

On behalf of the Home Office  
Witness Statement of Paul Lincoln  
First  
PL/[01-70]

Dated: 18 July 2023

**EVIDENCE FOR THE COVID 19 INQUIRY**

**MODULE 2**

**RESPONSE TO RULE 9 REQUEST TO THE HOME OFFICE**

**(27 September 2022)**

**UK BORDERS WITNESS STATEMENT**

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**FIRST WITNESS STATEMENT OF PAUL MICHAEL LINCOLN CB OBE**

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**PART ONE: INTRODUCTION AND OVERVIEW**

1. I, **PAUL MICHAEL LINCOLN CB OBE**, provide this statement as one of the Home Office's Corporate Witnesses and in response to a request under Rule 9 of the Inquiry Rules 2006 dated 27 September 2022 ("the **Rule 9 Request**"). I confirm that I am duly authorised by the Home Office to provide evidence to assist the Covid-19 Inquiry ("**the Inquiry**").
2. In my role as Director General, UK Border Force ("**DG**") (up to September 2021) I had personal knowledge of the discharge of the Home Office's responsibilities concerning the United Kingdom's ("**UK**") borders during the period relevant to the Rule 9 Request. As Director General, Border Force I had responsibility for protecting border security and overseeing the arrangements for immigration and customs checks. Accordingly, I focus my evidence on assisting the Inquiry with matters relevant to the UK's borders in this witness statement ("**the Home Office Mod 2 UK Borders Statement**").

3. My statement should be read in conjunction with the **witness statement of Patricia Hayes CB** (Second Permanent Secretary) which provides the general response to the Rule 9 Request on behalf of the Home Office ("**the Home Office MOD 2 Core Statement**").
4. Both of these Home Office Witness Statements refer to the detailed Home Office Composite Timeline ("**the Home Office Chronology**") provided in response to the Rule 9 Request. Within my statement I will provide summary timelines focused on particular aspects of the matters upon which information was sought in the Rule 9 Request. In addition, I will refer to underlying documents which are provided in the disclosure made to the Inquiry (or available in the public domain), using the Inquiry production references.
5. I have been greatly assisted in preparing this statement by senior officials, and their teams, who worked with me whilst I was DG and who continued in their roles throughout the relevant period. In addition, I have been able to draw on the knowledge of the dedicated Home Office ("**HO**") team formed to support the Covid-19 Inquiry. The HO Inquiry support team include staff who were involved in the HO Covid-19 Directorate, so also have direct knowledge of events at the relevant time. Accordingly, whilst I do not have direct personal knowledge of events after September 2021 in the same way as when I was DG, I am satisfied that I am able to provide to the best of my understanding accurate evidence to assist the Inquiry with the entire period covered by the Rule 9 Request.
6. The vast volume of data available concerning the Covid-19 response poses a challenge in how best to assist the Inquiry in witness evidence. I have endeavoured to use my statement to provide a means to understand the central issues and the factual position at the relevant time, and to provide a guide to the most relevant documents. The Home Office Chronology provides a comprehensive overview of events.
7. Before progressing to the detail of my statement, I take this opportunity in opening to pay tribute to all those in public service who came together to meet the challenges posed by the Covid-19 pandemic ("**the Pandemic**"), including my Border Force colleagues and other colleagues elsewhere in the Home Office. Much has been said about the momentous times brought by the Pandemic, but it remains important to recall that civil servants were required to carry on their essential duties in an environment of unprecedented difficulties, whilst also facing personal anxieties and practical constraints

as individual members of the UK population. The commitment shown at an individual level should not be overlooked in the overview of events as this made a significant difference to the resilience (for example, some colleagues elected to live separately from their families to reduce the risk of their families contracting Covid-19 as part of their commitment to remaining at their Border Force posts). I pay tribute to all those staff who worked tirelessly to help protect the public and I am personally grateful for the support I received at all levels throughout the Pandemic when fulfilling my role as DG Border Force.

8. Finally, I wish to express my sincere personal condolences, and those of the Home Office as a whole, to those who lost family and friends as a result of the Covid-19 pandemic or whose lives were otherwise seriously adversely affected by it. It is hoped that the assistance provided to the Inquiry may contribute meaningfully to its work to recognise these losses and provide some element of closure in due course to those affected and may still be suffering.

#### **Statement Structure and Overview**

9. **PART TWO of the statement outlines Border Force's role and responsibilities** and provides information about its duties and the scale of its work. Further information about Home Office responsibilities and organisational structures is provided in **the Home Office MOD 2 Core Statement**
10. **PART THREE provides a high-level overview of the Border Force Covid-19 response in respect of the topics of particular interest to the Inquiry.** The principal topics included are summarised below with references to the relevant paragraph of the Rule 9 request in the form **R9([x])**:
  - a. **Monitoring of travel and risk assessments (R9[7])** including general risk assessments related to importation of Covid-19 from overseas travel (**R9[7a.]**), risk assessments relating to specified countries (**R9[7b.]**) and passenger numbers from specified countries for the period 1 January 2020 to 27 March 2020 (**R9[7c]**). These are referred to in **paragraphs 44 - 89** below.

- b. **Repatriation and quarantine (R9[8]).** This is principally covered in the Home Office MOD 2 Core witness statement and also referred to at **paragraphs 44 - 89** below.
- c. **Border Measures**, including decisions about whether to close UK borders (**R9[9]** - (**R9[10h]**). **Appendix A** provides a short summary of each of the key health measures implemented by the UK government in response to the Pandemic. Passenger data, as requested, is provided at **Appendix B**.
- d. **Details of scientific advice and data** which informed Home Office decisions in relation to health surveillance at UK borders (**R9[11a]**), whether to close the UK borders (**R9[11b]**), and self-isolation for travellers (**R9[11c]**). This is referred to throughout the statement where relevant. General information about the use of scientific advice is also included in the Home Office MOD 2 Core witness statement.
- e. **Whether comparative analysis of the measures adopted from time to time in other countries was undertaken (R9[12]).** This is referred to in **paragraph 80** below.
- f. **Whether, and how, the Home Office measured the public health impact of Border measures (R9[13]).** This is referred to in **paragraph 35** below.
- g. **Enforcement and guidance concerning public health and Coronavirus legislation and regulations (R9[15]).** This is principally covered in the Home Office MOD 2 Core witness statement and also referred to where relevant below.
- h. **Lessons Learned reports and reviews (R9[16]).** This covered in the Home Office MOD 2 Core witness statement.

## **PART TWO: BORDER FORCE ROLE, FUNCTION AND RESPONSIBILITIES**

- 11. In this section of the witness statement, in response to the Rule 9 Request, I will provide:
  - a. An overview of key ministers and officials relating to Border Force during the Pandemic;



- b. An overview of Border Force's role and responsibilities;
- c. A summary of devolved and reserved matters relating to Border Force;
- d. A summary of the organisations Border Force works with to discharge its responsibilities;
- e. A summary of Border Force's specific responsibilities during the Pandemic;
- f. A summary of key decision making bodies during the Pandemic.

**(a) Home Office Ministers and Key Officials**

- 12. The **Home Office MOD 2 Core Statement** provides full details of all Home Office Ministers and key officials at senior civil servant and Grade 6 level. Key ministers with responsibilities for border issues are outlined below.<sup>1</sup>
- 13. **The Right Honourable Dame Priti Patel MP** held the post of the Secretary of State for the Home Department ("the **Home Secretary**") from 24 July 2019 to 6 September 2022.
- 14. The Home Secretary has overall responsibility for all Home Office business. This includes overarching responsibility for the departmental portfolio; oversight of the Ministerial team; membership of Cabinet and the National Security Council ("**NSC**"); and oversight of the Security Service. The Home Secretary also had overall responsibility for the Home Office response to the Pandemic.
- 15. **The Minister for Safe and Legal Migration** was a ministerial role with responsibility for issues pertaining to immigration and legal migration including: the UK points-based system; simplifying the immigration system; the current and future visa system; the asylum system; net migration figures; the EU settlement scheme and issues relating to Windrush. Kevin Foster MP held the post from 16 December 2019 to 6 September 2022. The role was known as the **Minister for Future Borders and Immigration between February 2020 and December 2021**.
- 16. **The Minister for Security and Borders** had responsibility for matters of security, including cross-border security. This portfolio includes: counter terrorism; cybercrime and online harms; economic crime and fraud; hostile state activity; extradition; Royal and VIP protection; the Northern Ireland protocol; aviation and maritime security and

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<sup>1</sup> I include a glossary of common Home Office Acronyms at Appendix C to assist the reader.

border security. The Right Honourable James Brokenshire MP held the post from 13 February 2020 to 11 January 2021. The Right Honourable Damian Hinds MP held the post from 13 August 2021 to 7 July 2022. Between January and August 2021 the portfolio was covered by Baroness Williams, Mr Foster MP, Mr Malthouse MP and Lord Greenhalgh.

**(b) Border Force Role, Responsibilities and Priorities**

17. **Border Force is a law enforcement command within the Home Office**, which secures the border “24/7” on every day of the year. It has primary responsibility for securing the UK border and for controlling immigration at ports and airports across all four nations of the UK.
18. Border Force’s stated mission is to *“protect the public through a secure border, facilitate legitimate travel and trade and adapt to face the challenges of an increasingly uncertain world.”* This includes the implications at the border that arise from changes in the global security position and in dealing with dynamic threats from cross-border crime and terrorism.
19. The UK mainland border is over 11,000 miles and Border Force has responsibility for patrolling UK waters and for immigration and customs checks at around 140 designated ports, airports, depots and rail sites in the UK and Europe, as well as at more than 3000 smaller airstrips, and 1600 recognised ports, harbours and marinas.
20. Border Force’s c. 10,000 employees discharge their responsibilities across five main systems. These systems are: (a) immigration (b) customs and fiscal (c) security and crime (d) prosperity and (e) health and environment. Under these systems, there are 85 major sets of tasks that are undertaken.
21. **The Border Force Operating Mandate** is a Ministerial directive from the Home Secretary setting out the requirements on Border Force in relation to, in particular, Home Office responsibilities that fall under those systems and tasks. Agreements with other government departments – including such as the statutory requirements placed on Border Force by the Chancellor of the Exchequer in relation to fiscal customs, or for fulfilling responsibilities to DEFRA required under the Convention on International Trade in Endangered Species (“**CITES**”) - are also captured in these 85 tasks.

22. During the pandemic response and under these responsibilities, Border Force serviced 18.5 million passenger arrivals in financial year 2020/21 (compared to 135 million in 2019/20) and the importation of over £466bn of goods into the UK (Jan – Dec 2021) (compared to £430bn for Jan – Dec 2020). Border Force seizures included 12 tonnes of Class A cocaine and heroin, 11 tonnes of psychoactive substances, cigarettes (£198m of revenue protected), 1.4 tonnes of illegal Product of Animal Origin, and c. 2400 lethal and non-lethal weapons. In financial year 2020/2021, Border Force detected c.20,000 attempts to clandestinely enter the UK, identified 8 human traffickers and 655 potential victims of modern slavery, and made counter-terrorism referrals.

**(c) Summary of Devolved and Reserved Matters**

23. Management of the UK Border is a reserved UK matter that is not devolved to the nations.
24. Whilst much of Border Force’s work fell within reserved competence areas, measures developed under health powers fell within devolved competences, so entailed working closely with the relevant bodies within Scotland, Wales and Northern Ireland. Each nation had different contexts (legal, political and operational), so measures were adapted for the nations, which in turn required Border Force to adapt its response. This is explored in more detail below in Part Three.

**(d) Border Force Shared Competency**

25. Border Force works in conjunction with a wide range of public and private sector partners and organisations, international partners, and internal Home Office functions, to discharge its responsibilities. External organisations and sectors include:
- 1) Aviation sector
  - 2) British Transport Police (“BTP”)
  - 3) Civil Aviation Authority (“CAA”)
  - 4) Counter Terrorism Policing (“CTP”)
  - 5) Department for Business and Trade (formally Department for Business, Energy and Industrial Strategy (“BEIS”)).
  - 6) Department for Environment, Food & Rural Affairs (“Defra”)
  - 7) Department for Health and Social Care (“DHSC”)
  - 8) Department for Levelling Up, Housing and Communities (“DLUHC”) previously known as Ministry of Housing, Communities and Local Government (“MHCLG”).
  - 9) Department for Transport (“DfT”)

- 10) Food Standards Agency (“**FSA**”)
- 11) Foreign, Commonwealth and Development Office (“**FCDO**”).
- 12) “**FRONTEX**” (the European Border and Coast Guard, an agency of the EU)
- 13) His Majesty’s Revenue and Customs (“**HMRC**”)
- 14) His Majesty’s Treasury (“**HMT**”)
- 15) Intellectual Property Office (“**IPO**”)
- 16) International rail operators
- 17) Joint Terrorism Analysis Centre (“**JTAC**”)
- 18) Maritime sector
- 19) Medicines and Healthcare-Products Regulatory Agency (“**MHRA**”)
- 20) Ministry of Housing, Communities and Local Government (“**MHCLG**”)
- 21) National Ballistics Intelligence Service (“**NABIS**”)
- 22) National Crime Agency (“**NCA**”)
- 23) National Police Chiefs Council (“**NPCC**”)
- 24) Port Health Authorities (“**PHAs**”)
- 25) Port operators
- 26) Regional police forces
- 27) Security and Intelligence Agencies (“**SIA**”)

**(e) Role of Border Force during the Pandemic**

26. The Pandemic presented a significant challenge to the border which required Border Force to continually adapt to support the implementation and enforcement of Covid-19 specific public health measures determined by Ministers at Cabinet level committees. In parallel with these Covid-19 related public health measures, Border Force continued its 24/7 hours, 365 days a year operation, against the tasks, systems, and frameworks set out earlier, including responding to the changed threats that the Pandemic brought about, including, for example, in organised crime and illegal migration. With regard to the health measures at the border, Border Force operationalisation included:
  - a) Supporting the repatriation of British Citizens and their dependents from China, other countries, and from cruise ships;
  - b) Designing and delivering a digital Passenger Locator Form (“**PLF**”) for all inbound travellers;
  - c) Implementing a Fixed Penalty Notice (“**FPN**”) regime for individuals who did not comply with the requirements that were legally placed upon them; and a compliance regime with the transport regulators (e.g. the Civil Aviation Authority

- ("CAA") to ensure that the carriers were incentivised to carry out their legal requirements in respect of new checks on passengers;
- d) Implementing and enforcing travel restrictions for passengers who had travelled from countries where, originally, there was a high prevalence of Covid-19 and subsequently in relation to countries where emergent or designated variants of concern of Covid-19 were detected;
  - e) Enforcing the requirement for Pre-Departure Testing ("PDT") by conducting passenger spot checks (up to 100%);
  - f) Supporting the Department for Health and Social Care, the police, and the rest of the criminal justice system, in relation to processing inbound travellers required to enter the DHSC-led Managed Quarantine Service ("MQS");
  - g) Supporting the in-country Isolation Assurance Service ("IAS") and contact tracing through the provision of relevant passenger data.

**(f) Shared Enforcement Responsibilities**

27. A summary of the key bodies with which Border Force shared enforcement responsibilities is provided below. The requirements set out in the various statutory instruments that implemented the travel restrictions placed obligations on other organisations and agencies, in addition to Border Force, ensuring there was an end-to-end system put in place. Border Force worked very closely with all the relevant partners to ensure that there was, wherever possible, a shared endeavour in delivering the international travel restrictions and in supporting the DHSC in relation to the Managed Quarantine Service in hotels. This included working with a range of partners such as airlines, maritime partners, the Channel Tunnel shuttle services, the Civil Aviation Authority ("CAA"), Public Health England's Isolation Assurance Service ("IAS"), NHS Test and Trace, and the police.<sup>2</sup> Some of the key responsibilities are outlined below:

- a. **Commercial travel operators** had obligations to ensure passengers filled in a PLF and had a negative Covid-19 test before departure, as required by the specific regulations in place at the time of travel. Additionally, travel operators had obligations to provide public health information relating to international quarantine requirements to passengers during booking, at check-in and during travel.
- b. The **Civil Aviation Authority** had powers to issue Fixed Penalty Notices to commercial transport services who did not meet their coronavirus regulation obligations.

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<sup>2</sup> PL/01 – INQ000215594.



- c. **Border Force** checked the Passenger Locator Forms and test results collected by carriers such as the airlines and Channel Tunnel shuttle services. Border Force had powers to issue Fixed Penalty Notices to individuals who failed to provide an accurate PLF or had failed to meet the necessary requirements and issue Notices of Intent to carriers who failed to check passengers held correct documentation.
  - d. Public Health England's **Isolation Assurance Service ("IAS")** checked people were self-isolating at the designated address that they had provided to the government and alerted the police to potential breaches.
  - e. **NHS Test and Trace** staff called people who were required to self-isolate to check compliance, with the police initially conducting visits to those suspected of non-compliance. On the 31 March 2021, the Home Office Public Safety Group contracted a private operator (**Mitie**) to conduct door-step visits to those suspected of non-compliance, significantly reducing the need for police support. Any individuals suspected of non-compliance by Mitie were referred to the police for follow-up enforcement action, which could include issuing Fixed Penalty Notices. Further information about the self-isolation compliance service is in the **Home Office MOD 2 Core Statement**.
28. Additionally, in Border Force, we took on the immense task of operationalising all of the approximately **70 exemptions** to the various Regulations (which included differences between the devolved nations). This was one of the few areas for which automated systems could not reasonably be developed at the time given the variety of exemptions and documents required to evidence eligibility. Thus, this was a factor which led to some queues at the Border as individuals sought to demonstrate eligibility. In a sense, the experience with exemptions underscores how effective the automated systems were that had been developed in a very short space of time to support the other pandemic-related measures (such as PLFs).

#### **Border Force and other HO functions**

29. Border Force received input and support from Home Office internal functions, including Home Office Legal Advisers (**HOLA**) as part of the Government Legal Department (**GLD**). Legal issues were important throughout the relevant period. This can be seen in relation to the range of powers that were introduced at various times through legislation during the course of the Pandemic, including those in the Coronavirus Act (albeit many of the provisions were temporary) which were enacted near the outset of the Pandemic to be able to more effectively manage the response. Many of the new regulations and



measures created to respond to the threats posed by the Covid-19 Pandemic were unprecedented, so their precise scope and requirements required careful consideration. Similarly, the operational decisions associated with implementation entailed novel considerations.

30. Border Force also worked with policy teams from across the Department, including the Public Safety Group (“**PSG**”) (previously known as the Crime, Policing & Fire Group “**CPFG**”), the Migration and Borders policy teams, the Homeland Security Group (previously known as the Office for Security and Counter Terrorism), Home Office Science, HR and finance teams, and more operational areas such as Immigration Enforcement, UK Visas and Immigration, His Majesty’s Passport Office, and Digital, Data and Technology (“**DDAT**”).

### **PART THREE: BORDER FORCE RESPONSE TO THE PANDEMIC**

31. The Rule 9 Request refers to Home Office support for decision-making in the period between the beginning of **January 2020 to 24 February 2022**, with a **particular focus on the period 1 January 2020 to 26 March 2020**. This section focuses specifically on the role of Border Force during the periods of interest to the Inquiry. Further information about the wider Home Office response is provided in the **Home Office MOD 2 Core Statement**.
32. To assist the Inquiry to understand the development of the Border Force response in its chronological context, the statement will set out the relevant activity during each of the following phases:
  - a. **Before the identification of a novel coronavirus:** Prior to 9 January 2020
  - b. **Restricted travel from specified countries:** 9 January 2020 to 1 March 2020
  - c. **Essential Travel Only:** 23 March 2020 to 9 July 2020
  - d. **Travel Corridors:** 10 July 2020 to 16 May 2021
  - e. **Traffic Light System:** 17 May 2021 to 18 March 2022
33. When considering the below events and Border Force support for decision-making in relation to the UK Borders, it is helpful to bear in mind the following key overview points:
  - i. **UK government policy on border management was primarily decided at ministerial Cabinet level committee meetings** reflecting the intersection of

multiple Departments' policy areas, including health, transport, security of supply, international travel advice, the economy, immigration, customs, and national security. Home Office officials contributed substantial expertise in relation to securing the border and overseeing the movement of individuals and goods to and from the UK. So, for example, the Home Office could advise on the likely consequences in areas within its remit of a potential policy or the issues and practicalities of implementation in regard to any policy consideration (such as closing UK borders). However, decisions on whether, say, the health benefits were sufficient to justify any adverse consequences for other areas, were for the relevant Cabinet sub-committee or Prime Minister. Naturally, setting cross-cutting border policy overall, and the most important decisions affecting the border, were taken at ministerial Cabinet committee meetings, with the Cabinet Office acting as the central coordinator for decision-making. This position was also a natural reflection of the constitutional framework for such policy decisions, summed up by one Minister in the usual adage or phrase "officials advise, Ministers decide".

- ii. **The protection of public health was a primary driver for strategic decisions on border policy during the pandemic.** These decisions, made by Ministers, required expert scientific advice from public health bodies and advisory groups (such as the Scientific Advisory Group for Emergencies ("**SAGE**")) on public health risk assessments, modelling, policy options and monitoring of public health impacts. The Home Office is not a public health body and does not have policy responsibility for public health risk assessments, modelling, or monitoring. Border Force compiled and measured a range of statistics - e.g. as to compliance with measures at the border – but were primarily acting on behalf of other departments or requirements owners. Border Force does not, of itself, have the professional capability to determine effectiveness of public health measures. As set out below, including for other medical risk contingencies such as those for Ebola, Border Force works under the direction of public health organisations and agencies. Such organisations are, therefore, better placed in that regard to consider public health measurement.
- iii. **The primary role of Border Force during the Pandemic was to maintain border security** and operationalise UK Government border management policy, where applicable within its overarching responsibilities. Those responsibilities may be revised by Ministers, as required, and were done so during the course of the

Pandemic. At all times the Home Office acted in accordance with the Cabinet policies and decisions.

- iv. **Border Force worked in conjunction with a large number of public and private organisations to implement border management policy.** The major organisations included: the Devolved Administrations, DHSC, public health authorities, FCDO, DfT, Defra, HMRC, air, sea and rail port operators, port health authorities, carriers, and law enforcement organisations.
- v. **Border Force was required to make time critical operational decisions in a highly dynamic environment** to enact and maintain border management policy.
- vi. Like other organisations, **Border Force staff were also affected personally by the Pandemic whilst simultaneously managing part of the response to the crisis.** Individuals were home schooling, acting as carers, or may be absent themselves for periods through sickness and, in some cases, again sadly as the public as a whole, suffered bereavements of family members or colleagues as a result of the Pandemic. There are seemingly endless stories of personal sacrifice and commitment of individuals and teams in Border Force who rose to the challenge, despite immensely difficult personal circumstances which they were facing themselves.

**(a) Before the Identification of a Novel Coronavirus: Prior to 9 January 2020**

- 34. To contextualise the early Home Office response to the Pandemic, I have set out Border Force's operational position in January 2020 and summarised the history of border related pandemic planning assumptions and responses. This short account inevitably overlaps with Module 1 which examines the preparations which pre-dated the Covid-19 pandemic. In the interests of ensuring the length of my statement remains manageable, I have provided only enough information to briefly outline 15 years of UK government policy on the Border during a pandemic. Further detail about Home Office resilience and preparedness between 2009 and 2020 will be provided in response to Module 1.
- 35. In January 2020, the Home Office had an established high-level plan and concept of operations ("**ConOps**") for managing infectious diseases at the Border. **Operation Heir**, developed in 2015 and refreshed in 2018, was predicated on the Department for Health's planning assumptions for pandemic influenza and required Border Force to act

on Ministerial decisions and public health authorities' advice. The plan expected health powers, rather than immigration powers, to be used to support any required screening programme at the Border. This Whitehall position was taken because Border Force Officers had very limited or no immigration powers to refuse leave to enter to British Citizens and EU citizens on public health grounds. Public health powers were considered more appropriate, and Operation Heir assumed that public health bodies would, as had been the default case in response to potential health issues prior to the Pandemic, lead on any necessary screening programme. Border Force's primary responsibility during a pandemic was to maintain safe and secure borders.

36. Fourteen months after the 2018 refresh of Operation Heir, the World Health Organisation ("**WHO**") was notified of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province, China. Ten days later, on 9 January 2020, WHO declared that a novel coronavirus has been identified. At this stage, WHO did not recommend any specific measures for travellers and advised against the application of any travel or trade restrictions on China based on the information currently available. Although Operation Heir was not formally activated, the early Home Office response to the Pandemic was necessarily shaped by the UK Government's strategy, assumptions, and response history which underpinned Operation Heir's development.
37. Operation Heir did not envisage closure of the borders during a pandemic, or other form of infectious disease, as a consequence of a long-established UK Government position. In 2005, Ministers collectively considered the issue of domestic and international travel restrictions, including border closures, as a means of mitigating the impact of pandemic flu. They concluded that the then available evidence on the penalties of border closure outweighed the potential benefits and agreed that planning should be conducted on the presumption that there would be no restrictions on international and domestic travel.
38. Ministers at the MISC 32 Committee on 30 January 2008 revisited this decision and endorsed a recommendation that government plans should continue to presume that UK borders would remain open during an influenza pandemic subject to scientific advice, international measures, and potential alternatives in the event of an actual pandemic.<sup>3</sup>
39. The UK Government's policy on border closures was reconsidered again and validated by the **Civil Contingencies Secretariat** on 28 April 2009 in response to the emerging infectious disease outbreak which became the H1N1 ("**Swine Flu**") pandemic. The subsequent independent review of UK response to the H1N1 pandemic by Dame Deidre

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<sup>3</sup> MISC 32 was the Ministerial Committee on Pandemic Influenza Planning between 2005 and 2010.

Hine acknowledged the decision not to close the border and did not make any recommendations on changes to government postures on international travel restrictions or border screenings during a pandemic.

40. The **UK Influenza Pandemic Preparedness Strategy 2011** maintained the UK government's position on border closures stating that there were no plans to attempt to close the border during a pandemic because it would only minimally delay the arrival of the pandemic in the UK and would also risk the secure supply of food, pharmaceuticals, and other supplies into the UK.
41. The UK border therefore remained open during the **2012 MERS pandemic, 2013 – 2016 Ebola epidemic**, and the **2015 – 2016 Zika epidemic** in line with the long-held planning assumption about border management during pandemics and epidemics. Border Force's Operation Heir was predicated on this history and experience of the UK government response to other infectious diseases.

**(b) Restricted Travel from Specified Countries: 9 January 2020 to 17 March 2020**

42. The key events to note in this phase of the Pandemic include:
  - **10 January 2020:** The Home Office begins providing flight and passenger data to PHE for analysis;
  - **22 January 2020:** Home Office Permanent Secretary attends cross-Whitehall meeting on the UK government's initial response, and the Home Office Deputy Chief Scientific Advisor attends SAGE meeting on the new Coronavirus;
  - **22 January 2020:** PHE implement enhanced monitoring of flights;
  - **26 January 2020:** Home Office begins support for repatriation of UK citizens
  - **25 February 2020 – 12 March 2020:** PHE self-isolation advice provided for travellers returning from specific countries<sup>4</sup>;
  - **17 March 2020:** FCDO advise against all non-essential travel overseas<sup>5</sup>;
43. **My recollection of what became the Covid-19 Pandemic is that it began in a way which did not distinguish it from other previous potential health threats.** Such threats potentially relevant to the UK occur relatively regularly and Border Force has operational plans in place to support public health authorities to manage the impacts of infectious disease outbreaks (as outlined above).

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<sup>4</sup> PL/02 – INQ000052487

<sup>5</sup> PL/03 – INQ000181694



44. Whilst the emerging Covid-19 potential threat was not initially remarkable, not least as the UK public health advice at the time was that the risk to the UK population was very low, it was one of a number of other operational issues that were being managed simultaneously, including preparations for the UK's exit from the EU which was an unprecedented and resource-consuming task. As such, Border Force had been engaged in an exceptionally resource-intensive period dealing with EU Exit-related matters and operationalising contingency plans for a so-called 'No deal' Brexit. The 'Brexit' process took place over a number of years during which there were many uncertainties and possible contingencies affecting the UK Border. Whilst, in the end, an EU Withdrawal agreement was reached, there remained a substantial task for Border Force and other public entities in dealing with the legal and operational consequences of EU Exit and preparing for the end of the Implementation Period (end of 2020). In both sets of planning, the maintenance of vital goods and services supply chains was a top priority. The high level of UK dependence on goods and services passing through the border, in particular through the Shorts Straits crossings with France, had been brought home in the EU Exit planning. The need to maintain a constant flow of essential food and medicines through the many air and sea ports at the UK Border was an especially pressing consideration which also featured in the response to the Covid-19 Pandemic (based in part on utilising information and assessments which had been considered as part of EU Exit planning).
45. Other important matters to which Border Force resources were devoted at this early stage of the Pandemic included the work being done to combat trafficking of people and illicit drugs and goods. The issue of people trafficking using goods lorries and its terrible human costs were highlighted by the tragic deaths of 39 Vietnamese nationals discovered in a refrigerated lorry in Purfleet on 23 October 2019. A significant programme of work was undertaken by Border Force and partner organisations to combat the use of such inhumane methods by organised criminal gangs profiting from people smuggling into the UK.
46. Organised criminals were also developing other means of human trafficking at this time, which included the use of small boats. Whilst this area was far less prolific at this stage, it was growing in popularity given its profitability with relatively low costs and risk to the traffickers. This combined with the change in routine traffic patterns during the Pandemic later increased the use of this method of entry.
47. Importantly, the threats to the UK population posed by terrorism and organised crime generally remained at significant levels during this time. Notably, organised criminals



changed methodologies in response to the Pandemic and developed to new opportunities, for example to smuggle fake Personal Protective Equipment (“PPE”) or to hide illicit drugs in legitimate PPE shipments to which Border Force needed to respond. And throughout the Pandemic, the JTAC set counter-terrorism threat level remained at either Substantial or Severe at all times.

48. It is therefore fair to say, that **Border Force faced an exceptionally challenging operational environment at the beginning of 2020, which continued throughout much of the relevant period.**
49. Notwithstanding the challenging operational context, **the Border Force early response to the development of the Pandemic was proactive, positive, proportionate and entirely in line with the contingency planning.** In the period from the World Health Organisation declaring a new Coronavirus had been identified on 9 January 2020 to the implementation of the first national lockdown on 23 March 2020, Border Force utilised organisational learning from previous infectious diseases and major events (such as EU Exit preparations and the 2012 Olympics) when responding in accordance with the pre-prepared strategies. The approach of seeking scientific and public health advice to inform Border Force operational thinking was adhered to, along with acting in cooperation with colleagues across multiple government departments. I have summarised these first three months below with specific focus on the provision of data to enable UK government risk assessments, provision of scientific advice in relation to the border, and contingency planning by Border Force (as highlighted in the Rule 9 Request).
50. The Home Office response to the pandemic started on 9 January 2020 when Border Force was first contacted by Public Health England to request the provision of passenger data on passenger numbers on those flying to and from Wuhan province.<sup>6</sup> PHE’s contact was made following the identification of the novel coronavirus on the same day. Initial data was provided by Border Force’s National Border Targeting Centre (“NBTC”) on 10 January 2020, with subsequent data requested and provided in the following weeks.<sup>7</sup> **As noted previously, during this period, the risk to the UK population was assessed by medical experts as very low.**
51. On 13 January 2020, the New and Emerging Respiratory Virus Threats Advisory Group (“NERVTAG”) endorsed the existing government advice that port of entry screening was

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<sup>6</sup> PL/04 - INQ000051692.

<sup>7</sup> PL/05 - INQ000051694.

not likely to be effective or efficient. This position was repeated at an initial cross-HMG officials meeting, convened by the Civil Contingencies Secretariat and attended by Border Force's Chief Operating Officer ("COO"), Emma Moore, on 17 January 2020. At that meeting, the COO confirmed that Border Force had operational procedures in place and that standard medical referrals to port health authorities would be made if necessary.<sup>8</sup> On 20 January 2020, initial advice was issued to Border Force officers reminding operational staff that Port Medical Inspectors or Officers ("PMO") were available to consult on any matters that may have an adverse impact on public health, and to provide advice to Border Force about whether a passenger meets the admissibility criteria for entry into the UK from a medical perspective.<sup>9</sup>

52. During week commencing 20 January 2020, the Home Office / Border Force response to the emerging situation began to increase, as co-ordinated cross government activity was initiated. **No known cases in the UK were confirmed until 31 January 2020; however, during this week, the risk to the UK population was raised from very low to low.**
53. On 22 January 2020, Border Force attended a "Port Health Measures" meeting together with DHSC, PHE, and DfT to agree advice for Ministers on port health measures. At this meeting, consideration was given to a paper by PHE on options for enhancing border health arrangements at UK airports to prepare for a small or significant escalation of the emerging situation. PHE's options were presented in the context of international measures beginning to be implemented, and the expert advice of WHO and NERVTAG on port entry screening.<sup>10</sup> The convening of the meeting by the Civil Contingencies Secretariat and the provision of public health advice by PHE remained consistent with roles and responsibilities outlined in Border Force's Operation Heir.
54. On the same day as the port health measures meeting, the Home Office Deputy Chief Scientific Advisor, Rupert Shute, attended the first SAGE meeting on the new Coronavirus.<sup>11</sup> At this meeting, SAGE endorsed NERVTAG's position on entry screening and monitoring measures, noting that temperature and other forms of screening were unlikely to be of value and have high false positive and false negative rates. SAGE stated that it would review its position on port screening only if a simple, specific and rapid test was available and was deployable at scale across the UK (Lateral Flow Devices capable of detecting Covid-19 did not become readily available until November

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<sup>8</sup> PL/06 - INQ000051704.

<sup>9</sup> PL/07 - INQ000051705.

<sup>10</sup> PL/08 - INQ000051708.

<sup>11</sup> PL/09 - INQ000051718.

2020).<sup>12</sup> In subsequent meetings and/or discussions at which the Chief Medical Officer for England (or Deputy CMO) were present over the duration of the response, the risk of either false positive or negative results from temperature screening remained the same and at no time was there official advice from the medical community recommending that such temperature screening approaches should be deployed as a border measure.

55. At a cross-HMG Heads of Department meeting also held on 22 January 2022, attended by the Home Office Permanent Secretary, the value of entry screening was also discussed.<sup>13</sup> A short informal read out of this meeting was sent to the Private Offices of the Home Secretary and Ministers to inform them of DHSC's decision to implement precautionary measures for direct flights from Wuhan.
56. Following these meetings of officials, SAGE, DHSC and FCDO (FCO in January 2020) later announced proportionate and precautionary measures for responding to the new Coronavirus. FCDO advised against all but essential travel to Wuhan in China, in parallel with DHSC's decision to implement enhanced monitoring on all direct flights from Wuhan by port health teams. Port health teams are the responsibility of local authorities or specific port health authorities if the port is covered by more than one local authority. These teams are independent of the Home Office, but work in conjunction with Border Force. To support the enhanced monitoring, Border Force agreed to ensure that public health leaflets and information were made available across all UK airports.
57. The Home Secretary received further briefing on the emerging situation on 24 January 2020 following an initial COBR attended for the Home Office by the Border Force COO.<sup>14</sup> The Home Secretary was advised on the work underway between Border Force and PHE to share data, where legally possible, and the measures being implemented at ports.
58. Border Force also provided briefing on COBR outcomes to an initial inter-departmental co-ordination meeting, chaired by the Home Office's Major and Critical Events team, on 24 January 2020. It was agreed that Border Force would continue to lead on Home Office reporting into the cross-government response via the DHSC owned Situational

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<sup>12</sup> PL/10 - INQ000215595.

<sup>13</sup> PL/11 - INQ000051712.

<sup>14</sup> PL/12 - INQ000051761.

Report (“**SitRep**”).<sup>15</sup> This meeting was a precursor to the initiating of the more formal Home Office response structures for critical incidents which would follow a week later.

59. Briefing sent to the Home Secretary and Security Minister on 26 January 2020 records that Border Force’s standard operating procedures for processing passengers requesting medical variance clearance remained unchanged and were considered sufficient for any reasonable increase in cases.<sup>16</sup> The briefing also advised that the Foreign Secretary was now considering options from his officials to evacuate an estimated 300 British nationals from China (from Wuhan (c200) and the Hubei province (c100)). As with public health measures at the Border, Border Force also had established procedures to support FCDO led evacuations.
60. Border Force proceeded to support the repatriation of British nationals from China, and subsequently from cruise ships, throughout the government’s initial response. Further information about the role of the Home Office in supporting the repatriation of British Citizens is included in the **Home Office MOD 2 Core Statement**.
61. During this final week of January 2020, Border Force continued to operate in line with standard procedures and work in partnership with public health authorities and other government departments. **By the end of January 2020, only two confirmed cases of Covid-19 in the UK had been announced. However, the impacts of the emerging situation were starting to be felt across the wider Borders, Immigration and Citizenship system (“BICS”) within the Home Office.** Visa application centres remained closed in China following the Chinese New Year, and FCDO’s updated travel advice advising against all but essential travel to mainland China would have implications for Immigration Enforcement activity and Chinese nationals in the UK whose leave to remain was due to expire. **Consequently, the second Permanent Secretary declared a critical incident in BICS on 29 January 2020.**<sup>17</sup> **This decision enabled the Home Office’s formal critical incident management procedures to be activated.** Further information about the Home Office response management procedures is included in the **Home Office MOD 2 Core Statement**.
62. **The UK risk level was raised from low to moderate on 30 January 2020.**<sup>18</sup> As the government response developed and the UK risk level increased in the final week of January, our business continuity plans including the welfare of the Border Force

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<sup>15</sup> PL/13 - INQ000051752.

<sup>16</sup> PL/14 - **INQ000051766**

<sup>17</sup> PL/15 - INQ000051811.

<sup>18</sup> PL/16 - INQ000051823.



workforce and the management of border security during periods of high staff abstraction were reviewed. A statement of Border Force preparedness was submitted to Home Office Gold as part of wider Departmental planning and consideration was given to whether Operation Heir should be formally activated.<sup>19</sup>

63. Workplace safety guidance for our workforce issued during this period was informed by the latest scientific advice and is indicative of our proportionate response management. Guidance to Border Force officers issued on 23 January 2020 stated that PHE recommended that standard infection control measures applied, and on 27 January 2020 specific guidance issued by the National Detector Dog Team advised on the low risks of animal transmission in relation to the deployment of Border Force dogs to search freight following consultation with the Defra Chief Veterinary Officer. On 28 January 2020, SAGE endorsed NERVTAG's position that those coming into contact with returning travellers to the UK, for example Border Force officers, did not need additional infection control measures to those currently advised.<sup>20</sup>
64. On 2 February 2020, I was advised that SAGE was currently modelling scenarios on the effectiveness of closing the border.<sup>21</sup> Legal and operational advice was required from the Home Office on i) its powers to refuse admission to the UK to British nationals, EU nationals, and nationals for all other countries, and ii) the operational feasibility for restricting entry at sea, air and rail ports, including our juxtaposed controls in Europe, and the implications for the Common Travel Area.
65. The legal advice on refusing entry to the UK for British nationals and EU nationals was discussed between the Home Secretary and Secretary of State for Health and Social Care on 3 February 2020, and subsequently at COBR on 6 February 2020, with legal advice also provided by DHSC and DfT.<sup>22</sup> In line with the approach in Operation Heir, the Home Office position was that public health powers were the preferred route to ensure compliance with the screening regime as the legislation had been designed for managing infectious diseases.
66. SAGE's modelling of the impact of border restrictions was discussed at their meeting on 3 February 2020.<sup>23</sup> At this meeting, SAGE concluded that its modelling estimated that that if the UK reduced imported infections by 50%, this would maybe delay the onset of

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<sup>19</sup> PL/17 - INQ000051835.

<sup>20</sup> PL/18 - INQ000051796.

<sup>21</sup> PL/19 - INQ000215129.

<sup>22</sup> PL/20 - INQ000051952.

<sup>23</sup> PL/21 - INQ000106085

any epidemic in the UK by about 5 days; 75% would maybe enable 10 additional days; 90% would maybe lead to an additional 15 days; and a 95%+ reduction would maybe lead to a month's delay of the onset of an epidemic in the UK. SAGE noted that the measures required to achieve such delays would need to be draconian and co-ordinated, and have impacts on supply chains. It was also considered that any length of delay that could be engendered would not only have the draconian impacts, but also that it would not provide significant additional time for NHS preparations. This set of conclusions was provided to Ministers at COBR on 5 February 2020.

67. SAGE's position was informed by the Scientific Pandemic Influenza Group on Modelling ("**SPI-M**") statement on the impact of possible interventions, including international travel restrictions, to delay transmission in the UK. SPI-M noted that it was possible by 3 February 2020 there may already have been unseen sustained transmission in the UK, in which case travel restrictions would have no impact.<sup>24</sup>
68. During the following weeks in the lead up the first National Lockdown on 23 March 2020, SAGE's advice remained consistent about the efficacy of international travel restrictions. A paper used to inform SAGE on 13 February 2020 was subsequently published on 6 March 2020 by the peer reviewed Journal Science.<sup>25</sup> This paper considered how travel and quarantine influenced the spread of Covid-19, and concluded, after considering international comparisons, that early detection, hand washing, self-isolation, and household quarantine would likely be more effective than travel restrictions at mitigating the Pandemic.
69. The scientific evidence considered by SAGE to support the UK government's response to the Pandemic, including minutes of their meetings, has been published on GOV.UK. These minutes reflect the advice available to the Home Office, via the Department's Chief Scientific Advisor, DHSC, and Cabinet Office, at each stage of the response.
70. Departmental records show that we also received the daily Civil Contingencies Secretariat's Commonly Recognised Information Picture ("**CRIP**") for use across government, which included DHSC provided data on UK and international case rates. This information, in conjunction with the latest advice from SAGE, was used to inform relevant SitReps, briefing, and decision making within the Home Office. Further

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<sup>24</sup> PL/22 - INQ000051882.

<sup>25</sup> PL/23 - INQ000215596.



information about the provision of scientific and expert advice to the Home Office is provided in the **Home Office MOD 2 Core Statement**.

71. The day before the first National Lockdown, on 22 March 2020, the Home Office specifically requested advice from SAGE on restricting flights from Iran, Spain, Italy, Germany and France in recognition of Covid-19 case rates in these countries.
72. In response, on 23 March 2020, SAGE reaffirmed its previous advice that closing borders would have a negligible effect on spread, concluding that the numbers of cases being imported by international travel were insignificant compared to domestic transmission and comprised approximately 0.5% of UK cases. SAGE also noted that it was unlikely that the current rate of international travel posed significant additional risk to Border Force officers.<sup>26</sup>
73. I recall that the general tenor of the expert scientific advice during this period was that, at best, closing borders could only delay the spread of the virus. The capacity to delay the spread depended on the level of restriction of border flows that could be achieved in practice, but even with a very high level of restriction, the delay achieved in spread would be relatively minimal, expected for the most case to be measured in days (a position that was set out publicly by the Transport Secretary in media interviews) as seen from SAGE advice. The utility of delay in turn depended whether it had any significant effect on the readiness of the NHS to deal with the Pandemic. The general thrust of the advice was that the benefits of closing the border would be very limited in terms of virus control as the vast majority of spread at this time did not take place at the border, rather by community transmission (i.e. within the community). Set against this minimal benefit was the definite detrimental effect on the UK of interrupting the flows of goods and services into the UK on which the economy, including food supplies and healthcare, were dependent. That said, there was scientific advice that noted there was a potential role for border restrictions in protecting against importation when the level of community transmission is particularly low – the approach adopted by the Travel Corridors policy – and also to create delay for protecting the vaccine rollout (especially for the most vulnerable) against new strains of the virus or responding to particular situations as they developed – as seen in the approach adopted later with the Traffic Light System. This consistent expert scientific advice, supported by the Home Office Chief Scientific Advisor, informed the advice and briefing provided to the Home Secretary and Ministers

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<sup>26</sup> PL/24 - INQ000052717.

on the management of the border during the initial stage of the UK government's response.

74. The changing international situation in February 2020 saw further changes in PHE advice for international travellers which required Border Force to liaise with PHE colleagues to manage operational implications. The first change **on 7 February 2020, by when there were 24 confirmed Covid-19 cases in the UK**, required travellers from Wuhan or Hubei province to isolate even if they did not have symptoms, and travellers from China, Thailand, Japan, Republic of Korea, Hong Kong, Taiwan, Singapore, Malaysia or Macau to isolate if they were experiencing or had developed a cough, fever, or shortness of breath.
75. The second change on **25 February 2020, when there were 46 known cases in the UK**, introduced two categories of travellers.<sup>27</sup> The first category covered travellers from Wuhan City and Hubei Province (China), Iran, Daegu or Cheongdo (Republic of Korea) and any Italian city under containment measures. The second category applied to Cambodia, China, Japan, Laos, Macau, Malaysia, Myanmar, Republic of Korea, Singapore, Taiwan, Thailand, Vietnam. Travellers from the first category were required to isolate even if not experiencing any symptoms. The second category were required to isolate if they developed symptoms. These categories remained in place until 12 March 2020 when they were superseded by DHSC guidance for all households with possible or confirmed cases of Coronavirus.<sup>28</sup>
76. Border Force had been informed of the introduction of categories of travellers on 24 February 2020 at a cross-government officials call on the change in health advice for returning travellers.<sup>29</sup> Border Force's advice on potential impacts on the border had not been sought in advance of the change in health advice, and additional calls between Border Force and PHE were arranged to discuss handling of travellers and clandestine arrivals from countries in Category 1.<sup>30</sup> This is one example of the many fast paced operational responses required of Border Force as health advice changed at short notice throughout the Pandemic. The latterly formed Covid-O meetings did, however, routinely take more comprehensive account of the wide range of implications.
77. Whilst the closure of UK borders was not implemented at this time on the basis of the scientific advice and in line with existing government policy, it was a period of growing

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<sup>27</sup> PL/25 - INQ000055859.

<sup>28</sup> PL/26 - INQ000052488.

<sup>29</sup> PL/27 - INQ000052147.

<sup>30</sup> PL/27 - INQ000052147.

pressure as a result of the practical effects of the emerging Pandemic. In parallel to receiving scientific advice on international travel and border restrictions during February 2020, and managing the implications of changing travel advice, Border Force continued to prepare for the reasonable worst-case scenario, as defined by the Civil Contingencies Secretariat. This included reviewing the legal powers available to the Home Office and our partners for managing the Border. To inform our decision making, I recall discussing with the Deputy Commissioner of US Customs & Borders Protection the powers held by the US authorities to divert flights and seeking advice from colleagues in the other so-called “Borders 5” countries border authorities on their powers to manage the border in extreme events. This input, in conjunction with policy and legal advice from DfT on existing frameworks of international law and agreements and domestic licencing arrangements, informed Home Office recommendations and decisions on the additional powers required to ensure border security during a pandemic.

78. It is worth noting that, more broadly, Ministers were made aware of the actions that were being undertaken by other countries in their respective responses to the crises. In particular, to maximise learning from others in the UK’s response, the International Comparators Joint Unit (“**ICJU**”) was established in April 2020 and was a joint team between the FCDO and Cabinet Office. The FCDO and Cabinet Office used international data, including from the FCDO’s overseas network, to provide timely, relevant and objective analysis of different countries’ responses to the crisis.
79. From early February to mid-March 2020, Border Force worked with Home Office Legal Advisors and other Home Office colleagues to ensure the provision of additional powers in the **Coronavirus Bill (later the Coronavirus Act 2020)**. For Border Force, these powers were to direct a port operator to suspend operations, and to direct or remove persons to a place suitable for screening and assessment.<sup>31</sup>
80. **The sense that the Covid-19 threat was on an unprecedented scale began to emerge in Border Force at the end of February 2020, even though by 29 February 2020 there were still only 72 confirmed cases in the UK.** Planning for high workforce abstraction, at potentially 35% absence rates, included consideration of Border Force contingency arrangements to maintain border security, and the need to vary an external contract to provide further detector dog resources if required.
81. On 3 March 2020, we sought ministerial approval for measures to temporarily and exceptionally stand down mandated checks against the lowest risk cohorts (for example,

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<sup>31</sup> PL/28 - INQ000052462.

children travelling as part of family groups).<sup>32</sup> These measures had previously been held ready during the 2012 Olympics. A little over a week later, a revised submission sought approval for the measures as part of a wider package of contingency arrangements, including putting Border Force's seasonal workforce and surge capacity on stand-by to be called to address high levels of absence if needed.<sup>33</sup> Ministers approved the direction of travel within the submission on 18 March 2020, although none of the measures were ultimately used during the Pandemic.

82. Further contingency arrangements were being made in this period to manage potential Short Straits disruption.<sup>34</sup> The Short Straits are critical to goods flow into the UK, with over 50% of the medicines/medical products and fresh produce arriving through these ports. The Short Straits are also important to the Republic of Ireland because many goods do not arrive directly by sea to the ROI. Interruption or reduction to freight at these ports could have caused pressures in the NHS or supermarkets to become acute, with food supplies beginning to run out within 2 days of disruption. Border Force contingency planning therefore focused on arrangements to redeploy officers to other ports across the East and South of England, or to engage with airline carriers in the case of potential diversion of some traffic to air to enable goods to enter the UK. By 20 March 2020, we had reason to believe that the position was precarious at some ports due to port operator or carriers workforce abstraction, and we were in discussions with DfT and the National Crime Agency about managing the risks of disruption. And, in general, the contingency arrangements made for the Short Straits during EU Exit planning were invaluable for informing contingency plans for Covid-19.

83. The rapidly changing international travel situation in March is reflected in the changes to travel advice issued by FCDO in the two weeks before the implementation of the first "National Lockdown" on 23 March 2020. I recall that my wife and I had previously booked overseas travel in a personal capacity for March 2020. This was pre-booked leave entailing overseas travel (to recover from long months of significant work demands related to the exceptional challenges identified above, including Brexit planning). In the event, we cancelled the overseas plans and remained in the UK. This proved a prudent decision as the overseas travel advice changed significantly in March 2020; key changes were:

- **9 March 2020:** FCDO advised against all but essential travel to Italy

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<sup>32</sup> PL/29 - INQ000052298.

<sup>33</sup> PL/30 - INQ000052451.

<sup>34</sup> PL/31 - INQ000052663.



- **12 March 2020:** British nationals over 70 or with underlying health conditions were advised not to travel on cruise ships
  - **14 March 2020:** FCDO advised against all but essential travel to Spain
  - **15 March 2020:** FCDO advised against all but essential travel to the USA
  - **17 March 2020:** FCDO advice was extended to all non-essential travel overseas.
84. Finally, on 23 March 2020, the Foreign Secretary and the Secretary of State for Transport advised all British tourists and short stay travellers to return to the UK where commercial flights were still available. This advice was in recognition that an increasing number of air routes and land borders were closing in response to domestic restrictions being implemented across the globe.<sup>35</sup>
85. The impacts of international and domestic restrictions being implemented globally between January and March 2020 are demonstrated by the number of passengers arriving daily by air routes during this period:
- In the 24 hours of 9 January 2020, 221,500 passengers (of which 76,100 were British nationals) arrived in the UK.
  - In the 24 hours of 23 March 2020, the number of passengers arriving in the UK by air had dropped to 28,000 passengers (17,600 British Nationals),
  - By 27 March 2020 the number of daily arrivals had decreased further to 13,100 (7,800 British Nationals). Appendix B provides further information on the daily arrivals into the UK.
86. Border Force was managing the operational impacts of these unprecedented changes in international travel when the first National Lockdown was implemented on 23 March 2020. The **Home Office MOD 2 Core Statement** outlines the UK government decision-making processes in the week up to and including 23 March 2020, including further consideration of measures relating to the UK border.
87. By 23 March 2020, Border Force had been actively involved in the provision of policy advice to Ministers on integrated border policy, managing the border security impacts of initial international travel restrictions and advice, and responding to the increasing abstraction rates in our workforce for ten weeks. On 23 March 2020, 911 operational Border Force colleagues were absent for Covid-19 related reasons including illness, self-isolation, and shielding for underlying health issues. Despite the growing risk of in-

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<sup>35</sup> PL/32 - INQ000052714.

country transmission faced by UK Border Force staff, all the duties on Border Force were discharged as well as our response to new 'Covid-related' illicit activities of criminals (such as importation of fake PPE).

**(c) Essential Travel Only: 23 March 2020 to 9 July 2020**

88. The key events to note in this phase of the Pandemic include:
- **25 March 2020:** Coronavirus Act receives Royal Assent providing new powers for Border Force
  - **22 May 2020:** The Home Secretary and I (Paul Lincoln) announce measures at the border from 8 June 2020
  - **8 June 2020:** The [Health Protection \(Coronavirus International Travel\) Regulations \(England\)](#) come into force. The Passenger Locator Form (PLF) and self-isolation for 14 days are introduced
89. **On 25 March 2020, the Coronavirus Act (“the Act”)** received Royal Assent providing Border Force with new powers to suspend port operations (Section 50 (Schedule 20)) and to direct a person to go immediately to a place specified in the direction which is suitable for screening and assessment (Schedule 21). The Act provided the ability for the Home Secretary to suspend port operations if there was a real and significant risk that, as a direct or indirect result of the incidence or transmission of coronavirus, there were likely to be insufficient Border Force officers to maintain adequate border security. The Act also conferred comparable public health powers to public health officers, police constables and Border Force / Immigration officers.
90. The impact of Covid-19 on our ability to maintain border security in the event of high abstraction of the workforce was a significant issue. The issue was not only one for the UK Border Force. I recall concern in late March 2020 that there may be a detrimental effect from the Pandemic on the capability of the French authorities. The position was monitored to identify whether support should be given from UK teams to assist with securing the Border where French counterparts were depleted.<sup>36</sup>
91. By late March 2020, records show that Border Force abstraction levels were high and approaching 30% in some front-line teams. However, there was a mixed picture in relation to demands on Border Force, including at ports. At airports (which had not

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<sup>36</sup> PL/33 - INQ000052760.



closed), passenger traffic was at approximately 10% of normal levels, but freight traffic was increasing. At sea ports, the flow of goods into the UK remained high. The threat from organised crime remained significant as criminals sought to take advantage of the changing situation and clandestine small boat events continued (with the possibility to bring potentially infected individuals into the UK outside of regulated travel controls). As part of the Border Force response, we developed an agile initial 30 day plan for maintaining security activity at ports and to enable the flow of critical goods and current passenger numbers.<sup>37</sup>

92. In the same period, Border Force Intelligence were working with UK and international law enforcement agencies to identify organised crime groups seeking to exploit the Pandemic for financial gain through the trafficking and supply of counterfeit testing kits. By late March 2020, Border Force officers had seized fake testing kits, and worked with international partners to arrest and charge a UK national in relation to a US seizure of an unapproved drug purportedly for the treatment of Covid-19. Border Force continued to work throughout the Pandemic to protect the public from serious harm resulting from counterfeit and fraudulent Covid-19 related products.
93. On 9 April 2020, the Home Secretary announced that Border Force had introduced a new process for prioritising checks on medical equipment to ensure it reached the NHS more quickly.<sup>38</sup> This had been implemented in early April 2020 and was one element of our wider contingency plans to ensure the flow of critical goods into the UK.
94. In parallel to the activity to maintain border security, UK government policy on health measures at the border continued to be developed through relevant Ministerial meetings, including the Ministerial Implementation Group ("**MIG**"). As Covid-19 case rates in the UK decreased through domestic social distancing measures, consideration was being given to managing the risks of importing new cases once domestic restrictions were relaxed and international travel increased.
95. Health measures at the Border were considered further at the Public Health Small Ministerial Group on 22 April 2020. The Group considered options on exit and entry screening, traveller health declarations, medical certificates, quarantine, self-isolation, and Track and Trace. Consideration was also given to the implications of implementing UK border measures in Northern Ireland, and the risk that a single approach on the island of Ireland could lead to a divergence between Northern Ireland and Great Britain.

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<sup>37</sup> PL/34 - INQ000052851.

<sup>38</sup> PL/35 - INQ000053033.

The Group were advised that imported cases (through legal routes) comprised approximately 0.5% of the UK's case rate and that subsequently until in country-transmission had reduced, no additional measures at the border were recommended.

96. On 27 April 2020, the Home Office again sought advice from SAGE on potential border restrictions.<sup>39</sup> The SAGE minutes from the following day note that SAGE considered that as cases in the UK decreased, the risk of importing cases increased. However, SAGE stated that determining a tolerable level of risk from imported Covid-19 cases (i.e. through legal international travel) was a policy decision which required consideration of non-scientific factors. The Home Office Chief Scientific Advisor was actioned to present SAGE advice to the Cabinet Office for further consideration.
97. On 7 May 2020, the Cabinet considered including a package of new border measures developed by a series of cross-government Ministerial groups to enhance public confidence and reduce the future risk of imported cases.<sup>40</sup> This package included:
- Ramping up of communications in the UK and overseas about the new measures being brought into force and about existing social distancing measures;
  - Requiring all passengers arriving in the UK to give their contact details digitally through a passenger locator form;
  - Advising all passengers to download and use the NHSX contact tracing app; and
  - Introduce a requirement for all non-exempt arrivals, including British Citizens, to self-isolate for 14 days on arrival and that where passengers are unable to do so in suitable accommodation, they enter a facility selected by Government at their own expense.
98. As part of these measures, the Home Office was responsible for the design, build and maintenance of the Passenger Locator Form (“**PLF**”). Border Force colleagues acted as product owners for the PLF ensuring that cross-government policy was turned into business requirements, and that the PLF met legislative requirements. Home Office colleagues in Digital, Data and Technology built, tested and deployed the PLF based on the business requirements from Border Force at record speed. The PLF was initially developed between May and June 2020 and went live on 8 June 2020 under Schedule 6 of The Health Protection (Coronavirus, International Travel and Operator Liability)

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<sup>39</sup> PL/36 - INQ000053202 retrieved from <https://www.gov.uk/government/publications/home-office-covid-19-measures-at-the-border-27-april-2020> on 23 June 2023).

<sup>40</sup> PL/37 - INQ000053259.

(England) Regulations 2021 (“**the 2021 Regulations**”). This legislation was jointly owned by DHSC and DfT.

99. The Home Office acted as the PLF data controller for the UK Government. PLF data was shared with UK health bodies to enable track and trace, and to law enforcement and transport regulators to enable enforcement.
100. The PLF was operational from 8 June 2020 until 18 March 2022. During its operation, iterative releases added new functionality to the PLF as UK government border policy changed. This included making technical changes for each change in red listing in 2021 (see paragraph 126 - 136). In total, during its operational lifetime almost 50m PLFs were submitted, 6.5m user accounts were created, 159 countries were enabled for vaccine self-declaration, 9.5m vaccine certificates verified, and 69 countries enabled for digital vaccine verification.
101. The UK was one of the first countries worldwide to successfully launch a **digital vaccine verification capability** for passengers prior to travel. The updated PLF launched in September 2021 and enabled those travellers who were fully vaccinated, to provide proof of their vaccination status. This service supported compliance and reduced the need for manual checks. Passengers could validate their Covid-19 vaccination QR code directly from the following sources: NHS COVID pass, NHS Scotland vaccination status, NI COVID certificate and from November 2021 the service expanded to include the EU Digital COVID certificate (“**EUDCC**”).
102. The PLF was a core component of the UK government’s response at the border. Whilst this may sound rather technical, it was truly ground-breaking in terms of both the speed and effectiveness of the PLF innovation, in which the UK ‘led the way’ globally. The PLF capability remains available for future use should it be required to address future threats.
103. I was officially appointed on 11 May 2020 as the Senior Responsible Officer for project planning the Covid-19 response at the UK Border in respect of the plans later announced in the HMG roadmap, although in practice I had started work in this regard some time before.<sup>41</sup> I held this position until shortly before the introduction of travel corridors, when the SRO role transferred to DfT.
104. On 14 May 2020, the Cabinet discussed proposals for the enforcement of new health measures at the Border.<sup>42</sup> It may seem self-evident, but it is relevant to bear in mind that

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<sup>41</sup> PL/38 - INQ000053273.

<sup>42</sup> PL/39 - INQ000053296.

the principal objective of sanctions for non-compliance is not that they are used, rather to ensure that they need not be used as their existence deters non-compliance and encourages compliance. The most effective sanctions are generally those that have significant, tangible, direct consequences for the individual. To that end a system of Fixed Penalty Notices (“**FPN**”) was developed along with the use of the power for Border Force officers to refuse travellers entry to the UK on so-called “non-conducive” grounds (i.e. their presence was not conducive to the public good) or public health grounds (for EEA nationals). I joined the Home Secretary in announcing the new measures at a press briefing on 22 May 2020.<sup>43</sup>

105. Engagement with the Devolved Administrations on the new UK Border measures included consideration of the implications for Northern Ireland and the Common Travel Area (“**CTA**”) covering Ireland, the Channel Islands and the Isle of Man. Anyone moving within the Common Travel Area was exempt when the measures came into force unless they have arrived in the CTA from overseas within the last 14 days, in which case they were required to provide locator details and self-isolate on arrival in the UK.
106. In preparation for the implementation of the new measures, Border Force engaged carriers and operators through a jointly chaired, with DfT, industry implementation group, worked with FCDO to update UK guidance for British nationals overseas and brief London missions, update signage at ports, and install tablet devices to enable passengers with PLF errors or, initially, to complete forms on arrival in the UK before the checks were moved upstream and implemented in conjunction with the carriers. We also developed a referrals process for police for in-country cases where an individual was suspected by PHE / Isolation Assurance Service of having crossed the UK Border and not to be self-isolating.<sup>44</sup>
107. The new measures came into force on 8 June 2020 across the UK, although the specifics of enforcement measures, such as level of fines under the FPN regime, were set individually by each of the four nations.
108. On 29 June 2020, the Secretary of State for Transport published a Written Ministerial Statement announcing an intention to ease health measures.<sup>45</sup> This included allowing passengers to be exempted from self-isolation in certain circumstances and the development of categorisation of countries based on risk from a public health

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<sup>43</sup> PL/40 - INQ000053346.

<sup>44</sup> PL/41 - INQ000053410.

<sup>45</sup> PL/42 - INQ000053540.



perspective. A further statement on 6 July 2020 confirmed the ending of self-isolation requirements for travellers from countries where the risk of importing Covid-19 was sufficiently low.<sup>46</sup>

109. On 7 July 2020, I handed accountability as Senior Responsible Owner for planning at the border to the Department of Transport as health measures at the border moved into its next phase.

**(d) Travel Corridors: 10 July 2020 to 16 May 2021**

110. The key events to note in this third phase include:

- **10 July 2020:** Travel Corridors are implemented;
- **7 – 28 November 2020:** Visitors from Denmark denied entry to the UK;
- **24 December 2020:** Travel restrictions for travellers from South Africa<sup>47</sup>;
- **15 January 2021:** Travel Corridors are suspended;
- **27 January 2021:** The Home Secretary announces further action to minimise travel across international borders;
- **15 February 2021:** Managed Quarantine is introduced;
- **29 March 2021:** Health Protection (Coronavirus Restrictions) (Steps) (England) Regulations 2021 introduced;
- **7 May 2021:** Secretary of State for Transport, supported by myself (Paul Lincoln) announces international travel will resume from 17 May 2021

111. The theme of this period is a move on from more ‘blanket’ measures intended to address the general effects of the Pandemic, to a more targeted approach which responded to public health risk associated with inbound travel based on estimates of prevalence, levels of transmission, and variants of concern, in individual countries.

112. On the 10 July 2020, significant changes to the self-isolation requirements and the establishment of “Travel Corridors” came into effect.<sup>48</sup> During summer 2020, multiple changes to the Travel Corridors were made in response to the changing international situation. DfT and FCDO had lead policy responsibilities for Travel Corridors and UK travel advice, with decisions continuing to be made by ministers at Cabinet committee level.

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<sup>46</sup> PL/43 - INQ000053572.

<sup>47</sup> PL/44 – INQ000215139.

<sup>48</sup> PL/45 – INQ000053572.



113. Border Force continued to support the operationalisation of health measures at the border policy. Departmental records show that by 25 August 2020, Border Force colleagues had spot checked 1.49m passengers for compliance with health measures and 10 FPNs had been issued since the introduction of the measures on 8 July 2020.<sup>49</sup> As noted above, the principal objective with the FPN system was to encourage compliance, so these results were a positive indication of the success of the new systems introduced at that time.
114. Government policy on the UK Border continued to develop during this period; on 7 September 2020, the Home Secretary set out her position on the role of Border Force in response to a formal ‘Write Round’ from the Secretary of State for Transport.<sup>50</sup> In her letter to the Chancellor of the Duchy of Lancaster, the Home Secretary raised conditions about future testing regimes, stating the need to take account Border Force’s responsibilities for border security. These conditions included: i) testing must not be administered or undertaken by Border Force and ii) testing must be conducted away from control points and not create additional disruption to passenger flows.<sup>51</sup> These conditions were included in the plans for ‘Test to Release’ which would enable individuals to be released early from self-isolation if they tested negative for Covid-19 on a specified number of days.
115. On 7 October 2020, the establishment of the Global Travel Taskforce (“GTT”) was announced, with responsibilities that included finalising plans for Test to Release and exploring other measures to support the recovery of international travel and tourism sectors.<sup>52</sup> Jointly chaired by the Secretary of State for Transport and the Secretary of State for Health and Social Care, the taskforce included representation from the following departments: DfT, DHSC, FCO, Cabinet Office, Home Office, DCMS, BEIS, HMT, DIT, and Public Health England.
116. In support of the plans for Test to Release, Border Force colleagues continued to work with DfT and DHSC to consider the implications of the policy for the PLF and for passenger flows at ports. In parallel, we conducted pilots on an enhanced enforcement approach at Heathrow Terminals 2 and 5, Birmingham and Newcastle airports. This focused on how to operationalise a firmer stance on enforcement whilst limiting the impact on wait times for passengers arriving in the UK.

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<sup>49</sup> PL/46 - INQ000053692.

<sup>50</sup> PL/47 - INQ000053712.

<sup>51</sup> PL/47 - INQ000053712.

<sup>52</sup> PL/48 – INQ000215597.

117. **The implementation of the second National Lockdown on 5 November 2020, coincided with the raising of concerns, by DHSC, about reported widespread outbreaks of Covid-19 in Danish mink farms.** These concerns and the DHSC's recommended actions were considered by Covid-O on 6 November 2020 and a decision made to implement an inwards travel ban from Denmark.<sup>53</sup> To support the travel ban, the Home Secretary took decisive action to use existing powers under the immigration rules and EEA Regulations to refuse entry to all EEA and non-EEA nationals who were not resident in the UK and who had been in Denmark in the last 14 days. DfT also laid new regulations to effect the ban in respect of carriers and transportation, whilst allowing vessels bringing unaccompanied freight to enter the UK providing that the crew did not have meaningful contact with UK residents.<sup>54</sup>
118. The pace at which Border Force colleagues acted to operationalise the decisions made by Covid-O and the Home Secretary is demonstrated by the issuing of revised operational instructions at 02.21hrs on 7 November 2020 to instruct Border Force officers to refuse entry from 04.00hrs that morning, and further operational instructions being issued at 23.41 hrs to reflect the DfT regulations coming into effect at 4am the following morning. In considering the balance of arguments for and against the action taken, it was relatively a more straightforward decision for Ministers, in part given that freight flows and critical supplies from Denmark to the UK were relatively limited compared to other countries such as France and would have a lower detrimental effect on the UK economy; and, as ever, decisions would be kept under review in the light of developing circumstances. The Mink farms example is only one of the many instances where response times were very limited for measures to be effective. Throughout the Pandemic, short notice policy changes, in response to changing international epidemiological risk assessments and data, necessitated revised operational instructions to be issued in short order. Border Force worked with cross-government colleagues to allow guidance to be updated before revised policy or regulations came into force. Inevitably, the rapid nature of the response to emerging threats meant that operational instructions were on some occasions issued close to the date or time of the changes.
119. I recall that I chaired two cross-government meetings on the mornings of 7 November 2020 to take stock of the latest position and to initiate cross Government work, primarily with DfT, to address concerns around the carriage of freight and the risks associated

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<sup>53</sup> PL/49 - INQ000054101.

<sup>54</sup> PL/50 - INQ000054103.

with the entry of drivers/crew. I chaired a further meeting on Sunday 8 November 2020 to review operational implications with particular focus on juxtaposed controls.<sup>55</sup> The specific measures for Denmark remained in place until 04.00 on 28 November 2020.<sup>56</sup>

120. On 24 November 2020, the UK government announced the 'Test to Release' process for non-Travel Corridor countries, which was implemented on 15 December 2020.<sup>57</sup> The implementation of Test to Release had been shortly preceded by an announcement on 11 December 2020 (implemented on 14 December) by the Chief Medical Officer that the isolation period was being reduced from 14 to 10 days. This measure also applied to countries not on the International Travel Corridor list.
121. **The emergence of the B.1.1.7 variant** (referred to initially as the 'Kent' variant and then the 'Alpha' variant) saw further changes to international travel and Border Force operations in December 2020. On 20 December 2020, the Home Secretary was advised that the Netherlands, Belgium, and Italy were stopping travel from the UK.<sup>58</sup> At 11pm, the French Government imposed restrictions on UK freight crossing to France when accompanied by a driver. The potentially very significant implications at Dover, and the wider Kent area, necessitated a co-ordinated cross-government response with Border Force actively involved.
122. At the same time as responding to extraordinary external challenges, Border Force had the same internal issues as all public and private organisations arising out of the duty to protect their workforce. In Border Force the measures taken included those to protect our most vulnerable colleagues, where 180 clinically extremely vulnerable individuals were redeployed from Border Force workplaces to non-public facing internal roles. We also sought advice from PHE on updating safe systems of work to protect colleagues and minimise abstraction, whilst maintaining border security.<sup>59</sup>
123. **On 24 December 2020, with a different variant of concern having emerged in South Africa ('Beta')**, new travel restrictions were implemented. Visitors arriving into England who had been in, or transited through, South Africa in the previous 10 days were not permitted entry and direct flights were banned. These measures excluded cargo and freight without passengers. Identifying indirect arrivals from South Africa was a resource-intensive task, and when combined with Border Force maintaining high-priority

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<sup>55</sup> PL/51 - INQ000054105.

<sup>56</sup> PL/52 - INQ000054230.

<sup>57</sup> PL/53 - INQ000054325.

<sup>58</sup> PL/54 - INQ000054365.

<sup>59</sup> PL/54 - INQ000054365.

immigration and security checks, led to lengthy queues in certain immigration halls. It was in this operational context that the third national lockdown began on 5 January 2021.<sup>60</sup>

124. At Covid-O on 7 January 2021, risk assessments by the Joint Biosecurity Centre and PHE were considered as part of the developing response to the Beta variant. Following Covid-O, the Home Secretary agreed on 9 January 2021 that Border Force officers should use existing immigration powers to refuse entry to the UK to anyone who had travelled indirectly from Namibia, Zimbabwe, Botswana, Eswatini, Zambia, Malawi, Lesotho, Mozambique, Angola, Seychelles and Mauritius, or if they had declared that they had been in these countries during the previous ten days.<sup>61</sup>
125. On 8 January 2021, the Secretary of State for Transport announced, the decision (taken at the previous day's Covid-O) to implement Pre-Departure Testing ("PDT") with regulations laid under the Public Health Act 1984.<sup>62</sup> Pre-Departure Testing came into force from 15 January 2021. Border Force developed plans to implement its role as part of the PDT process and conduct spot checks for compliance, which included working with DfT to ensure the regulations were applied across all modes of entry, including the juxtaposed controls. Border Force also conducted engagement with the Civil Aviation Authority, Maritime Coastguard Agency, and Office for Rail and Road on enforcement.
126. Throughout this week, the international situation continued to change rapidly. On 13 January 2021, the Home Secretary was provided with advice on very recent developments including a Joint Biosecurity Centre risk assessment (considered by NERVTAG the previous day), and the likelihood of a further travel/entry ban from an additional 13 South American countries (Argentina, Bolivia, Brazil, Chile, Columbia, Ecuador, French Guiana, Guyana, Paraguay, Peru, Suriname, Uruguay, Venezuela), Portugal, Cape Verdi and Panama. The following day, the Home Secretary, in support of the overall Cabinet decision making process, approved the proposed Border Force operational response for managing the implications of further restrictions on international travel.<sup>63</sup> This involved Border Force conducting 100% checks on arriving passengers (this was the case until July 2021).
127. On 14 January 2021, it was announced that Chile, Madeira and the Azores were being removed from the travel corridor list on 15 January 2021, with Aruba, Bonaire, St

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<sup>60</sup> PL/55 - INQ000054405.

<sup>61</sup> PL/56 - INQ000054426.

<sup>62</sup> PL/57 - INQ000054434.

<sup>63</sup> PL/58 - INQ000054452.

Eustatius and Saba, and Qatar to be removed from the Travel Corridor list from 16 January 2021.<sup>64</sup> These changes were superseded by the government decision to introduce emergency border measures prevent the spread of new variants of coronavirus into the UK.

128. On 15 January 2021, it was announced that all Travel Corridors with the UK would be suspended from Monday 18 January 2021.<sup>65</sup> These rapid changes had obvious consequential implications for Border Force operational requirements and required a rapid response from Border Force. The resilience of Border Force's management systems and commitment of its staff enabled it to keep abreast of developments and continue to effectively implement the required responses.
129. Due to increasing concern about the high levels of infection within the UK and onward transmission, the Prime Minister had announced that the UK would be entering the **third national lockdown with a requirement to 'Stay at Home' from 5 January 2021**. This was followed on 27 January 2021, when the Home Secretary announced the introduction of further measures to minimise travel, which also sought to minimise outbound travel. Individuals travelling outside the UK were required to have a valid reason for their journey and could be subject to a fine and told to return home, if their reason for travel was not considered valid. There was a heightened police presence at ports and airports and fines issued for any breaches of the stay at home regulations.
130. The Home Secretary's announcement also signalled the introduction of the Managed Quarantine Service ("**MQS**"). This service went live on 15 February and required anyone travelling to the UK from a "Red List Country" (as agreed by Ministers in relation to Joint Biosecurity Centre advice as to risk) to quarantine for 10 days in a government approved facility and take a polymerase chain reaction ("**PCR**") test on day 2 and day 8.
131. On 22 February 2021, the Cabinet Office published the 'road map', a document that set out the government's stepped approach to the relaxation of pandemic related restrictions in England. Health Regulations were made by the Secretary of State for Health and Social Care on 22 March 2021 and entered into force on 29 March 2021.

**(e) Traffic Light System: 17 May 2021 – 18 March 2022**

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<sup>64</sup> PL/59 - INQ000054471.

<sup>65</sup> PL/60 - INQ000054496.



132. The key events to note in this phase are;
- **17 May 2021:** Resumption of international travel and the introduction of the traffic light system
  - **2 August 2021:** The removal of the requirement to isolate for fully vaccinated arrivals from the EU and US
  - **18 July 2021:** Health Protection (Coronavirus Restrictions) (Steps) (England) Regulations 2021 revoked.
  - **26 November 2021:** Omicron red listing begins
  - **30 November 2021:** Additional travel measures introduced
  - **7 December 2021:** Pre-departure testing re-introduced
  - **9 January 2022:** End of Omicron measures
  - **11 February 2022:** Changes to testing for vaccinated arrivals
  - **18 March 2022:** All Covid-19 travel restrictions removed in the UK
133. On 7 May 2021, the government announced that international travel would resume on 17 May 2021 and introduced the traffic light system.<sup>66</sup> This replaced Travel Corridors and placed different requirements on individuals travelling to England based on the traffic light rating of the country visited. On 17 May 2021, international travel resumed and the traffic light system went live. Under the traffic light framework, travellers from 'green' list countries were no longer required to quarantine subject to the production of a negative pre-departure test and a further PCR test on day 2 of their arrival. 'Amber' list countries could quarantine at home.
134. July and August 2021 saw a number of amendments to travel measures through the regular reviews that took place in Covid-O. This included an agreement to remove the requirement to isolate for fully vaccinated arrivals from Amber countries on 14 July 2021 which was extended to fully vaccinated travellers from the EU and US on 2 August 2021. **Appendix A** summarises the number of changes to the traffic light system during summer 2021. Each of these changes was operationalised by Border Force with corresponding changes made to the PLF and the associated supporting end-to-end systems. The upgrade of Border Crossing to the eGates enabled the automation of the PLF, improving the passenger journey through the border whilst ensuring a greater level of compliance with health measures at the border. The programme was brought forward by six months and the eGate upgrade was rolled out across the UK by the end of October 2021.

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<sup>66</sup> PL/61 - INQ000055063.

135. ePassport gates have been used by Border Force to process passengers since 2008. The gates enable Border Force to process large volumes of “low risk” passengers more quickly and with fewer staff than would be possible via staffed immigration control desks. Border Force was in the process of upgrading the gates operating platform, that enabled it to connect to Border Crossing, its new watchlist system. The Covid-19 pandemic required Border Force to expedite the roll out of this capability, deploying throughout the summer of 2021 and delivering the full capability six months earlier than planned (October 2021), to manage the operational impact of increased health measure checks at the border. Whilst supporting the integrity of the immigration control it also validated that the passenger had a PLF and Covid-19 test results. Processes were implemented to prevent passengers from red list countries being able to use e-Gates.
136. A simplified travel framework, replacing the traffic lights with a two-tier system (red and rest of the world) was introduced on 4 October 2021 and by 28 October 2021 all countries had been removed from the red list.<sup>67</sup>
137. Travel measures were re-introduced on 26 November 2021 in response to growing concern about **the Omicron variant**.<sup>68</sup> From midday on 26 November 2021, South Africa, Botswana, Lesotho, Eswatini, Zimbabwe and Namibia were added to the UK’s travel red list. From 4am on 28 November 2021, Angola, Malawi, Mozambique, and Zambia were added to the red list.<sup>69</sup> Nigeria was added to the red list from 6 December 2021.<sup>70</sup>
138. The specific response to the Omicron variant was kept under regular review at Covid-O. On 7 December 2021, pre-departure testing was reintroduced for anyone aged 12 or over travelling to the UK.<sup>71</sup> All countries were removed from the red list on 15 December 2021, and on 9 January 2022 all remaining Omicron travel measures were removed.<sup>72</sup>
139. On 7 March 2022, the Home Secretary and Ministers received advice on the removal of the PLF from live service in advance of Covid-O on 14 March 2022.<sup>73</sup> The advice considered the operational impacts of removing the PLF, and the financial implications for the Home Office in maintaining the PLF in a state of readiness as a contingency measure should a Variant of Concern which was potentially vaccine evading be

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<sup>67</sup> PL/62 - INQ00005556

<sup>68</sup> PL/63 - INQ000055618.

<sup>69</sup> PL/64 - INQ000055626.

<sup>70</sup> PL/65 - INQ00005564

<sup>71</sup> PL/65 - INQ000055646.

<sup>72</sup> PL/66 - INQ000055668.

<sup>73</sup> PL/67 - INQ000055814.

identified and border control measures enacted to defend and protect the public. The need for four nation alignment on removing the PLF was also outlined. Further briefing for Covid-O on 14 March 2020 advised the Minister for Safe and Legal Migration that any divergence in health policy relating to the use of the PLF had consequences for border operations - which are reserved - and was likely to lead to confusion for the travelling public.<sup>74</sup>

140. On 18 March 2022 all Covid-19 related travel restrictions were removed, following the decisions taken at Covid-O on 14 March 2022.
141. In parallel to the relaxation of restrictions, as the lead on pandemic preparedness, the CO Taskforce, working with other government departments (including the Home Office), prepared a “**Covid-19 Border Contingency Toolbox**”. This was agreed by Ministers at a Covid-O on 14 March 2022.
142. The paper considered at Covid-O stated that “The Living with COVID-19 Strategy” established that any border contingency response will be based on the following premises:
  - a. the bar for implementation of any measures is very high;
  - b. any measure will be tailored and proportionate to the threat posed and will seek to minimise economic and social impacts; and
  - c. in the event any measures were deemed necessary they would be time limited and not be in place any longer than needed.
143. The purpose of the Covid-19 contingency toolbox is to protect the NHS from unsustainable pressure and avoid significant mortality by delaying the ingress of dangerous Variants of Concern or Variants under Investigation. In place of pre-defined border restrictions in response to new variants, a contingency toolbox will allow a tailored response to the specific threat, selecting the most appropriate measures from a range of options.
144. Many of the outlined measures in the contingency toolbox are reliant in practice on the reintroduction of the PLF as a requirement. Border Force has therefore retained the PLF in a state of readiness in event that it may need to be reintroduced due to another health-

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<sup>74</sup> PL/68 - INQ000055827.

related emergency. Development work on the PLF was frontloaded during 2022 thereby maintaining a higher state of deployment readiness (1 week) if required until the end of 2022. Although the PLF was not used during the recent travel restrictions for arrivals from mainland China in January this year, the decision to stand it up can be reviewed as necessary dependent on any changes to the health threat going forward.

145. In alignment, and in conjunction with Border Force, the wider Home Office have developed a pre-departure health check capability (“**PDHC**”) which is reliant on the gathering of information through the PLF. The core objective of PDHC is to enable a digital message to be sent to carriers informing them of passengers’ compliance with health policy, alongside immigration and security requirements within the Future Borders and Immigration System’s (“**FBIS**”) Universal Permission to Travel (“**UPT**”) solution. This also includes eVisas and Electronic Travel Authorisations (“**ETAs**”) for Non-Visa Nationals (“**NVNs**”) by 2025. A number of carriers are currently being integrated on a rolling basis.

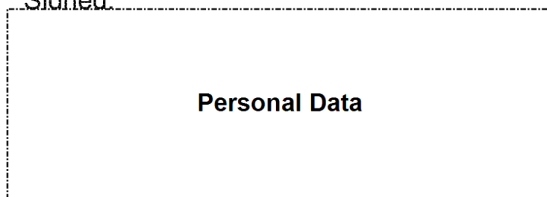
146. This functionality has the potential to be used in a future event where Ministers seek to control travel into the UK on health status grounds.

### **Statement of Truth**

I believe that the facts stated in this witness statement are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

I am content for this witness statement to form part of the evidence before the UK Covid-19 Inquiry and to be published on the Inquiry’s website.

Signed:

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A rectangular box with a dashed border, containing the text "Personal Data" in the center. This indicates that the signature and name of the witness have been redacted for privacy reasons.

**Paul Michael Lincoln**

**Dated 18 July 2023**

147. The changing approach during the Covid-19 response to international travel and management of the border has involved multiple measures. Requirements flexed in response to the changing public health threat, including in the later stages of the Pandemic to reflect vaccination status. Key measures are summarised in chronological order of implementation:

1) **Enhanced Monitoring: January 2020**

PHE implements enhanced monitoring of direct flights from Wuhan.

2) **Guidance for Returning Travellers: February – March 2020**

DHSC Advice for symptomatic and asymptomatic travellers returning from specific countries is issued. This guidance is superseded by DHSC in March 2020 when guidance for all households is issued.

3) **Passenger Locator Form: June 2020 – March 2022**

The Passenger Locator Form (PLF) was implemented on 8 June 2020 as part of new public health measures for all arrivals into the UK, primarily to support contact tracing and compliance with health measures. [The Health Protection \(Coronavirus, International Travel\) \(England\) Regulations 2020](#) made provision for the PLF, self-isolation and enforcement. Border Force had operational ownership.<sup>75</sup> The PLF was continuously reviewed and updated in line with changes to international travel regulations/health measures at the borders policy. The diagram below provides an overview of key changes made to the PLF between June 2020 and March 2022:

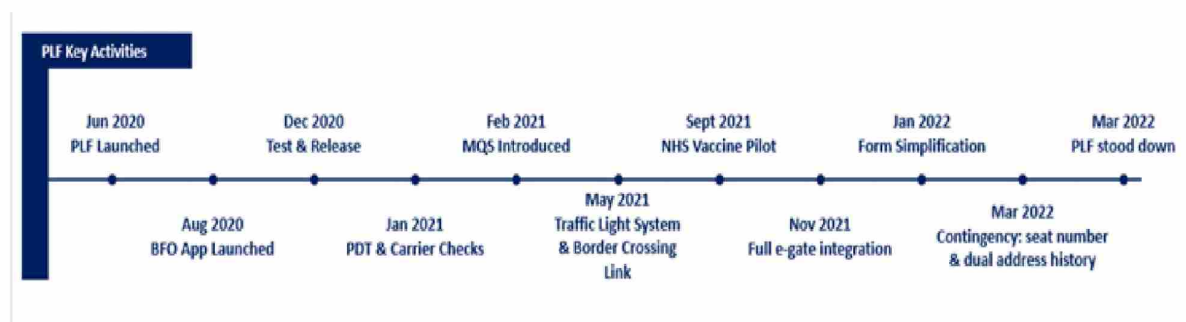


Figure 1: Overview of Key PLF Changes

<sup>75</sup> [The Health Protection \(Coronavirus, International Travel\) \(England\) Regulations 2020](#)



4) **International Work Based Travel Exemptions: June 2020 – March 2022**

As health measures at the border and associated travel restrictions developed, key work-based activities and cultural events were identified across government which warranted exemption from quarantine and/or testing requirements. Ultimately, the Home Office had ownership of 6 of the exemption categories covering:

1. Foreign police coming to the UK to carry out policing activity
2. Inbound/outbound extradition escorts
3. UK Border Force carrying out juxtaposed border activity in France/Belgium
4. French border officials carrying out juxtaposed border activity in the UK
5. Sky marshals
6. Private sector workers in key industries required to travel abroad on a frequent basis

In addition, FCDO owned an exemption covering government employees on official business which extended to Home Office staff.

5) **Travel Corridors: July 2020 – January 2021**

Also known as Air Bridges, Travel Corridors were initially implemented on 10 July 2020 and enabled passengers arriving in England from certain countries and territories to be exempted from the requirement to self-isolate. The Covid-O Committee regularly reviewed the countries covered by the Travel Corridor arrangements and made changes based on UKHSA advice. The Home Office operationalised each of these policy changes. Travel Corridors were suspended on 15 January 2021 and replaced by the Traffic Light System in May 2021.

6) **Test to Release: December 2020 – February 2022**

Test to Release was implemented on 15 December 2020 and enabled passengers arriving in England voluntarily to take a privately paid for Covid-19 test after 5 days and to be released from self-isolation if the test was negative. From 24 December 2020, Test to Release did not apply to travellers from Red List countries. Test to Release was later amended to apply to fully vaccinated travellers only. The Test

to Release scheme ended on 11 February 2022 for fully and non-fully vaccinated travellers. The Home Office operationalised each of these policy changes.

7) **Pre-Departure Testing: January 2021- March 2022**

Pre-Departure Testing (PDT) was introduced on 15 January 2021 and required passengers travelling to the UK from outside the Common Travel Area to have a negative PCR test before entering the UK. Requirements around eligibility and the type of test (PCR or LFD) changed as policy developed. The Home Office operationalised each of these policy changes. Pre-departure testing was removed for eligible fully vaccinated travellers from 4 October 2021.

8) **Managed Quarantine Service: February 2021 – March 2022**

The DHSC Managed Quarantine Service (MQS) was introduced on 15 February 2021 requiring anyone travelling to the UK from a country on the UK's travel ban / "Red List" to quarantine in a government-approved facility (hotel) for a period of 10 days. On 2 August 2021, the requirement to quarantine was ended for passengers fully vaccinated, with vaccines authorised by the European Medicines Agency (EMA) and the Food and Drug Administration (FDA) in the USA, travelling from amber countries. The Home Office operationalised the passenger processing and relevant enforcement component parts of each of these policy changes.

9) **Visitor Visa Hold / Entry Ban**

Visitor visa processing hold and refusal of entry at the border were used to manage arrivals from high-threat countries to mitigate public health risks and assist in controlling demand for the Managed Quarantine Service. It was variously used in the initial stages of the pandemic, during the Danish Mink outbreak (November 2020), and latterly applied to all Red List countries. These measures only applied to visitors. UK 'residents' (those coming longer term for work, study to join family etc.) could still travel, although were required to quarantine on arrival in the UK.

10) **Red List: February 2021 – October 2021, November 2021**

The term 'Red List' was first used on 15 February 2021. Red List countries presented the highest public health threat, resulting in stringent additional health measures including compulsory managed quarantine and visitor visa holds/entry bans. The Home Office operationalised each policy change. The MQS was managed by DHSC.

11) **Traffic Light System: May 2021 – 15<sup>th</sup> December 2021**

The Traffic Light System for international travel was implemented on 17 May 2021 in parallel with the move to Step 3 of the English national roadmap.<sup>76</sup> The Traffic Light System introduced Amber and Green List countries to the Red List based on three-weekly risk assessments by the Joint Biosecurity Centre (JBC). Key factors in the JBC risk assessment of each country include genomic surveillance capability, Covid-19 transmission risk, and variant of concern transmission risk. The traffic light system was simplified on 4 October 2021 to i) Red List and ii) Rest of the World. The Home Office operationalised each of these policy changes:

- i. The first changes to traffic light lists took effect on 8 June. Afghanistan, Bahrain, Costa Rica were added to the Red List, and Portugal was moved from the Green List to the Amber List.
- ii. On 30 June 2021, Eritrea, Haiti, Dominican Republic, Mongolia, Tunisia and Uganda were to be added to the Red List, and countries including the Balearic Islands and Malta were added to the Green List.
- iii. On 19 July 2021, Cuba, Indonesia, Myanmar, and Sierra Leone were to be added to the Red List, and Bulgaria and Hong Kong were added to the Green List.
- iv. On 8 August 2021, India, Bahrain, Qatar and the United Arab Emirates (UAE) moved from the Red List to the Amber List. Austria, Germany, Slovenia, Slovakia, Latvia, Romania and Norway were added to the Green List.
- v. On 30 August 2021, Montenegro and Thailand moved to the Red List, and The Azores, Canada, Denmark, Finland, Liechtenstein, Lithuania and Switzerland moved to the Green List.
- vi. On 22 September 2021, Turkey, Pakistan, the Maldives, Egypt, Sri Lanka, Oman, Bangladesh and Kenya were removed from the Red List.
- vii. On 11 October 2021 the Government removed 47 countries from the Red List, leaving only 7 remaining.
- viii. On 28 October 2021, the remaining seven countries on the Red List were removed. The retention of the Health Protection (Coronavirus, International Travel and Operator Liability) (England) Regulations 2021 enabled seven southern African countries to be added to the Red List on 25 November 2021

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<sup>76</sup> PL/69 – INQ00054709

in response to the Omicron variant. In total eleven countries were added to the Red List for Omicron; all were removed on 15 December 2021.<sup>77</sup>

**12) Red List Terminals / Ports of Entry: May 2021**

Travellers from Red List countries were required to arrive at designated ports of entry as defined in the Health Protection (Coronavirus, International Travel and Operator Liability) (England) Regulations 2021. These ports were: Heathrow Airport, Gatwick Airport, London City Airport, Birmingham Airport, Farnborough Airport, Bristol Airport, and any military airfield or port. The Home Office managed the arrival of passengers at the border at these ports, and all other UK ports.

**13) Measures for Fully Vaccinated Travellers: July 2021 – March 2022**

From summer 2021, measures for passengers were varied in response to their vaccination status. Key policy changes included:

- i. 19 July 2021: UK residents who were fully vaccinated through the UK vaccine rollout were no longer required to self-isolate when they returned to England. They were still required to take a test 3 days before returning, the pre-departure test, demonstrating they were negative before they travelled, and a PCR test on or before day 2, but they were no longer required to take a day 8 test.
- ii. 2 August 2021: Passengers fully vaccinated with vaccines authorised by the EMA and FDA in Europe and the USA are able to travel to England from amber countries without having to quarantine on arrival from 4am.
- iii. 22 November 2021: Passengers who have been fully vaccinated and have received their vaccine certificate from one of over 135 approved countries and territories are not required to take a pre-departure test, day 8 test or self-isolate upon arrival. Instead, passengers are required to pay for a lateral flow test to take before the end of their second day, post-arrival. This policy changes follows the UK Government's decision to recognise vaccines on the World Health Organization's Emergency Use Listing (WHO EUL)

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<sup>77</sup> PL/70 – INQ000215131.

- iv. 18 March 2022: All Covid-19 travel restrictions lifted, including for passengers who do not qualify as fully vaccinated.

14) **Omicron Measures: November 2021 – January 2022**

Targeted measures to prevent the spread of the Omicron variant included the re-introduction of red listing and pre-departure testing. The Omicron measures were in place between 26 November 2021 and 9 January 2022. Key changes included:

- a. 26 November 2021: Initial red listing of countries in response to the Omicron variant;
- b. 28 November 2021: Passengers arriving from 4am in England are required to book and pay for a government-approved hotel quarantine facility for 10 days;
- c. 30 November 2021: All international arrivals required to take a PCR test by the end of the second day after arrival and self-isolate until they receive a negative result;
- d. 7 December 2021: PDT using a PCR or Lateral Flow Test re-introduced in response to the Omicron variant for fully and non-fully vaccinated travellers;
- e. 15 December 2021: Countries removed from red list;
- f. 7 January 2022: Eligible fully vaccinated passengers and under 18s no longer need to take a pre-departure test or self-isolate on arrival in England from 4am on Friday 7 January but must continue to take their Day 2 PCR post-arrival tests.
- g. 9 January 2022: Eligible fully vaccinated travellers and over 5s were able to take a lateral flow test instead of a PCR on or before day 2 of their arrival in England.

15) **2022 Travel Measures: Feb 2022**

Referred to as the 'January Review' during development of the approach, these measures were implemented on 11 February 2022 differentiating between fully and non-fully vaccinated travellers:

**Fully Vaccinated:** Passenger Locator Form to be completed, no Pre-Departure Test required, no self-isolation required.



**Non-Fully Vaccinated:** Passenger Locator Form to be completed, proof of a negative test taken in the two days before travel, PCR test to be booked before arrival and taken in the UK.

16) **Removal of all International Travel Restrictions: 18 March 2022**

All remaining travel restrictions - PLF, testing on arrival, distinction between vaccinated and non-vaccinated arrivals – were removed from 18 March 2022.

**APPENDIX B: PASSENGER DATA**

**Table 1: Daily passenger arrivals in the UK by air routes, 01 January 2020 to 27 March 2020**

148. Data on the number of daily passengers arriving into the UK, as stated in the Rule 9 request is provided below.

<b>Date (2020)</b>	<b>2020: Total air arrivals</b>	<b>2020: British Nationals arrivals</b>
01-Jan-20	238,100	95,700
02-Jan-20	290,900	133,400
03-Jan-20	300,500	137,600
04-Jan-20	293,000	153,400
05-Jan-20	315,900	142,300
06-Jan-20	275,600	104,600
07-Jan-20	229,700	79,200
08-Jan-20	203,200	68,300
09-Jan-20	221,500	76,100
10-Jan-20	251,200	83,200
11-Jan-20	235,400	101,000
12-Jan-20	261,800	118,500
13-Jan-20	221,900	90,200
14-Jan-20	171,400	63,900
15-Jan-20	172,100	62,500
16-Jan-20	205,000	75,200
17-Jan-20	242,800	82,300
18-Jan-20	218,100	97,100
19-Jan-20	253,600	121,700

<b>Date (2020)</b>	<b>2020: Total air arrivals</b>	<b>2020: British Nationals arrivals</b>
20-Jan-20	220,400	93,000
21-Jan-20	170,400	64,000
22-Jan-20	171,600	64,500
23-Jan-20	203,300	76,600
24-Jan-20	238,300	84,700
25-Jan-20	216,000	101,200
26-Jan-20	254,400	126,800
27-Jan-20	217,400	97,200
28-Jan-20	164,600	67,500
29-Jan-20	167,200	69,200
30-Jan-20	209,200	84,800
31-Jan-20	247,400	89,300
01-Feb-20	222,600	107,900
02-Feb-20	257,500	131,800
03-Feb-20	226,700	105,400
04-Feb-20	175,600	74,000
05-Feb-20	170,800	72,500
06-Feb-20	205,400	86,600
07-Feb-20	240,800	97,800
08-Feb-20	228,000	122,000
09-Feb-20	192,100	108,300
10-Feb-20	247,000	127,900
11-Feb-20	203,300	100,600
12-Feb-20	210,500	104,400
13-Feb-20	252,500	124,400
14-Feb-20	253,200	114,800
15-Feb-20	215,800	114,200
16-Feb-20	260,500	141,600
17-Feb-20	245,800	122,600
18-Feb-20	212,400	107,100
19-Feb-20	215,400	113,100
20-Feb-20	259,400	143,400
21-Feb-20	300,300	169,000
22-Feb-20	285,900	189,700

Date (2020)	2020: Total air arrivals	2020: British Nationals arrivals
23-Feb-20	292,900	179,700
24-Feb-20	277,700	144,200
25-Feb-20	229,300	112,000
26-Feb-20	208,000	96,300
27-Feb-20	232,000	110,100
28-Feb-20	252,700	117,600
29-Feb-20	231,200	124,400
01-Mar-20	257,300	145,600
02-Mar-20	228,200	122,500
03-Mar-20	181,900	93,000
04-Mar-20	167,900	83,200
05-Mar-20	205,000	98,400
06-Mar-20	235,300	102,700
07-Mar-20	225,100	125,100
08-Mar-20	246,600	150,100
09-Mar-20	217,000	126,300
10-Mar-20	187,900	98,500
11-Mar-20	175,700	88,600
12-Mar-20	184,200	96,700
13-Mar-20	195,200	104,200
14-Mar-20	192,200	125,800
15-Mar-20	201,000	141,400
16-Mar-20	159,400	112,700
17-Mar-20	109,500	77,300
18-Mar-20	87,000	62,100
19-Mar-20	80,900	58,500
20-Mar-20	64,200	46,900
21-Mar-20	51,500	37,000
22-Mar-20	36,400	23,600
23-Mar-20	28,000	17,600
24-Mar-20	22,600	14,200
25-Mar-20	14,800	8,900
26-Mar-20	14,600	8,600
27-Mar-20	13,100	7,800

Date (2020)	2020: Total air arrivals	2020: British Nationals arrivals
Grand Total	17,669,700	8,545,700

**Table 2: Passenger arrivals between 1 Jan 2020 and 27 Mar 2020, by country of departure**

149. The Rule 9 request asks for details of the number of travellers the Home Office estimated during the period 1 January 2020 to 27 March 2020 to have arrived in the UK from China, Italy, France, Spain, Austria and Switzerland. This data is shown below:

Arrivals by Scheduled Commercial Flights between 1 January 2020 and 27 March		
Country of departure	of	Passenger count
Austria		322,000
China		112,000
France		1,106,000
Italy		1,118,000
Spain		2,938,000
Switzerland		936,000
<b>Grand Total</b>		<b>6,532,000</b>

**Table 3: Arrivals at Rail and Sea Ports between 01/01/20 and 27/03/20**

Arrivals at Rail and Sea Ports Between 01/01/2020 and 27/03/2020		
Type	Sub Type	Sum
<b>Rail</b>	Juxtaposed	359,146
	UK port	5,823
<b>Rail Total</b>		<b>364,969</b>
<b>Sea</b>	Juxtaposed	172,585
	UK port	75,155
<b>Sea Total</b>		<b>247,740</b>
<b>Grand Total</b>		<b>612,709</b>

## **APPENDIX C: GLOSSARY**

<b>Acronym / Term</b>	<b>Description</b>
#YANI	You Are Not Alone campaign relating to domestic abuse
2MS	2 Marsham Street
2PUS	2 <sup>nd</sup> Permanent Secretary
ACMD	Advisory Council on the Misuse of Drugs
ALB	Arms' Length Body
ATS	Asymptomatic Test Sites
B.1.1.529	Coronavirus variant of concern referred to as Omicron
B.1.1.7	Coronavirus variant initially referred to as the 'Kent' variant and then the 'Alpha' variant
BAME	Black, Asian and Minority Ethnic
BEIS	Department for Business, Energy and Industrial Strategy
Beta	Variant of concern – emerged in South Africa
BF	Border Force
BFNCC	Border Force National Command Centre
BICS	Borders, Immigration and Citizenship system
BTP	British Transport Police
C19 TF	Covid-19 Taskforce (Cabinet Office)
CAA	Civil Aviation Authority
CCC	Command, Control and Coordination
CCS	Civil Contingencies Secretariat
CE	HO Corporate Enablers
CITES	Convention on International Trade in Endangered Species
CJS	Criminal Justice System
CMO	Chief Medical Officer
CO	Cabinet Office
COBR/COBRA	Civil Contingencies Committee
ConOps	Concept of Operations
COO	Chief Operating Officer
COP	College of Policing
CO Taskforce	Cabinet Office's COVID-19 Taskforce
Covid-O	Covid-Operations Committee (O) – Officials (M) - Ministerial
CPFG	Crime, Police, and Fire Group (now PSG)
CRIP	Civil Contingencies Secretariat's - Commonly Recognised Information Picture
CSA	Chief Scientific Advisor
CSO	Chief Scientific Officer
CTA	Common Travel Area
CTP	Counter Terrorism Policing
D20	Government planning for winter 20/21 covering: EU transition, Covid-19, winter influenza and flooding risks
D&I	Data and Identity



Acronym / Term	Description
DAs	Devolved Administrations
DBS	Disclosure and Barring Service
DCC	Detective Chief Constable
DCSA	Deputy Chief Scientific Adviser
DCMS	Department for Digital, Culture, Media and Sport
DCT	Daily Contact Testing
DD	Deputy Director (also referred to as PB1 and SCS)
DDaT	HO Digital, Data, and Technology
Defra	Department for Environment, Food and Rural Affairs
Deputy CMO	Deputy Chief Medical Office
DfE	Department of Education
DfT	Department for Transport
DG	Director General
DHSC	Department of Health and Social Care
DIT	Department for International Trade
DLUHC	Department of Levelling Up, Housing and Communities
DOC	Home Office Departmental Operations Centre
DWP	Department of Work and Pensions
DVPOs	Domestic Violence Protection Orders
EEA	European Economic Area
EMA	European Medicines Agency
ETAs	Electronic Travel Authorisations for Non-Visa Nationals
EU	European Union
EUDCC	European Union Digital COVID certificate
ExCo	Home Office Executive Committee
FBIS	Future Borders and Immigration Services
FCDO	Foreign, Commonwealth and Development Office
FCO	Foreign and Commonwealth Office
FDA	Food and Drug Administration - USA
FDA	First Division Association (union)
FGM	Female Genital Mutilation
FM	Facilities Management
FNO	Foreign National Offender
FOI	Freedom of Information (usually refers to an FOI request)
FPN	Fixed Penalty Notice
FRONTEX	The European Border and Coast Guard, an agency of the European Union
FRS	Fire and Rescue Services
FSA	Foods Standards Agency
GLD	Government Legal Department
GRO	General Register Office
GTT	Global Travel Taskforce
H1N1	Swine Flu

Acronym / Term	Description
HAL	Heathrow Airport Limited
HASC	Home Affairs Select Committee
Hidden Harms	Refers to crimes such as child abuse, child sexual exploitation, domestic abuse (including "honour"- based abuse), sexual violence and modern slavery, typically take place behind closed doors, hidden away from view.
HM@B	Health Measures at the Border
HMICFRS	Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services
HMPO	Her Majesty's Passport Office
HMRC	Her Majesty's Revenue and Customs
HMT	Her Majesty's Treasury
HO	Home Office
HOAI	Home Office Analytics and Insight
HOLA	Home Office Legal Advisors
Horizon	HO Intranet
HOS	Home Office Science and Technology Delivery and Strategy
HR	Human Resources
HS	Home Secretary (see also SSHD)
HSE	Health and Safety Executive
HSG	Homeland Security Group
HSPO	Home Secretary Private Office
IAS	Public Health England's Isolation Assurance Service
ICIBI	Independent Chief Inspector of Borders and Immigration
ICJU	International Comparators Joint Unit
IE	Immigration Enforcement
IHS	Immigration Health Surcharge
IPO	Intellectual Property Office
IRC	Immigration Removal Centre
ISED	International Strategy, Engagement and Devolution
ITN	Information to Note (briefing to Ministers / Permanent Secretaries which does not require a decision)
JBC	Joint Biosecurity Centre
JCs	Judicial Commissioner
JCHR	Joint Committee on Human Rights
JR	Judicial Review
JTAC	Joint Terrorist Analysis Centre
LFD	Lateral Flow Device
LFT	Lateral Flow Test
LRF	Local Resilience Forum
MCA	Maritime Coastguard Agency
MCCD	Medical Certificate of Cause of Death
MERS	Middle East Respiratory Syndrome
MET	Metropolitan Police Service

Acronym / Term	Description
MHCLG	Ministry of Housing, Communities and Local Government
MHRA	Medicines and Healthcare Products Regulatory Agency
MIG	Ministerial Implementation Group
MIGs	Ministerial Implementation Groups
MISC 32	Ministerial Committee on Influenza Pandemic Planning
Mitie	Providers of Managed Quarantine Service – contracted private operator
MOD	Ministry of Defence
MOJ	Ministry of Justice
MPS	Metropolitan Police Service ('The Met')
MQS	Managed Quarantine Service
NABIS	National Ballistics Intelligence Service
NAO	National Audit Office
NBTC	Border Force National Border Targeting Centre
NCA	National Crime Agency
NCC	Border Force National Command Centre
NCRC	National Covid-19 Response Centre delivered by UKHSA.
NERVTAG	New and Emerging Respiratory Virus Threats Advisory Group
NFCC	National Fire Chiefs Council
NHS	National Health Service
NPCC	National Police Chiefs Council
NPI	Non-Pharmaceutical Intervention (i.e., face coverings, social distancing etc)
NPoCC	National Police Coordination Centre
NSC	National Security Council
NSPCC	National Society for the Prevention of Cruelty to Children
NVNs	Non-Visa Nationals
OGD	Other Government Departments
OPI	Operational Policy Instruction
OSCT	Office of Security and Counter Terrorism (now HSG)
PAC	Public Affairs Committee
PCC	Police and Crime Commissioners
PCR	Polymerase Chain Reaction Test
PCS	Public and Commercial Services union
PDHC	Pre-departure Health Check Capability
PDT	Pre-Departure Testing
PHAs	Port Health Authorities
PHE	Public Health England (later UKHSA)
PHW	Public Health Wales
PLF	Passenger Locator Form
PMOs	Port Medical Inspectors or Officers
PNC	Police National Computer
PO	Private Office
POISE	Home Office IT network

Acronym / Term	Description
PPE	Personal Protection Equipment
PQ	Parliamentary Question
PRSA	Police Reform and Social Responsibility Act 2011
PSED	Public Sector Equality Duty
PSG	Public Safety Group
PUS	Permanent Secretary
RASI	Resettlement Asylum Support and Integration
ROI	Republic of Ireland
RTW	Return to the Workplace
RWCS	Reasonable Worst Case Scenario
SAGE	Scientific Advisory Group for Emergencies
SCG	Strategic Coordination Group
SCS	Senior Civil Servant
SIA	Security and Intelligence Agencies
SitRep	Situational Report
SMG	Small Ministerial Group
SOCG	Serious Organised Crime Group (now PSG)
SOG	Strategic Oversight Group
SOL	Shortage Occupation List
SpAds	Special Advisors
SPI-B	Independent Scientific Pandemic Insights Group on Behaviours
SPI-M	Scientific Pandemic Influenza Group on Modelling
SRO	Senior Responsible Officer
SSHJ	Secretary of State for the Home Department (Home Secretary)
STAR	Home Office Science, Technology, Analysis and Research
SCG	Strategic Coordination Group
Sub	Submission (formal advice / information to Ministers)
THRC	Threats, Hazards, Resilience and Contingencies Committee
UAE	United Arab Emirates
UK	United Kingdom
UKHSA	UK Health Security Agency
UKVI	UK Visas and Immigration
UPQ	Urgent Parliamentary Question
UPT	Universal Permission to Travel
VAC	Visa Application Centre
VAWG	Violence Against Women and Girls
VOC	Variant of Concern
VoCs	Variants of Concern
WFH	Work from home
WHO	World Health Organisation
WHO EUL	World Health Organisation's Emergency Use Listing
WMS	Written Ministerial Statement

Acronym / Term	Description
WR	Write Round (mechanism for x-government ministerial agreement on decisions)
X-govt	Cross-government (i.e., government wide)
x-HMG	Cross Her Majesty's Government (i.e., government wide)
XWH	Cross-Whitehall (i.e., government wide)