calculations of the numbers of people who have come into the UK carrying COVID-19 does not inspire us with confidence about its ability to assess the scale of the risk from likely infectious people coming into the country in the future.

208. We are concerned that Ministers do not seem to have access to information about prevalence rates internationally, and there is confusion about what information is held by the Department for Health and Social Care, as well as the interaction between different agencies including Public Health England, NHS Test and Trace and the Joint Biosecurity Centre and SAGE. *We urge the Department to clarify responsibilities and establish a process for greater transparency from this point on.*

209. As we set out in the first chapter, transparency and trust are crucial in public health crises. That is why the Government must now ensure that the analysis behind the introduction of quarantine rules and the introduction of travel corridors is all published—including JBC assessments of the prevalence of COVID-19 in different countries, and the Government's overall estimates of the number and proportion of people arriving in the UK who are likely to have COVID-19.

Departmental responsibility for border measures

210. We raised concern in the first chapter about lack of clarity over departmental responsibilities and decision. There still appears to be confusion between different departments and some inconsistency in the decisions they are making. The Government's travel corridor guidance notes that "the Foreign and Commonwealth Office (FCO) continues to advise against non-essential international travel, except to countries and territories exempt from advice against 'all but essential' international travel".²⁴⁸ The FCO's list of exempt countries is not identical to the Department for Transport's list of eligible travel corridors. Analysis by *The Independent* found that 48 countries and territories appeared on both lists, but a range of territories—mostly smaller island territories—have not been included on the FCO list. These include British Overseas Territories such as

248 BBC News, ['Coronavirus: Spain imposes local lockdown in Galicia'](#), 5 July 2020

Anguilla and the Cayman Islands, as well as the Faroe Islands and Mauritius.²⁴⁹ Full Fact, an independent fact-checking charity, reported on disparity between advice from the FCO and from the DfT.²⁵⁰ They noted that on 9 July the FCO had tweeted that “We would not seek to enforce self-quarantine after 10 July”. However, Department for Transport guidance states that “if you arrived back in England before 10 July 2020, you should follow the self-isolation rules that applied at the time you arrived”: any new arrivals in England after that date from approved travel corridors would not be required to quarantine, but those arriving on 9 July would be still be required to comply with quarantine regulations for 14 days, even beyond 10 July.²⁵¹ As discussed at paragraphs 186 and 187, this lack of clarity endured into late July, when the Department for Transport introduced a quarantine requirement for arrivals from the Canary and Balearic Islands at the same time as the FCO decided they should continue to be exempt from its general advice against all but essential travel. Given our concern that lack of clarity over ministerial responsibility for COVID-19 border decisions was detrimental to Government policy making in March, we have sought again to clarify where departmental leadership lies with regard to border measures now.

211. A number of Government departments and agencies have responsibility in this area: on 22 May, the Home Secretary announced the introduction of the border quarantine measures that would come into effect on 8 June;²⁵² the Department for Transport is responsible for the travel corridor list;²⁵³ the FCO provides travel advice including recommending where is safe to travel; and the Joint Biosecurity Centre and Public Health England, responsible to the Department of Health and Social Care, appear to conduct assessments of the risk of inbound travel from particular countries.

212. We asked the Home Secretary what role she had had in decisions around travel corridors, and particularly what role she might play in decisions to remove countries from the travel corridor list (for example, Spain). She told us that she “would not be involved in setting a threshold or putting Spain back on the quarantine list” and that this was a “cross-Governmental decision led by the Department of Health and Public Health England”. Data they would consider was “provided by the Joint Biosecurity Centre and is not in the hands of the Home Office”. She added:

[...] public health safety is absolutely paramount. That is why a range of measures, since March onwards, have been put in place to protect the British public and public health. That has been at the forefront of everything this Government has done. For travel advice, people go to the usual place, which tends to be the Foreign Office. Of course, there are other areas—obviously through the Joint Biosecurity Centre, and obviously through Public Health England. That information helps to inform the decisions that the Foreign Office takes on travel advice. But let’s not forget the engagement with the carriers and travel agencies—that all takes part through the Department for Transport, which is absolutely the right and proper approach. We have always said this; I have now made this point many, many times over

249 The Independent, ‘[Travel ban lifted: Government published two separate lists of countries where restrictions are eased – and they don’t match up](#)’, 7 July 2020

250 Full Fact, ‘[Government issues contradictory advice on travel quarantine](#)’, 10 July 2020

251 Department for Transport, ‘[Coronavirus \(COVID-19\): travel corridors](#)’, published 3 July 2020 (accessed 12 July 2020)

252 Home Office, ‘[Home Secretary announces new public health measures for all UK arrivals](#)’, 22 May 2020

253 Department for Transport, ‘[Coronavirus \(COVID-19\): travel corridors](#)’, 3 July 2020

recent months. This is cross-cutting across Government, but individual Government departments have certain responsibilities—whether on data, on carriers, on engagement with other countries, or on travel corridors, which have obviously come together in recent weeks through the Department for Transport. Those Departments take the lead on those particular areas.²⁵⁴

213. On 27 July, the Daily Telegraph reported that the decision to reintroduce quarantine arrangements for Spain was taken by the COVID-19 Operations Committee chaired by the Chancellor of the Duchy of Lancaster, and attended by the Foreign Secretary, the Transport Secretary, the Health Secretary, the Home Secretary and the Chief Medical Officer, among others.²⁵⁵

214. It is not clear exactly which Government department or agency is ultimately responsible for coordinating border policy. Evidence from the Home Secretary suggested important roles for the Department of Health and Social Care, Public Health England and the Department for Transport as well as the Home Office and Border Force. Given that the Home Secretary announced the border quarantine policy it was surprising to discover that she did not expect to be involved in the decisions on travel corridors and that the Home Office wasn't briefed on prevalence rates for different countries. While it is appropriate that all Departments carry out work within their remit, good coordination and some overall leadership is required for border policies to work coherently. Otherwise, there is the potential for confused policy-making and contradiction between Government departments, like that shown by the inconsistency between the Foreign and Commonwealth Office and Department for Transport on travel advice. This would likely reduce public confidence in the measures as they are introduced, and as they vary. *We note that the COVID-19 Operations committee appears to be taking the decisions on border policy and we welcome a cross-Government process to coordinate different departments and ensure that decisions are consistent, and evidence based. However, it still resulted in different advice emerging from the FCO and DfT, and it remains unclear which Department retains lead responsibility for border policy. One accountable Department should be clearly charged with lead responsibility. We believe that should either be the Cabinet Office or, as the Department with overall responsibility for border operations, the Home Office.*

215. It is concerning that the Foreign and Commonwealth Office and the Department for Transport have issued contrasting advice to the public on more than one occasion, at a time when providing clarity about the new travel corridors and nurturing confidence in them is of great importance. *The Government must ensure that its communications are consistent and accurate across all departments. We recommend that one department leads on communications in this matter, and works constructively with other departments and associated bodies, such as public health authorities, to make sure all appropriate guidance and advice is clearly reflected. The Government must review differences between Foreign and Commonwealth Office travel advice and Department for Transport air corridor countries as an urgent priority, with a view to reconciling discrepancies. Where those departments are not able to agree, the Gov.uk website should clearly explain why this is the case in order to allow would-be travellers to make informed decisions before using travel corridors.*

254 Oral evidence taken on 15 July 2020, HC 561, [Q10](#)

255 The Telegraph, [“Doing nothing is not an option: The ‘significant change’ that led to Spain quarantine”](#), 27 July 2020

216. We are concerned that there is not total agreement between all four nations of the UK over which travel corridors should be implemented. While we respect that matters of public health are devolved, we encourage the UK and devolved governments to work more closely together to ensure there is a single, four-nations approach to measures at our border. Disjointedness risks deepening damage to the aviation industry and inhibiting public confidence. It is, however, notable that the First Minister of Scotland has quoted figures from the Joint Biosecurity Centre, to explain the decisions her Government had made to extend, or refuse, travel corridors. The UK Government should do the same.

Enforcement of the new measures

217. Before arriving in the UK, travellers are required to complete a Public Health Passenger Locator Form, including their passport details, travel itinerary, and the address where they will stay in the UK. Those required to self-isolate are advised to “go directly to the place where you will self-isolate—avoid public transport if possible”. Guidance states that:

In England, if you do not self-isolate, you can be fined £1,000. If you do not provide an accurate contact detail declaration—or do not update your contact detail form in the limited circumstances where you need to move from the accommodation where you’re self-isolating to another place to continue self-isolating—you can be fined up to £3,200.²⁵⁶

218. In its initial announcement of the measures on 22 May, the Home Office confirmed that “public health authorities will conduct random checks in England to ensure compliance with self-isolation requirements”. The announcement elaborated on the nature of spot checks:

Border Force will undertake checks at the border and may refuse entry to any non-British citizen who refuses to comply with these regulations and isn’t resident in the UK. Failure to complete the form is also punishable by a £100 fixed penalty notice. Public health authorities will conduct random checks in England to ensure compliance with self-isolation requirements. Removal from the country would be considered as a last resort for foreign nationals who refuse to comply with these public health measures.²⁵⁷

219. On 10 July, the National Police Chiefs’ Council (NPCC) reported that “up to the 22 June, no fines were issued by territorial forces in England and Wales for breaches of the requirement to quarantine following international travel”.²⁵⁸ DCC Sara Glen, NPCC lead for Charging and Out of Court Disposals, said:

Enforcement of this regulation is important in reducing the spread of infection and to enable effective contact track and trace processes to take place. We are grateful to the public for following these measures.

256 Department of Health and Social Care, [Coronavirus \(COVID-19\): how to self-isolate when you travel to the UK](#), 6 July 2020

257 Home Office, [Factsheet: new public health measures at the UK border to help fight coronavirus](#), 22 May 2020

258 National Police Chiefs’ Council, [‘Statistical update on number of lockdown fines given by police’](#), 10 July 2020

At the first stage, quarantine contact will happen via public health officials. Police forces will be contacted for further investigation if there is a concern that someone isn't sticking to the rules. We will make visits to the nominated address given by a passenger and if we are satisfied that the rules are being adhered to, the matter can then be resolved.²⁵⁹

220. Data has not yet been released on how many spot checks have been carried out, nor on how many persons have been required to quarantine in total. The House of Lords Secondary Legislation Scrutiny Committee, in its report on the English Regulations, noted that “the EM [the Explanatory Memorandum for the Regulations] provides no detail about how compliance with these requirements will be checked”, and that the Department for Health and Social Care had told them that “levels of checking will be sufficient to ensure compliance and may vary at different times and different ports.”²⁶⁰ Responding to a written parliamentary question on 6 July, the Minister for Crime and Policing said that “an ad hoc statistical release on ‘Health Measures at the Border’ will be published imminently pending ministerial review.”²⁶¹

221. In oral evidence, on 15 July, the Home Secretary was able to offer a preview of these statistics. She told us that, as of 15 July, “the number of people coming into the country each day is approximately 50,000”. 383,000 spot checks had been carried out between 6 June and 12 July; the majority of these had been at the border. The Home Secretary told us that compliance checks within the community were carried out by Public Health England, based on information provided through the Passenger Locator Form. She reported an overall compliance rate of 99.9%, and that three Fixed-Penalty Notices had been issued.²⁶² As the NPCC reported that no Fixed-Penalty Notices had been issued before 22 June, these must have been issued between 22 June and 15 July.

222. The compliance rate provided (99.9%) appears to be based on the percentage of the 383,000 total compliance checks that have resulted in a Fixed-Penalty Notice. If this is the case, it is likely unreliable. First, most of the checks are at the border, despite the greatest quantity of compliance being required in the community where there have been fewer checks. Second, the policing strategy relating to the quarantine measures is the same strategy as applied throughout the pandemic, the “four Es”.²⁶³ Under this strategy, which the Committee reported on in March, enforcement is the last “E”—a last resort—following engagement, explanation and encouragement. It is therefore not necessarily the case that the total number of Fixed-Penalty Notices issued under the Regulations represents the total level of non-compliance; it represents only those who were spot-checked and for whom the first three “Es” were not sufficient to achieve compliance. Moreover, escalation to police level is not immediate: an individual would first need to be subject to a spot-check from Public Health England; then arouse enough suspicion from Public Health England to be reported in for triage; and then visited by the police who would adopt the “four Es” strategy. Even if compliance with the measures is high, it appears highly unlikely that it would be as complete as 99.9%.

259 National Police Chiefs' Council, [‘Statistical update on number of lockdown fines given by police’](#), 10 July 2020

260 House of Lords, Eighteenth Report of the Secondary Legislation Scrutiny Committee, Session 2019–21, [Health Protection \(Coronavirus, International Travel\) \(England\) Regulations 2020](#), HL Paper 78, para 8

261 [Written Parliamentary Question 69589](#) [Coronavirus: Quarantine], 8 July 2020

262 Oral evidence taken on 15 July 2020, HC 561, Q1ff

263 College of Policing, [‘COVID-19—Policing brief in response to Health Protection Regulations \(International Travel\): updated’](#), 7 July 2020

223. The Government's estimate of compliance with its enforcement regime for border quarantine is unconvincing. That the estimate is so high should be grounds for healthy cynicism and interrogation. *A better method for estimating the true compliance rate is required, based on routine publication of the following figures:*

- a) *the number of people required to quarantine under the regulations;*
- b) *the number of spot checks carried out on arrivals at the border;*
- c) *the number of spot checks carried out by Public Health England on those quarantining;*
- d) *the number of referrals from Public Health England to the Police;*
- e) *the number of visits undertaken by police to quarantining individuals; and*
- f) *the number of enforcement actions ultimately taken.*

This will allow oversight of the entire process. These data should be published fortnightly, to mirror the work undertaken by the National Police Chiefs' Council to publish fortnightly totals of the number of Fixed-Penalty Notices issued under lockdown Regulations.

224. *Effective quarantine arrangements require high levels of voluntary compliance, even more so when enforcement is limited. The suddenness and lack of transparency behind the decisions about Spain may have consequences for enforcement if travellers remain sceptical about the policy or face financial pressures as a result of not being able to return to work as planned. It is important for Government to build confidence in the decisions it has taken and the justification for them, and also to make sure that people can afford to comply.*

Testing at the border

225. Border measures need not necessarily be limited to 14-day quarantine for all arrivals. For example, arrivals in Hong Kong are all tested for COVID-19 and quarantined until they receive a result, which is usually the same day.²⁶⁴ In Iceland, arrivals at its main international airport are given the choice between a 14-day quarantine or undertaking a COVID-19 test. Icelandic residents who opt to take a test are required to take 'special precautions' for five days before undertaking a second test to ensure that they are not infected. Special precautions are:

- Not attending gatherings of more than 10 people
- Avoiding close contact with those who are vulnerable to the disease
- Maintaining two-metre distance
- Practicing good personal hygiene.

264 Government of Hong Kong SAR, ['Quarantine Procedures for entry via Airport'](#), accessed 22 July 2020

However, it is permitted to use public transport, drive, go shopping, and meet friends and family in groups smaller than 10 provided they are not vulnerable.²⁶⁵

226. Data on flights from destinations is compiled by the Civil Aviation Authority and published monthly.²⁶⁶ Combining this data with JBC assessments of prevalence rates in different locations allows for an assessment of how many people arriving from destinations might be infectious. This could allow the Government, in due time, to target specific destinations and flights for testing on arrival such as in Hong Kong, should it be impossible to provide such a system for all arrivals. If Government is working closely with airlines and airport authorities, as the Home Secretary suggested in oral evidence it was, it could even be possible to agree protocols for receiving data at a flight-by-flight level with which to inform decisions about testing at the border. We recognise that reports suggest a relatively high rate of false negative results from COVID-19 tests; however, testing at the border would also allow for stronger quarantine arrangements for those testing positive.

227. Border quarantine restrictions are likely to remain in place for some time, particularly if there is now emerging agreement that cases of COVID-19 could increase in the winter months. The UK's approach to its borders will have to become more flexible in order to respond rapidly to the contours of the pandemic. We recommend that the Home Office, in coordination with the Department for Transport and Department for Health and Social Care, investigates urgently the viability of introducing widespread and targeted tests at the border, as in Iceland, Hong Kong or South Korea. Now that testing capacity in the UK has increased, the Government should be ready to learn from other countries and should examine what role testing or screening could play, including the ability to target particular flight routes. We agree with the Government that a testing and tracing system alone is not currently enough to address the importation risk from overseas travel, especially from high-prevalence countries like Brazil and the USA. However, the Government should look at international examples and develop testing further. It should assess what role testing could play alongside quarantine and travel corridor measures. This could require close coordination with airports and others to access flight and route-specific information over and above what is readily available.

PPE and protections at the border

228. SAGE first concluded on 28 January that there was no reason to suspect that healthy individuals arriving from high-risk areas posed any greater risk to frontline Border Force staff than other individuals. However, if these individuals or any others might have been infectious at the point of arrival—or if any other arrivals during this period were potentially infectious—then it is reasonable to presume that there might have been some increased exposure risk to staff interacting with these arrivals. The Committee asked officials from the Home Office what arrangements were in place to protect Border Force officers, including provision of PPE. On 18 March, the Border Force Chief Operating Officer Emma Moore told us that:

The PPE we have is quite limited and that is actually on purpose. The approach we have taken very early on, up to now, has been using PHE guidance to inform scenario-based circumstances with which our staff

265 Government of Iceland, '[Testing for international arrivals to start on 15 June](#)', 2 June 2020; Government of Iceland, '[Icelanders and residents in Iceland to take special precautions after arriving in Iceland](#)', 10 July 2020

266 Civil Aviation Authority, '[UK airport data](#)'

may come into contact, so particular tasks they are doing in different environments. The very lowest level, as the Government advice has been, is to make sure that you practice good hygiene and wash your hands. Having alcohol-based hand gel on every single passport desk is an example. We have gloves available. There is very specific guidance as to when they should be used, as well as masks.²⁶⁷

229. Angela Perfect, Border Force's COVID-19 Incident Gold Commander, added that:

PPE is available at the ports. It has not been issued to every individual staff member but it is available at the ports, and we are ensuring that guidance is updated to staff, supporting them in the discharge of their duties and following PHE guidance in that respect.²⁶⁸

230. In written evidence to us in April, the Immigration Services Union expressed concern that availability of basic PPE and guidance in using it remained lacking. While nitrile gloves were available to all staff "as part of business as usual", there was "very limited information provided on how to put them on, how often to change them, how to remove them safely or how to dispose of them". The ISU also noted that some areas had reported difficulty in obtaining stock of hand sanitiser, particularly at night or on weekends. Difficulties with PPE were exacerbated by the variation in working environments, which varied from "a Perspex 'box' entirely separated from the traveller" to "no physical desk at all", and therefore could require different levels of provision. Concerningly, the ISU told us that on 21 April managers told Border Force officials that they could no longer wear masks "as a national corporate line", with ISU members reporting that wearing a mask could make them "subject to disciplinary action". The ISU did note however that Border Force followed the advice of PHE and the WHO that masks are not effective protection outside a clinical setting.²⁶⁹ Since this time, Regulations made by the Government now require the wearing of face coverings by passengers on public transport and in shops. The wearing of face coverings is recognised as a helpful mechanism to slow the spread of virus.

231. The new border measures require a higher level of interaction between arrivals into the UK and Border Force staff, particularly those who might be required to assist arrivals to complete a Public Health Passenger Locator Form on a tablet device at ports of entry. While guidance allows for hourly cleaning of such devices, the ISU report that staff have "expressed considerable concern ... that the high level of serious usage placed both travellers and staff at increased risk of transmission".²⁷⁰ The number of these interactions will increase as quarantine measures lift or are relaxed to extend travel bubbles to a limited number of countries.

232. As passenger numbers rise and interactions between Border Force officers and arrivals increase, it is crucial that there are no lapses in PPE availability for officers on the frontline who have worked admirably in difficult conditions for several months. The Government owes it to hard-working officers to ensure that they are protected and feel safe so they can continue in their duties. As part of each review of border

267 [Q63](#)

268 [Q73](#)

269 Immigration Services Union ([COR0107](#))

270 Immigration Services Union ([COR0185](#)), para 13

quarantine measures, Border Force and the Home Office should conduct a reappraisal of the appropriate level of PPE that should be provided for Border Force officials, and a nationwide assessment of stock levels to ensure that staff have everything they need.

233. Concerns about provision of PPE to key workers have been a recurring theme during the COVID-19 pandemic. We understand that Border Force's provision of PPE to its staff has been based on PHE and WHO advice. However, Border Force officials must be able to feel safe while carrying out their vital work in particularly difficult conditions. This should include wearing masks where staff feel safer doing so.

Conclusion: the future of border measures

234. Given the widespread concern about the potential for a second wave, and for a rising number of infections toward and during winter, it is likely that some form of border quarantine mechanism will be required for the foreseeable future to avoid the possibility that imported cases and strains could compound these challenges. Professor Teo Yik-Ying predicted that Singapore would maintain border restrictions at least until 2021.²⁷¹

235. Implementing border quarantine measures over any time frame is indeed disruptive. However if applied swiftly, relaxed appropriately, and justified properly using the full range of scientific evidence available, evidence from other countries demonstrates that they are an effective tool to assist in keeping COVID-19 from spreading into countries with a relatively low level of infection. We have concluded that the UK's experience of COVID-19 has been far worse as a result of the Government's decision not to require quarantine and thus reduce the number of imported strains during March.

236. Keeping measures in place while closely monitoring travel corridors and other exceptions will be important to ensure that the UK does not reimport unmanageable levels of COVID-19. This is particularly important when there is doubt about the affordability—both economically, and in terms of goodwill—of a second national lockdown, and when seasonal pressures on the NHS begin to build over the autumn and into the winter months. In a situation as fast-moving as the COVID-19 pandemic, any delay in controlling new infections can have profound consequences; it is therefore of paramount importance that the Government reviews its border measures weekly and is able to respond quickly to changing patterns of infection, including by introducing further restrictions if needed. We do not take lightly the potential burden on individuals and the economy from closing borders and requiring quarantine, as well as the potential damage to the economy and to public health if the virus takes hold again; we also recognise that it can only be one strand in a wider, larger strategy of disease control. However, border health measures must form a crucial part of any Government strategy to obtain and maintain control of the virus over the months to come.

Conclusions and recommendations

Introduction

1. In conducting this inquiry, we recognise that the COVID-19 pandemic brought unprecedented challenges and that the Government had to respond swiftly in circumstances of great uncertainty. We also recognise and are grateful for the hard work of all those responding to the crisis to ensure safety at the border at a time of considerable pressure, from Border Force staff to Government officials and scientific advisers. We recognise too that border measures in isolation are not effective in controlling the virus and must be considered alongside a suite of other measures such as social distancing and lockdowns. However, as one witness told us, all measures are “additive” and the relative absence of firm border measures in the UK earlier during the pandemic is notable. (Paragraph 4)
2. While it is not possible to determine the precise impact that borders policy has on the trajectory of the pandemic, almost every country in the world including the UK has used border measures at some point to try to control or manage the spread of the virus. As well as important public health consequences of those decisions, there are also significant economic consequences. For that reason, we have looked not only at the decisions that were taken and their consequences but also the reasons behind them and the lessons that should be learned. As the COVID-19 pandemic continues, and as patterns of infection in different countries keep changing, governments across the world are likely to keep drawing upon border measures to help control the spread of the virus. We want to be assured that everything possible is being done here in the UK to ensure that the most effective measures are put in place at the right stage. (Paragraph 5)

Government decisions on the border up to and during lockdown

3. The Government and its scientific advisers faced a huge challenge in early 2020 from a fast-moving virus in circumstances where information was changing constantly and decisions about borders had to be made at pace. Inevitably those decisions were difficult, and some will look different in hindsight. However, scrutiny is important to ensure lessons are learned. As COVID-19 has not gone away, many of these challenges could recur. (Paragraph 32)
4. The incremental introduction of international travel measures during the period from late January to early March corresponded to the practice in other countries during this time and reflects the great uncertainty with which governments were grappling. It was right to adjust and extend self-isolation provisions as the virus became established, starting with Wuhan and China, but also extending provisions to cover places like Italy as the virus spread. Many other European countries were beginning to be affected by coronavirus in the same way, and many took a similar incremental approach as the UK. Evidence shows that the number of cases of direct transmission from China into the UK was extremely small, and that the number of cases from Italy started to fall after 25 February when border measures were

introduced. However, it is impossible to distinguish between the impact of border measures and other factors such as lockdowns in Wuhan and Italy or falling overall passenger numbers which may have had a much bigger effect. (Paragraph 33)

5. It is also clear that, overall, the border measures in the UK and many other European countries in early March were not sufficient to contain the cross-border spread of the virus. Had stronger early measures been taken—such as requiring legally-enforceable quarantine for arrivals—it is likely that the spread of the virus could have been slowed. The UK Government did not recognise soon enough the increased risk of importations from European countries owing to the greater amount of travel between these countries and the UK, and the speed at which case numbers were increasing. Many of those returning to the UK during that period were British residents, and we agree with the SAGE assessment that border closures would not have been appropriate. (Paragraph 34)
6. However, the failure to advise people travelling or returning from Spain in particular to self-isolate for 14 days (in line with category 1) or, at the very least, to monitor symptoms and call NHS 111 (in line with category 2) was a mistake. With border measures in mind, there should have been particular surveillance focus on the countries that have high levels of travellers into the UK, particularly Spain and France. We are concerned that we have not seen evidence of that happening during the early stages of the crisis, and that, as a result, Spain was not added to the list of countries for self-isolation measures when it should have been. As a result, large numbers of passengers from Spain continued to arrive, including to attend the Atletico Madrid-Liverpool football match, without any requirements being placed upon them. (Paragraph 35)
7. We are also concerned at the lack of clarity over who was responsible for the continued monitoring and assessment of emerging infection threats from different countries, and for drawing up policy options for Ministers to respond. Any future inquiry into the UK's handling of COVID-19 should consider not only whether the UK Government should have acted more quickly at this time to prevent cases of the virus arriving in the UK and spreading in the community, but also whether the arrangements for monitoring and assessing emerging threats and considering policy options were fit for purpose. (Paragraph 36)
8. We recognise the difficulties faced by the Government in considering temperature checks, screening or testing at the border, and we also recognise the limited UK testing capacity at that time. However, given the success of targeted COVID-19 testing on arrivals demonstrated by South Korea during early March, more should have been done to assess the feasibility of such approaches in the UK even if they could not immediately be introduced. The lack of existing testing capacity should not have prevented proper analysis of the options and a strategy to develop and expand testing as part of border measures. (Paragraph 39)
9. Overall, in the epidemic phase of COVID-19, insufficient emphasis was placed on the importance of controlling importation from overseas as a method for containing the virus or delaying its spread. The decision by SAGE only to consider measures that could deliver a full month's delay to the spread of the virus was a mistake and it is very hard to understand why that approach was taken. Additive measures that

could have contributed to more effective containment should have been considered, and delays even of a few days alongside the introduction of other domestic measures such as social distancing and lockdown could have had a significant impact on the scale of the outbreak in the UK. (Paragraph 40)

10. Dismissing strict border measures as “draconian” on 3 February was erroneous, as it was their strength that could have made a significant contribution and potentially mitigated the scale of domestic restrictions that were later needed. SAGE papers suggest that prioritising delay of spread rather than suppression of cases was influenced by the conclusion that the virus ought to be treated similarly to pandemic influenza, but this has been retrospectively proved wrong. (Paragraph 41)
11. We are concerned that the UK’s approach to border measures in the period from 13 March to 8 June was very different from countries in similar circumstances. This should have raised serious questions within the Government about whether it was taking the correct decisions. We have not seen any evidence that, at the time it was making its own decisions, the UK Government was examining and evaluating the approaches taken by other countries to controlling importations of the virus from abroad. (Paragraph 59)
12. It is now apparent that many more COVID-19 cases were imported to the UK from Europe in mid-March than was estimated at the time, when, with the exception of Italy, the focus remained largely on potential importations of the virus from Asia. As evidenced by genomic studies and referenced by Sir Patrick Vallance in oral evidence, a large number of instances of the virus—up to 1,356 importation strains and up to 10,000 cases—were imported during the period leading to, and following, the abandonment of special measures for international arrivals on 13 March, even though the overall number of people arriving in the UK was decreasing. Evidence shows it is highly likely that uncontrolled importations of the virus from European countries contributed to the rapid increase in the spread of the virus in mid-March, and the overall scale of the outbreak in the UK. (Paragraph 72)
13. Not having any special border measures applicable to people arriving from Spain and France during March, and only having time-limited self-isolation measures for arrivals from Italy, therefore had a material effect on the number of cases circulating within the UK. Border measures in the UK were lifted rather than extended on 13 March at a time when the number of infections being imported from abroad was still rising. Evidence suggests that thousands of new infections in the UK resulted from cases arriving from Europe in the ten days between this decision and the introduction of lockdown on 23 March. The failure to have any special border measures during this period was a serious mistake that significantly increased both the pace and the scale of the epidemic in the UK, and meant that many more people caught COVID-19. (Paragraph 73)
14. Although the full scale of the epidemic in Spain and later in France was not properly known in mid-March, that is not a justification for the lifting of border measures. Evidence of the epidemic escalating, especially in Spain, was already available. Other countries with the same information as the UK introduced stronger measures—for example, quarantine or limiting international arrivals so that only residents could

enter the country—and proved justified in doing so. The UK was extremely unusual in choosing not to introduce measures of this kind; it is evident that this was the wrong approach. (Paragraph 74)

15. The failure of the Home Office and other Government Departments to provide us with the scientific advice behind the decision to withdraw special measures for international arrivals on 13 March despite their repeated promises to do so is completely unacceptable. Despite many appeals for this information, the Government has only drawn our attention to SAGE advice and analysis on 22 and 23 March, ten days after the decision, and to SAGE papers from 3 and 4 February, nearly six weeks before the decision. Given the rapidly changing circumstances of the epidemic, we do not accept that these SAGE discussions adequately explain or justify decisions made on 13 March. (Paragraph 97)
16. The Government has still has not given any indication that it will provide the evidence behind the withdrawal of guidance on 13 March. These appeals have been made to three members of the Cabinet, to one further Minister, and to three of the Home Office's most senior officials. It is unacceptable that the information we requested concerning the decision to withdraw measures for international arrivals on 13 March has not yet been made available to us. The Committee has been reassured time and again that it would receive copies of the advice it had requested. After more than three months of being repeatedly promised this information, it will be difficult for this Committee to accept that there are any grounds why the Government cannot provide it to us; if there were such grounds, it has had ample time and opportunity to explain what these might be. It could at any previous juncture over this period have offered reasons for non-compliance or agreed terms for information to be given privately or with redaction. In such circumstances as these, the Committee could quite reasonably conclude that the advice we have requested simply does not exist. (Paragraph 98)
17. *The Home Office—and other departments of Government if necessary—must either publish or provide to the Committee immediately a full account of the scientific evidence and advice leading to its decision to withdraw guidance for international arrivals on 13 March. If this does not exist in written form, the Committee should receive a full account of what considerations were made and a summary of orally tendered advice, including the dates on which it was provided.* (Paragraph 99)
18. The decision to lift all COVID-19-related guidance for international arrivals on 13 March, just as other countries were expanding their border measures, is inexplicable. The Committee does not accept the argument that the introduction of voluntary 'stay at home' guidance for households with possible coronavirus infection on 13 March was enough reason to withdraw all guidance for returning travellers or visitors. Advice to stay at home applied only to those households with a suspected case of COVID-19 and was not legally enforceable for another 13 days. The Government stated that its priority in mid-March was buying time for the NHS. Imposing firmer measures on all international arrivals—including travellers from parts of Europe that had never been subject to specific guidance—would have contributed to this to some degree, as part of a cumulative or "additive" approach. Removing measures for international arrivals rather than extending them was the wrong thing to do. (Paragraph 100)

19. Nor do we accept that falling numbers of arrivals justified the lifting of border measures in mid-March. Although passenger numbers started to fall, a further one million people were to arrive between 13 March and lockdown on 23 March, and possibly hundreds of thousands more by mid-April. That is likely to have included thousands of people with COVID-19. (Paragraph 101)
20. We also do not accept the Home Office's suggestion that no measures were needed after 13 March because imported cases made up only 0.5% of total UK infections. That figure was not calculated until 22 March by which time a million more people had arrived and the epidemic had rapidly escalated in the UK. It is likely to have been substantially higher at the time when guidance was lifted. We set out further concerns about the Home Office reliance on this measurement from paragraph 108. (Paragraph 102)
21. The Government does not seem to have examined the full range of possible measures affecting international travel and considered their additive effect. It is understandable that the Government did not consider it practical or effective to simply restrict flights, not least because of large numbers of British residents seeking to return home. However, the failure to properly consider the possibility of imposing stricter requirements on those arriving—such as mandatory self-isolation, increased screening, targeted testing or enforceable quarantine—was a serious error. In mid-March, the Government had a limited sense of how many infectious people were arriving in the UK, or where they were arriving from, and had limited means of controlling the onward spread of the virus from such cases. In the circumstances, a precautionary approach aimed at continuing suppression of imported cases of the virus should have included more comprehensive measures for passengers arriving from places which had significant numbers of infections. (Paragraph 103)
22. Firm border measures introduced in June were considerably stronger than both the 'stay at home' guidance and lockdown restrictions imposed in mid-March. Indeed, they were exactly the "draconian" measures initially rejected by SAGE, enforceable in law. Justifying the decision to lift measures on 13 March on the basis that, at that time, measures applying to international arrivals were at parity with 'stay at home' guidance issued the same day is not consistent with the Government's eventual chosen strategy. That later strategy, discussed in the next chapter, places more onerous legal restrictions on arrivals from overseas than have been placed on any other group in the UK, at any point over the course of the pandemic. (Paragraph 104)
23. It is not clear who was responsible for making the decision to withdraw self-isolation guidance on 13 March, or on what basis. It is hard to reconcile Professor Aston's suggestion that advice was provided at the time the decision was made with either his own indication that he was not involved in the decision, or his later emphasis on advice given six weeks prior to the decision, on 3 and 4 February. Urgent clarity is needed on what scientific evidence was considered and advice provided in relation to self-isolation measures in the days preceding the decision of 13 March, given its likely significant impact in the number of cases imported into the UK in mid-March. Despite this, no Cabinet Minister or official whom we have asked has been able to provide any explanation for the process by which, and the basis on which, the decision was made. It is not clear who was responsible for gathering the evidence, formulating policy options or scrutinising and testing the advice. It is not clear

whether there was a lead department or a lead institution, or which Minister took lead responsibility for the decision. The lack of clarity about the responsibility for decision making in this crucial area is very serious and may well have contributed to mistakes being made. (Paragraph 107)

24. It is deeply concerning that the Government is not able to provide any estimates that were produced at any point of the cardinal number of imported cases during March. The Home Office should have requested advice on the estimated number of importations, and the rough proportion of overall arrivals which that estimated figure represented. While the figure of 0.5% of circulating cases resulting from importation is a useful one and indeed may still be reliable as of 15 July, evidence to us demonstrates that these other figures are also crucially important to deciding border policy and should have been made available to Ministers. Nothing the Home Office had told us demonstrates beyond doubt that these other figures were asked for or made available. Having actual estimates of the number of people likely to be affected by any decision is important and can lead to qualitatively different decision-making processes than just relying on figures expressed as small proportions. Estimates should have been available to Ministers throughout March to allow them to make fully informed decisions. (Paragraph 118)
25. *In a public health crisis transparency is crucial, both to ensure that analysis is tested and to build trust and confidence. We welcome the decision to publish SAGE papers. However, transparency cannot be selective without clear explanation, particularly when the advice relates to policy decisions as important as those concerning the introduction of border measures, which affects wide swathes of the economy and disrupts millions of peoples' plans. Where it has not been able to meet the commitment to publish papers within a month of the relevant meeting, the Government should explain clearly why.* (Paragraph 125)
26. The Committee shares the concern of the Science and Technology Committee that bodies advising Government, including Public Health England, are also insufficiently transparent about the nature and content of the advice they are providing. (Paragraph 126)
27. The Home Office has stated repeatedly that it followed scientific advice from SAGE and from its own Scientific Adviser ahead of the Government's decision to withdraw guidance for international arrivals on 13 March. By the same measure, the Government's Chief Scientific Adviser has been clear that advice from SAGE includes an inherent degree of uncertainty. This is reasonable, particularly in a rapidly evolving situation such as COVID-19. However, we have heard no evidence to suggest that the Home Office requested additional information that could have fed into its border policy, nor that it interrogated the inherent uncertainties around SAGE's advice or around the limited figures it was given. We are forced to conclude, therefore, that the Department took at face value the advice provided; it should not have done so. (Paragraph 129)

The introduction of border quarantine requirements

28. We welcome the Government's decision to re-introduce border measures. We discuss later what the most appropriate border measures should be. But at a time when

COVID-19 infections continue to increase across the world and when hotspots of infection continue to change, all countries are going to need different kinds of border measures to control the spread of the virus for some time to come. (Paragraph 149)

29. It was inevitable that the Government's reintroduction of border measures was greeted with some scepticism in June. Having removed country-specific guidance in March when other countries were imposing compulsory quarantine arrangements for arrivals, the Government then found itself increasing restrictions just as other countries were loosening them in June—something which was hard to explain, and which appeared inconsistent. This has been exacerbated by the Government's continued defence of the previous lack of quarantine at the border from March until June rather than acknowledging that, in hindsight, firmer measures should have been in place. Building up credibility requires transparency. *The Government should publish the analysis that informed its decision to introduce quarantine measures and explain how it relates to the Government's wider strategy for overcoming the pandemic.* (Paragraph 150)
30. The Government faces a difficult task: how to ensure control of the virus at the same time as getting the economy moving, including international travel, in the safest possible way. It will build more support for the difficult balancing judgements it has to take if it is open about the evidence behind them. (Paragraph 151)
31. It is very disappointing that Border Force officers did not receive guidance on the implementation of new regulations until less than one working day before they came into force. Without enough time to raise questions and properly to digest the guidance, it is likely that avoidable mistakes were made during the first days that the regulations were in force. As the UK begins to exempt countries from the regulations, the task of ascertaining who should and should not quarantine and what information they should provide is further complicated. *We ask the Government to ensure that any changes to guidance are provided to Border Force officials as early as possible before they come into operation.* (Paragraph 156)
32. We welcome the Government's attempt to develop an approach to travel corridors which recognises the different prevalence of the virus in different countries and regions. It is clearly sensible to be able to treat travellers from New Zealand, where there have been 52 new cases since 8 June, differently from travellers from the USA or Brazil where infections continue to soar. Given that we will need to be able to manage the changing risk of COVID-19 from different countries for some time to come, setting up a sustainable and agile framework that can be adapted quickly is extremely important. (Paragraph 174)
33. However, we also note the warnings from public health experts in countries like New Zealand and Singapore that are continuing to take a much more restrictive approach to international travel, and who advised against mass-market travel in Europe this summer. We consider in the next section the reintroduction of quarantine for Spain and the criteria for exempting countries. *However the travel corridor list is constituted, it is clear that Government must have a system in place for robust surveillance and assessment of any increasing risk in countries where*

travel corridors have been agreed so that they can be swiftly suspended if necessary to prevent the virus spreading again, and to prevent deeply damaging consequences for both public health and the economy. (Paragraph 175)

34. We welcome the Government's commitment regularly to review its border quarantine regulations. The move to weekly and daily reviews of travel corridors is welcome as three-weekly reviews were not sufficiently frequent. Far more frequent review appropriately reflects the agility required to prevent a rise in importations. *We recommend that the Government publish the methodology and findings of its reviews by means of a statement to the House, and on gov.uk when the House is not sitting. Given the likely increase in travel during the summer holidays, public health surveillance is particularly important for those countries where passenger numbers are highest. The Government should therefore make clear in its statements what criteria it is applying to assess possible risks, the relative weighting of those criteria, and on what basis changes to travel corridors are made. (Paragraph 176)*
35. Given the surge in confirmed COVID-19 cases in mainland Spain and the clear and rising risk of increasing numbers of people returning to the UK with COVID-19, a precautionary approach including quarantine for returning travellers is the right one. As we have set out in Chapter 1, the consequences of not introducing quarantine for Spain and then France in February and March were very serious for public health and, as a result, the economy. It is important and welcome that the Government has learned from what happened earlier in the crisis and is responding now to prevent imported cases rising. (Paragraph 192)
36. However, this has undoubtedly been extremely difficult for many travellers who paid for holidays in Spain following the FCO and DfT guidance in the expectation that they would be able to return to work, caring responsibilities, medical appointments and family events on their return, which will now be impossible. Many will face significant financial difficulties as a result of losing pay. Such sudden changes in policy make it even more difficult for businesses in the travel industry which are already under huge pressure. Given the continued risk from COVID-19 and the pace at which it can spread, travel corridors can only work as part of a plan to control the virus if they can also be lifted swiftly based on data when cases rise. However, the Government needs to be much more sensitive to the serious consequences for families and businesses of changing policy with no warning in this way. There should be significant changes to the way such decisions are handled and communicated. (Paragraph 193)
37. *The Government has rightly warned now that "no travel is risk free". However, stronger warnings should have been given at the time the travel corridors were first introduced in early July. The Government's mixed messages at that time were regrettable. In the case of Spain, it appears from the First Minister of Scotland's statements that the Joint Biosecurity Centre had already concluded that prevalence rates there were significant higher than in the UK at the time when the travel corridor was established—but that information has not been published. It should have been, both so that individual travellers could be aware of the risks and so that the decision to include Spain at all could be scrutinised. The Government should publish these prevalence rates now and explain why Spain was included on the travel corridors list. (Paragraph 194)*

38. *The disruption to travel plans and surprise caused by removing Spain from the travel corridor list demonstrates how essential it is that surveillance data is shared with the public openly and frequently. Potential travellers must be presented with the risks of travelling, even to countries on the travel corridor list, while the pandemic is ongoing and the guidance is liable to change at short notice. We urge the Government to publish the details of its traffic light system to distinguish between high-risk (red), medium-risk (amber) and low-risk (green) countries, and how different countries are currently categorised on that system, so potential travellers can assess the level of risk attached to their chosen travel destinations, and to whether quarantine rules might change. (Paragraph 195)*
39. *Greater clarity would also be helpful on the Government's overall objectives for its border measures and travel corridors as part of their wider strategy against COVID-19, including how it is balancing public health and economic considerations. We heard significant warnings from public health experts in Singapore and Hong Kong that Europe's attempt to restart mass market travel and cross border tourism this summer was a mistake and would make it harder to suppress the virus or as a result return to near normal in other sections of the economy. The Government should therefore explain its strategy, including its different objectives on suppressing the virus and opening up the economy, and how it believes its border measures and the current expected level of cross border travel contribute to those objectives. (Paragraph 196)*
40. The creation of a Joint Biosecurity Centre ought to represent a step forward in the management of the pandemic, establishing clear responsibility for regular surveillance of travel risks from different countries and publishing clear and transparent analysis, including of international prevalence rates. It should also be responsible for assessing the combined public health impact of all the border measures including assessments of the number of people likely to be arriving with COVID-19. However there has so far been a concerning lack of transparency about the analysis produced by the Joint Biosecurity Centre as even basic assessments of prevalence rates have not been published. (Paragraph 206)
41. The Government's historic inability to convince the Committee of the credibility of its calculations of the numbers of people who have come into the UK carrying COVID-19 does not inspire us with confidence about its ability to assess the scale of the risk from likely infectious people coming into the country in the future. (Paragraph 207)
42. We are concerned that Ministers do not seem to have access to information about prevalence rates internationally, and there is confusion about what information is held by the Department for Health and Social Care, as well as the interaction between different agencies including Public Health England, NHS Test and Trace and the Joint Biosecurity Centre and SAGE. We urge the Department to clarify responsibilities and establish a process for greater transparency from this point on. *We urge the Department to clarify responsibilities and establish a process for greater transparency from this point on. (Paragraph 208)*
43. As we set out in the first chapter, transparency and trust are crucial in public health crises. That is why the Government must now ensure that the analysis behind the introduction of quarantine rules and the introduction of travel corridors is all

published—including JBC assessments of the prevalence of COVID-19 in different countries, and the Government’s overall estimates of the number and proportion of people arriving in the UK who are likely to have COVID-19. (Paragraph 209)

44. It is not clear exactly which Government department or agency is ultimately responsible for coordinating border policy. Evidence from the Home Secretary suggested important roles for the Department of Health and Social Care, Public Health England and the Department for Transport as well as the Home Office and Border Force. Given that the Home Secretary announced the border quarantine policy it was surprising to discover that she did not expect to be involved in the decisions on travel corridors and that the Home Office wasn’t briefed on prevalence rates for different countries. While it is appropriate that all Departments carry out work within their remit, good coordination and some overall leadership is required for border policies to work coherently. Otherwise, there is the potential for confused policy-making and contradiction between Government departments, like that shown by the inconsistency between the Foreign and Commonwealth Office and Department for Transport on travel advice. This would likely reduce public confidence in the measures as they are introduced, and as they vary. *We note that the COVID-19 Operations committee appears to be taking the decisions on border policy and we welcome a cross-Government process to coordinate different departments and ensure that decisions are consistent, and evidence based. However, it still resulted in different advice emerging from the FCO and DfT, and it remains unclear which Department retains lead responsibility for border policy. One accountable Department should be clearly charged with lead responsibility. We believe that should either be the Cabinet Office or, as the Department with overall responsibility for border operations, the Home Office.* (Paragraph 214)
45. It is concerning that the Foreign and Commonwealth Office and the Department for Transport have issued contrasting advice to the public on more than one occasion, at a time when providing clarity about the new travel corridors and nurturing confidence in them is of great importance. *The Government must ensure that its communications are consistent and accurate across all departments. We recommend that one department leads on communications in this matter, and works constructively with other departments and associated bodies, such as public health authorities, to make sure all appropriate guidance and advice is clearly reflected. The Government must review differences between Foreign and Commonwealth Office travel advice and Department for Transport air corridor countries as an urgent priority, with a view to reconciling discrepancies. Where those departments are not able to agree, the Gov.uk website should clearly explain why this is the case in order to allow would-be travellers to make informed decisions before using travel corridors.* (Paragraph 215)
46. We are concerned that there is not total agreement between all four nations of the UK over which travel corridors should be implemented. While we respect that matters of public health are devolved, we encourage the UK and devolved governments to work more closely together to ensure there is a single, four-nations approach to measures at our border. Disjointedness risks deepening damage to the aviation industry and inhibiting public confidence. It is, however, notable that the

First Minister of Scotland has quoted figures from the Joint Biosecurity Centre, to explain the decisions her Government had made to extend, or refuse, travel corridors. The UK Government should do the same. (Paragraph 216)

47. *The Government's estimate of compliance with its enforcement regime for border quarantine is unconvincing. That the estimate is so high should be grounds for healthy cynicism and interrogation. A better method for estimating the true compliance rate is required, based on routine publication of the following figures:*
- *the number of people required to quarantine under the regulations;*
 - *the number of spot checks carried out on arrivals at the border;*
 - *the number of spot checks carried out by Public Health England on those quarantining;*
 - *the number of referrals from Public Health England to the Police;*
 - *the number of visits undertaken by police to quarantining individuals; and*
 - *the number of enforcement actions ultimately taken.*

This will allow oversight of the entire process. These data should be published fortnightly, to mirror the work undertaken by the National Police Chiefs' Council to publish fortnightly totals of the number of Fixed-Penalty Notices issued under lockdown Regulations. (Paragraph 223)

48. *Effective quarantine arrangements require high levels of voluntary compliance, even more so when enforcement is limited. The suddenness and lack of transparency behind the decisions about Spain may have consequences for enforcement if travellers remain sceptical about the policy or face financial pressures as a result of not being able to return to work as planned. It is important for Government to build confidence in the decisions it has taken and the justification for them, and also to make sure that people can afford to comply. (Paragraph 224)*
49. *Border quarantine restrictions are likely to remain in place for some time, particularly if there is now emerging agreement that cases of COVID-19 could increase in the winter months. The UK's approach to its borders will have to become more flexible in order to respond rapidly to the contours of the pandemic. We recommend that the Home Office, in coordination with the Department for Transport and Department for Health and Social Care, investigates urgently the viability of introducing widespread and targeted tests at the border, as in Iceland, Hong Kong or South Korea. Now that testing capacity in the UK has increased, the Government should be ready to learn from other countries and should examine what role testing or screening could play, including the ability to target particular flight routes. We agree with the Government that a testing and tracing system alone is not currently enough to address the importation risk from overseas travel, especially from high-prevalence countries like Brazil and the USA. However, the Government should look at international examples and develop testing further. It should assess what role testing could play alongside quarantine and travel corridor measures. This could require close coordination with airports and others to access flight and route-specific information over and above what is readily available. (Paragraph 227)*

50. As passenger numbers rise and interactions between Border Force officers and arrivals increase, it is crucial that there are no lapses in PPE availability for officers on the frontline who have worked admirably in difficult conditions for several months. The Government owes it to hard-working officers to ensure that they are protected and feel safe so they can continue in their duties. *As part of each review of border quarantine measures, Border Force and the Home Office should conduct a reappraisal of the appropriate level of PPE that should be provided for Border Force officials, and a nationwide assessment of stock levels to ensure that staff have everything they need.* (Paragraph 232)
51. Concerns about provision of PPE to key workers have been a recurring theme during the COVID-19 pandemic. We understand that Border Force's provision of PPE to its staff has been based on PHE and WHO advice. However, Border Force officials must be able to feel safe while carrying out their vital work in particularly difficult conditions. This should include wearing masks where staff feel safer doing so. (Paragraph 233)
52. Given the widespread concern about the potential for a second wave, and for a rising number of infections toward and during winter, it is likely that some form of border quarantine mechanism will be required for the foreseeable future to avoid the possibility that imported cases and strains could compound these challenges. Professor Teo Yik-Ying predicted that Singapore would maintain border restrictions at least until 2021. (Paragraph 234)
53. Implementing border quarantine measures over any time frame is indeed disruptive. However if applied swiftly, relaxed appropriately, and justified properly using the full range of scientific evidence available, evidence from other countries demonstrates that they are an effective tool to assist in keeping COVID-19 from spreading into countries with a relatively low level of infection. We have concluded that the UK's experience of COVID-19 has been far worse as a result of the Government's decision not to require quarantine and thus reduce the number of imported strains during March. (Paragraph 235)
54. Keeping measures in place while closely monitoring travel corridors and other exceptions will be important to ensure that the UK does not reimport unmanageable levels of COVID-19. This is particularly important when there is doubt about the affordability—both economically, and in terms of goodwill—of a second national lockdown, and when seasonal pressures on the NHS begin to build over the autumn and into the winter months. In a situation as fast-moving as the COVID-19 pandemic, any delay in controlling new infections can have profound consequences; it is therefore of paramount importance that the Government reviews its border measures weekly and is able to respond quickly to changing patterns of infection, including by introducing further restrictions if needed. We do not take lightly the potential burden on individuals and the economy from closing borders and requiring quarantine, as well as the potential damage to the economy and to public health if the virus takes hold again; we also recognise that it can only be one strand in a wider, larger strategy of disease control. However, border health measures must form crucial part of any Government strategy to obtain and maintain control of the virus over the months to come. (Paragraph 236)

Formal minutes

Thursday, 30 July 2020

Rt Hon Yvette Cooper, in the Chair

Rt Hon Diane Abbott

Tim Loughton

Andrew Gwynne

Stuart C McDonald

Dame Diana Johnson

Draft report (*Home Office preparedness for COVID-19 (coronavirus): management of the borders*), proposed by the Chair, brought up and read.

Ordered. That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 236 read and agreed to.

Summary agreed to.

Resolved, That the Report be the Fifth Report of the Committee to the House.

Ordered, That the Report be printed, in accordance with the provisions of Standing Order No. 137 (Select committees (adjournment of the House)).

Ordered, that embargoed copies of the Report be made available, in accordance with the provisions of Standing Order No. 134.

[Adjourned till Wednesday 2 September at 8.45am.]

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the [inquiry publications page](#) of the Committee's website.

Wednesday 18 March 2020

Lucy Moreton, Corporate Officer, Immigration Services Union [Q1–23](#)

Assistant Chief Constable Owen Weatherill, Strategic Lead, National Police Coordination Centre; **Deputy Chief Constable Paul Netherton OBE**, Lead for Civil Contingencies, National Police Chiefs' Council, Deputy Chief Constable, Devon and Cornwall Police [Q24–59](#)

Emma Moore, Chief Operating Officer, UK Border Force; **Angela Perfect**, COVID-19 Incident Gold Commander, UK Border Force [Q60–109](#)

Monday 06 April 2020

Chief Superintendent Paul Griffiths, President, Police Superintendents Association of England and Wales; **Simon Kempton**, Operational Lead, Covid-19, Police Federation of England and Wales [Q110–144](#)

Chief Constable Garry Forsyth, Chief Constable, Bedfordshire Police; **Chief Constable Peter Goodman**, Chief Constable, Derbyshire Police; **Chief Constable John Robins**, Chief Constable, West Yorkshire Police; **Chief Constable Lisa Winward**, Chief Constable, North Yorkshire Police [Q145–196](#)

Wednesday 15 April 2020

Dame Vera Baird DBE QC, Victims' Commissioner, Victims' Commissioner for England and Wales; **Nicole Jacobs**, Domestic Abuse Commissioner, Domestic Abuse Commissioner for England and Wales; **Anne Longfield OBE**, Children's Commissioner, Children's Commissioner for England [Q197–217](#)

Baljit Banga, Executive Director, Imkaan; **Eleanor Butt**, Senior Policy and Public Affairs Manager, Refuge; **Anna Edmundson**, Head of Policy and Public Affairs, National Society for the Prevention of Cruelty to Children; **Lucy Hadley**, Campaigns and Policy Manager, Women's Aid [Q218–237](#)

Tuesday 21 April 2020

Adrian Berry, Chair, Immigration Law Practitioners' Association; **Colin Yeo**, Founder at Free Movement [Q238–282](#)

Andy Hewett, Head of Advocacy, Refugee Council; **Chai Patel**, Legal Policy Director, Joint Council for the Welfare of Immigrants; **Bella Sankey**, Director, Detention Action [Q283–314](#)

Wednesday 29 April 2020

Rt Hon Priti Patel MP, Home Secretary, Home Office; **Matthew Rycroft CBE**, Permanent Secretary, Home Office; **Shona Dunn**, Second Permanent Secretary, Home Office

[Q315–380](#)

Thursday 07 May 2020

Sarah Burnett, Business Operations Director, Justice and Immigration, Serco; **Colin Dobell**, Managing Director, Care and Custody, Mitie; **Steven Lakey**, Managing Director, Clearsprings Ready Homes; **John Taylor**, Chief Operating Officer, Mears Group

[Q381–482](#)

Tim Buley QC, Landmark Chambers; **Rory Dunlop QC**, 39 Essex Chambers

[Q483–506](#)

Wednesday 13 May 2020

Caroline Dinenage MP, Minister of State for Digital and Culture, Department for Digital, Culture, Media and Sport; **Baroness Williams of Trafford**, Lords Minister, Home Office

[Q507–587](#)

Friday 22 May 2020

Karen Dee, Chief Executive, Airport Operators Association; **Tony Smith CBE**, Chair, International Border Management and Technologies Association, Former interim Director General of Border Force; **Sarah West**, Chief Operations Officer, Port of Dover

[Q588–640](#)

Professor Gabriel Scally, Visiting Professor of Public Health, Bristol University; **Professor Annelies Wilder-Smith**, Professor of Emerging Infectious Diseases, London School of Hygiene & Tropical Medicine

[Q641–681](#)

Wednesday 03 June 2020

Commander Karen Baxter, Head of Economic Crime, City of London Police; **Graeme Biggar CBE**, Director General, National Economic Crime Centre

[Q682–714](#)

Susie Hargreaves OBE, Chief Executive, Internet Watch Foundation; **Robert Jones**, Director of Threat Leadership, National Crime Agency

[Q715–731](#)

Wednesday 10 June 2020

Professor Gabriel Leung, Dean of Medicine, Li Ka Shing Faculty of Medicine, University of Hong Kong; **Sir David Skegg**, Emeritus Professor of Epidemiology and former Vice-Chancellor, University of Otago, New Zealand; **Professor James Wilsdon**, Vice-Chair, International Network for Government Science Advice; **Professor Teo Yik-Ying**, Dean, Saw Swee Hock School of Public Health, National University of Singapore

[Q732–773](#)

Published written evidence

The following written evidence was received and can be viewed on the [inquiry publications page](#) of the Committee's website.

COR numbers are generated by the evidence processing system and so may not be complete.

- 1 5Rights Foundation ([COR0138](#))
- 2 AAFDA (Advocacy After Fatal Domestic Abuse) ([COR0046](#))
- 3 Action for Children ([COR0073](#))
- 4 All Wales Policing Team ([COR0089](#))
- 5 Amnesty International UK ([COR0130](#))
- 6 Amnesty International UK, and Migrant Voice ([COR0008](#))
- 7 Anonymous ([COR0106](#))
- 8 Anonymous ([COR0001](#))
- 9 Arnold, Dr Frank ([COR0114](#))
- 10 The Association for UK Interactive Entertainment (UKIE) ([COR0165](#))
- 11 Association of Police and Crime Commissioners ([COR0098](#))
- 12 Association of Visitors to Immigration Detainees ([COR0116](#))
- 13 Asylum Matters ([COR0122](#))
- 14 Asylum Seeker Housing ([COR0184](#))
- 15 Bail for Immigration Detainees ([COR0019](#))
- 16 Bandyopadhyay, Professor Siddhartha ([COR0052](#))
- 17 Bandyopadhyay, Professor Siddhartha ([COR0031](#))
- 18 Barnardo's ([COR0175](#))
- 19 Barnardo's ([COR0104](#))
- 20 Birmingham City Council ([COR0119](#))
- 21 Bladder & Bowel UK ([COR0030](#))
- 22 Bradbury-Jones, Professor Caroline ([COR0052](#))
- 23 British Board of Film Classification (BBFC) ([COR0133](#))
- 24 British Medical Association ([COR0005](#))
- 25 British Red Cross ([COR0108](#))
- 26 British Retail Consortium ([COR0176](#))
- 27 BT Group ([COR0171](#))
- 28 Carnegie UK Trust ([COR0153](#))
- 29 Cartwright, Dr Ashley ([COR0038](#))
- 30 Catch22 ([COR0152](#))
- 31 Center for Countering Digital Hate ([COR0148](#))
- 32 Chandan, Dr. Joht ([COR0052](#))
- 33 The Children's Society ([COR0045](#))

- 34 City of London Police ([COR0186](#))
- 35 City of London Police ([COR0110](#))
- 36 Clean up the Internet ([COR0147](#))
- 37 Clearsprings Ready Homes ([COR0172](#))
- 38 The Computational Propaganda Project at the Oxford Internet Institute, University of Oxford ([COR0168](#))
- 39 Coventry City Council ([COR0118](#))
- 40 Criminal Justice Alliance ([COR0076](#))
- 41 Crisis ([COR0003](#))
- 42 Crisis ([COR0029](#))
- 43 Crown Prosecution Service ([COR0099](#))
- 44 Davidson, Mr Connor ([COR0048](#))
- 45 Detention Action ([COR0164](#))
- 46 Detention Action ([COR0071](#))
- 47 Dias, Dr Talita ([COR0161](#))
- 48 Doctors of the World UK ([COR0121](#))
- 49 Doctors of the World UK ([COR0017](#))
- 50 Dogs Trust ([COR0064](#))
- 51 Drive ([COR0074](#))
- 52 Dyfed-Powys Police, and Dyfed-Powys ([COR0090](#))
- 53 Electrical Safety First ([COR0143](#))
- 54 End Violence Against Women Coalition ([COR0063](#))
- 55 Equality and Human Rights Commission ([COR0092](#))
- 56 Facebook ([COR0178](#))
- 57 Fire Brigades Union ([COR0062](#))
- 58 Freed Voices ([COR0051](#))
- 59 Fulfilling Lives South East ([COR0072](#))
- 60 Full Fact ([COR0145](#))
- 61 G4S ([COR0043](#))
- 62 GEOGroup ([COR0033](#))
- 63 Girlguiding ([COR0163](#))
- 64 Goodman, Helen ([COR0086](#))
- 65 Google ([COR0170](#))
- 66 Grayson, John ([COR0187](#))
- 67 Greater Manchester Combined Authority ([COR0093](#))
- 68 Greater Manchester Immigration Aid Unit (GMIAU) ([COR0058](#))
- 69 Hacked Off ([COR0151](#))
- 70 Helen Bamber Foundation ([COR0113](#))

- 71 Help Refugees, and Refugee Rights Europe ([COR0160](#))
- 72 Henry Jackson Society ([COR0018](#))
- 73 Hestia ([COR0020](#))
- 74 Homeless Link ([COR0012](#))
- 75 Hourglass ([COR0075](#))
- 76 Human Trafficking Foundation ([COR0009](#))
- 77 Humberside Police ([COR0102](#))
- 78 Immigration Law Practitioners' Association ([COR0180](#))
- 79 Immigration Law Practitioners' Association ([COR0040](#))
- 80 Immigration Services Union ([COR0185](#))
- 81 Immigration Services Union ([COR0107](#))
- 82 IMPRESS: The Independent Monitor for the Press ([COR0139](#))
- 83 Independent Office for Police Conduct ([COR0103](#))
- 84 Internet Services Providers Association ([COR0174](#))
- 85 Internet Watch Foundation ([COR0134](#))
- 86 Jesuit Refugee Service UK ([COR0070](#))
- 87 Joint Council for the Welfare of Immigrants ([COR0112](#))
- 88 Joint Council for the Welfare of Immigrants ([COR0011](#))
- 89 Jolley, Dr Daniel ([COR0158](#))
- 90 JustRight Scotland ([COR0146](#))
- 91 Kane, Professor Eddie ([COR0052](#))
- 92 Kane, Professor Eddie ([COR0031](#))
- 93 Karma Nirvana ([COR0054](#))
- 94 Katona, Professor Cornelius ([COR0114](#))
- 95 Law Society ([COR0094](#))
- 96 LINX, the London Internet Exchange ([COR0150](#))
- 97 Local Government Association ([COR0159](#))
- 98 Local Government Association ([COR0037](#))
- 99 The ManKind Initiative ([COR0096](#))
- 100 McGuinness, Kim ([COR0065](#))
- 101 Mears Group ([COR0181](#))
- 102 Mears Group ([COR0189](#))
- 103 MEDACT, Migrants Organise, and Kanlungan ([COR0061](#))
- 104 Medical Justice ([COR0117](#))
- 105 Medical Justice ([COR0013](#))
- 106 Medical Justice ([COR0084](#))
- 107 Mental Health Foundation ([COR0091](#))
- 108 Migrant Voice ([COR0130](#))

- 109 Mitie ([COR0137](#))
- 110 MITIE Group ([COR0034](#))
- 111 Money and Mental Health Policy Institute ([COR0166](#))
- 112 Muslim Engagement and Development (MEND) ([COR169](#))
- 113 Muslim Women's Network UK ([COR0088](#))
- 114 National Economic Crime Centre ([COR0186](#))
- 115 National Society for the Prevention of Cruelty to Children ([COR0127](#))
- 116 National Society for the Prevention of Cruelty to Children ([COR0109](#))
- 117 Newcastle City Council ([COR0188](#))
- 118 News Media Association ([COR0132](#))
- 119 Nirantharakumar, Dr. Krish ([COR0052](#))
- 120 Northumbria University (Law School) ([COR0049](#))
- 121 NRPF Network, Islington Council ([COR0081](#))
- 122 Office of Anne McLaughlin MP ([COR0183](#))
- 123 Office of Sussex Police and Crime Commissioner ([COR0083](#))
- 124 Office of the Police and Crime Commissioner – West Yorkshire ([COR0059](#))
- 125 Office of the Police and Crime Commissioner for Lancashire, and Lancashire Violence Reduction Network ([COR0041](#))
- 126 Operation Encompass ([COR0021](#))
- 127 Paediatric Continence Forum ([COR0044](#))
- 128 Payne-James, Professor Jason ([COR0114](#))
- 129 Phillips, Mr John ([COR0131](#))
- 130 Pickles, Dr Hilary ([COR0036](#))
- 131 Police and Crime Commissioner for Thames Valley ([COR0027](#))
- 132 Police, Fire and Crime Commissioner for Essex ([COR0087](#))
- 133 Refuge ([COR0157](#))
- 134 Refuge ([COR0095](#))
- 135 Refugee Action, Detention Action, Doctors of the World UK, Freedom from Torture, Asylum Matters, The Lesbian and Gay Immigration Group, The No Accommodation Network, Refugee Council, and Scottish Refugee Council ([COR0016](#))
- 136 Refugee Women Connect ([COR0014](#))
- 137 Reset ([COR0141](#))
- 138 Respect ([COR0067](#))
- 139 Reunite Families UK ([COR0101](#))
- 140 Roach, Professor Jason ([COR0038](#))
- 141 Safe Passage UK ([COR0097](#))
- 142 SafeLives ([COR0105](#))
- 143 Safer Places ([COR0080](#))
- 144 Sandwell Council ([COR0124](#))

- 145 Sandwell and West Birmingham CCG ([COR0125](#))
- 146 Scottish Refugee Council ([COR0182](#))
- 147 Scottish Refugee Council ([COR0115](#))
- 148 Serco ([COR0162](#))
- 149 Serco ([COR0032](#))
- 150 Shelter ([COR0069](#))
- 151 Smith, Pippa ([COR0173](#))
- 152 Smith, Tony ([COR0136](#))
- 153 Southall Black Sisters ([COR0082](#))
- 154 South Yorkshire Migration and Asylum Action Group ([COR0129](#))
- 155 Surviving Economic Abuse ([COR0039](#))
- 156 SWGfL ([COR0140](#))
- 157 Taylor, Professor Julie ([COR0052](#))
- 158 techUK ([COR0179](#))
- 159 the3million ([COR0010](#))
- 160 the3million ([COR0050](#))
- 161 Transform Justice ([COR0022](#))
- 162 Twitter ([COR0177](#))
- 163 UK Border Force ([COR0006](#))
- 164 UK Border Force ([COR0007](#))
- 165 UK Finance ([COR0149](#))
- 166 UNHCR, The UN Refugee Agency ([COR0015](#))
- 167 UNISON ([COR0047](#))
- 168 Vodafone UK ([COR0167](#))
- 169 Wankhade, Professor Paresh ([COR0135](#))
- 170 Welsh Women's Aid ([COR0100](#))
- 171 West Midlands Police and Crime Commissioner ([COR0060](#))
- 172 Which? ([COR0144](#))
- 173 Women for Refugee Women ([COR0025](#))
- 174 Women's Aid Federation of England ([COR0057](#))
- 175 Woodthorpe, Dr Kate ([COR0111](#))
- 176 Yoti ([COR0154](#))

List of Reports from the Committee during the current Parliament

All publications from the Committee are available on the [publications page](#) of the Committee's website. The reference number of the Government's response to each Report is printed in brackets after the HC printing number.

Session 2019–21

First Report	Home Office preparedness for COVID-19 (Coronavirus): Policing	HC 232 (HC 660)
Second Report	Home Office preparedness for Covid-19 (Coronavirus): domestic abuse and risks of harm within the home	HC 321 (HC 661)
Third Report	Home Office preparedness for Covid-19 (coronavirus): immigration and visas	HC 362
Fourth Report	Home Office preparedness for COVID-19 (Coronavirus): institutional accommodation	HC 562
First Special Report	Serious Youth Violence: Government Response to the Committee's Sixteenth Report of Session 2017–2019	HC 57
Second Special Report	Home Office preparedness for Covid-19 (coronavirus): domestic abuse and risks of harm: Government Response to the Committee's Second Report	HC 661
Third Special Report	Home Office preparedness for Covid-19: coronavirus: policing: Government Response to the Committee's First Report	HC 660