



National Audit Office



Managing cross-border travel during the COVID-19 pandemic

Cross-government

REPORT

**by the Comptroller
and Auditor General**

SESSION 2021-22

21 APRIL 2022

HC 1148



We are the UK's independent public spending watchdog.

We support Parliament in holding government to account and we help improve public services through our high-quality audits.

The National Audit Office (NAO) scrutinises public spending for Parliament and is independent of government and the civil service. We help Parliament hold government to account and we use our insights to help people who manage and govern public bodies improve public services.

The Comptroller and Auditor General (C&AG), Gareth Davies, is an Officer of the House of Commons and leads the NAO. We audit the financial accounts of departments and other public bodies. We also examine and report on the value for money of how public money has been spent.

In 2020, the NAO's work led to a positive financial impact through reduced costs, improved service delivery, or other benefits to citizens, of £926 million.



National Audit Office

Managing cross-border travel during the COVID-19 pandemic

Cross-government

Report by the Comptroller and Auditor General

Ordered by the House of Commons
to be printed on 19 April 2022

This report has been prepared under Section 6 of the
National Audit Act 1983 for presentation to the House of
Commons in accordance with Section 9 of the Act

Gareth Davies
Comptroller and Auditor General
National Audit Office

5 April 2022

Value for money reports

Our value for money reports examine government expenditure in order to form a judgement on whether value for money has been achieved. We also make recommendations to public bodies on how to improve public services.

The material featured in this document is subject to National Audit Office (NAO) copyright. The material may be copied or reproduced for non-commercial purposes only, namely reproduction for research, private study or for limited internal circulation within an organisation for the purpose of review.

Copying for non-commercial purposes is subject to the material being accompanied by a sufficient acknowledgement, reproduced accurately, and not being used in a misleading context. To reproduce NAO copyright material for any other use, you must contact copyright@nao.org.uk. Please tell us who you are, the organisation you represent (if any) and how and why you wish to use our material. Please include your full contact details: name, address, telephone number and email.

Please note that the material featured in this document may not be reproduced for commercial gain without the NAO's express and direct permission and that the NAO reserves its right to pursue copyright infringement proceedings against individuals or companies who reproduce material for commercial gain without our permission.

Links to external websites were valid at the time of publication of this report. The National Audit Office is not responsible for the future validity of the links.



Contents

Key facts 4

Summary 5

Part One

COVID-19 measures relating to
cross-border travel 16

Part Two

The building blocks for implementation
of travel measures 27

Part Three

Implementing the measures overall 45

Appendix One

Our audit approach 57

Appendix Two

Our evidence base 59

Appendix Three

Changes to cross-border
travel measures in response
to COVID-19 variants 63

This report can be found on the
National Audit Office website at
www.nao.org.uk


If you need a version of this
report in an alternative format
for accessibility reasons, or
any of the figures in a different
format, contact the NAO at
enquiries@nao.org.uk


The National Audit Office study
team consisted of:


Gigs Banga, Chris Groom,
Daniel Hooker, Richard Lewis,
Tosin Omole and Joe Warwick,
under the direction of
Louise Bladen.

For further information about the
National Audit Office please contact:

National Audit Office
Press Office
157-197 Buckingham Palace Road
Victoria
London
SW1W 9SP

 020 7798 7400

 www.nao.org.uk

 @NAOorguk

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).

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.

Part One

COVID-19 measures relating to cross-border travel

1.1 This part sets out:

- the development of cross-border travel measures during the COVID-19 pandemic;
- oversight, governance and responsibilities for travel measures; and
- the implementation of measures and their operation.

The development of cross-border travel measures during the pandemic

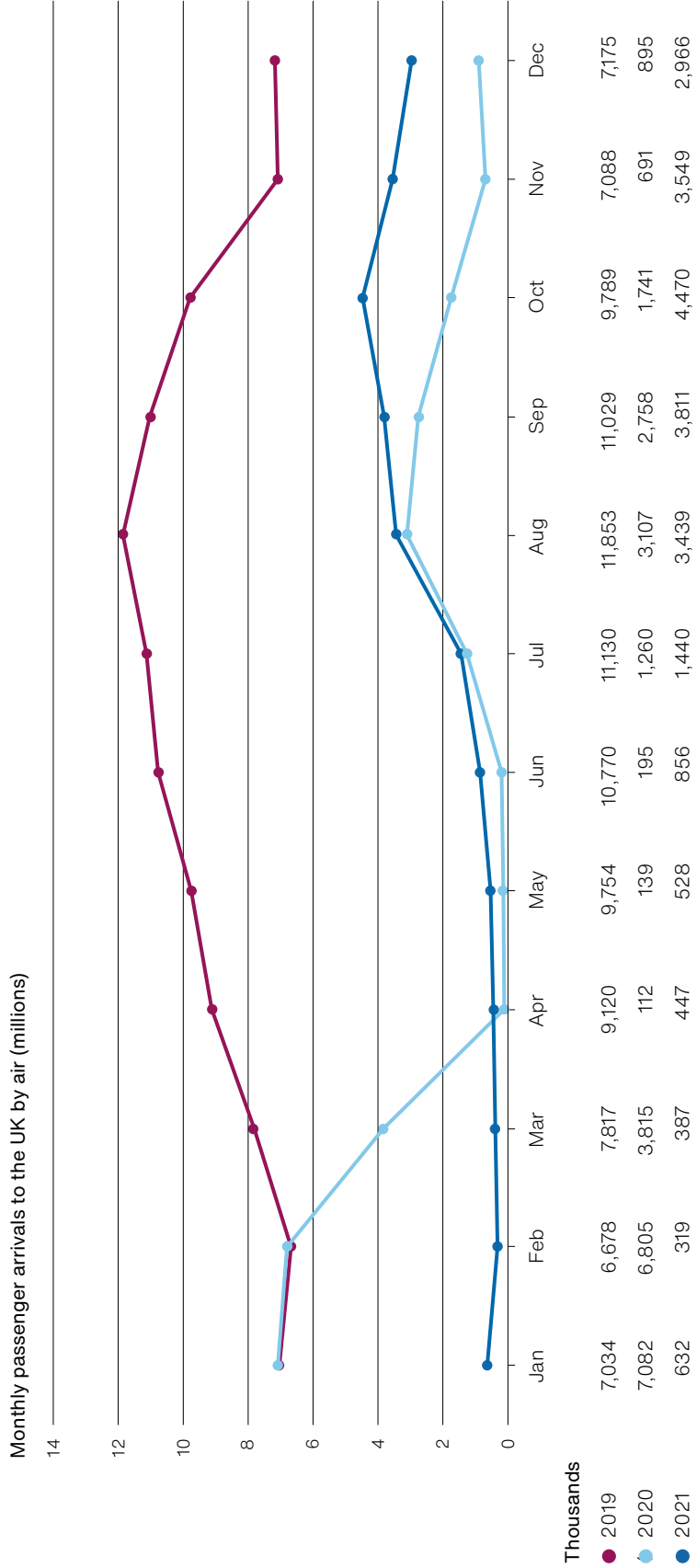
1.2 Government operates both physical and virtual border controls, many of which are carried out away from the physical border before people travel. On 17 March 2020, the Foreign Secretary advised against all non-essential travel overseas but the border has remained open during the pandemic. The government instead adapted and evolved border controls to deal with the dynamic circumstances of the pandemic.

1.3 The pandemic had an immediate and severe impact on the volume of travel to the UK. For instance, air passenger arrivals fell to 1% of pre-pandemic levels in April 2020, with air arrivals by December 2021 at 41% of levels in December 2019 (**Figure 1**). Home Office migration statistics show that between April 2020 and January 2021, arrivals by sea dropped by 71% and by rail by 75%.

1.4 The government moved its approach through four main phases since the start of the pandemic (see **Figure 2** on page 18 and **Figure 3** on pages 20 and 21). Countries around the world adopted a variety of cross-border travel measures, some adopting much stricter controls than others. In August 2020, the Home Affairs Committee reported on government's early approach to travel during the pandemic, criticising it for failing to put proper quarantine measures in place.³

³ Home Affairs Committee, *Home Office preparedness for COVID-19 (coronavirus): management of the borders*, Fifth Report of Session 2019–2021, HC 563, August 2020.

Figure 1
 Air passenger arrivals into the UK from January 2019 to December 2021
 Arrivals by air fell to 1% of pre-pandemic levels in April 2020 and by December 2021 had recovered to 41%



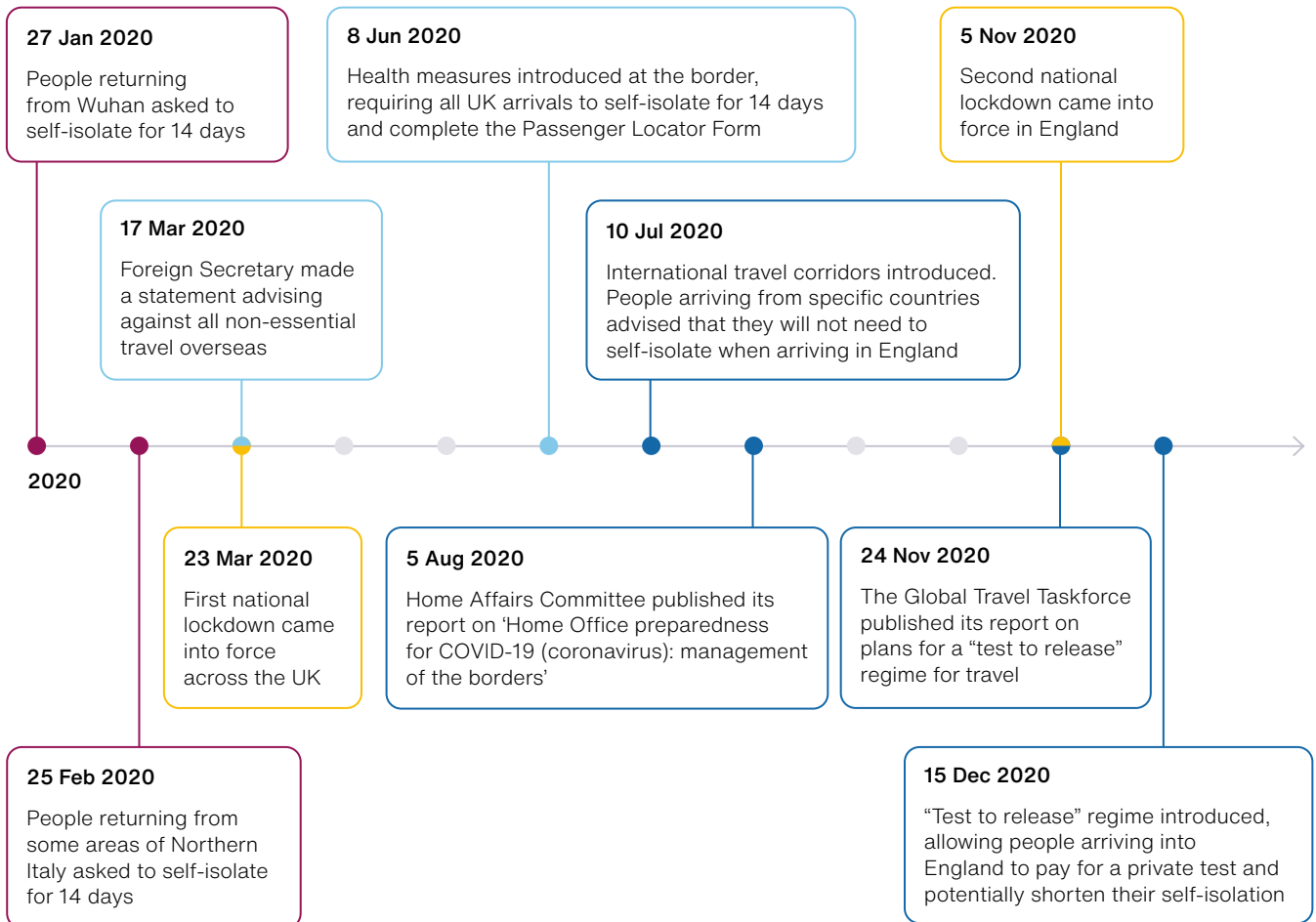
Note

1 Data are extracted from Advance Passenger Information (API) provided by airlines to Border Force. Data do not include people arriving by sea or rail routes, by private aircraft or within the Common Travel Area.

Source: Home Office data published on gov.uk, February 2022

Figure 2
Government's COVID-19 cross-border travel measures during 2020

The government's approach UK border went through three phases of border measures during 2020¹



Border-travel phases:

- Phase I: Restrictions on individual countries
- Phase II : Stay at home order
- Phase III: Travel corridors
- National lockdown

Note

¹ Shows main government announcements between January and December 2020.

Source: National Audit Office analysis of government announcements on gov.uk

1.5 This report focuses on the UK government's approach to the implementation of its COVID-19 measures relating to cross-border travel from February 2021 to March 2022 (Figure 3). 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 programme since vaccines first became available in the UK at the end of 2020, the progress of vaccination programmes in 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.

1.6 This report does not cover implementation of other border policies relating to EU Exit, national security, effective trade, tourism, well-managed migration, healthy communities and the environment. It focuses on the measures that were applied in England, but similar measures have been applied in the rest of the UK. At the same time, the government was also making significant changes to operations at the UK border arising from the UK's decision to leave the European Union, which the National Audit Office (NAO) has reported on extensively.

Oversight, governance and responsibilities for travel measures

1.7 The overall approach for the government's measures was set by its Global Travel Taskforce (GTT), created in October 2020. It was co-chaired by the Secretaries of State for Health and Transport and reported in November 2020, on a 'test to release' regime for international arrivals.⁴ On 9 April 2021, a second Taskforce chaired by the Secretary of State for Transport published its report on the safe return of international travel.^{5,6} The GTT's proposals were aimed at ensuring there are clear public health measures, increasing demand safely and making sure that the UK is at the forefront in leading global health standards. It recognised travel measures would need to adapt, putting the protection of public health first while enabling economic recovery and the growth of tourism and international travel sectors. The GTT is no longer active.

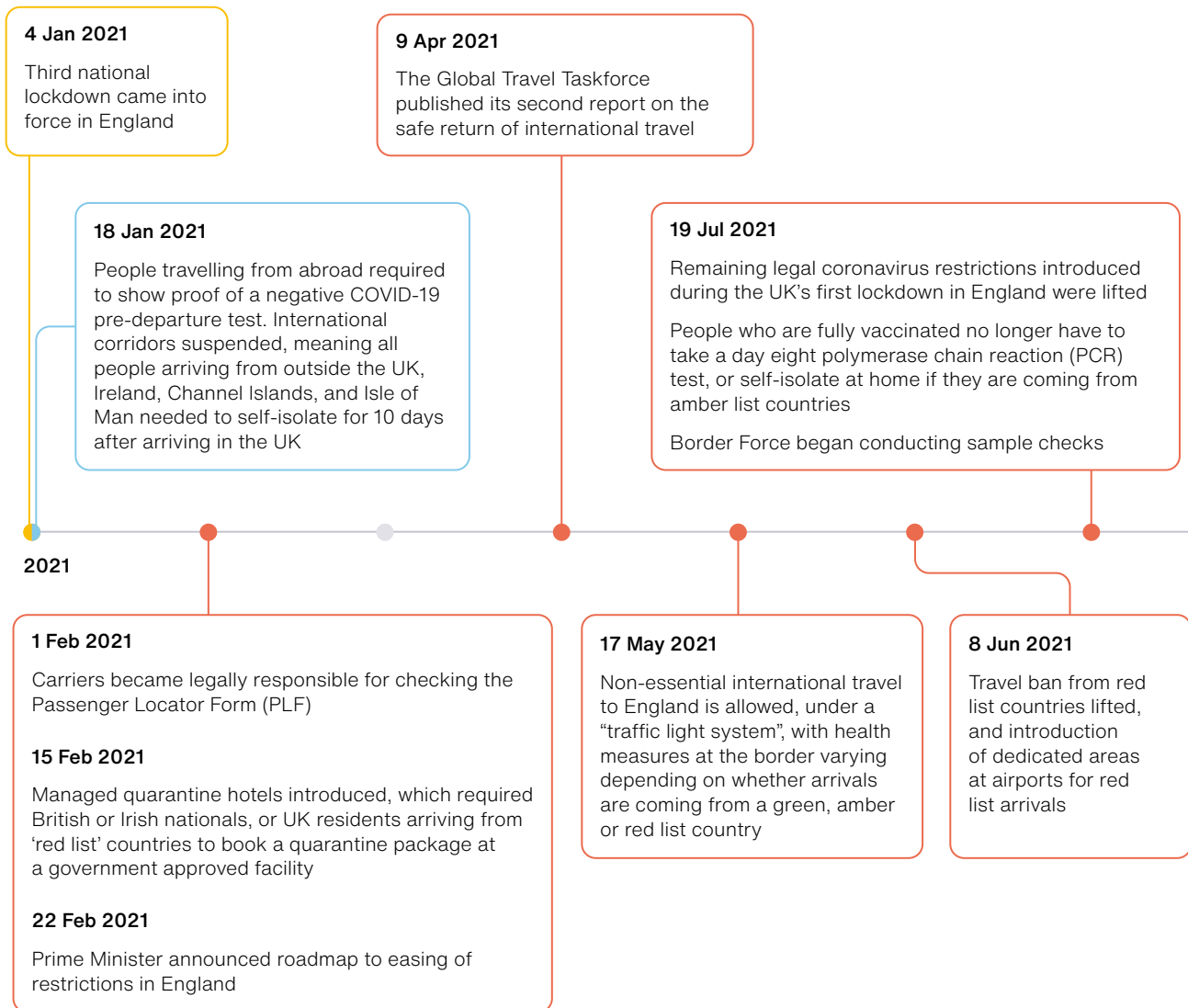
4 *Report of the Global Travel Taskforce*, November 2020, Available at: www.gov.uk/government/publications/global-travel-taskforce-recommendations

5 *Report of the Global Travel Taskforce: The safe return of international travel*, April 2021. Available at: www.gov.uk/government/publications/global-travel-taskforce-safe-return-of-international-travel

6 The GTT consulted with a range of businesses from the aviation, maritime, international rail and tourism sectors.

Figure 3
Government’s COVID-19 cross-border travel measures from January 2021 to March 2022

Government has operated a traffic light system at the UK border since May 2021, but elements were introduced in February 2021

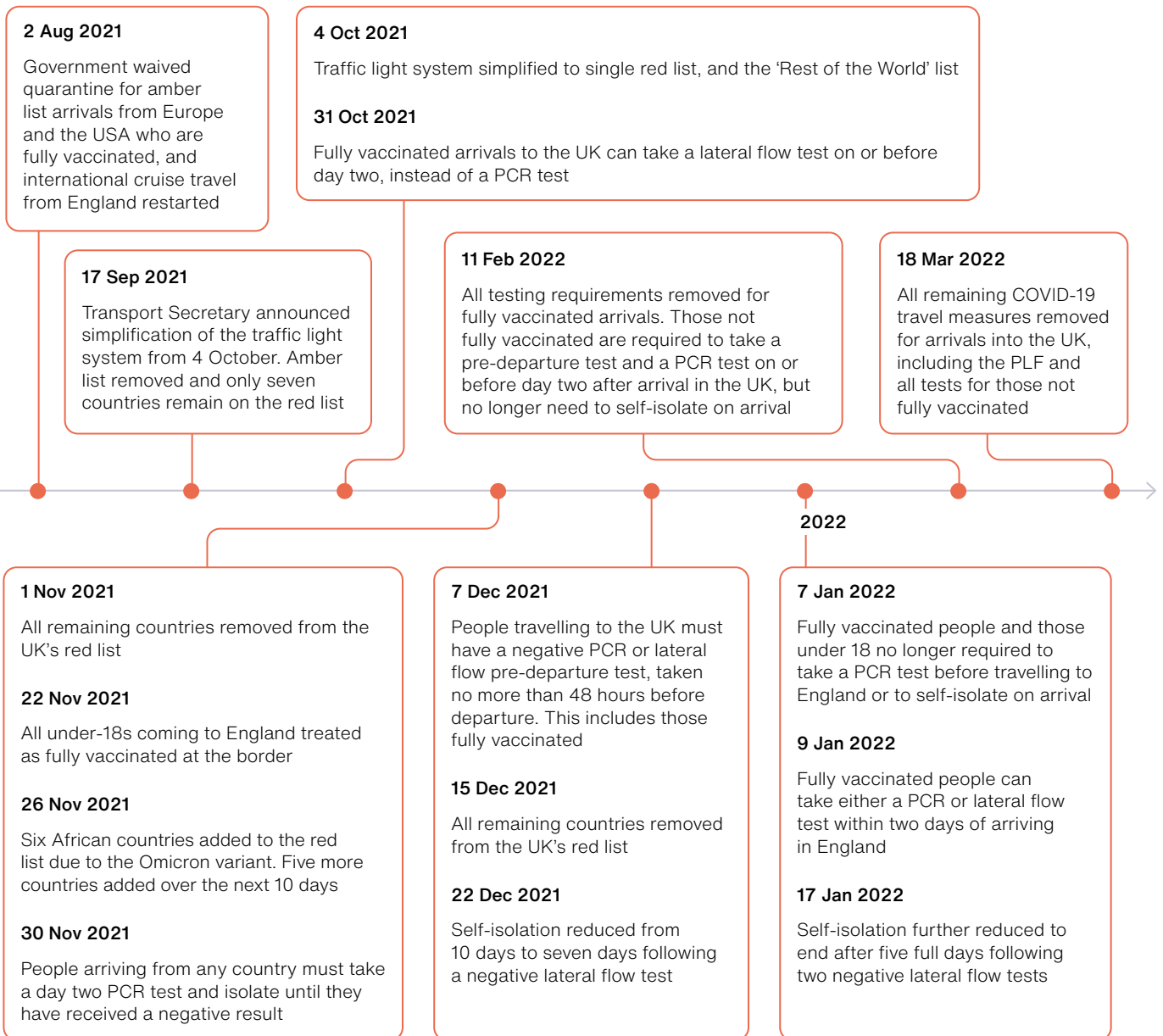


Border-travel phases:

- Phase II : Stay at home order
- Phase IV: Traffic light system
- National lockdown

Note

1 Shows main announcements made between January 2021 and March 2022.



1.8 Operational policy and decisions about measures and associated changes have been made by ministers at cabinet committees such as the COVID-O (Operations) committee. Government established COVID-O in May 2020 to lead the overall policy and operational response to the pandemic. The Cabinet Office coordinates how COVID-O is informed and, with departments, makes recommendations for implementation actions. Departments have operational responsibilities for implementing cross-border travel measures, working with their delivery arms, contractors, regulators, carriers and the public (**Figure 4**).

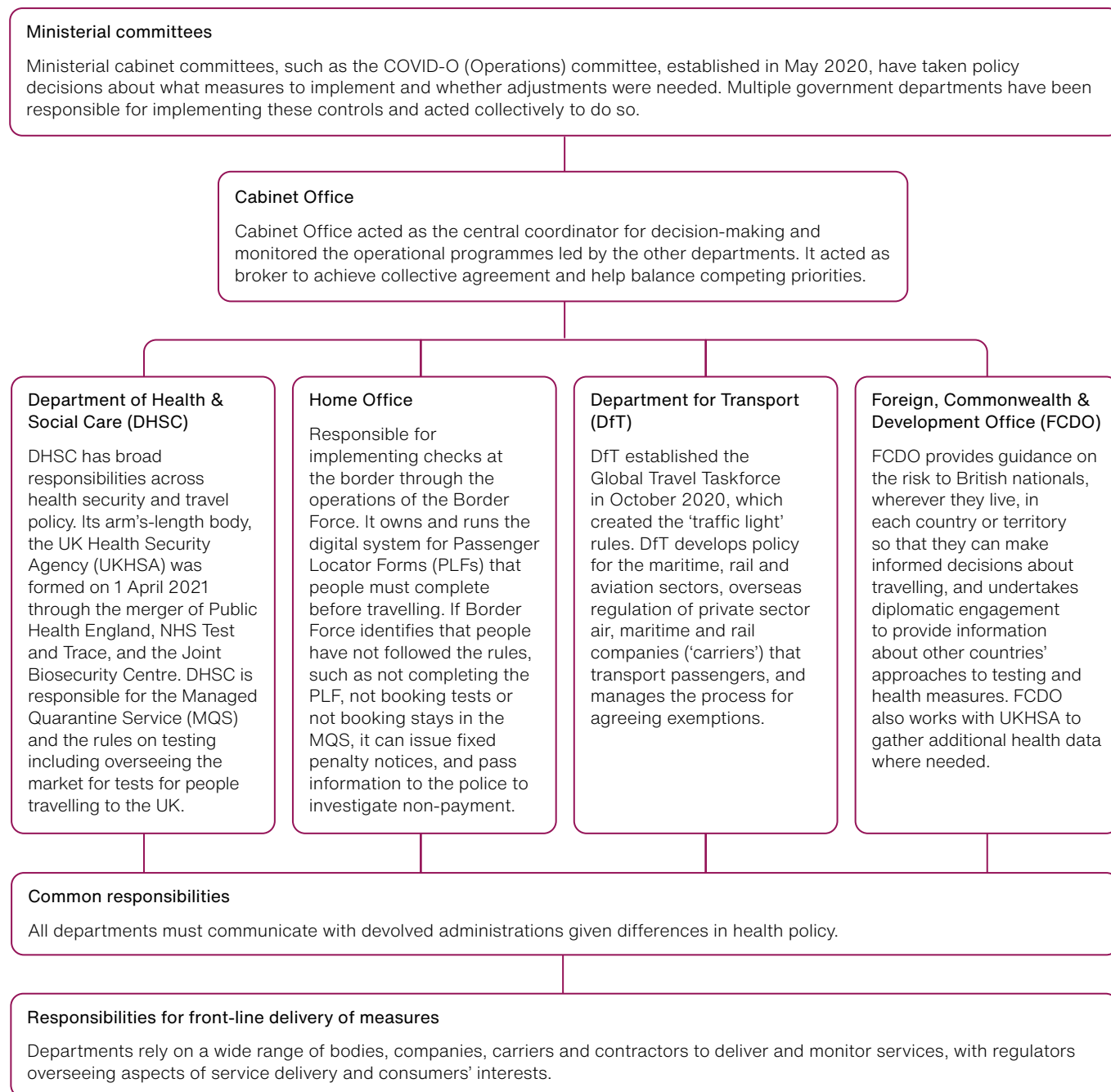
1.9 Since February 2021, ministers have regularly discussed changes to measures at the border. Government has had an infrastructure of committees to support and inform ministers' decision-making. The supporting working groups have generally met at least weekly. They have had no formal decision-making role nor minutes, and the Cabinet Office has provided COVID-O with bespoke briefing papers depending on ministers' current areas of interest. Ministers changed the rules at least 10 times between February 2021 and January 2022 (Figure 3). Such decisions have included moving specific countries between the red, amber and green lists as well as more fundamental changes to policy, including changing the testing rules or combining the green and amber lists.

The implementation of measures and their operation

1.10 Many departments and organisations have had to work together to implement the overall system of measures at the border. Organisations include Border Force; contractors employed by departments; operators of land, sea and air arrival points, such as airports; regulators; and the private sector air, maritime and rail companies ('carriers'). Implementing measures effectively has also relied on the travelling public playing their part. In practice, departments told us that they regarded the government response to cross-border travel during the pandemic as a number of different programmes led by different departments, rather than an overall unified system or programme. The Cabinet Office considers its role was to act as the central coordinator for decision-making in a crisis and to monitor the operational programmes led by other departments. It acted as broker to achieve collective agreement and help balance competing priorities. This role and its role in relation to other departments and organisations is not written down.

Figure 4
Oversight for COVID-19 cross-border travel measures

Four departments have operational responsibilities for implementing COVID-19 cross-border travel measures



Source: National Audit Office analysis

Introduction of the traffic light system

1.11 The government introduced its risk-based system for managing passenger traffic at the border following the second GTT report. The report noted that the system needed to facilitate the return of international travel while managing the risk from variants of concern, applying its measures to slow their spread.⁷ During 2021 government also considered the progress of its vaccination programme in its judgements about changing measures.⁸

1.12 From 17 May 2021, government allowed non-essential international travel from all countries to restart, introducing a new traffic light system. It applied health measures at the UK border, which varied depending on whether travelling from a red, amber or green list country.⁹ The system introduced a range of checks for people wishing to travel, requiring them to take tests, submit information before travel and, potentially, isolate after arrival (**Figure 5**). We examine the building blocks of this system in Part Two.

1.13 Initially, government took a cautious approach with only 12 countries and territories on its green list, but over time more countries moved from more to less restrictive lists until the emergence of the Omicron variant. Before October 2021, most arrivals were from amber list countries (**Figure 6** on page 26). On 4 October 2021, the amber and green lists were combined into a single 'Rest of the World' list. All remaining countries on the red list were removed on 1 November 2021, but on 26 November 2021 the government again placed new countries onto the red list following the World Health Organization's designation of Omicron as a variant of concern. All countries were subsequently removed from the red list on 15 December 2021, but some testing and isolation measures were retained. On 18 March 2022 the remaining COVID-19 travel measures were removed.

7 A variant of concern is a mutation of the COVID-19 virus that may be more harmful or more resistant to treatment or vaccines.

8 Comptroller and Auditor General, *The rollout of the COVID-19 vaccination programme in England*, Session 2021-22, HC 1106, National Audit Office, February 2022.

9 The approach applied to the UK border and England, but variations to the measures could be applied to arrivals in Scotland, Wales and Northern Ireland.

Figure 5

The traffic light system used for COVID-19 cross-border travel measures from May 2021 to October 2021^{1,2,3}

Government health measures relating to UK cross-border travel have depended on where people have travelled from⁴

Requirement to travel to the UK	Red list country	Amber list country	Green list country
Citizenship/visa requirement for travel	No (only UK and Irish nationals or those with residence rights can travel in cases of direct travel bans)	No	No
Negative COVID-19 test before travelling? ⁵	Yes	Yes	Yes
Complete passenger locator form?	Yes	Yes	Yes
Must enter at designated airport?	Yes	No	No
Isolation requirement?	Yes (quarantine hotel)	Yes (self-isolate at home) (from July 2021, home isolation no longer required for fully vaccinated)	No
Tests for COVID-19 after arrival in the UK?	Yes – days two and eight	Yes (types of tests have changed over time)	Yes

Notes

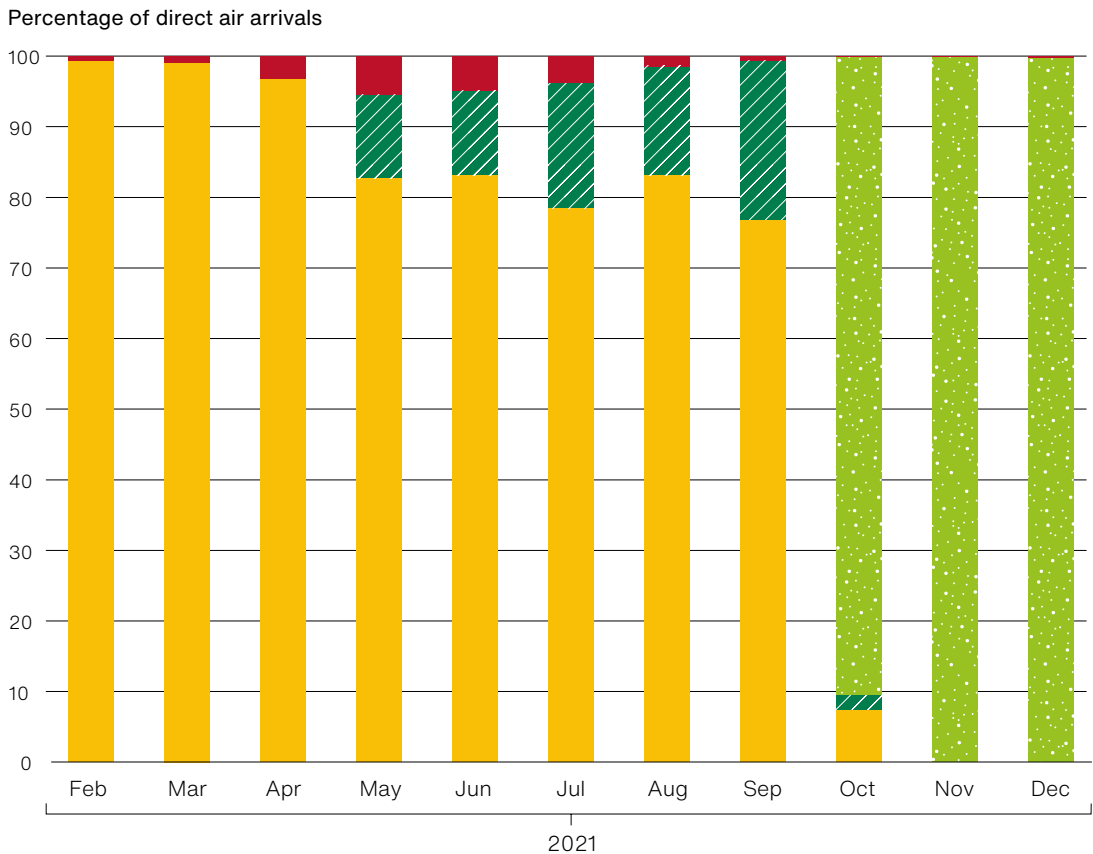
- Shows the main requirements for people travelling to the UK (May 2021 to October 2021). Precise rules around testing have changed over time, for example, from 31 October 2021 fully vaccinated arrivals to the UK were able to take a lateral flow test on or before day two, instead of a polymerase chain reaction (PCR) test.
- On 4 October 2021, government simplified the traffic light system, with the amber and green lists replaced with a single 'Rest of the World' list.
- On 11 February 2022, government removed all testing requirements for fully vaccinated arrivals, with some still in place for those unvaccinated. On 18 March 2022, the remaining COVID-19 travel measures were removed.
- Rules for travelling out of the UK are set by the destination country.
- Rules for travelling to the UK, for example having to take a pre-departure test, only applied to those aged 12 and over.

Source: National Audit Office analysis

Figure 6

Direct air passenger arrivals into the UK by list status of origin country from February 2021 to December 2021

Before October 2021, most arrivals were from countries on the amber list



	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Red list	1	1	3	5	5	4	1	1	0.02	0.03	0.21
Amber list	99	99	97	83	83	78	83	77	7.47	N/A	N/A
Green list	N/A	N/A	N/A	12	12	18	16	22	2.05	N/A	N/A
Rest of the World list	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	90.46	99.97	99.79

Notes

- 1 The government introduced a risk-based system for international travel from May 2021, listing countries as either red, amber or green.
- 2 Available data only cover direct air arrivals and exclude arrivals by private planes and from the Common Travel Area. Data record the last country of departure only, so passengers who did not travel direct to the UK may be misclassified.
- 3 Green list travel started from 17 May 2021.
- 4 At the beginning of 2021, government imposed direct flight bans on several countries on the red list. It lifted this direct flight ban in June 2021.
- 5 On 4 October 2021, government combined the amber and green lists into a single 'Rest of the World' list. On 1 November 2021, it removed all remaining countries from the red list. Between 26 November and 15 December, government re-introduced the red list to respond to the Omicron variant.
- 6 No data are available for January 2022.

Source: National Audit Office analysis of Home Office data

Part Two

The building blocks for implementation of travel measures

2.1 This part examines the main building blocks that government developed to operate and apply the measures set out in its traffic light system for international travel. We examine:

- the Passenger Locator Form (PLF);
- the testing regime;
- self-isolation requirements for those travelling to the UK; and
- Managed quarantine.

2.2 **Figure 7** on pages 28 and 29 sets out the impact of these measures on people as they crossed the UK border.

The PLF

2.3 The Home Office introduced a PLF in June 2020 as a digital form recording people's contact information and recent travel history. Most people were legally required to submit a PLF before they arrived, but there were exemptions. The Home Office intended that the PLF would:

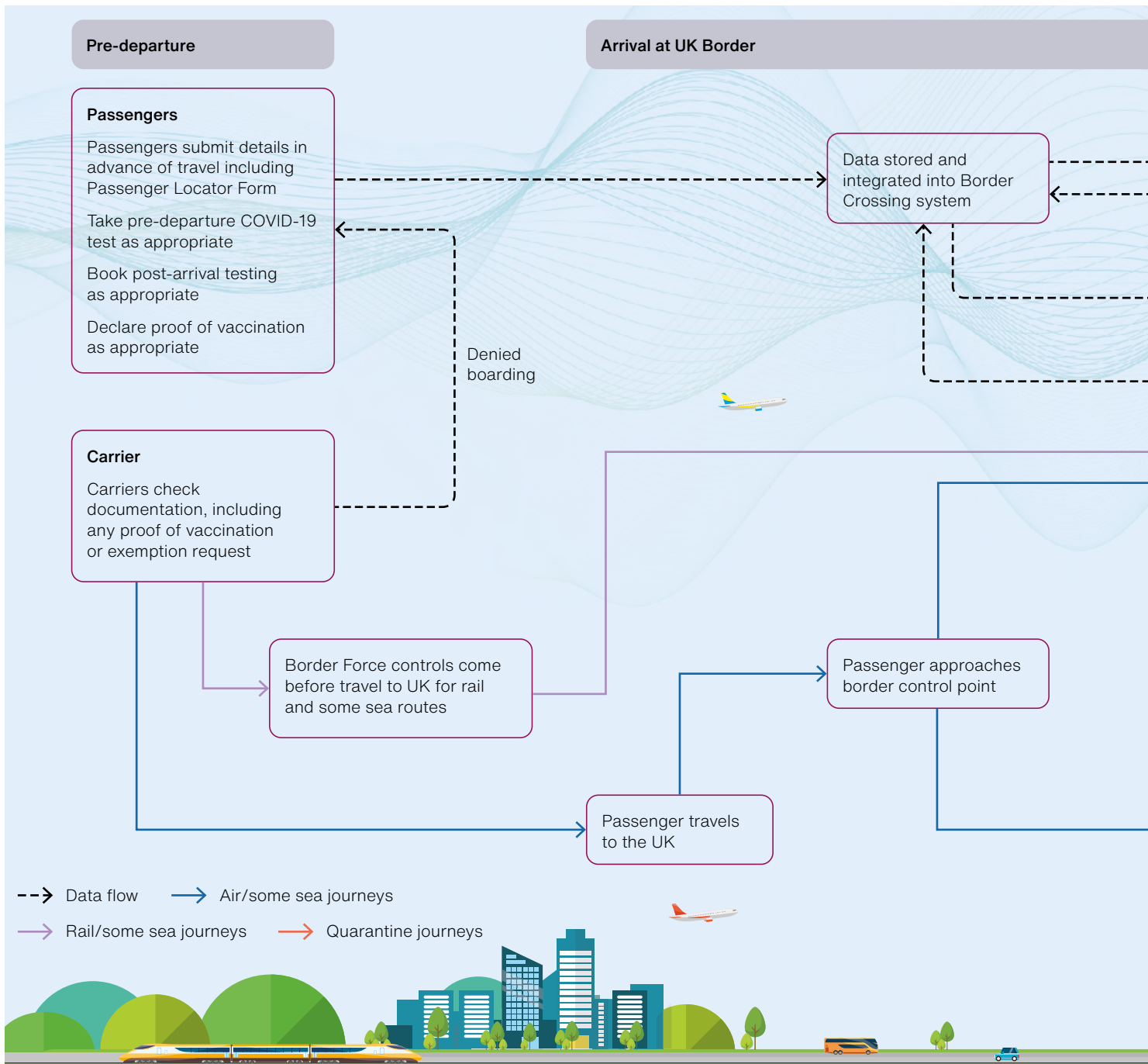
- be introduced rapidly so people could use it; and
- be checked for accuracy.

Introducing the PLF

2.4 The Home Office developed its digital PLF at speed between April and June 2020, and it went live as planned in June 2020. This was without a business case, and at a cost of £10 million to develop the system and run it during 2021-22. Home Office data show the system was available 99.99% of the time from June 2020 to January 2022, but it has limited information on how many people had problems completing a PLF. The information people provided on the PLF was self-declared.

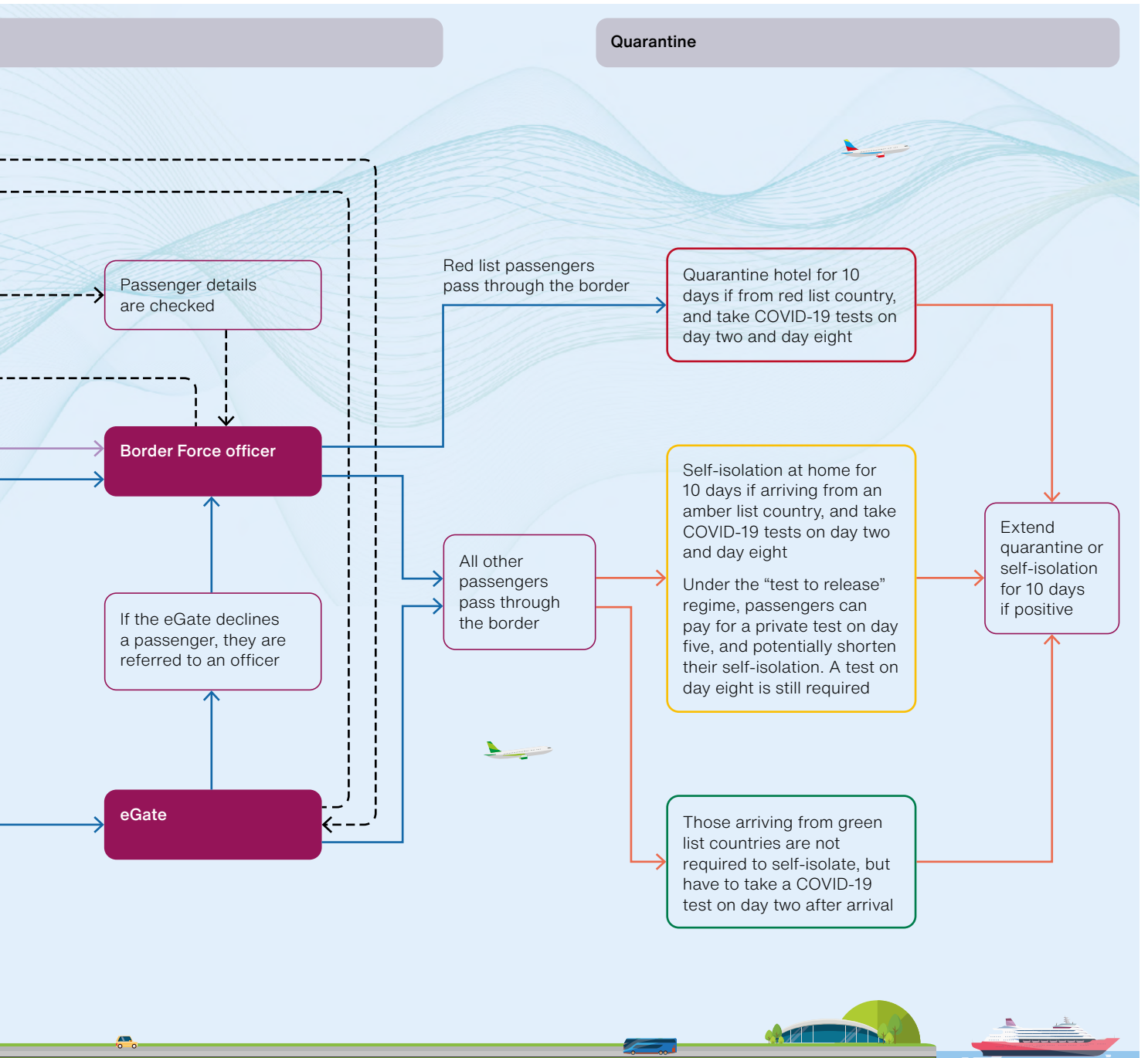
Figure 7
 COVID-19 cross-border travel measures as people cross the UK border, as at May 2021

Passengers were required to take tests, submit information before travel and, potentially, isolate after arrival



Note

1 This figure covers a typical passenger journey as at May 2021 when the traffic light system was introduced. Travel measures at the border have changed throughout 2021, which are not all reflected here.



2.5 The government considers that the PLF met the UK's requirements, including, for example, linking to UK border systems. Organisations representing private sector air, maritime and rail companies ('carriers') told us, however, that the UK's PLF system was more complex and harder for passengers to complete than systems produced by other countries, and some were concerned that it may become a permanent feature of UK border control. From 18 March 2022, the requirement for people to complete a PLF was withdrawn.

2.6 The PLF became a key component of the government's overall system of travel measures. The Home Office originally intended the PLF to provide data for contact tracing for people arriving but extended it to collect, for example, details on whether people had been vaccinated and whether people arriving from red list countries had booked into a quarantine hotel before travel.

2.7 The PLF did not cover some arrivals. There were 31 million PLFs submitted from February 2021 to January 2022. Data from the PLF, particularly from early months, are not considered by the Home Office to be a completely reliable indication of the number of people travelling to the UK as:

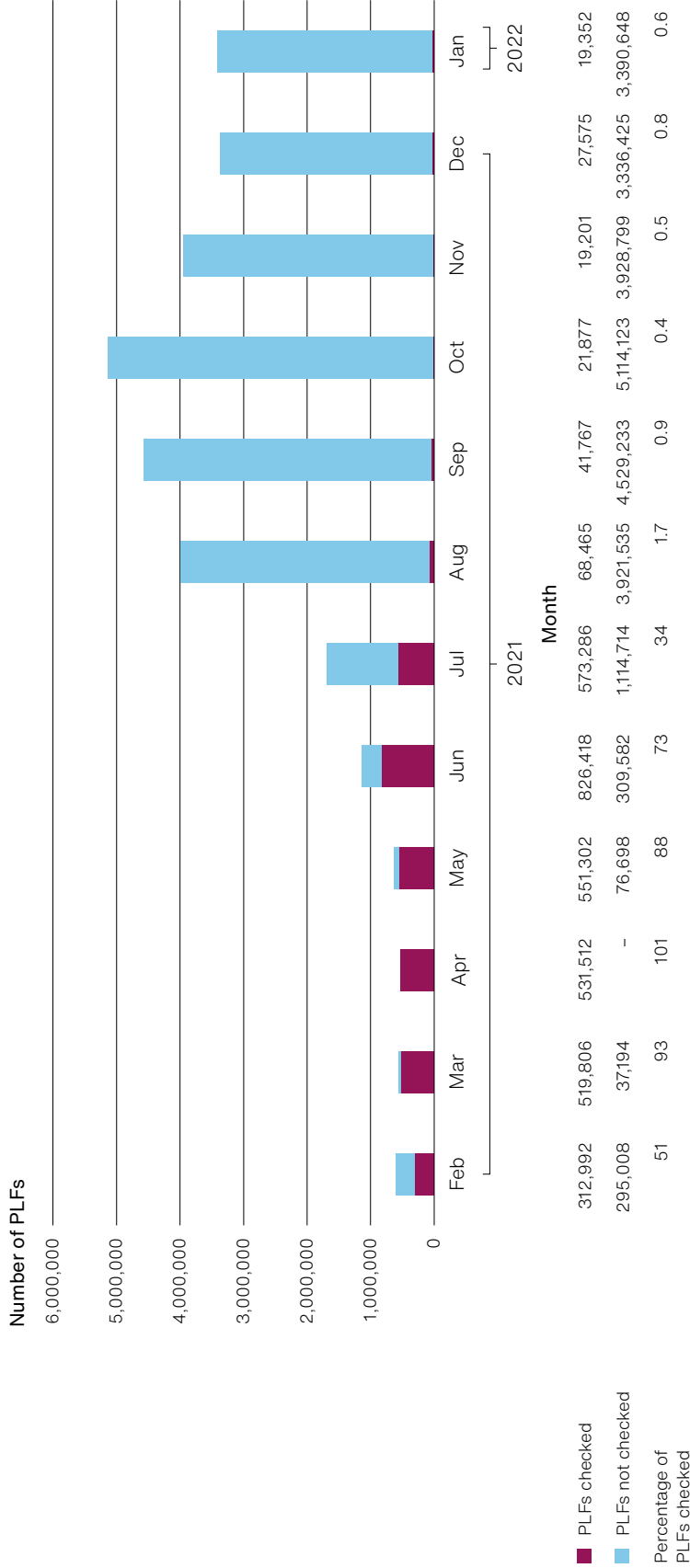
- data include people who submitted a PLF but then decided not to travel;
- people who re-submitted their PLF were counted multiple times;
- data do not include children included on their parents' PLF; and
- some people had exemptions from completing a PLF.

Checking that data are accurate

2.8 From February to July 2021 Border Force aimed to check that every passenger required to submit a PLF had done so, but it did not have the capacity to sustain this level of checking as travel volumes increased in summer 2021. Queuing times are part of the Home Office's Service Level Agreement with Border Force, but its target of processing European Economic Area (EEA) passengers in 25 minutes and non-EEA passengers in 45 minutes 95% of the time was suspended during the pandemic. Since July 2021, Border Force reduced its checking to a random sample. From August this was set at 3,500 passengers per week nationally. Although some ports exceeded their individual targets, less than 1% of those travelling since September 2021 were subject to Border Force checks (**Figure 8**). The Home Office was unable to disaggregate the impact on queuing times of health measures from that of increased checking of EU citizens as a result of EU Exit. In the week before the Managed Quarantine Service (MQS) was introduced, almost 96% of people were processed within the service standard, but this fell to 77% after the introduction of the MQS and did not recover to above 95% until the end of July 2021.

Figure 8
 Checking of the Passenger Locator Form (PLF) at the UK border from February 2021 to January 2022

After government made carriers legally responsible for checking PLFs in February 2021, Border Force reduced its checking and checked less than 1% of forms submitted each month since September 2021



Notes

- 1 Since June 2020 passengers have been required to submit a PLF recording basic information about where they travelled from and where they were staying.
- 2 The total number of passengers is taken from Border and Immigration Transaction Data (BITD), which covers those coming to the UK by air, sea, and rail. Data do not include those coming via the Common Travel Area. Total numbers are not consistent with published air arrivals which is from a different system. BITD counts Border Force interactions at the UK border and the data are considered indicative. Some passengers will be counted multiple times in the data where more than one interaction occurred.
- 3 PLF data include people who submitted a PLF but then decided not to travel; people who re-submit their PLF are counted multiple times; and some people have exemptions from completing a PLF.
- 4 There are missing data for two days in November due to technical issues with the Home Office's data supplier.
- 5 100% physical checks on PLFs by Border Force were no longer in place from mid-July 2021 onwards. In April 2021, the number of forms checked exceeded the number of arrivals because people can be asked to resubmit forms to correct errors.
- 6 As well as checks by Border Force, carriers have been required to check all PLFs since February 2021.

Source: National Audit Office analysis of Home Office data

2.9 From February 2021, until the PLF was withdrawn in March 2022, private sector carriers (airlines, maritime companies and rail companies who transport passengers over the border) had been legally responsible for checking that people had submitted a PLF before travelling to the UK. These checks were in addition to those of Border Force. Carriers told us they incurred significant additional cost to carry out such checks at a time when their revenue was reduced due to depressed travel volumes and that checks added significant time to boarding their passengers. 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. The Home Office told us that while it had made improvements to the PLF system to make it easier to use and improve data quality, initially it was not built to verify the information provided. Carriers told us their staff are not trained as fraud officers and did not have legal powers to investigate passengers in the same way as an immigration check. The Department for Transport (DfT) told us that while carriers were not expected to investigate passengers they were trained to identify fraud and have the power to deny boarding if they suspect abuse.

2.10 Since October 2021, the Home Office upgraded its electronic passport gates (eGates) to check automatically that a PLF had been submitted when a passport was scanned. The eGates operate at many airports and at some entry points to the Channel Tunnel. They are not always available and only work with eligible passports.¹⁰ The upgrade linked eGates to Home Office's Border Crossing system, which checks passengers against watchlists, a month faster than expected in our 2020 report.¹¹ Home Office's automated PLF checks provided assurance that passengers able to use eGates had submitted a PLF, but such checks were limited in their ability to detect inaccuracies in the data submitted. 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.

¹⁰ Border Force does not know what percentage of people are able to use eGates.

¹¹ Comptroller and Auditor General, *Digital Services at the Border*, Session 2019–2021, HC 1069, National Audit Office, December 2020.

2.11 If Border Force found that a person had not submitted a correct PLF, it could issue a fine and pass the details to police to investigate non-payment. From February 2021 to January 2022, 2,553 offences were identified, and 2,524 penalties were issued. Although this is a low percentage of people, offences could only be identified from the forms checked by Border Force officers. Carriers generally found a high level of compliance but had not always completed checks properly. The transport regulators could fine carriers for not detecting issues.¹² By February 2022, regulators had collected fines totalling £3 million for more than seven thousand instances where carriers' checking of passengers had been insufficient. Regulators mainly depended on Border Force's sample check to identify these instances; however, they also carried out their own assurance processes.

The testing regime

2.12 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). Requirements as to the type of test have changed and have depended upon vaccination status, the country travelled from, and any exemptions applied. Between February and September 2021, nine million polymerase chain reaction (PCR) tests from people travelling were recorded, around 12% of the total PCR tests reported for COVID-19 in the UK. From 11 February 2022, all testing requirements were removed for fully vaccinated people arriving in the UK. On 18 March 2022, the remaining COVID-19 travel measures were removed.

2.13 As part of the introduction of a new testing regime, in February 2021, the Department of Health & Social Care (DHSC) aimed to:

- create a market for PCR tests for people travelling to the UK that would reduce the cost of tests; and
- send positive tests to be genome sequenced to identify COVID-19 variants.

Creating a testing market

2.14 DHSC created a market for PCR tests for people travelling to the UK, which allows the NHS to use its testing capacity for domestic health monitoring rather than for cross-border travel measures. DHSC considered that by requiring people travelling to the UK to pay for a test from a private provider it would rapidly create a market, which would drive down the price and avoid using up NHS testing capacity to meet demand. The number of firms offering PCR tests increased from 11 in December 2020 to at least 400 by September 2021, with the total market estimated as worth £138 million to £490 million in September 2021. When we looked on 15 February 2022, we found that at least 369 firms offering PCR tests to the public were listed on gov.uk.

¹² There are three main travel regulators: the Civil Aviation Authority, Maritime and Coastguard Agency and the Office of Rail and Road.

2.15 DHSC has not prevented firms taking samples and conducting PCR tests from marketing themselves as government-approved, based on a self-declaration that they meet the minimum standards required by the regulations. DHSC, therefore, had minimal assurance that they could provide the service claimed. It created a list of providers on government's website, gov.uk, and many providers have advertised themselves as "approved by government". The body that accredits those firms actually conducting, as opposed to simply reselling, tests is the United Kingdom Accreditation Service (UKAS).¹³ UKAS uses a three-stage assessment process in which the first allows providers to self-declare that they meet DHSC's minimum standards. DHSC allows providers to be listed after passing stage one. UKAS told us that 95% of providers failed stage two first time, with some failing up to seven times. By 28 January 2022, DHSC had permanently removed 264 providers from its gov.uk listing, with 111 of these being removed because they had failed their stage two (67) or stage three (44) accreditation.

2.16 The Competition and Markets Authority (CMA) has expressed concerns about the functioning of the market. The CMA began considering market and consumer issues in relation to PCR travel testing in March 2021. It identified the risk of a "race to the bottom" between test providers, where those selling low-quality and low-cost tests to consumers could gain market advantage, and issues with providers' terms and conditions. CMA suggested potential mitigations in April and May 2021, but DHSC took no action at the time.

2.17 In August 2021, the Secretary of State for Health and Social Care asked CMA to review the market to ensure consumers were not facing unnecessarily high costs or other poor service. In September, CMA reported to government and recommended it take action to address the market competing only on price and to give consumers information on provider quality. DHSC has yet to formally respond to this report. Between May 2021 and January 2022, CMA received 3,249 consumer complaints about private providers. A detailed review of a sample of these complaints found 79% mentioned providers failing to deliver tests or results on time or at all. Complaints also included difficulties with contacting providers when problems arose (63%) and problems with cancellations or refunds (27%). DHSC told us that while there were some issues with the testing market the vast majority of people travelling did not register any complaints. The CMA also initiated a programme of enforcement work in response to the problems consumers were reporting. On 25 August 2021, CMA wrote an open letter to 1,000 providers to put them on notice that breaching consumer law risked enforcement action by the CMA or Trading Standards Services. The CMA secured changes from two of the biggest providers and issued 25 warning letters.

¹³ UKAS is the national body responsible for assessing organisations that provide testing services. It is appointed by government to assess and accredit organisations that provide services including certification, testing, inspection and calibration.

2.18 In August 2021, CMA compared the prices of tests advertised on gov.uk to those on providers' own websites. It found 18 out of 22 providers were stating prices on gov.uk that were not available on their own websites. In nine of these cases, the provider's website price was more than five times higher than the listing on gov.uk. DHSC reduced the price charged for an NHS test from £88 to £68 on 21 August 2021. Its analysis showed that the average price of a day two test package reduced from £92 in August and September 2021 to £44 in October 2021, although there was a significant range of prices. On 15 February 2022, gov.uk stated that firms were offering PCR tests to the public at prices ranging from £15 to £525.

Genome sequencing of positive tests

2.19 In February 2021, the business case for the MQS stated that positive COVID-19 test samples from international arrivals would be genome sequenced.¹⁴ DHSC told us that this only referred to 'viable' samples from day two tests.¹⁵ On average, 26% of positive test samples were sequenced between 25 February 2021 and 5 January 2022 (**Figure 9** overleaf). DHSC told us it considers it was sequencing enough tests to understand the new variants and that it did not have any target for sequencing rates, but it benchmarked its performance against the NHS Test and Trace sequencing rate of 45%. By 18 January 2022, the UK was the second largest contributor to the Global Initiative on Sharing Avian Influenza Data (GISAID) database and had provided nearly one-quarter of the seven million samples uploaded. DHSC told us that low genome sequencing rates were caused in part 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.

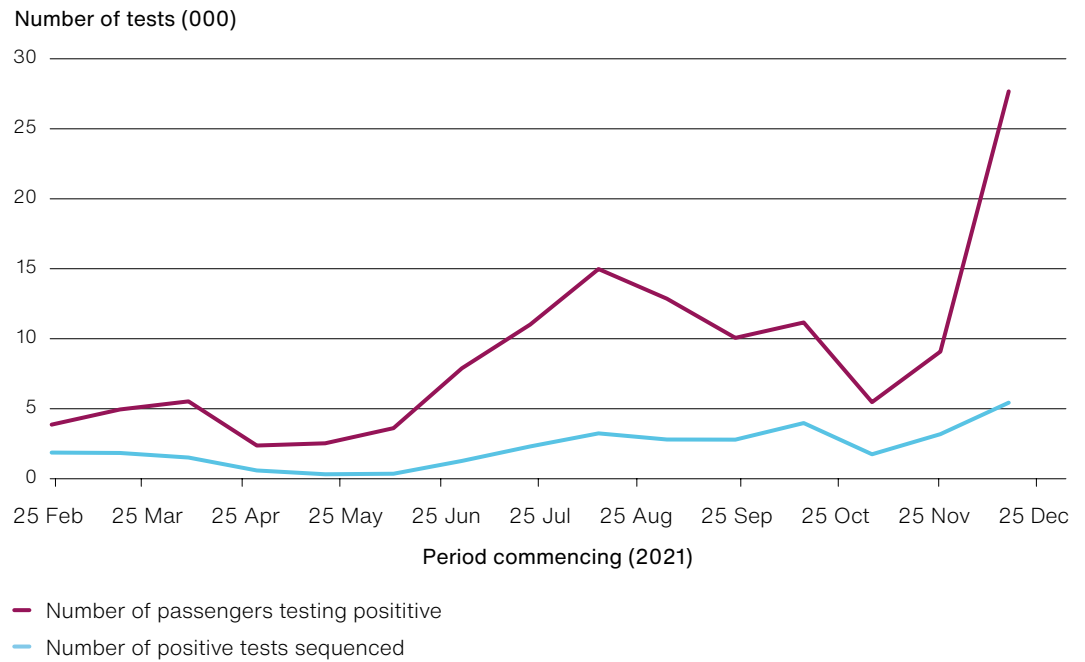
¹⁴ Genome sequencing is laboratory analysis to identify a virus's genetic make-up to detect new variants or identify which variant is present.

¹⁵ The law required all viable day two and day eight tests to be sequenced from August 2021.

Figure 9

Genome sequencing of positive tests from arrivals into England from February 2021 to January 2022

On average, between 25 February and 5 January 2022, 26% of positive tests from arrivals into England were sequenced



Notes

- 1 Only those samples with sufficient viral load can be sent for genome sequencing (which is analysis to identify a virus's genetic make-up to allow new variants or mutations in existing variants to be detected).
- 2 Data are reported approximately every 20 days. The final period ends on 5 January 2022.

Source: National Audit Office analysis of NHS Test and Trace data

Self-isolation requirements

2.20 Self-isolation for arrivals first came into force from June 2020. From February to September 2021, five million people in England had started self-isolating at home after travel (**Figure 10**). Under the traffic light system from 17 May to 19 July 2021, all arrivals from amber list countries had to self-isolate on arrival for 10 days, regardless of vaccination status. Around one million people were required to self-isolate during this period. After 19 July 2021, fully vaccinated arrivals no longer had to self-isolate, and no data have been produced since September 2021. The UK Health Security Agency (UKHSA) monitored passenger compliance via phone calls, text messages and face-to-face visits (**Figure 11** on page 38). It intended that:

- people who should be self-isolating did so, unless exempt;

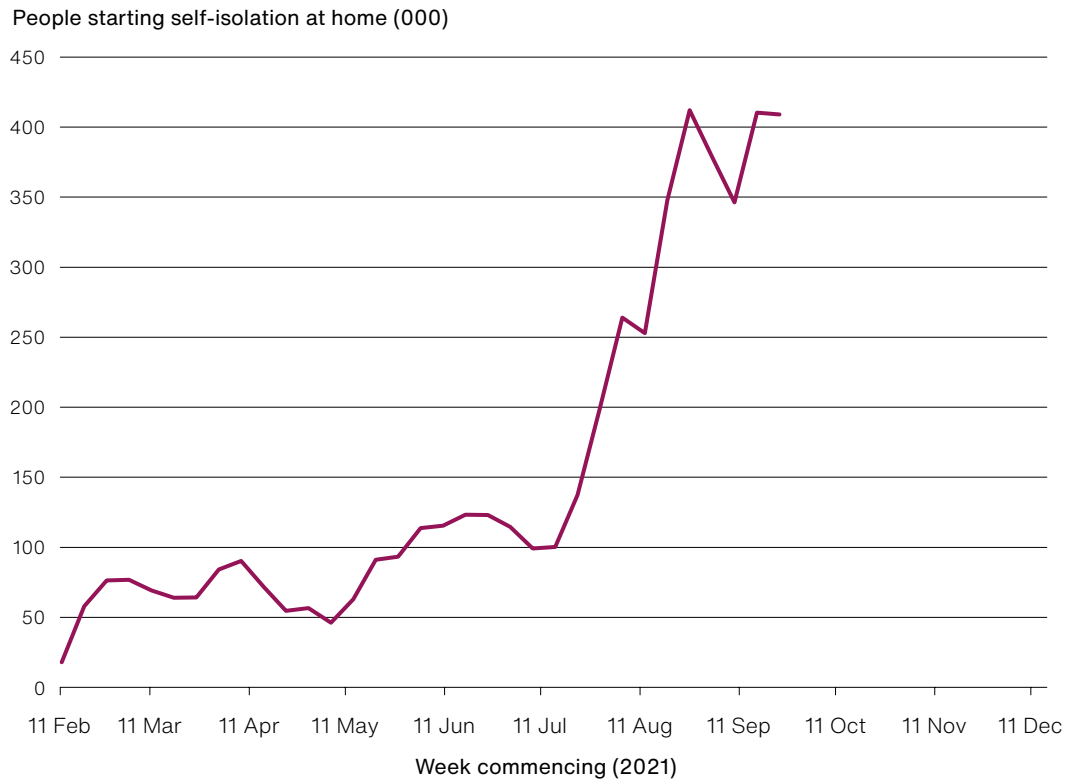
- where people were exempt, they complied with other rules such as taking tests; and
- if people did not comply, they could be referred to the police.

2.21 UKHSA has had limited success contacting people to confirm they were aware of the need to self-isolate after travel. Until December 2021, the Isolation, Assurance and Compliance service (IAC) within UKHSA called all eligible UK arrivals to check that they were self-isolating and to provide advice on COVID-19 symptoms. However, IAC call scripts did not ask passengers to confirm compliance, only that the individual was aware of the requirement to self-isolate. From 19 October to 7 November 2021, IAC attempted to phone 122 thousand people, but only 56% of the calls were answered. IAC did not have the resources to provide UKHSA with data after 7 November, and UKHSA suspended the service on 19 December 2021.

Figure 10

People self-isolating at home from February 2021 to September 2021

Five million people started self-isolation at home, in England, between February 2021 and September 2021



Note

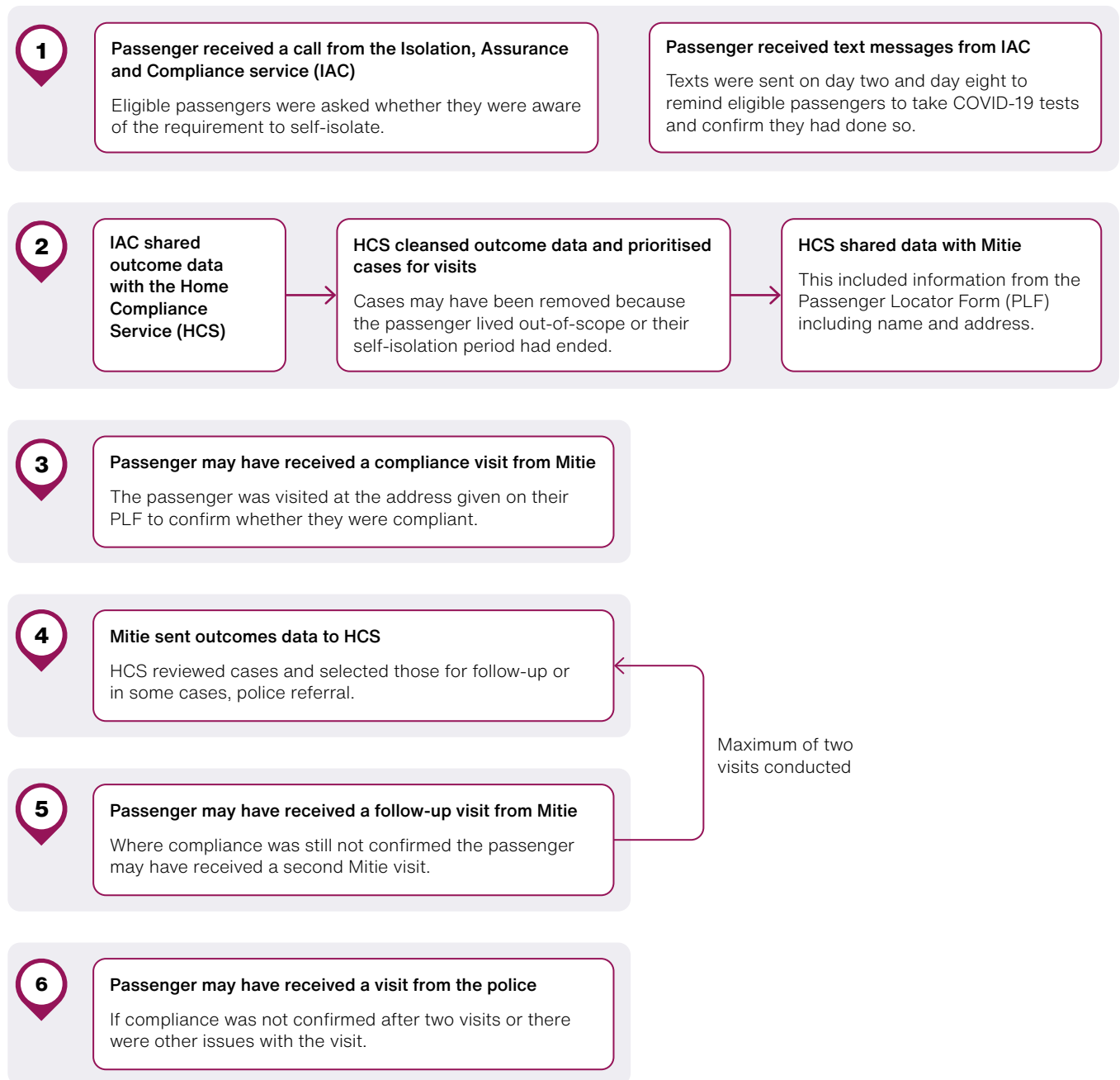
1 Since 30 September 2021, the Department of Health & Social Care has not reported data for people self-isolating at home.

Source: National Audit Office analysis of NHS Test and Trace data

Figure 11

Arrival compliance check process from June 2020 to December 2021

The UK Health Security Agency (UKHSA) used phone calls, text messages and visits to check and confirm arrival compliance



Notes

- 1 Between April 2021 and December 2021, Mitie compliance checks were managed by the Home Office.
- 2 Until 19 December 2021, visits were carried out on individuals who were suspected of non-compliance following an IAC call.
- 3 On 19 December 2021, UKHSA suspended the IAC service due to capacity issues.

Source: National Audit Office analysis of Department of Health & Social Care and Home Office evidence

2.22 UKHSA has lacked the resources to physically check that everyone meant to be self-isolating has been complying. In April 2021, Mitie was awarded a contract worth an estimated £90 million (to December 2021) to visit a proportion of people who were meant to be self-isolating at home after arriving in the UK. Mitie generally achieved its target of making 10,000 visits a day. The Home Office transferred the contract to UKHSA in October 2021 because it felt the service was increasingly focused on encouraging compliance rather than enforcing quarantine and that the contract fitted better with UKHSA's public health objectives. UKHSA extended the contract to March 2022 at a cost of £24 million. The total value of the contract is now estimated at £114 million. The number of visits was reduced to 5,000 per day by November 2021. UKHSA told us this was because it considered that the risk from the pandemic had reduced, and so, to improve targeting and value for money, its visits should be focused only on households which it identified as potentially non-compliant. Between May 2021 and February 2022, Mitie was unable to confirm compliance at 26% to 42% of the visits it had made. Non-compliance averaged around one-third. However, DHSC told us self-reported compliance was higher and that it aimed for non-compliance to be less than 25% across its different methods. Government told us trying to achieve 100% compliance would not have provided value for money.

2.23 Government action to ensure that people exempted from isolation had taken COVID-19 tests has been limited. In September 2021, IAC began sending text messages to unvaccinated arrivals with exemptions from self-isolation, asking them to confirm that they had taken their day two and day eight COVID-19 tests. In November 2021, IAC sent 174,482 text messages but received little response. IAC reported 94% non-response to day two messages, and 87% non-response to day eight messages, so it has very little evidence to assess the level of compliance and to confirm that people took the tests required. As of 28 November 2021, DHSC reported that only 20% of people exempt from self-isolation had registered the results of their COVID-19 tests. DHSC did not consider its compliance data when conducting its monthly review of exemptions, noting that the data are limited. Instead, DHSC sought to use other measures, such as visits and police referrals, to promote compliance.

2.24 When government cannot confirm compliance, it may refer cases to the police, but its referral rates are low despite the low compliance. From 9 April 2021 to 25 January 2022, 7,436 out of 2,299,494 visits carried out by Mitie were referred to the police (0.32%). DHSC and the Home Office do not collect data on how many referrals the police investigated.

Managed quarantine

2.25 From February 2021, government required people arriving from red list countries to quarantine in managed quarantine hotels, run through its MQS. People were required to isolate, at their own expense, for 10 days (11 nights) in a quarantine hotel, unless they had an exemption. The government designated seven airports in England for arrivals from red list countries and people were not allowed to arrive by other routes if they had been in a red list country within 10 days of travelling to the UK.¹⁶ This relied on people declaring where they had been.

2.26 Ministers decided to create the MQS on 26 January 2021 and then DHSC moved rapidly to set it up and launch it on 15 February 2021, in crisis circumstances. The MQS was implemented to support DHSC's objective of controlling the spread of COVID-19, particularly any emerging variants of concern (VOCs). DHSC has not been able to determine how many COVID-19 cases were prevented by the MQS, but between 15 February and mid-December 2021 some 2% of quarantined guests tested positive for COVID-19. From 9 to 15 December 2021, during the Omicron outbreak, 6% of all tests taken from guests were positive. In setting up the service, DHSC needed to:

- award contracts to operate the MQS;
- ensure it had flexibility to cope with changes to the red list;
- safeguard the mental and physical well-being of people quarantining; and
- control costs.

Awarding contracts for operating the MQS

2.27 The DHSC contracts were awarded with limited competition. DHSC awarded MQS contracts to Corporate Travel Management (CTM) to book hotels, transport and test kits; Mitie and G4S to provide security; and Qualco to collect debts (**Figure 12**). DHSC had little time between the MQS being announced and its launch on 15 February to award the hotel contracts through a competitive procurement. The CTM contract was created by varying an existing contract for civil service travel arrangements. The other contracts were awarded using existing frameworks, some of which required a competition.

¹⁶ Heathrow, Gatwick, London City, Birmingham, Bristol, Farnborough, Biggin Hill. Passengers not arriving in England at one of the designated ports of entry but who had to quarantine in an MQS hotel could be fined up to £10,000 and charged for transportation costs to the nearest designated port of entry.

Figure 12

Main Managed Quarantine Service (MQS) contracts awarded in 2021

The highest value MQS contracts the Department of Health & Social Care awarded cover security services

Contractor	Services delivered	Operation period	Total contract value (£m)
Corporate Travel Management (CTM)	Hotel bookings, transport and tests	February 2021 to February 2022	385 ¹
G4S	Security services ²	February to September 2021	67
G4S	Security services	October 2021 to March 2022	1,110
Mitie	Security services	February to September 2021	20
Mitie	Security services	October 2021 to March 2022	440
Qualco	Debt recovery	May 2021 to May 2022	2

Notes

- 1 The CTM contract for civil service transport arrangements was awarded on 4 November 2020. The contract was amended to include MQS services on 6 February 2021.
- 2 Security services include ensuring guests arrive and check-in at quarantine hotels, conducting internal and external patrols of hotels and facilitating guest and staff COVID-19 testing.
- 3 Multiple contracts awarded to one provider over the same period have been combined. Figure does not show smaller contracts for legal services, consultancy and recruitment.
- 4 Contract value is the estimated cost at the point of award rather than the amount spent.

Source: National Audit Office analysis of Department of Health & Social Care evidence

2.28 DHSC did not include key performance indicators (KPIs) for formal performance monitoring in the security contracts until October 2021. It told us that setting up the MQS rapidly had prevented this, but that it challenged and discussed performance in daily phone calls with suppliers. Contractors told us they found these calls helpful for raising emerging issues and concerns about progress. In August 2021, DHSC wrote to G4S expressing significant concerns about inadequate resourcing, criminal and unprofessional staff conduct and poor performance. G4S then created an action plan to address DHSC's concerns. The security contracts were reprocured from October 2021 and DHSC introduced KPIs to the new contracts. Nonetheless, KPIs should have been agreed as part of the procurement rather than added afterwards.

MQS volumes and flexibility of services

2.29 DHSC successfully introduced and scaled up the MQS rapidly. By June 2021, the MQS was using 57 hotels, and by 15 December 2021, 214 thousand people had stayed in the MQS (**Figure 13**). DHSC told us that it considers the volume and flexibility created through the MQS was such that in summer 2021 it was able to also use the service to accommodate refugees from Afghanistan. DHSC commissioned the Infrastructure and Projects Authority (IPA) to review the MQS in early June 2021, although it was not part of the IPA’s portfolio of major programmes. The review was not a formal assurance review, but gave feedback which rated the service as ‘green’ for creating and rapidly scaling up the hotel quarantine regime and praised DHSC’s controlled rapid growth of the service.¹⁷ It rated the next phase of the MQS programme as ‘amber’, because the longer-term aims of the service were not clear. DHSC has not completed its response to the review recommendations.

Figure 13

People quarantining in managed quarantine hotels from February 2021 to December 2021

214 thousand people started quarantine in a managed quarantine hotel, in England, from when the service was introduced in February 2021 to when the red list was stood down on 15 December 2021



Note

1 The Department of Health & Social Care launched the Managed Quarantine Service (MQS) on 15 February 2021.

Source: National Audit Office analysis of NHS Test and Trace data

17 The IPA defines ‘green’ as meaning “Successful delivery of the project on time, budget and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly.” The IPA defines ‘amber’ as meaning “Successful delivery appears feasible but significant issues already exist, requiring management attention.”

2.30 The MQS was temporarily suspended on 1 November 2021, when the government removed all countries from the red list. It kept two hotels held as contingency to allow the service to reopen within 48–72 hours. MQS was reintroduced when the government, in response to Omicron, placed six countries on the red list on 26 November 2021 (and subsequently five more) and then stood down again on 15 December 2021, when the government removed all countries from the red list. DHSC reopened the MQS within two days, although people arriving from red list countries between midday on 26 November and 4 am on 28 November were allowed to quarantine at home instead of in hotels.

Safeguarding

2.31 DHSC sought to support the welfare of people staying in quarantine hotels, including vulnerable guests. Its MQS ‘Welcome Pack’ set out the support available to them during their stay, including contact details of organisations that could provide help and guidance on issues such as domestic violence and human trafficking. DHSC also set out safeguarding responsibilities and procedures to be followed by security and other staff working in the quarantine hotels and aimed to offer mental health and social work support to those who needed it.

2.32 In June 2021, the media reported cases of women being sexually harassed by G4S security guards in quarantine hotels. G4S told us the guards were working for companies it subcontracted. DHSC set up a confidential reporting helpline from 26 July 2021 to be staffed 24 hours a day, seven days a week. Based on the limited data available, 37 calls were made to the helpline between August and December 2021, of which seven were about the inappropriate behaviour of staff. By January 2022, a small number of security guards had been dismissed as a result of gross misconduct.

Controlling the costs of the MQS

2.33 DHSC originally expected that the service would break even, but the taxpayer has subsidised its cost. DHSC estimates the total cost of running the MQS between April 2021 and March 2022 to be £757 million, nearly double the expected income of £428 million from those in quarantine hotels in the period. Despite the taxpayer subsidy, the service has been expensive for people using it. In December 2021, a family of two adults and a child would pay £367 per night for 11 nights. The fee for one adult staying in a room was £208 per night. Additional adults in the same room would pay £130 per night.

2.34 The cost of the MQS to the taxpayer is likely to be higher because DHSC cannot ensure that everyone who has used the MQS has paid their bill. As of 1 March 2022, DHSC is owed £74 million from people who had not yet paid for their stay in the MQS or for tests purchased from CTM. This includes amounts owed by people on payment plans due to financial hardship. From the inception of the MQS, given its duties under the Equality Act 2010, 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. It has since sought to recover unpaid amounts via its debt recovery contract with Qualco. DHSC told us it expects to recover up to half of the money it is owed, but as of 1 March 2022, it had recovered just £6 million (8% of unpaid bills).

2.35 DHSC has not protected the taxpayer from fraud. The MQS has been subject to fraud, including significant 'chargebacks', where people who have stayed in the MQS have claimed refunds. By 20 January 2022, DHSC had identified that nearly £18 million of MQS refunds issued by CTM were fraudulent. DHSC told us that CTM is not contractually required to dispute refunds even when it has grounds to do so. By January 2022, UKHSA had investigated just two chargeback cases. UKHSA told us that because the fraudulent chargebacks were high volume and low value, it had focused on fraud prevention rather than investigating individual cases. DHSC had also identified instances of organised fraud, including half-price 'quarantine packages' being offered on social media. In such instances, passengers paid half of the cost of their MQS stay to organisers, who then booked quarantine hotel rooms via CTM using stolen credit cards.

Part Three

Implementing the measures overall

3.1 Through its implementation of a series of border measure programmes in response to COVID-19 the government has created a system for the implementation of its travel measures during the pandemic. In Part Two we examined the building blocks for implementation, and in this part we examine features of the effectiveness with which the overall system of travel measures has been implemented. Two years into the pandemic, we consider this in the context of the rapid development and implementation of elements of the overall system and lessons from our work which has considered developments in similar contexts, including our reporting on government measures implemented during the pandemic and on EU Exit.^{18,19,20,21}

3.2 From this work, we have identified four areas we consider to be significant for the effective implementation of an overall system:

- Clarity and transparency about what government is trying to achieve so that it can assess whether it is making a difference.
- Adequacy of data and evidence to support decision-making.
- Coordinating complex delivery models to uphold measures; and involving the private sector.
- Managing financial and workforce pressures, including the overall costs.

18 Comptroller and Auditor General, *Initial learning from the government's response to the COVID-19 pandemic*, Session 2021-22, HC 66, National Audit Office, May 2021.

19 Comptroller and Auditor General, *Lessons learned: Delivering programmes at speed*, Session 2021-22, HC 667, National Audit Office, September 2021.

20 Comptroller and Auditor General, *Learning for government from EU Exit preparations*, Session 2019-2021, HC 578, National Audit Office, September 2020.

21 Comptroller and Auditor General, *The government's preparedness for the COVID-19 pandemic: lessons for government on risk management*, Session 2021-22, HC 735, National Audit Office, November 2021.

Clarity and transparency about what government is trying to achieve

3.3 It is widely recognised that all those involved in a programme must have a shared understanding of a programme's aims, including speed, early in a programme. We recognise that in dynamic and rapidly changing circumstances, with the nature of the work often a crisis response delivered with limited information, the objectives will shift and change over time and events can move at pace, requiring flexibility and responsiveness in any system. Two years into the pandemic, government had not set out any formal objectives for its overall system of measures and 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 November 2020 Global Travel Taskforce report included some principles that controls "must put the protection of public health first, while enabling economic recovery and the growth of our tourism and international travel sectors". Other reports noted that some departments, such as the Department for Transport (DfT), want the economy to open up safely, while the Department of Health & Social Care's (DHSC's) objective is to control the spread of coronavirus. On 14 September 2021, the Cabinet Office recommended moving to "a looser framework – while retaining proportionate public health protections – for the next few months, with a view to further reducing measures ahead of 'peak booking time' in early 2022".

3.4 At the end of 2021, the emergence of the Omicron variant, however, led to reintroductions of controls (**Figure 14**). Before Omicron, government had not always clearly stated a link between scientists having identified variants as being of concern and it making changes to the border regime. 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. Changing assessments can lead to controls being strengthened or relaxed.

3.5 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 cross-border 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. Officials told us that individual parts of the overall system monitored a range of activities, with information provided to ministers by relevant departments and bodies to enable them to make decisions. The monitoring activity that has been undertaken since the start of implementation has not been clearly linked to the stated aims of the system as a whole.

Figure 14

The UK's response to the Omicron variant of COVID-19 from November 2021 to January 2022

The Department of Health & Social Care's (DHSC's) Managed Quarantine Service (MQS) was set up for two and a half weeks following the World Health Organization's (WHO's) designation of Omicron as a variant of concern on 26 November 2021

What happened

The Omicron variant was first sequenced on 9 November 2021 and was reported from South Africa to the WHO on 24 November. The UK Health Security Agency (UKHSA) declared it a variant under investigation on 25 November. Omicron was designated a variant of concern by the WHO on 26 November, and by UKHSA on 27 November 2021. By 16 December 2021, the WHO reported that Omicron had been confirmed in more than 80 countries.

How the government responded

On 26 November, the UK government added six African countries to its red list. The MQS, which had been placed on standby in November, was reopened within two days, but people arriving from red list countries between midday 26 November and 4 am 28 November were allowed to quarantine at home instead. From 30 November, everyone arriving in the UK was required to take a polymerase chain reaction (PCR) test within two days of arriving, and self-isolate until they received a negative result. Government added five more African countries to the red list by 6 December 2021. From 7 December 2021, people were required to take a test before travelling to the UK. On 15 December 2021, government removed all 11 remaining countries from the UK travel red list, and DHSC placed the MQS on stand-by again. From 11 February 2022, government removed all testing requirements for fully vaccinated people arriving in the UK. On 18 March 2022, the remaining COVID-19 travel measures were removed.

Following the response

Omicron cases rose rapidly, with more than 40,000 confirmed by 20 December 2021. Cases continued to rise, peaking at the end of December 2021 and in early January 2022, with more than 200,000 confirmed UK cases.

In January 2022, the Secretary of State for Transport said the system of travel measures introduced in late 2021 had "done its part" to slow cases of Omicron coming to the UK. As Omicron had become the dominant variant and had become widespread in the UK, the measures put in place were no longer proportionate and were being removed. He indicated a full review of travel measures would be carried out by the end of January 2022 to ensure a stable system was in place for 2022.

Source: National Audit Office analysis

Understanding risks and having clear risk management processes

3.6 To support objectives, where decision-makers choose to take the risks of delivering a programme quickly, they must proactively monitor and manage these increased and different risks. As well as ongoing risks, such as those related to exiting the EU, government has had to manage the risks generated by the pandemic and the risks associated with its own response measures. Although individual departments have had their own governance structures for managing the programmes they are responsible for, and government committee structures enabled ministerial decision-making, government has not yet formalised its system-level governance structures. The Cabinet Office considers it would have been difficult to do so before now given the constantly changing circumstances in which government was working.

3.7 Government organisations are required to determine and prioritise how risks should be managed, and we generally expect major programmes to maintain their own risk registers.²² Individual departments fed risks relating to their border programmes into departmental risk registers and some border-specific risks featured in broader government assessments of the pandemic response. However, for the overall system, we found government had no assessment setting out all the risks related to the management of 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. We also found a lack of clarity about risk planning, risk appetite and risk tolerance as the basis for balancing priorities and choosing between trade-offs.

Adequacy of data and evidence to support decision-making

3.8 The insight generated through reliable data is crucial to the way government delivers services for citizens, improves its systems and processes, and makes decisions. The pandemic has again highlighted the need for high-quality data to enable effective service delivery, monitoring and improvement.²³ Furthermore, adequate data are needed for government to determine whether its measures are effective.

3.9 We found the availability and use of data varied considerably, with some significant areas of weakness in how data are used to inform overall system-level improvements, even as data are collected by individual departmental programmes. For instance, government did not bring together the departmental-level data dashboards and delivery reports to establish routine, system-level information packs with metrics to measure and assess success. Instead, ministers have largely focused their decision-making on reviewing data relevant to the subject under discussion. These data evolved over time as the pandemic progressed.

²² HM Government, *The Orange Book: Management of Risk – Principles and Concepts*, Government Finance Function, 2020.

²³ See footnote 18.

Data on the progress of the pandemic

3.10 We found that the UK Health Security Agency (UKHSA)²⁴ has developed a formal data-led process for collecting health data on the pandemic in other countries and reporting these to ministers. UKHSA provided regular updates on the pandemic's progress by reviewing data every three weeks to identify countries that may have needed to move between the red, amber and green lists, including in-depth analysis of some countries depending on the situation.²⁵ UKHSA told us that it discusses conclusions with scientists and officials in the countries involved, with the results forming an input to ministerial decision-making.

Exemptions data

3.11 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 (**Figure 15** overleaf). In many cases it was important that exemptions were granted to enable, for example, the import of critical goods, such as food, medicines and vaccines. Most people with exemptions from the travel rules were subject to alternative COVID-19 health measures instead. 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. People can claim exemptions from different aspects of the measures, from not completing a Passenger Locator Form (PLF) to not having to complete isolation at home or in a managed quarantine hotel. Between May and December 2021, an estimated 2.5 million people (around nine per cent of all arrivals) submitted a PLF stating they would travel to the UK under an exemption from some aspect of COVID-19 travel measures. Government does not have a way to readily break down the 2.5 million people by the specific exemption claimed with the accuracy that we would expect to be available. Its estimate is based on the number of PLFs submitted so is subject to the limitations set out in paragraph 2.7. DfT has had overall responsibility for administering the exemption process, but any department has been able to propose exemptions, which have been agreed by ministers.

24 UKHSA is the DHSC arm's-length body that, from 1 October 2021, has been responsible for planning, preventing and responding to external health threats.

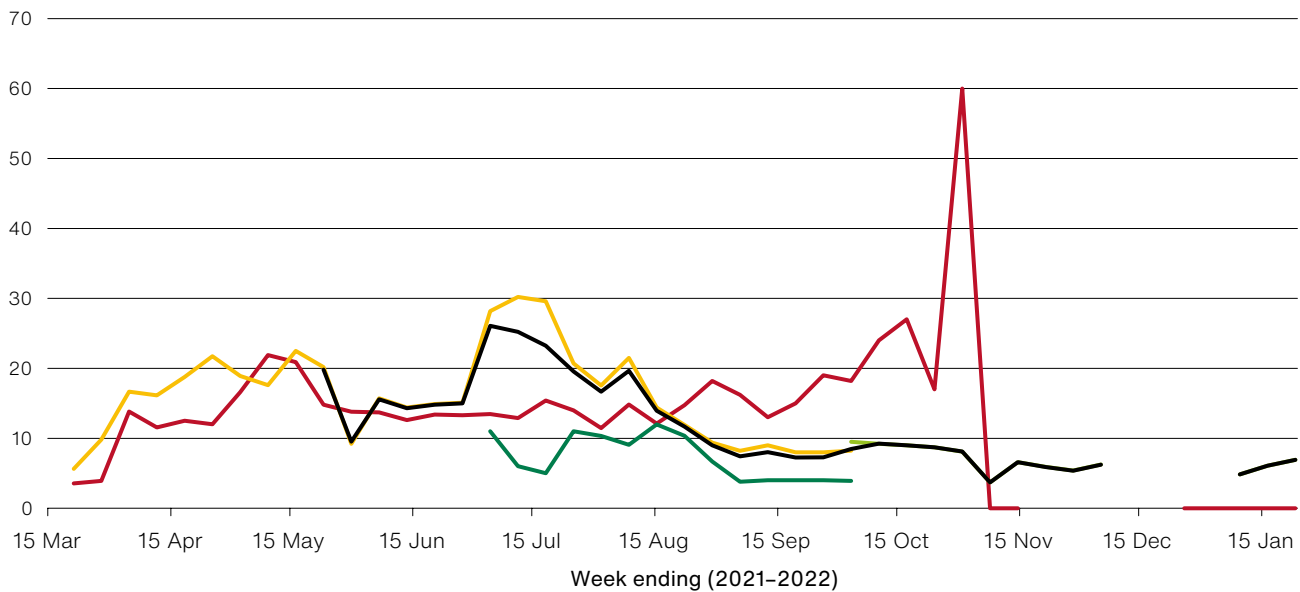
25 From October 2021 the red, amber and green lists were simplified to a red list and a 'Rest of the World' list.

Figure 15

Exemptions from COVID-19 cross-border travel measures for people arriving in the UK from March 2021 to January 2022

Between May and December 2021, an estimated nine per cent of people arriving in the UK claimed an exemption from some aspect of government’s COVID-19 travel measures

Percentage of people claiming exemptions (%)



- Red list
- Amber list
- Green list
- Rest of the World list
- Total

Notes

- 1 Exemptions from green list countries were not recorded until 4 July 2021. Because most countries were removed from the red list, the number of red list exemptions falls over time but the percentage is sensitive to exemptions for specific events, such as the COP26 Summit in late 2021. After 15 December the ‘Rest of the World’ and ‘Total’ lines coincide as there were no countries on the red list.
- 2 Available data are preliminary, incomplete and do not allow us to calculate total exemptions before May 2021 or some periods after December 2021. Data include people who submitted a Passenger Locator Form (PLF) but then decided not to travel; people who re-submit their PLF are counted multiple times; and some people have exemptions from completing a PLF.
- 3 The data do not include a potentially large number of PLFs that could have been submitted in the last 24 hours of each period. The percentages shown reflect the proportion of exemptions claimed within this preliminary data set only.
- 4 These data include arrivals from all ports in England and Scotland and exclude travel from the Common Travel Area.

Source: National Audit Office analysis of Home Office data

3.12 Up to 11 February 2022, government had exempted 57 occupations, including air crews, hauliers, transport workers, agricultural workers and elite international sportspeople. Most job-related exemptions from self-isolation have been for people transporting passengers or goods (**Figure 16** overleaf). Departments told us that exemptions were targeted to the circumstances of each sector, kept as narrow as possible, and subject to regular review. On 11 February 2022, the number of exempt occupations was reduced to 14, and on 18 March, the remaining COVID-19 travel measures were removed. Other exemptions included those travelling for compassionate or medical reasons. Separate data from the Home Office estimate that between April and December 2021 exemptions allowed up to 14 thousand people arriving from red list countries to avoid isolation in quarantine hotels (7% of the number handled by the Managed Quarantine Service (MQS)). DHSC told us that exemptions had been granted, for example, to maintain critical supply chains and that most people with exemptions were subject to alternative COVID-19 health measures instead. For instance, those exempted from the MQS on medical or compassionate grounds were required to self-isolate at home.

3.13 Departments also introduced ad-hoc exemptions to support events they deemed of critical national or international importance. These have included:

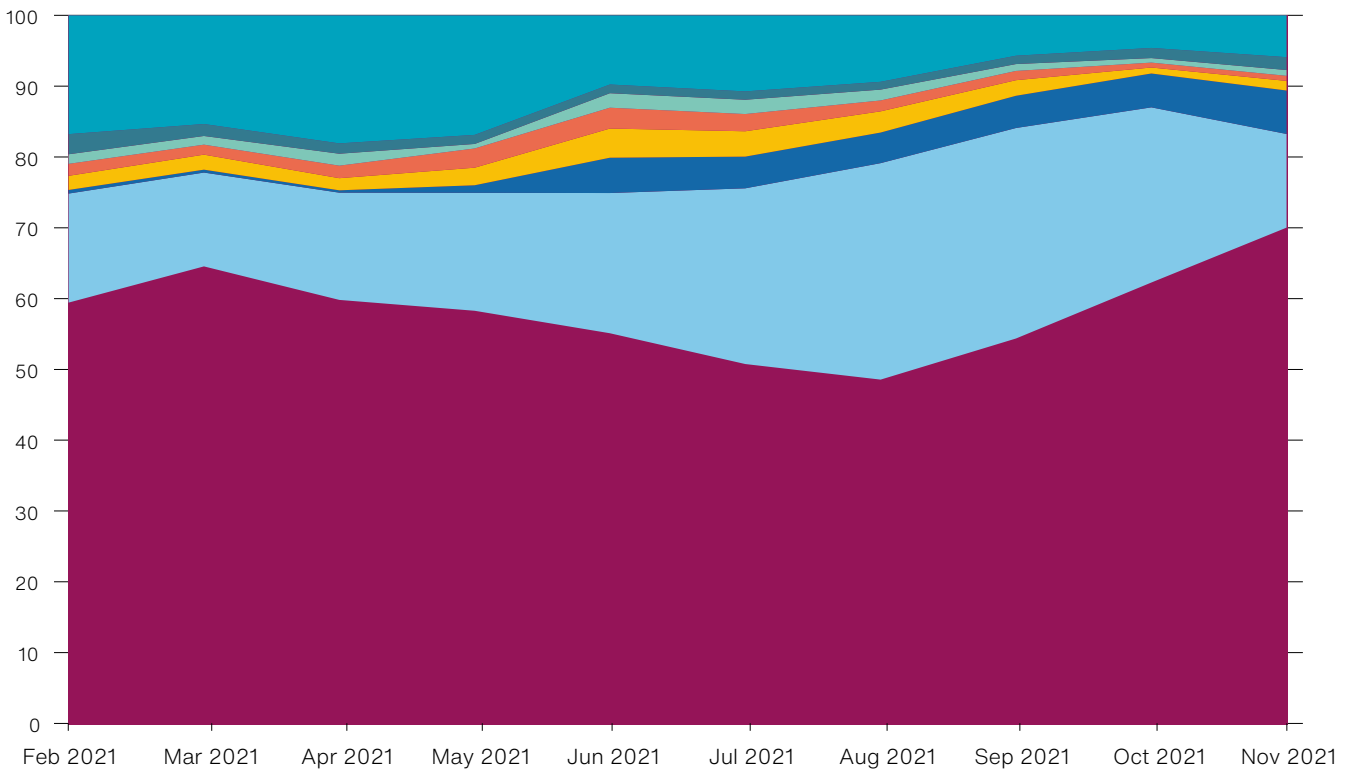
- the Euro 2020 football tournament, held in summer 2021. The tournament referees flew in from a base in Turkey, then on the red list, and up to 3,000 ‘VIPs’ were granted exemptions so they could attend matches. There were additional COVID-19 protocols in place for people claiming exemptions, including additional testing protocols and venue biosecurity arrangements;
- the COP26 Summit on climate change held in Glasgow from 31 October to 12 November 2021. The UK government granted exemptions from parts of England’s COVID-19 border controls, as the Scottish government did for Scotland’s COVID-19 border controls, to some 20–25 thousand conference delegates. Delegates from red list countries were required to complete quarantine, which was reduced to five days for vaccinated participants, and all had to complete a testing regime. The Cabinet Office told us that delegates were still required to undertake the same level of testing as other arrivals, but were exempted from the usual post-arrival testing because they had been issued tests by COP26 organisers and so did not have a booking reference to input into the PLF; and
- London Fashion Week, held in September 2021. The government granted exemptions from self-isolation to some 130 international models, buyers and ‘key creatives’. Additional COVID-19 protocols were in place for the event, including a screening process and accreditation system to enable models and production staff to remain separate from audience members and front-of-house staff.

Figure 16

Job-related exemptions from self-isolation for people arriving in the UK from February 2021 to November 2021

Most job-related exemptions from self-isolation have been for people transporting passengers or goods

Percentage of exemptions (%)



	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021
Other	17	15	18	17	10	11	9	6	4	6
Bus and coach drivers	3	2	1	1	1	1	1	1	1	2
Specialist technical workers – goods and services	1	1	2	1	2	2	1	1	1	1
Regular work abroad	2	2	2	3	3	2	2	1	1	1
International elite sportspersons	2	2	2	2	4	4	3	2	1	1
Seafarers and those in charge of piloting and inspecting and surveying ships	1	0	0	1	5	4	4	5	5	6
Aircraft pilots and crew	15	13	15	17	20	25	31	30	25	13
Drivers of good vehicles	59	65	60	58	55	51	49	54	62	70

Note

1 Shows data on job-related exemptions from self-isolation claimed on Passenger Locator Forms between February 2021 and November 2021.

Source: National Audit Office analysis of Home Office data

3.14 From August 2021, it was the responsibility of carriers to check passengers' entitlement to exemptions but they were not required to validate evidence. Border Force also included checking of exemptions in its sample checking (paragraph 2.8). The Home Office can extract some data from exemptions recorded on the PLF, subject to the limitations explained in paragraph 2.7. Government does not hold data on how many people with exemptions subsequently tested positive nor how many people were found to be ineligible for the exemptions they claimed. It, therefore, does not know whether the number of exemptions departments have allowed is proportionate to the risk presented by the individuals using them.

Coordinating complex delivery models

3.15 Government's pandemic response has in many areas involved extensive coordination between several departments, public sector bodies and public-private collaboration. Delivery chains have often been complex and involved multiple actors. For example, DHSC has relied on a testing market (paragraph 2.14) but does not have the formal regulatory power to enforce the law that requires private providers of tests to send positive tests for sequencing (paragraph 2.19). Against this backdrop, setting out effective governance arrangements with clear responsibilities and accountabilities is vital to delivering outcomes.

Communication of measures

3.16 The many different interfaces between the large number of organisations responsible for implementing cross-border travel measures presents risks and challenges to the cohesion and flexibility of the system as a whole. Its effective working depends upon transparency and clear communication within and across the system and with the public. It is inevitable that government will sometimes need to make changes at short notice in the fast-moving environment of the pandemic. But the processes for communicating those changes in advance of a public announcement to those with operational responsibilities for implementing were not timely.

3.17 Carriers, who have been responsible for implementing some government measures at the border, told us that they had good working relationships with the DfT and Border Force but were not clear how decisions were ultimately made nor whether their feedback was considered. Some felt implementation had been designed for airports, and it was harder to adapt operations at other ports where boarding processes were designed around vehicles. Cruise ship representatives told us their passengers found it hard to meet the requirement to submit a PLF two days before arrival in the UK as they could still be at sea without internet access. In response, from October 2021 ministers agreed that cruise passengers could submit their PLF before boarding the ship, up to 21 days before arrival in the UK.

3.18 Border Force officials, bodies representing carriers and regulators we spoke to all told us that government often announced its decisions about changing measures late on a Friday for implementation by Monday, giving them little time to prepare or brief front-line staff responsible for implementing measures. They sometimes received no official notice ahead of public statements, despite details sometimes appearing in the media or on Twitter. Some short-notice decisions and changes to measures are inevitable, and 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. Despite these efforts, government could nevertheless have done more to set out in advance how it would respond to expected scenarios such as the emergence of variants of concern.

3.19 In terms of communicating measures with the public, in April 2021, DfT commissioned research, as one of a series of surveys on the topic, to understand the attitudes of the public to travelling abroad for leisure during summer 2021. It found that while 37% felt comfortable about such a trip, 56% felt uncomfortable. Of respondents, 68% said they would only travel abroad when they felt totally confident that the restrictions would not change.

3.20 The Office for National Statistics found in a July 2021 survey that while respondents arriving in the UK from an amber country – whether UK citizens or non-UK visitors – claimed to understand the rules on quarantine after travel, around two in five respondents (41%) either misunderstood or were unsure of the quarantine requirements. The remaining 59% of respondents identified the correct quarantine requirements.²⁶

Managing financial and workforce pressures

3.21 The spending on implementation of travel measures is a small part of government's overall commitment to spend some £372 billion in response to the pandemic.²⁷ However, the impact of the pandemic on the travel industry in terms of lost revenue has been significant due to a variety of factors including UK border controls as well as domestic lockdowns, restrictions in other countries and general consumer unwillingness to travel during the pandemic. Costs have also been passed on to individuals choosing to travel. By December 2021 government had provided an estimated £8 billion of support to the aviation industry.

26 Office for National Statistics, *Coronavirus and quarantine after arriving in England from an amber list country: 12 to 17 July 2021*, September 2021. Available at: www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronavirusandquarantineafterarrivinginenglandfromanamberlistcountry/12to17july2021
Data were collected from 848 respondents.

27 See footnote 18.

Government spending on COVID-19 cross-border travel measures

3.22 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. It 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 as set out in Part Two, using government estimates of its spending. We estimate government spent at least £486 million in 2021-22 on these components (**Figure 17** overleaf). The majority of this is the net cost of running the MQS (£329 million).

3.23 We drew these data together as government has not monitored the cost of the system as a whole. We found no government data estimating costs to others arising from implementation of government measures, for example, extra costs to carriers implementing checks or to individuals paying for tests or facing costs as a result of disrupted travel plans, but these extra costs will have been considerable. Neither do we include here the losses to the travel industry from the fall in activity in the travel sector.

Workforce pressures

3.24 Our previous work on COVID-19 has found how staffing shortages have added to the challenges of responding to the pandemic. This has also been the case for the management of measures relating to cross-border travel. Between May and September 2021 Border Force had increased its overall number of full-time equivalent (FTE) staff by 288, and had hundreds of existing staff return from shielding or detached duties to operate health checks and cover COVID-19-related absences. Between February and September 2021, Border Force faced an average of 347 COVID-19-related staff absences per month, with more than 500 absences in February and July when cases were particularly high. These factors placed Border Force staff under considerable strain with consequent pressure on services (paragraph 2.8).

Figure 17

Direct costs to government of COVID-19 cross-border travel measures from April 2021 to March 2022

Government spent at least £486 million on implementing its cross-border travel measures in response to COVID-19 in 2021-22¹

	Department of Health & Social Care	Home Office	Total
	(£m)	(£m)	(£m)
Cost of the Managed Quarantine Service (MQS) ²	757	–	757
Fees paid by people using the MQS	(428)	–	(428)
Net cost to government of the MQS	329	–	329
Visits to check those isolating at home are doing so	36	78	114
Additional Border Force staff and other costs	–	33	33
Digital Passenger Locator Form (PLF) system ³	–	10	10
Total spent on health measures at the border	365	121	486
Income from fines levied on carriers for not checking passenger compliance correctly	–	–	(3)
Net total direct cost	365	121	483

Notes

- Shows the latest available estimates of direct costs from 1 April 2021 to 31 March 2022, the first full financial year in which the traffic light system operated. We have not audited these data, which were still being finalised as we went to print.
- MQS costs include hotels, security, transport, testing and administration and amounts paid to airports to dedicate areas to red list arrivals. Income includes fees for tests purchased through the MQS including for some 'Rest of the World' list arrivals.
- PLF costs include development and operating costs.
- Additional amounts have been spent by individuals and organisations outside government and by government providing economic support for organisations whose revenue was affected by the pandemic.

Source: National Audit Office analysis of Department of Health & Social Care and Home Office cost data

Appendix One

Our audit approach

1 See **Figure 18** on pages 57 and 58.

Figure 18

Our audit approach

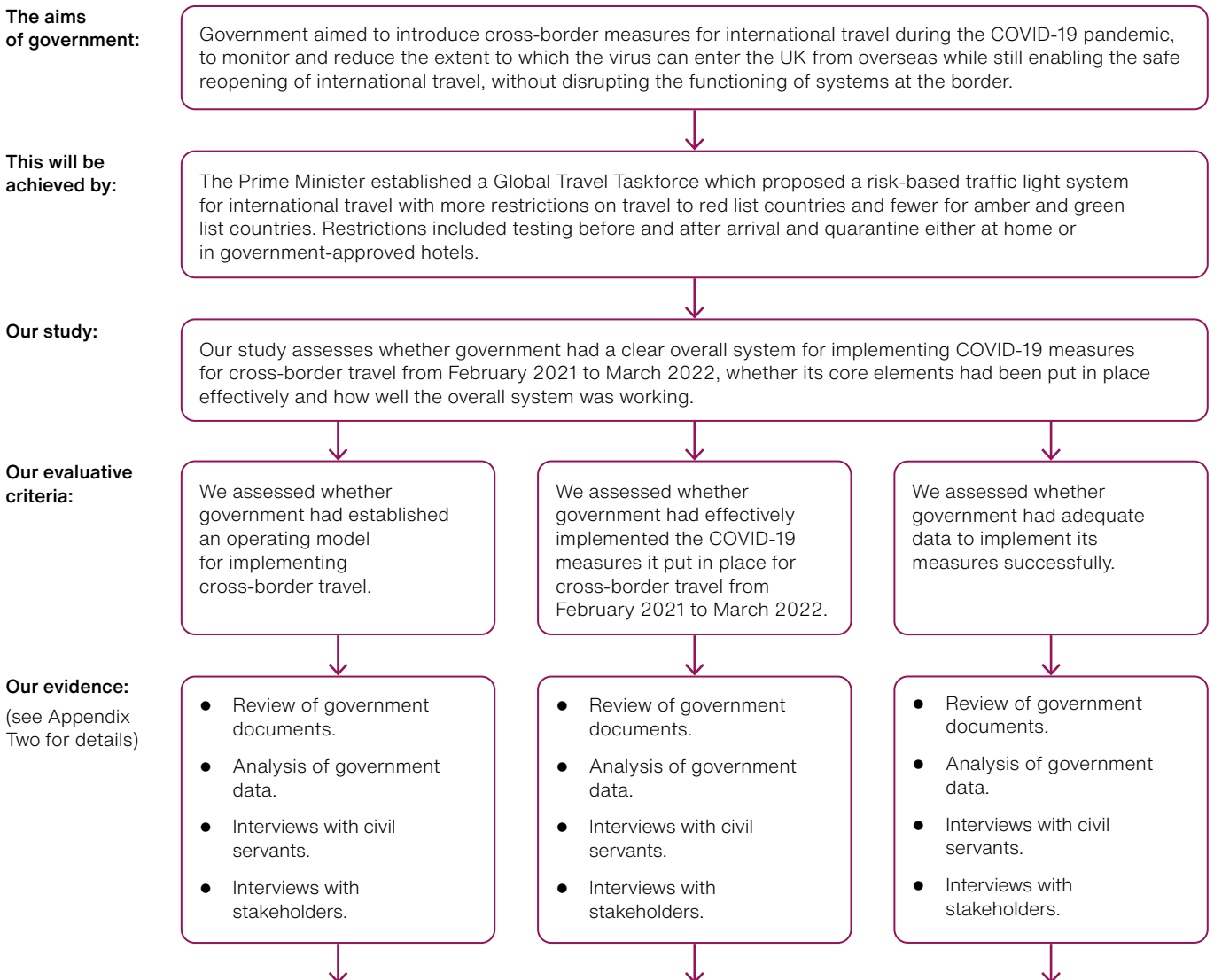


Figure 18 *continued*

Our audit approach

Our conclusions:

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.

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.

Appendix Two

Our evidence base

1 Our independent conclusions on the government's management of cross-border travel during the COVID-19 pandemic were reached following our analysis of evidence collected between October 2021 and March 2022. Our audit approach is outlined in Appendix One.

Document review

2 We reviewed a range of published and unpublished documents to understand the overall system and the implementation of COVID-19 measures relating to cross-border travel. Government was not able to provide us with documents setting out the overall aims and objectives of the system as a whole, nor how success was measured. Documents reviewed included:

- public statements, legislation and guidance on the travel rules, including the reports of the Global Travel Taskforce;
- business cases and contracts for the Managed Quarantine Service (MQS);
- Department of Health & Social Care (DHSC) data on compliance with self-isolation;
- guidance and standard operating procedures for Border Force;
- records of meetings of the COVID-O (Operations) committee; and
- independent reviews conducted by third parties, including the Home Affairs Committee's report on border measures in 2020, the Infrastructure and Projects Authority's (IPA's) 2021 review of the MQS, the Competition and Markets Authority's (CMA's) 2021 report on the market for polymerase chain reaction (PCR) tests.

3 We drew on the National Audit Office's (NAO's) back catalogue of reports on cross-government systems which had been set up at speed including government measures implemented during the pandemic, our work on EU Exit and our work on delivering major programmes at speed.

Data analysis

4 We analysed a range of government data, including Home Office data on arrivals, exemptions, queuing times, Border Force staffing, fines issued to people and carriers, and other data extracted from the Passenger Locator Form (PLF) system; and DHSC data on quarantine, compliance and testing. This includes publicly available data from NHS Test and Trace.

5 Data presented in the report are limited by availability. Data are not always available to consistent timescales. Some data were extracted for us and have not gone through departments' quality assurance processes. We found a number of instances where different data sets gave inconsistent data, and that government did not have complete data, for example, on exemptions.

6 Data from the Home Office's PLF system have been used to estimate the number of exemptions. The PLF system and data are subject to a number of limitations which mean that data from the PLF, particularly from its early months of operation, are not considered a reliable indication of the number of people travelling to the UK. Data from the PLF system are limited because:

- people may submit a PLF but then decide not to travel;
- people who re-submit their PLF are counted multiple times;
- children are generally included on their parents' PLF rather than submitting their own form;
- some people have exemptions from completing a PLF;
- people travelling within the Common Travel Area are not required to submit a PLF;
- data are self-declared and there are no quality assurance processes; and
- extracting granular data on the type of exemption claimed from the PLF requires Border Force to make judgements on how to analyse free-form text entered by the submitter. There is no process for assuring that such judgements are made consistently.

Financial analysis

7 We collated from government departments available data on the spend incurred on implementing travel measures in 2021-22. This period was the first full financial year in which the traffic light system operated. Although some aspects, such as the MQS, began earlier, the spend before 1 April 2021 was not material in value because travel volumes were much lower. These data were provided by departments and, due to the publication date falling shortly after the end of the financial year, some are forecast rather than confirmed final data. We did not audit these data in detail, and there is a risk that they do not capture every aspect of spend on cross-border travel measures.

8 We reviewed data on gov.uk to understand the price of PCR tests for those travelling to the UK.

Interviews

9 We interviewed officials from the Cabinet Office, Home Office, Department of Health & Social Care, Department for Transport and the Foreign, Commonwealth & Development Office. These included:

- civil servants responsible for policy, operations, contract management and governance;
- data and analysis teams; and
- Border Force staff responsible for the operation and implementation of policy measures at the border at a range of rail, land and sea ports.

10 We interviewed non-government stakeholders to understand their views of the overall system. We interviewed representatives from a range of organisations including companies contracted to run the MQS, trade groups for carriers and infrastructure operators and travel regulators across rail, maritime and air travel, but did not speak to every participant in the travel market. We interviewed:

- CMA;
- IPA;
- UK Health Security Agency;
- United Kingdom Accreditation Service;
- Corporate Travel Management;
- G4S;
- Mitie;
- Qualco;
- Airlines UK;
- Airport Operators Association;
- UK Chamber of Shipping;
- Cruise Lines International Association;
- Civil Aviation Authority;
- Maritime and Coastguard Agency;
- Office of Rail and Road; and
- The Union for Borders, Immigration & Customs.

11 During late December 2021 and January 2022 we had planned fieldwork visits to UK border entry points, but these were cancelled due to the prevalence of COVID-19 cases and travel restrictions. In this period Border Force faced significant COVID-19 illness rates impacting on its activity at these sites and other Border Force business. In lieu of these visits we interviewed key officials from:

- Heathrow Airport;
- Portsmouth Port; and
- the juxtaposed controls operating at Calais.

Appendix Three

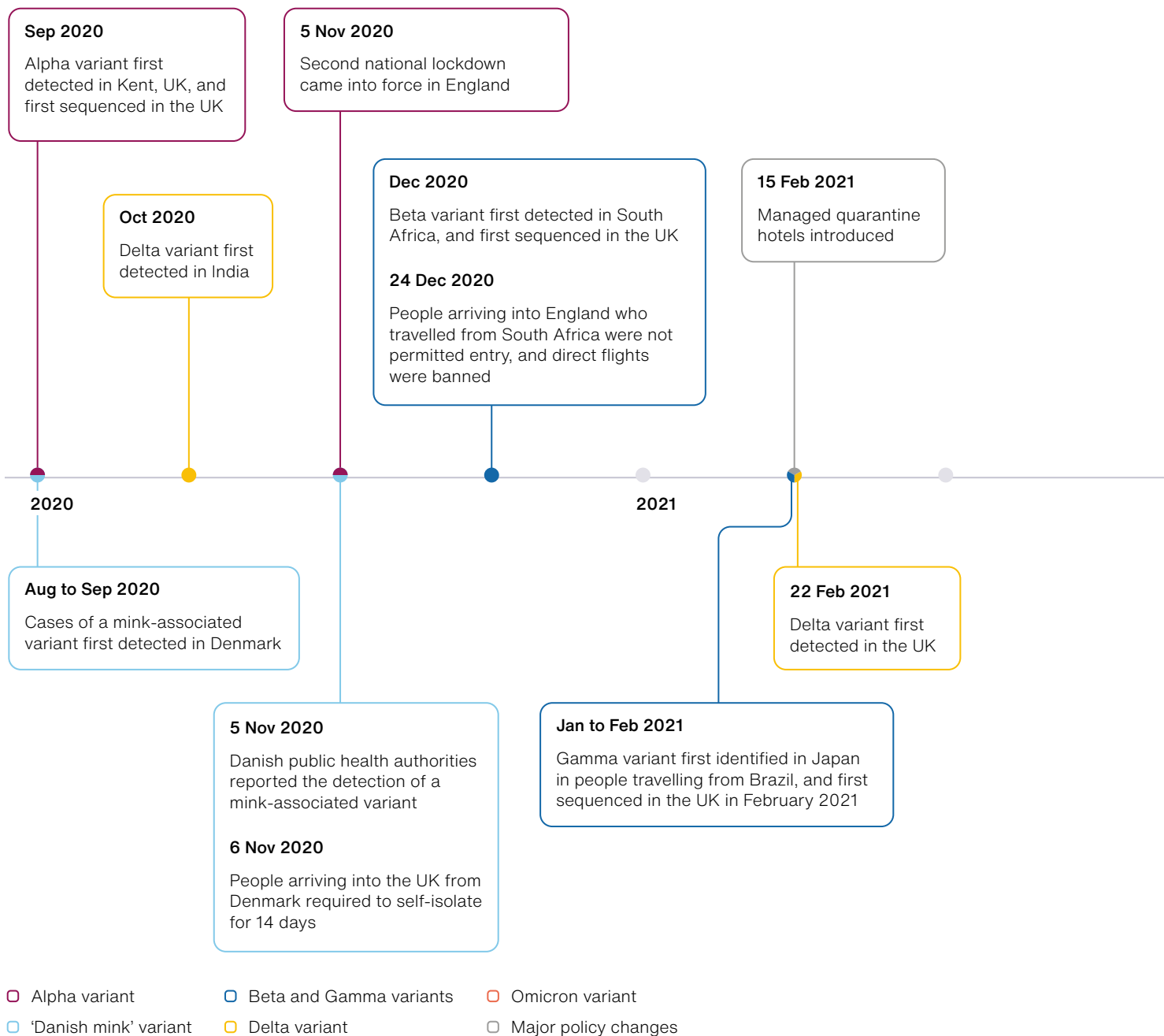
Changes to cross-border travel measures in response to COVID-19 variants

1 See **Figure 19** overleaf.

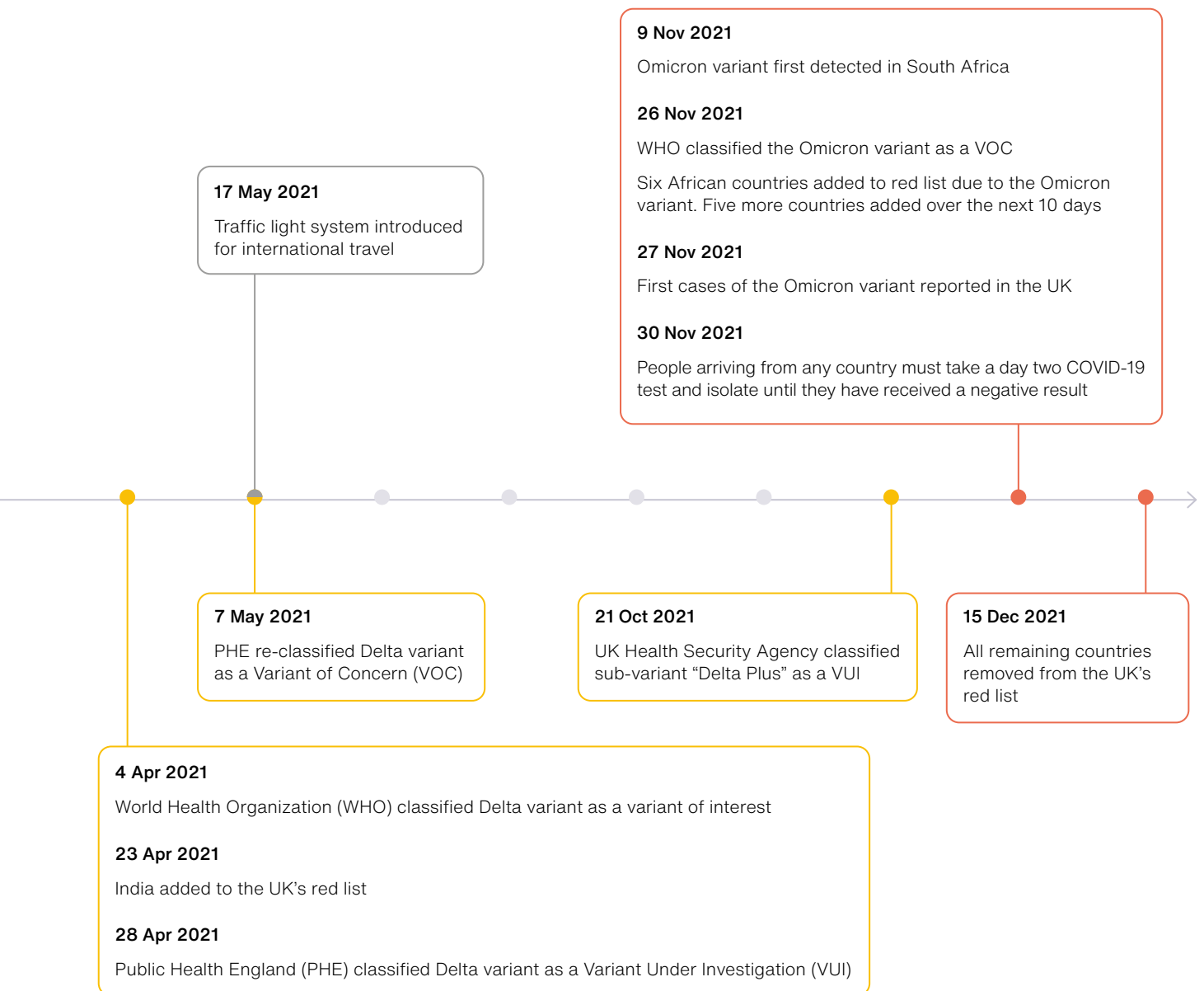
Figure 19

Changes to cross-border travel measures in response to COVID-19 variants from September 2020 to December 2021

Five variants of COVID-19 have been formally designated variants of concern between September 2020 and December 2021 and controls were also introduced for the ‘Danish mink’ variant



Source: National Audit Office analysis



This report has been printed on Pro Digital Silk and contains material sourced from responsibly managed and sustainable forests certified in accordance with the FSC (Forest Stewardship Council).

The wood pulp is totally recyclable and acid-free. Our printers also have full ISO 14001 environmental accreditation, which ensures that they have effective procedures in place to manage waste and practices that may affect the environment.



National Audit Office

Design and Production by NAO Communications Team
DP Ref: 011039-001

£10.00

ISBN 978-1-78604-425-9



9 781786 044259