



House of Commons
Home Affairs Committee

**Home Office
preparedness for
COVID-19 (coronavirus):
management of the
borders: Government
Response to the
Committee's Fifth
Report**

**Sixth Special Report of
Session 2019–21**

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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.

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Committee staff

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

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Sixth Special Report

The Home Affairs Committee published its Fifth Report of Session 2019–21, [Home Office preparedness for COVID-19 \(coronavirus\): management of the borders](#) (HC 563), on 5 August 2020. The Government's response was received on 3 November 2020 and is appended to this report.

In the Government response the Committee's recommendations are shown in **bold** type; the Government's response is shown in plain type.

Appendix: Government Response

The recommendations in the report are embedded amongst the conclusions, so their numbers refer to the index numbers in the [conclusions and recommendations](#) section of the report.

Recommendations

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)

The Government is grateful for the committee's report. However, the Home Affairs Select Committee are incorrect in their assertions. Isolation guidance was not dropped on 13 March, it was superseded by the national stay at home guidance. As has been explained repeatedly to the committee this meant that anyone entering the country regardless of where they had travelled from, like the rest of the population, was required to self-isolate if they developed symptoms.

All of our decisions throughout the pandemic have been informed by the science, with appropriate measures introduced at the right time to keep us all safe. The advice given by SAGE has always been based on the best evidence and data available at the time, and is a consensus arrived at by a group of leading scientists. The Government has consistently sought to make decisions taking into account the latest available scientific evidence and advice.

During the contain phase of the outbreak we had enhanced monitoring at the borders to quickly identify symptomatic travellers from high risk areas and safely triage them into the health system. This was applied to those returning from Wuhan on 22 January and broadened to the whole of China on 25 January; Japan on 8 February, Iran on 25 February, northern Italy on 4 March and the whole of Italy on 5 March.

On 12 March the Prime Minister announced the move from the contain to delay phase as there was sustained community transmission and a significant number of domestic cases

present in the UK. National stay at home guidance was published on 12 March advising anyone with a new continuous cough or a fever to self-isolate for seven days and applied to everyone in the UK—including new arrivals.

The scientific advice has been clear that when domestic transmission is high, cases imported from abroad represent a small proportion of the overall total and make no significant difference to the spread of the disease. On 12 March there was significant transmission within the UK and any additional border restrictions would have a very marginal impact on the epidemic within the UK, as at that point they contributed a tiny proportion of the number of new infections.

Keeping the borders open maintained international connections for businesses, laying the foundations for our economic recovery, and provided a vital lifeline to those with a critical need to travel. This included British nationals who required repatriation from overseas and who made up a significant percentage of the total number of arriving passengers. Further, it is important to recognise that inbound UK travel (as with all travel across the world) was significantly reduced to unprecedentedly low levels in terms of passenger numbers.

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)

The minutes and papers from SAGE meetings are now published on www.gov.uk.

29. 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)

Replied together with

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)

It is important to remember what the health measures at the border are about - protecting public health, managing a further peak of this deadly virus and that means controlling the risk of cases being imported from abroad.

The Health Measures at the Border Regulations were introduced in early June when rates of infection in the UK were declining significantly and social distancing measures were being relaxed. In March, when rates of infection were high in the UK, international travel was severely reduced (as previously noted) and 'stay at home' guidance was in place, the scientific advice was that imported cases were likely to make a negligible difference to the overall rates of infection in the UK. But as rates declined, the advice was that the issue of imported cases could become materially significant. The Government had to consider, in a constantly evolving situation, what measures to introduce to mitigate against this risk. COVID-19 had been introduced into the UK by international travellers. It clearly was, and remains, of importance that imported cases should not lead to an increase in the number of infections in the UK and exacerbate the number of cases.

We are committed to tackling this virus while enabling a sustainable and responsible return to travel.

Travel corridors have stimulated demand in particular for aviation, with international passenger numbers handled at UK airports up around 400% between June and July to 3.1m passengers, though this is still 88% lower than the previous year. Flight numbers (and passenger numbers) continued to increase during August (when compared to June & July 2020). Overall flight traffic during August 2020, however, was still significantly below 2019 volumes (by 60%).

It remains of importance that imported cases should not lead to an increase in the number of infections in the UK and exacerbate the number of COVID-19 cases. As such, ministerial decisions about relaxation of border measures have been informed by the Joint Biosecurity Centre's preliminary assessment of the risks to public health, based on an approach developed in consultation with Public Health England and the Chief Medical Officer.

We keep our methodology and approach to border measures under regular review to ensure that they remain effective and practical in light of the developing domestic and international health picture, and continued improvements in data availability over time. Any decisions on border measures will be informed by the latest public health information available.

On 7 October, the Transport Secretary and the Health Secretary formally announced the creation of the Global Travel Taskforce to consider what steps the Government can take, both domestically and on the international stage, to enable the safe and sustainable recovery of international travel. The Taskforce will operate at considerable pace, and its work will culminate in a report from the Transport Secretary and the Health Secretary to the Prime Minister in early November.

31. 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)

Border Force, working across Government, provided a comprehensive readiness programme supported by public health officials, in advance of implementation, including delivery of training and guidance to staff. This programme began on 4 June 2020 prior to

the implementation on 8 June 2020 and extensive testing was conducted against compliant, non-compliant and symptomatic scenarios, in addition to ongoing engagement with operators. The training and guidance provided received extremely high levels of positive feedback. Staff guidance is continually reviewed and routinely updated to reflect any changes to the International Travel Corridors list on a weekly basis, and in advance of the changes taking effect.

We continue to learn from our experiences and adapt our operational response to ensure the continued success of these measures, to support efforts to improve compliance with the requirements amongst the travelling public. The standardised process across UK Government and the Devolved Administrations for changes to the regime support this effort.

33. *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)

Replied together with

37. *The Government should publish these prevalence rates now and explain why Spain was included on the travel corridors list.* (Paragraph 194)

And with

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)

The Government agrees with the Committee that due to the continued risk from COVID-19, swift action needs to be taken. The Government has been clear since it introduced international travel corridors on 10 July that it will act quickly to remove a country or territory from the exemption for self-isolation requirement for arrivals if required to do so by a changing health situation. On 26 July Spain was removed from the travel corridor and this means that people coming to the UK from Spain, or its territories such as the Balearic and Canary Islands, will need to self-isolate for 14 days. The FCO has also advised against all but essential travel to Spain.

The Government recognises that the decision to remove Spain from the Travel Corridor list was unwelcome news for travel operators, holiday makers and business travellers. However, it is vitally important that we continue to take swift action (as suggested by the Committee in the report) to manage the risk from coronavirus and keep the number of cases of COVID-19 in the UK as low as possible.

The Government took action after the Spanish Health Ministry published data on Friday 24 July, which was subsequently reported on by the European Centre for Disease Control.

Over 2,000 new COVID-19 cases were reported in Spain, and new cases reported across the Thursday and Friday were 75 per cent higher than those reported on the previous two days. This rate of increase, together with the high seven-day case rate for Spain and the picture of increasing cases across most regions of Spain, represented a significant, and unexpected, change in the health situation.

In response to this new information, Public Health England and the Joint Biosecurity Centre (JBC) undertook an urgent review, and updated Ministers at a meeting on the Saturday afternoon. Ministers agreed that urgent action was needed to protect the health of the UK public from the risk of imported infections from travellers arriving into the UK from Spain.

We advised British nationals currently in Spain that they may continue with their trip and should continue to adhere to the rules and advice of local authorities including on social distancing and practising good hygiene. Passengers were advised they would need to fill in the passenger locator form before arriving back in the UK and must then self-isolate for 14 days.

Currently, the Foreign, Commonwealth and Development Office is advising against all but essential travel to Spain and its territories. We are working closely with airlines and airports to ensure they are communicating with affected passengers—those currently in Spain and those who plan to travel there in the future.

COVID-19 has changed the nature of international travel. Travellers should carefully check the latest UK Government travel advice (www.gov.uk/foreign-travel-advice) before making plans and commencing their journeys, and should purchase travel insurance. Further information can be found at www.gov.uk/guidance/coronavirus-covid-19-travel-corridors.

Spain is an important friend and partner which has welcomed British tourists over many years. We want to see a return to normal international travel with Spain, but this can only happen where we are certain that that travel is safe and the risks of importing infections are minimised.

We will therefore continue to keep the conditions in Spain and its territories under review. The Government has been clear that we will act quickly to remove a country or territory from the exemption if required to do so by a changing health situation—as supported by the Committee. The Government has also made clear that where there is a sustained improvement in a country's health situation, we will reinstate exemptions or add new ones—just as we have done for many countries including Portugal, Slovakia, Slovenia, Italy and more recently some Greek islands.

The Joint Biosecurity Centre, working closely with PHE, provides an assessment of the risks to UK public health from inbound international travel. This informs ministerial decisions on which countries they should exempt from self-isolation measures through travel corridors. The methodology takes into account a combination of quantitative and qualitative factors, relative to the UK. This includes, but is not limited to: an estimate of the proportion of the population that is currently infectious, weekly population-adjusted case incidence rates and trends in incidence, deaths and hospitalisations. This methodology is kept under constant review and is enhanced as more data and insights become available.

The nature of international travel has, unfortunately, been profoundly changed by COVID-19. We know that this has had a devastating impact on travellers and the travel industry, as well as domestic and foreign tourism sectors. Travelling now comes with more risk than before the global pandemic, and travellers should always check the UK travel advice before making and commencing travel plans. The Government's priority remains protecting public health and reducing the risk from the virus.

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)

The Government recognise the Committee's recommendation to increase transparency of the Travel Corridor process. We are working across Government departments, and with the Devolved Administrations, to consider options to increase transparency.

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)

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 (including rates of change) 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 alongside modelling by the London School of Hygiene and Tropical Medicine, as well as qualitative context from Public Health England and the National Travel Health Network and Centre. Other data sources may be used in the future.

The best place for passengers to get travel advice and any restrictions at their destination before they book their trip and before they travel has always been, and remains, the individual country pages on gov.uk. This has the most up to date information the Government has on the situation in other countries

The list of exempt countries and territories is published online at: www.gov.uk/guidance/coronavirus-covid-19-travel-corridors. It is possible to stay up to date with changes to the exemption list by signing up to receive an email alert whenever this webpage is updated.

New domestic regulations (that are being introduced as part of the enhanced restrictions in England) may impact on those who travel overseas from 5 November. There are a limited number of exceptions in law which allow people to leave their homes. Going on a holiday is not one of them. People can, however, still travel internationally for the same reasons as they would be allowed to leave their home - such as for work - subject to the rules in place at their destination.

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. (Paragraph 208)

Replied together with

44. 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)

The regulations were first signed by the Secretary of State for Health and Social Care are part of a coherent effort across the whole of the UK to tackle COVID-19 and protect the lives and health of people living in this country. They are a direct response to the serious and imminent threat to public health posed by the virus.

The Home Office including Border Force initially took on SRO responsibility for development and implementation of the measures and this has now transferred to the Department for Transport. The Secretary of State for Transport is now responsible for signing the regulations. Intensive collaboration across Government which is fundamental to the success of the International Travel Programme continues and demonstrates the very best of our Civil Service.

Public health monitoring and assessment is primarily a matter for DHSC and the public health authorities across the Four Nations. Similarly, the public health legislative framework is a matter for DHSC. However, as we have seen through the COVID-19 pandemic our response to this threat has required an agile cross-government effort. The policy and operational response on international travel has been a collaborative effort at both Ministerial and official level across departments and DAs.

45. 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)

We agree with the Committee that communication of guidance and clarity of advice is important. Throughout the COVID-19 response, we have ensured that gov.uk is the single source for policy and operational changes. We have created new gov.uk content for key policy and operational changes delivered and have linked to this from a central collections page so users can easily navigate to the content they need. Where relevant we have updated existing content rather than created new content.

We also proactively communicate policy and operational changes to key stakeholders such as immigration law practitioners, to raise awareness of the changes. This does not replace official guidance, but signposts to gov.uk content.

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)

Compliance with the Regulations has generally been very high. The Government is continually working to improve compliance rates through sustained industry engagement to emphasise the importance of industry's role at helping ensure compliance with the Regulations and through this, the sustainability of international travel to the UK.

We (the Home Office including Border Force) have also worked closely with industry, the Civil Aviation Authority and the Department for Transport, who are supporting the enforcement of the measures by advising passengers when they book, at departure and during the flight of the requirements of the Regulations.

On arrival Border Force conduct spot checks on passenger locator forms which include contact details, passport number and address while in the UK. Further compliance checks are then carried out by Public Health England's Isolation Assurance Service who attempt to contact randomly sampled arriving passengers to ensure that they are self-isolating. Each traveller can be called up to three times on subsequent days and then potentially be sent a text. Therefore, each traveller sampled will receive between 1–4 contact attempts.

If a traveller is not complying or cannot be contacted, then they are referred to the police via the Border Force Criminal Justice Unit. Enforcement activity by police forces should be seen in the context of wider police activity to engage with the public to explain and encourage compliance with the new regulations which will help us in seeking to mitigate against a further peak of this deadly virus.

Data in relation to Border Health measures was published on 10th September 2020 and is available on www.gov.uk.

49. 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)

The Government has not yet endorsed the use of testing for passengers arriving in the UK as a means to avoid the 14-day self-isolation period. This is due to the long incubation period of the virus, which means there is a significant risk of false negative results when testing asymptomatic people without any isolation period.

Measures including temperature screening, health validation forms and medical certificates have been proposed, considered and discounted on the basis that they are not effective or reliable in accurately identifying or rapidly screening for COVID-19. There is no clear single screening measure which could differentiate travellers with COVID-19 likely to transmit diseases within the UK.

For example, temperature screening would lead to high 'false positive' and 'false negative' rates and would not detect those who are asymptomatic, nor those who are symptomatic but do not have a fever (30% of confirmed cases do not have a fever on admission to hospital and occurrence of fever in community patients is often <10%). Furthermore, screening at a single point in time is ineffective, even in those who do have a fever, but may not have one at the time they go through airport security. This is especially the case when paracetamol or other anti-pyretic drugs are used.

However, we continue to keep all measures under review, and, as we have done to date, we are working across Government to consider whether testing could form part of future health measures at the border, including reducing the number of days that a traveller would have to self-isolate as announced by the Global Travel Taskforce on 7th October 2020.

50. *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)

With regard to PPE provision, the Home Office including Border Force has worked hard, successfully, to ensure that there has been a sufficient supply of PPE for front line Border Force officers in accordance with safe systems of work and at no point have we been unable to service these requirements. We have also worked closely with operators to provide installation of protective screens across the port network. We will continue to work with partners across Government and industry to identify supply chains and maintain stock levels of PPE. We currently have good levels of stock and we do not anticipate any issues at this stage in maintaining the flow of PPE to provide the necessary protection, where required, to our officers.

The Home Office including Border Force regularly reappraise PPE requirements and will continue to do so to ensure our Border Force officials are protected while they undertake their duties protecting out border.