National Audit Office

Managing cross-border travel during the COVID-19 pandemic

Cross-government

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Contents

Key facts

1%

percentage of passengers travelling to the UK by air in April 2020 compared with April 2019. Numbers recovered to 41% of pre-pandemic levels by December 2021

2.5m

estimated number of people recorded as having claimed an exemption to parts of the COVID-19 travel rules, from May to December 2021 (around nine per cent of arrivals); most were subject to alternative COVID-19 health measures instead

£486m

estimate of the cost of implementing COVID-19 controls at the border in 2021-22

214 thousand   people arriving in the UK from red list countries using quarantine hotels provided by the Managed Quarantine Service (15 February to 15 December 2021)

14 thousand   estimated number of arrivals from red list countries who have been exempt from using quarantine hotels (April to December 2021); most were subject to alternative COVID-19 health measures instead

One-third   Department of Health & Social Care (DHSC) estimate of the proportion of people who may not have complied with self-isolation requirements (May 2021 to February 2022)

At least 369   providers of COVID-19 polymerase chain reaction (PCR) tests for those returning from abroad listed on gov.uk (as of 15 February 2022). Stated prices of tests range from £15 to £525 per test

26%   of positive COVID-19 tests that were sequenced (February 2021 to January 2022)

Summary

1   Government's management of the UK border has always been fundamentally important to national security, effective trade, tourism, well-managed migration, healthy communities and the environment. Since early 2020, however, the focus on public health measures to restrict the spread of COVID-19 has inevitably sharpened. At the beginning of the COVID-19 pandemic, countries around the world had to quickly adopt a variety of approaches to border management, with some adopting much stricter controls than others.

2   Between January and March 2020, the UK government introduced some quarantine measures, including asking people arriving from Wuhan and high-risk countries to self-isolate for 14 days. On 17 March 2020, the Foreign Secretary advised against all non-essential travel overseas, but the border remained open. The pandemic had an immediate and severe impact on the volume of travel to the UK. People travelling to the UK by air in April 2020 fell to 1% of pre-pandemic levels in April 2019.

3   Since 2020, restrictions have generally included requirements for people to submit contact and travel information, including a declaration of negative COVID-19 tests before travel, self-isolation after arriving from certain countries with further tests after arrival and quarantine in government-approved quarantine hotels. Putting the measures in place, often at speed, and adapting and sustaining them, has required the considerable efforts of civil servants and others to deliver the changes to time-pressured deadlines. The nature of the work was often a crisis response delivered with limited information, with the responses necessarily evolving in the constantly changing environment of the pandemic. For instance, the progress of the vaccination programmes in the UK and other countries, and identification of new variants of COVID-19, have had a considerable impact on the measures deployed and on the balance of government's approach over time.

4   During early 2020, the Home Affairs Committee held an inquiry into Home Office preparedness for COVID-19, including in relation to border management. Its report, published in August 2020, criticised the government for failing to put proper quarantine measures in place. From June 2020 health measures were introduced at the border, requiring all UK arrivals to self-isolate for 14 days and to provide passenger locator details. In July 2020, the government reduced restrictions on travel to and from certain countries in designated 'travel corridors'.

5   In October 2020, the Prime Minister established a Global Travel Taskforce comprising representatives from government departments, which consulted with a wide range of businesses covering aviation, maritime, international rail and the tourism sector. In November 2020, the Taskforce published its first report making recommendations to introduce testing for international arrivals. On 9 April 2021, a second Taskforce published its report *The safe return of international travel*, which formed the basis of plans that the government subsequently announced for international travel – the traffic light system. From May 2021, this risk-based system listed countries as red, amber or green, with more restrictions applying for travel from red list countries and fewer for green. From 4 October 2021 the green and amber lists were combined. By 15 December 2021 government had removed all remaining countries from the UK travel red list, and on 11 February 2022, all testing requirements were removed for fully vaccinated arrivals, effectively standing down the traffic light system. On 18 March 2022, the remaining COVID-19 travel measures were removed.

6   Ministerial cabinet committees, such as the COVID-O (Operations) committee, established in May 2020, have taken policy decisions about what measures to implement and whether adjustments were needed. Multiple government departments have been responsible for implementing these controls and acted collectively to do so. Principally:

●   The Cabinet Office acted as the central coordinator for decision-making and monitored operational programmes led by other departments. It acted as broker to achieve collective agreement and help balance competing priorities.

●   The Department of Health & Social Care (DHSC) has been responsible for rules on quarantine and testing.

●   The Home Office has been responsible for implementing checks at the border through the operations of Border Force.

●   The Department for Transport (DfT) established the Global Travel Taskforce in October 2020, which created the 'traffic light' rules. DfT has overseen the regulation of private sector air, maritime and rail companies ('carriers') that transport passengers and managed the process for agreeing exemptions.

●   The Foreign, Commonwealth & Development Office (FCDO) provides guidance on the risk to British nationals, wherever they live, in each country or territory so that they can make informed decisions about travelling and undertakes diplomatic engagement to provide information about other countries' approaches to testing and health measures. The FCDO also works with the UK Health Security Agency (UKHSA) to gather additional health data where needed.

7   The report of the Global Travel Taskforce in November 2020 stated that controls "must put the protection of public health first, while enabling economic recovery and the growth of our tourism and international travel sectors". Over the course of 2021 and until the World Health Organization's identification of the Omicron variant on 26 November 2021, government was reducing controls. Numbers travelling to the UK by air had increased to 41% of pre-pandemic levels by December 2021. Government officials told us that from the UK experience over time, its scientific advice was that border measures cannot prevent the spread of cases in the general population, nor entry of new variants to the country. The advice was that effective measures can nonetheless still buy time to respond to new variants.

Scope of this report

8   We prepared this report to inform Parliament's overall consideration of the government's response to the pandemic. It considers the effectiveness of the UK government's implementation of its COVID-19 measures relating to cross-border travel. It does not cover implementation of other border policies relating to the UK's decision to leave the European Union, national security, effective trade, tourism, well-managed migration, healthy communities and the environment. The value for money of the operation of the border overall is also beyond the scope of this report. The report covers the measures that government applied in England, but similar measures have been applied in the rest of the UK. We focused on the implementation of policy for controlling COVID-19 from February 2021 to March 2022. Earlier periods have been scrutinised elsewhere, such as by the Home Affairs Committee in its August 2020 report *Home Office preparedness for COVID-19*.

9   We considered whether government had a clear overall system for implementing COVID-19 measures for cross-border travel, whether its core elements had been put in place effectively and how well the overall system was working. We have drawn on a range of other National Audit Office (NAO) work, including on government's response to the pandemic, to make our assessment and draw our conclusions. The report examines the UK government's approach to:

●   COVID-19 measures relating to cross-border travel;

●   the building blocks for implementation of travel measures; and

●   implementing the measures overall.

Key findings

COVID-19 measures relating to cross-border travel

10 Government implemented controls through both its committee structures and individual departmental programmes but did not set out risks for the overall system of border measures in one place. Government has had an infrastructure of committees to support and inform ministers' decision-making. Ministers regularly discussed the border between February 2021 and January 2022, changing the rules at least 10 times. Although individual departments have had their own governance structures for managing the programmes they are responsible for, government did not have an assessment bringing together all the risks across its border measures for the system as a whole. Government has not adopted system-level good practice such as risk registers, regular data dashboards or metrics to measure and assess success so as to bring together information about cross-border travel in one place. Changes to government's measures were inevitably made during 2021 to react to evolving circumstances and new information, but these were implemented without formalised system-wide mechanisms to help it adapt its approach, monitor effectiveness, learn lessons and check that changes were being made consistently. The processes for communicating changes in advance of a public announcement to those with operational responsibilities for implementing were not timely. For example, carriers told us that government often provided minimal notice of changes that they needed to implement. Departments told us they tried to provide more notice wherever possible while avoiding information leaking which they considered would have had a negative public health impact (paragraphs 1.9, 1.10, 3.6, 3.7, 3.9, 3.16 and 3.18).

11 Government did not formally set out what it regards as successful implementation nor its measurement of success. The Cabinet Office told us in January 2022 that the broad aims of travel measures introduced in 2021 were to reopen international travel safely, mitigate against the risk of variants of concern, and not disrupt the functioning of systems at the border. The balance between these necessarily fluctuated as the pandemic evolved, with objectives holding different weight at different times. Government, however, had no formal, agreed articulation or statement of how competing objectives for implementation of the system as a whole should be balanced and prioritised. The monitoring activity that has been undertaken since the start of implementation has not been clearly linked to the overall stated aims, and work done by individual departments has not been brought together to create a single evidence base for ministers to draw on (paragraphs 3.3, 3.5 and 3.9).

The building blocks for implementation of travel measures

12   A Passenger Locator Form (PLF) to check passengers' compliance with COVID-19 travel measures went live as planned in June 2020, but it relied on people providing accurate information. The Home Office introduced its digital PLF quickly, and it went live in June 2020 as planned. The PLF recorded people's contact information, recent travel history, vaccine status and compliance with COVID-19 travel measures. It became a key component of the government's overall system of travel measures, and while the Home Office told us that improvements to the PLF were made over time, it did not cover some arrivals and the information provided was self-declared. Since September 2021, less than 1% of people arriving have had their PLF checked by Border Force. From February 2021, until the PLF was withdrawn from 18 March 2022, private sector carriers had to check that everyone travelling to the UK had submitted a PLF. The Home Office considered that Border Force checks were statistically robust and that those, combined with the automatic verification of key data fields built into the PLF, enabled it to have confidence in the high rate of compliance found by carriers, which it estimated at up to 99%. Border Force aimed to check the PLF of everyone travelling direct from a red list country. Even with the checks imposed, some information submitted on PLFs may not have been accurate, as checks by carriers focused on the existence rather than the accuracy of data. Carriers generally found a high level of compliance but had not always completed checks properly. Since October 2021, the Home Office upgraded its electronic passport gates (eGates) to automatically check that a PLF had been submitted when a passport was scanned. Such automated checks were limited in their ability to detect inaccuracies (paragraphs 2.3 to 2.11).

13   Government had limited oversight of the market it created for COVID-19 tests for travel, and service to the public has sometimes been poor. From January 2021 to February 2022, most people had to pay for COVID-19 tests taken after arriving in the UK. DHSC set out to create a market for travel testing so as to protect domestic testing capacity. On 15 February 2022, at least 369 firms offering polymerase chain reaction (PCR) tests to the public were listed on gov.uk, with stated prices ranging from £15 to £525. Firms offering tests often marketed themselves on gov.uk as if they were government-approved, but DHSC's listing process gave minimal assurance that they could provide the services. In August 2021, the Health and Social Care Secretary asked the Competition and Markets Authority (CMA) to review the market for travel tests, which at the time was estimated to be worth up to £490 million. In September 2021, CMA recommended government take action to address the market competing only on price and to give consumers information on provider quality. Despite consumer concerns about providers failing to deliver tests or results on time or at all, DHSC has yet to formally respond to CMA's recommendations (paragraphs 2.12 to 2.19).

14   Government has been a significant contributor to the international data used to detect new variants of COVID-19 but did not meet its aim of sending all viable positive tests for genome sequencing. From January 2021 to February 2022, most people had to pay for COVID-19 tests taken before they travelled to the UK and after arriving in the UK (on or before day two and again on day eight after arriving). To understand the risk posed by emerging variants of concern, in February 2021, the DHSC set an aim in its business case to genome sequence positive tests from international arrivals.[1] DHSC told us that this only referred to 'viable' samples from day two tests. However, on average, 26% of positive tests were sequenced between February 2021 and January 2022, compared with the NHS Test and Trace sequencing rate of 45%. DHSC told us it considers it was sequencing enough tests to understand the new variants and has been a significant contributor internationally in terms of logging genome sequencing samples to identify variants. In part, low genome sequencing rates were caused by technical challenges such as samples not having enough viral material to undergo sequencing. As DHSC does not have formal regulatory powers it was difficult for it to enforce the law that requires private providers to send viable positive samples for sequencing (paragraph 2.12 and 2.19).

15   Between May 2021 and February 2022, government could not confirm that around one-third, on average, of people meant to be self-isolating had done so. Around one million people arriving from amber list countries under the traffic light system were required to self-isolate on arrival for 10 days during the period 17 May to 19 July 2021 (after which fully vaccinated people arriving from amber list countries no longer had to self-isolate). The UK Health Security Agency (UKHSA) tried to contact people meant to be self-isolating by phone call and text message, supplemented by a £114 million contract for home visits.[2] Between May 2021 and February 2022, UKHSA could not confirm that around one-third, on average, of people who were meant to be self-isolating had done so, above the 25% non-compliance it expected. However, self-reported compliance was higher and government told us that trying to achieve 100% compliance would not have provided value for money. The number of visits was reduced from 10,000 to 5,000 a day by November 2021. UKHSA told us this was because it considered that the risk from the pandemic had reduced, and so its visits should be focused only on households which it identified as potentially non-compliant. Despite the low level of compliance, only 7,436 of the 2.3 million visits made between 9 April 2021 and 25 January 2022 were referred to the police for further action (paragraphs 2.20 to 2.24).

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1   Genome sequencing is laboratory analysis to identify a virus's genetic make-up to detect new variants or identify which variant is present.

2   The UK Health Security Agency is the DHSC arm's-length body that, from 1 October 2021, has been responsible for planning, preventing and responding to external health threats.

16 **DHSC's Managed Quarantine Service (MQS) handled 214 thousand arrivals from red list countries and another 14 thousand people arriving from these countries claimed exemptions from hotel quarantine.** Government announced the MQS on 26 January 2021 and then DHSC moved rapidly to set it up and launch it on 15 February 2021. People arriving from red list countries were required to isolate, at their own expense, for 11 nights at a cost of £367 per night for a family of two adults and a child in a quarantine hotel provided by the MQS. DHSC sought to support the welfare of people staying in quarantine hotels but the MQS also faced allegations of staff misconduct. DHSC originally expected that the MQS would break even, but the taxpayer has subsidised its cost. In total, it has cost £757 million, with around half paid by the taxpayer. From the inception of the MQS, DHSC intended that people facing financial hardship could stay in quarantine hotels or buy tests without paying upfront. DHSC told us that initially, people could self-certify financial hardship but from September 2021, it introduced a formal process that required people to demonstrate severe financial hardship. Between 15 February and 15 December 2021, the MQS handled 214 thousand arrivals from red list countries, and it is estimated that another 14 thousand had claimed exemptions from hotel quarantine between April and December 2021. Exemptions were granted, for example, to maintain critical supply chains, and most people with exemptions were subject to alternative COVID-19 health measures instead. For instance, those exempted on medical or compassionate grounds were required to self-isolate at home. On 1 November 2021, the government removed all countries from its red list, and the MQS was suspended, with two hotels kept on standby. On 25 November 2021, the government required all people arriving from initially six countries (and subsequently five more) to use the MQS in response to the Omicron variant. DHSC re-opened the MQS within two days (paragraphs 2.25 to 2.35, 3.4, 3.11 and 3.12).

Implementing the measures overall

17   Between May and December 2021, an estimated 2.5 million people arrived in the UK claiming exemptions from parts of the COVID-19 travel rules, but government has limited data on the impact this has had. Departments have allowed certain groups of people to arrive in the UK with exemptions from following some or all of the government's COVID-19 travel measures. Available data on the number of exemptions are limited but suggest 2.5 million people (around nine per cent of all arrivals) claimed exemptions from some aspect of COVID-19 travel measures. In many cases exemptions have been granted to enable, for example, the import of critical goods, such as food, medicines and vaccines. Up to 11 February 2022, government had exempted 57 occupations, including air crews, hauliers, agricultural workers and elite international sportspeople. Ad-hoc exemptions were also introduced for those attending certain events such as Euro 2020, COP26 and London Fashion Week, and for compassionate or medical reasons. Departments told us that exemptions were targeted to the circumstances of each sector, kept as narrow as possible, and subject to regular review. Although Border Force told us it monitored the overall proportion of passengers claiming exemptions to inform its operational decisions, government has not monitored individual exemptions at system level, so does not know how frequently individual exemptions have been used, how many people with exemptions subsequently tested positive, nor whether the number of exemptions was proportionate to the risk such individuals may have presented. It made only limited checks that people have been entitled to the exemptions they claimed (paragraphs 3.11 to 3.14).

18   Government has not tracked the cost of implementing its cross-border travel measures in response to COVID-19 despite spending at least £486 million. The spending on implementation of travel measures is a small part of the government's overall spending commitment in response to the pandemic. However, the impact of the pandemic on the travel industry in terms of lost revenue has been significant, with costs also passed on to individuals choosing to travel. Although individual departments have been monitoring their own spending, government as a whole has not routinely tracked the cost of implementing its cross-border travel measures in response to COVID-19 and told us that cost had not been a factor in its implementation decisions. We have identified some specific costs of the components of the overall system, using government estimates of its spending, amounting to at least £486 million in 2021-22. Government has not recovered as much of this cost as it expected. DHSC is owed some £74 million by people yet to pay their MQS bills, and some £18 million has been fraudulently claimed in refunds by people who stayed in the MQS. We found no government data estimating costs to others arising from implementation of government measures (paragraphs 2.33 to 2.35 and 3.21 to 3.23).

19   Key sets of data remain undeveloped since the start of the pandemic, which has hindered effective implementation. The pandemic has again highlighted the need for high-quality data to enable effective service delivery, monitoring and improvement. Adequate data are needed for government to determine whether its measures are effective, but although UKHSA has developed a formal data-led process for collecting health data on the pandemic in other countries, other data sets are not mature. The PLF did not cover some arrivals, there are only limited data on usage of exemptions, and data on home isolation have not been updated since September 2021 (paragraphs 2.7, 2.20 and 3.8 to 3.11).

20   Staffing shortages have added to the challenges of border management during the pandemic. Queuing times at airports are a key indicator of the impact of COVID-19 travel measures on passengers. Data up to July 2021 suggest that the introduction of measures caused increased queuing times at the UK border, even with low passenger numbers. Queuing times are also heavily influenced by Border Force capacity. Between February and September 2021, Border Force faced an average of 347 COVID-19-related staff absences per month, placing staff under considerable strain with consequent pressure on services (paragraphs 2.8 and 3.24).

Conclusion on value for money

**21   The border has remained open throughout the COVID-19 pandemic, during which government has clearly had to balance decision-making on public health with other considerations, such as the recovery of international travel and maintenance of critical supply chains. Systems and staff have been placed under significant strain to implement government's cross-border travel measures, working largely on a crisis response basis. The overall system of controls fundamentally relied on people doing the right thing, yet poor communication of some measures created uncertainty. While it is inevitable that policy and implementation needed to evolve to meet the changing nature of the pandemic, a lack of formally articulated processes and routine management obscured performance, expenditure and risk management. Government has not clearly articulated how it is assessing the success of its measures, which have also incurred costs and exposed the taxpayer to fraud. As it has not developed a set of performance measures to track the effectiveness of the measures it has deployed and with no evaluation of the additional costs incurred, government cannot demonstrate its implementation measures have achieved value for money.

22 We recognise that at the start of 2021, as the new traffic light system was introduced, it would have been hard to come up with a formal system for adapting and amending controls and effectively managing the interfaces between the many different bodies involved. But two years into the pandemic, the overall system should now be more structured and managed more formally. Given the recent removal of travel restrictions, the government has some breathing space with an opportunity for it to stand back and put its overall system for implementing travel measures on a more sustainable footing. It will be particularly important to establish a risk-based approach where measures can be reinstated at short notice to respond to any further developments in the pandemic, for example, the emergence of new variants of concern. The government will need to avoid creating any further unnecessary expense should travel measures need to be re-implemented in the future.

Recommendations

23 The pandemic has highlighted the challenges the government faces in balancing the need to prepare for future events while dealing rapidly with day-to-day issues and current events, which may require a crisis response. To inform government's approach and strategy for what follows, and reflecting learning from other NAO work, we make the following recommendations:

a **Departments should establish who is responsible for capturing and managing the risks for an overall system-based approach to COVID-19 or similar travel measures.** Working together, departments should clarify the government's risk appetite as a basis for any future cross-border travel measures that may be needed to respond to COVID-19 or similar threats, so that planning across government for measures, or their reintroduction should they be needed, is proportionate.

b **Departments should establish a clear system-level risk management framework to support government decision-making**. The framework needs to be responsive to capture the dynamic and complex circumstances of the pandemic; informed by up-to-date data against relevant performance metrics, captured and brought together in a way that is visible and documented, shared and understood by all bodies implementing the overall system. A shared understanding is needed of the type of scenarios that would lead to a reintroduction of measures, so that those implementing measures can plan ahead. An agreed, more codified, approach to documenting key decisions in times of crisis is also needed.

c **Departments should together determine the key data required to understand and track the performance of the travel measures and structures government put in place**. Departments need to identify the key metrics by which to judge effectiveness of the overall system of measures and focus on developing sufficiently reliable and accurate data for those indicators, so that measurement of the performance of the overall system is robust and documented.

d   **Departments should capture lessons from the performance of the overall system so far.** After two years government has experience of implementing a range of different approaches to its travel measures and should take stock to capture what has worked well and what has worked less well. Part of this should be an understanding of relative cost and effectiveness flowing from measures, and the benefits of measures being communicated in a clear and timely way to those responsible for implementing them. Any lessons which could inform future situations where a crisis response at the border is required should be included.

e   **Departments should establish the mechanisms for oversight and regulation from the outset when government creates a new market.** The DHSC needs to formally respond to the CMA's recommendations on the testing market. For any future creation of specific markets, departments should draw upon principles of effective regulation at the design stage so as to better control prices and maintain service standards.

f   **Departments should determine the costs of the cross-border travel measures when they implement them.** Future decisions about the value for money of implementing a range of approaches and adjusting them in response to changing circumstances need to be informed by a better understanding of the costs to the taxpayer of implementing the overall system, and clear rationale of the costs of measures compared with the benefits of implementing them. This should also include the avoidance of unnecessary expense to the taxpayer such as likely levels of non-payment for services and fraud. Processes to recover costs, such as those relating to non-payment of MQS bills, should be implemented on a timely basis before the opportunity to return funds to the taxpayer is lost.