

COVID-19 INQUIRY – MODULE 1

**EXPERT REPORT ON RESILIENCE
AND PREPAREDNESS**

4 June 2023

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Author Statement

"We confirm that this is our own work and that the facts stated in the report are within our own knowledge. We understand our duty to provide independent evidence and have complied with that duty. We confirm that we have made clear which facts and matters referred to in this report are within our own knowledge and which are not. Those that are within our own knowledge we confirm to be true. The opinions we have expressed represent our true and complete professional opinions on the matters to which they refer."

Professor David Alexander and Bruce Mann

4 June 2023

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SECTION 1: OUR SCOPE AND APPROACH

Our Scope

1. The '**Matters to be addressed**' in our report, set out in our Instruction from the Inquiry, are at [Annex A](#). Their **primary focus is on high-level resilience and preparedness** across the UK in the 'relevant period' – 11 June 2009 to 21 January 2020.
2. The **areas we are asked to pursue break down between:**
 - a. '**Generic**' resilience and preparedness – the strategic approach adopted and the actions undertaken by successive UK governments and devolved administrations to build resilience and preparedness for *all* major risks.
 - b. **Pandemic preparedness** – within that generic framework, the specific actions taken to build preparedness for human infectious disease pandemics.

This Report

3. This report draws on publicly available material and material gathered by the Inquiry Team as part of its Rule 9 process provided to us by our cut-off date of 29 May 2023 (documents listed at [Annex B](#)). We have structured our analysis and conclusions around the 'Matters to be Addressed', and into **sections arranged in what we believe to be a logical order:**
 - a. **Section 2** covers the **strategic approach** adopted by successive UK governments and the devolved administrations to building resilience and preparedness, and whether it changed over the relevant period.
 - b. **Section 3** describes how this strategic approach was **captured in law and in supporting statutory and non-statutory guidance, and then given practical expression in the structures used and actions taken** to build resilience and preparedness. We have tried to describe as clearly as possible law, structures and supporting arrangements for the benefit of those Core Participants who are not familiar with a field which is complex in its construction and littered with jargon. [Annex F](#) provides a schedule of abbreviations and commonly used terms.
 - c. **Section 4** sets out what we believe to be the **components of a good, robust civil protection system**, capable of effectively managing *all* major risks faced by the UK and the **standards by which we believe its effectiveness can be measured**.
 - d. **Section 5** analyses **whether UK governments and the devolved administrations had in place the components of a civil protection system which were indeed robust and good**, and in particular whether the structures and arrangements used **kept pace with developments in the risks faced by the UK, and with developing international practice**.

- e. **Section 6** analyses **whether those structures, and the arrangements by which people working in those structures took forward the building of resilience and preparedness, were sufficient** to allow successive UK governments, the devolved administrations and local Resilience Partnerships individually and collectively **to prepare for and be able to respond effectively to ‘catastrophic’ emergencies** – defined by the Cabinet Office as having “...*the potential to cause extreme, widespread and/or prolonged impacts, including significant loss of life, and/or severe damage to the UK’s economy, security, infrastructure systems, services and/or the environment.*”¹
 - f. Building effective resilience and preparedness requires the actions of a wide range of organisations, across the public, private and voluntary and community sectors, to be brought together into a shared – **‘whole of society’** – collaborative endeavour. **Section 7** analyses **whether the resilience and preparedness arrangements in place were built on solid, ‘whole of society’ foundations.**
 - g. **Section 8** takes the analysis on *generic* resilience and preparedness in Sections 4-7 and applies it to the specific issue of *pandemic* preparedness. It thus sets out our analysis of the **actions taken in the relevant period to build ‘whole system’ preparedness for a human infectious disease pandemic.**
4. In **Sections 4 to 8**, we have not only described **arrangements and practices during the relevant period** but have also, for ease of reading, identified in each section what we believe to be the **relevant strategic weaknesses.**
 5. Again for ease of reading, we **bring out in each section our suggestions on those improvement actions which the Inquiry might wish to pursue which we believe would make a real difference to UK-wide resilience and preparedness.**
 6. **In Section 9, we gather together all of our suggestions** in Sections 2 and 4-8 against two questions in the schedule of ‘Matters to be addressed’:
 - Question 7: **Whether Part I of the Civil Contingencies Act 2004 provides a proper legal and operational platform** for the UK’s resilience and preparedness systems
 - Question 13: **Lessons to be learnt** in respect of resilience and preparedness structures across the UK

Our Approach

We Have Been Disciplined In Our Recommendations

7. There are many reports analysing the effectiveness of arrangements for building resilience and preparedness. They include especially *An Independent Review of the*

¹ HM Government (2022b). *The UK Government Resilience Framework*. Definition on page 73

*Civil Contingencies Act 2004 and its Supporting Arrangements*² undertaken by a team led by Bruce Mann, one of the authors of this report, published by the National Preparedness Commission in March 2022 ('the CCA Review'). That provided a wide-ranging, 'drains up' review of the quality of resilience and preparedness arrangements over the 20 years since the Civil Contingencies Act ('the Act') came into force, including over the relevant period of the Inquiry. It was based on evidence from over 300 people, with widespread coverage of public sector bodies (although mostly those with a UK-wide or England footprint; the Review was unable to secure a contribution from the Welsh Government), businesses and business representative bodies, voluntary and community organisations, higher education institutions and interested individuals. It also drew on a similarly wide-ranging report³ from a House of Lords Select Committee supported by Professor David Alexander, the other author of this report. Because of their depth and breadth, and in the absence of similar reports, we have drawn on that evidence base in some areas of our analysis. We identify where we do so.

8. More reports, on generic or pandemic preparedness, are published every week⁴. We estimate that they must in aggregate offer many hundred recommendations for the actions to be taken to improve resilience and preparedness. But we are conscious that the Inquiry has set itself the goal of reporting quickly so that lessons may be learned and improvements made as soon as practicable. The need to do so is reinforced by the UK government's judgements that:

"Infectious disease outbreaks are likely to be more frequent to 2030."

and that:

*"Another novel pandemic remains a realistic possibility."*⁵

9. We recognise that the areas which the Inquiry can cover in this Module must therefore necessarily be limited. So **we have deliberately been disciplined in restricting our suggestions on those improvement actions which the Inquiry might wish to pursue to those *strategic* actions which we believe would have the *most significant impact* in improving resilience and preparedness for future human infectious disease pandemics and other major emergencies.**
10. We note that the **UK government has also identified in its Resilience Framework⁶ a range of strategic improvement actions for implementation over the period to 2030.** We identify, without comment, relevant proposals in the corresponding sections of this report.

² Mann, B., Settle, K., Towler, A. et al (2022). *An Independent Review of the Civil Contingencies Act 2004 and its Supporting Arrangements*. National Preparedness Commission

³ House of Lords (2021). *The Select Committee on Risk Assessment and Risk Planning: Report: Preparing for Extreme Risks: Building a Resilient Society*

⁴ [Annex G](#) provides a list of references

⁵ Cabinet Office (2021a). *Global Britain in a competitive age – The Integrated Review of Security, Defence, Development and Foreign Policy*. Page 31

⁶ HM Government (2022b). *The UK Government Resilience Framework*

Strategic Context

11. There are three important points of strategic context which affect all later sections which we believe we should identify up front.

The Negative Impact Of The Conduct Of Planning For EU Exit

12. The first looks backwards. Following the referendum in 2016 on continuing UK membership of the European Union (EU), successive UK governments turned to the resilience community in the UK and devolved administrations to undertake EU exit planning, especially 'No Deal' planning for exit without an Agreement being in place. This work intensified from 2018 onwards. In December 2018, the UK government Cabinet agreed that planning for a 'No Deal' EU Exit was the government's 'principal operational focus'. In July 2019, following the succession of Boris Johnson MP as Prime Minister, the new Cabinet agreed that 'No Deal' was the government's 'central focus'⁷. Although it had some benefits in building UK resilience in some areas, 'No Deal' planning appears to have crowded out much substantive resilience planning and preparedness activity, including preparedness for a human infectious disease pandemic⁸. Witness statements thus record that:

- a. For the UK government, benefits were seen in work to build a far deeper understanding of, and to strengthen, medical supply chains⁹, and in an improved central emergency response capability, including through the training and exercising of substantial numbers of civil servants in crisis management¹⁰. But the "*significant majority*" of pandemic-specific work begun as part of an enhanced readiness programme in 2017 was delayed or paused. This appears to have included important work, affecting the whole of the UK, on:

- Healthcare provision
- Adult social care
- Resilience in critical sectors
- The design of the central response structures needed to manage a catastrophic emergency
- Refreshing the UK Influenza Pandemic Preparedness Strategy
- Refreshing the UK Pandemic Influenza Communications Strategy

⁷ INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraphs 405-406

⁸ We note that the National Audit Office commented similarly. See National Audit Office (2021c). *The government's preparedness for the COVID-19 pandemic: lessons for government on risk management. Cross-government*. Report by the Comptroller and Auditor General, HC 735, Session 2021-22. Paragraph 19 Key Findings

⁹ INQ000061508. Witness Statement of Sir Christopher Steven Wormald. See fuller information at paragraphs 405-416

¹⁰ INQ000145733: Witness Statement of Katharine Hammond. Paragraph 3.47

Work on a draft 'Pandemic Flu Bill' did continue¹¹, as did plans to re-procure a pandemic-specific vaccine advance purchase agreement¹². But work ceased on the move from local self-assessment by local responders to local *assurance* of their capability and readiness to respond to identified risks¹³. And the National Exercising Programme was suspended.

- b. For the Welsh Government, EU Exit planning meant that its Resilience Team ceased all general, non-essential civil contingencies and counter-terrorism planning work¹⁴. This included:
- Work to embed the recently devolved parts of Part 1 of the Act
 - The development and publication of new pandemic guidance taking account of the lessons of the UK-wide pandemic influenza exercise (Exercise Cygnus) in 2016¹⁵
 - Broader work on pandemic influenza preparedness being overseen by the Wales Pandemic Flu Preparedness Group which last met in January 2018 after which the commitment to EU Exit planning took priority¹⁶
 - Work to develop a system for Wales which captured lessons and had the capability to track them to completion, with the necessary audit trail¹⁷

The adverse impact of EU Exit planning on other resilience and preparedness activity led members of the Partnership Council for Wales in their meeting of March 2019¹⁸ to express significant concern over the major risk if there were another emergency situation of any sort. There was concern that resources were stretched too far to respond effectively, and that the adverse impact on 'business as usual' activity could cause longer-term problems.

- c. For the Scottish Government, planned subsequent versions after 2016 of the biennial report to Scottish Ministers providing an overview of the resilience of essential services and critical infrastructure in Scotland were not produced¹⁹.
- d. By contrast, for the Northern Ireland Executive, EU Exit planning was broadly beneficial in building generic resilience and preparedness. Although some matters were paused for other reasons (see further below), the assessment of the official most closely involved was that EU Exit planning meant that Northern Ireland was in a better position to manage the demands of major emergencies, with significantly improved civil contingencies infrastructure, able to deal with

¹¹ Ibid. Paragraph 3.53, 5.3, 5.8 and 5.9

¹² INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 410

¹³ INQ000145733: Witness Statement of Katharine Hammond. Paragraph 3.26

¹⁴ INQ000130469. Witness Statement Number 1 of Dr Andrew Goodall. Paragraph 267

¹⁵ Ibid. Paragraph 175

¹⁶ Ibid. Paragraph 191

¹⁷ Ibid. Paragraph 259

¹⁸ INQ000082829. Partnership Council for Wales. Minutes of Meeting held on 18 March 2019

¹⁹ INQ000184894. Witness Statement of Ken Thomson. Paragraphs 133-134

multiple complex issues at scale; increased awareness of civil contingencies planning and disciplines across the Northern Ireland Civil Service; and the developments of skills and experience, including through exercising²⁰.

13. We can understand why, in the period immediately after the referendum, it made sense to draw on the skills and experience of the resilience community to take forward civil contingency planning for a scenario which could potentially have caused significant harm and loss. And we recognise that there will have been some operational benefits. But we believe that **continuing to draw so heavily on existing resilience practitioners, without substantial reinforcement, over the whole period from the referendum on EU membership until eventual agreement on the EU-UK Trade and Co-operation Agreement in late 2020 was a mistake which will have affected UK-wide resilience generally and preparedness for a pandemic specifically.** In our view, **more people should have been recruited and trained to ensure that other important resilience and preparedness workstreams were able to continue.** Alternatively, **EU Exit planning activity could have been more fully ‘mainstreamed’ (possibly with small-scale continuing support from expert resilience practitioners) and the resilience community released to its broader role of building resilience to and preparedness for all major risks.**

Other Strategic Issues In Northern Ireland

14. Although, as noted above, EU Exit planning was broadly beneficial in building resilience and preparedness in Northern Ireland, other strategic issues will have affected the level of activity in the Province. Fuller detail is given in the Witness Statements of Michelle O’Neill MLA²¹, Sir David Sterling²² and of Denis Michael McMahon of The Executive Office (TEO)²³.
15. The TEO note that the civil contingencies arrangements that were in place immediately before the COVID-19 pandemic had been developed and put in place by 2016 (ie. when Ministers were in office), and that the testing of those arrangements during a major pandemic influenza exercise in 2016 had not suggested any matters needing Ministerial intervention, so that the exercise of day-to-day civil contingencies planning functions could continue uninterrupted²⁴. The only work which seems to have been affected was the Northern Ireland input into the development of a UK-wide ‘Pandemic Flu Bill’. But they also note that the resourcing of civil contingencies in Northern Ireland, and especially of the lead policy branch, had been difficult across the relevant period, with acute pressures on staffing and hence on the capacity of the branch, exacerbated by additional pressures arising from EU Exit planning. These were of such a scale that they were due to be escalated to the TEO Departmental Board. They, and the impact of the departure of senior staff, had the consequence of generating turmoil within the branch so that new and inexperienced staff had to be brought in during March 2020²⁵.

²⁰ INQ000187620. Witness Statement of Denis Michael McMahon. Paragraph 312

²¹ INQ000183409. Witness Statement of Michelle O’Neill MLA

²² INQ000185350. Witness Statement of Sir David Sterling

²³ INQ000187620. Witness Statement of Denis Michael McMahon

²⁴ Ibid. Paragraphs 250-251

²⁵ Ibid. Paragraphs 290-325

16. Sir David's overall judgement is that:

*"[The] three challenges of persistent political instability, resource pressures and Brexit were significant issues in their own right. Together, they combined to create a complex and difficult context and significant resource pressures on the Northern Ireland Civil Service (and the wider public sector)."*²⁶

and that:

*"...while the position ... the Northern Ireland Civil Service was in between 2017 and 2020 was totally unacceptable, I cannot point to any firm evidence that the absence of the power-sharing Executive between 2017 and 2020 had a material impact on, or inhibited, whole-system civil emergency planning, preparedness and resilience."*²⁷

17. By contrast, the former deputy First Minister has stated that, in her opinion, had there been an Executive in place prior to January 2020 local preparedness would have been better. She cites in particular broader work that could have been taken forward, including on remodelling the health and social care system, and on more co-ordinated decision-making based on increased cross-cutting interdepartmental working arrangements²⁸.

Fit For The Future?

18. The third point looks forwards. We have been invited to assess whether resilience and preparedness arrangements kept pace over the relevant period with the risks faced by the UK. But it is clearly **important that any improved arrangements which are put in place as a result of the Inquiry's recommendations are capable of keeping pace with developments in the risks faced by the UK over the next 10-20 years, and with changing societal and public expectations.**

Future Risk

19. **The risk picture the UK faces is less benign now than in 2010 and is likely to get worse.** We have not included a full analysis of future risks here; the important global risk drivers identified in what we regard as the key publicly available reports²⁹ include:

- The impact of **climate change**
- A **deteriorating international security environment**

²⁶ INQ000185350. Witness Statement of Sir David Sterling. Paragraph 30

²⁷ Ibid. Paragraph 48

²⁸ INQ000183409. Witness Statement of Michelle O'Neill MLA. See fuller information in paragraphs 94-102

²⁹ These include the World Economic Forum (2023). *The Global Risk Report 2023. 18th edition*, the HM Government (2022a). *UK Climate Change Risk Assessment 2022*; the Ministry of Defence (2018). *Global Strategic Trends – The Future Starts Today. Sixth Edition*; and the Cabinet Office (2021a). *Global Britain in a competitive age: The Integrated Review of Security, Defence, Development and Foreign Policy*

- The **greater risk of proliferation of chemical, biological, radiological and nuclear (CBRN) weapons**
- **Vulnerabilities inherent in global and domestic supply chains** – as were exposed during the COVID-19 pandemic
- The **growing risk of anti-microbial resistance and of infectious diseases**
- The risk of **failure of ageing critical infrastructure**
- The **increased technological dependence of our society and economy**, and the **increasing complexity and interdependence of the networks underpinning daily life**

20. Whilst all of these trends have been present in some form since 2010, in our view they are in aggregate worsening. They paint a future which is more uncertain and diverse, complex and unpredictable. And there is an increasing likelihood that ‘national’ emergencies will arise not only from domestic risks but from global – and hence less controllable – risk events. **Resilience and preparedness arrangements over the next 10-20 years will therefore need:**

- a. To **recognise the value of risk reduction activities** which seek to prevent risks arising in the first place, especially the value of those activities targeted on risks with wide-scale consequences, and risks which start overseas but whose consequences cascade into the UK.
- b. Emergency planning and response **arrangements which address the increasing likelihood of risks with UK-wide or wide-scale consequences**, requiring the involvement of a wide range of UK, devolved, regional and local organisations in a cohesive, collaborative response.
- c. To recognise the **growing likelihood of multiple, concurrent emergencies**, requiring the provision of sufficient capacity and capability to manage them effectively.
- d. To **recognise the growing likelihood of emergencies which, because of their cascading³⁰ and compounding³¹ effects, grow in the scale of their consequences or ‘shape shift’**, so that responders may be required to tackle successive emergencies, often in wholly different fields.

³⁰ Cascading risk refers to the knock-on impacts of a risk which cause further physical, social or economic disruption. For example, severe weather can cause flooding, which then causes damage to electricity infrastructure, resulting in a power outage which then disrupts communications service providers, See Alexander, D. and Pescaroli, G. (2019). *What are cascading disasters?* UCL Open: Environment 2019;(1):03: 1-7

³¹ Compound risk refers to the situation when two or more risk events coincide (either in the same place, or at the same time, or both) causing impacts greater than the sum of the individual risks

- e. To **recognise the higher likelihood of risks starting and developing in the private sector**, especially in the provision of essential services by the regulated utilities and elsewhere.
21. We have tested our analysis and conclusions in relevant areas for robustness against this future risk picture.

Societal And Public Expectations

22. Societal and public expectations have changed since 2010 and will continue to do so – not least as a result of peoples’ experiences of the COVID-19 pandemic. As well as future risks, we suggest that **resilience and preparedness arrangements over the next 10-20 years will need to reflect key societal factors**. We have taken five factors, described below, into our analysis.

Demonstrable Competence, As The Basis For Confidence And Trust

23. The first – and in our view most significant – is **an expectation of professionalism and demonstrable competence** in those engaged in building resilience and preparedness, and especially in the management of major emergencies. This matters because **it is one key component of the bedrock of public confidence and trust on which effective collective preparedness and response depends**.
24. The response to the COVID-19 pandemic showed that, in the management of extreme risks, **trust must work both ways**:
- In the way in which governments and statutory bodies through their attitudes and actions show their respect for and trust in the British people
 - In the confidence and trust which people have in the actions of governments and statutory bodies
25. As Reform have observed, the COVID-19 pandemic showed once again that:

“In times of crisis what we want from our leaders changes. What matters now is competency – identified by the OECD as a core driver of political trust.”³²

and that trust matters:

“In times of crisis, public trust in government is key to ensure compliance with any measures citizens are asked to take. Perceptions of incompetence foster mistrust, meaning people may be less likely to follow the rules – which in turn makes the State less resilient in the face of adversity.”³³

³² Reform (2020). *Building a resilient state: A collection of essays*. Page 18

³³ Ibid. Page 20

26. Competence was a key issue of examination in the Grenfell Tower and Manchester Arena Inquiries. And, significantly, early research on the main factors which explain variations in infection and fatality rates in the COVID-19 pandemic found that:

“... higher levels of trust ... had large, statistically significant associations with fewer infections ... No other social factors (economic inequality or trust in science), state capacity measures (government effectiveness or state fragility), or features of political systems (electoral democracy or populism) had a statistically significant association with infections or [fatality rates].”

and that:

“When a virus emerges with high potential for spread, government must be able to convince citizens to adopt essential public health measures. Doing so often requires behaviour change ... the success of that effort depends on two forms of trust: trust in governments and interpersonal trust.”³⁴

27. **Risk and emergency management classically tends to focus on the tangible** – structures and processes, assets and capabilities. Those are essential planks in building a solid foundation. **But in our view building resilience for the future major risks the UK faces needs to include more organic and emotional ingredients, including especially building and sustaining public confidence and trust.**

The Value Of Joined-Up Working – And Lack Of Tolerance For Buck-Passing

28. The second factor is an **expectation of effective joint working across all levels, sectors and organisations to manage risks and emergencies**. People live and work across borders, businesses operate across borders, and risks and their consequences cross borders. Especially for the major risks the UK faces, weaknesses in effective cross-sector and cross-boundary collaboration will result in a less effective response.
29. As experience during the COVID-19 pandemic as well as during a series of ‘Storms’ in recent years has shown, **the public have a low tolerance for ‘buck passing’** which seeks to deflect blame either for weaknesses in preparedness or for inadequacies in emergency response, especially for risk events which are predictable and predicted.

Valuing Accountability And Building Democratic Consent

30. The third factor is the longstanding and welcome **trend towards greater citizen challenge and desire to hold to account**. With it comes **the need to build and sustain democratic consent**. This can be seen in the progressive development of formal scrutiny and accountability arrangements involving citizens, as for example in other fields covering people's safety and wellbeing such as the inclusion of ‘lay’ members on Police and Crime Panels and on Health and Wellbeing Boards.

³⁴ Bollyky, T., Hulland, E. et al (2022). *Pandemic preparedness and COVID-19: an exploratory analysis of infection and fatality rates, and contextual factors associated with preparedness in 177 countries, from Jan 1, 2020, to Sept 30, 2021*

Recognising Readiness To Invest In Resilience

31. Research by Demos has found signals of the fourth factor – **people’s willingness to support greater investment in resilience**. Demos found that, of the respondents to their interactive survey:

*“52% were willing to support or strongly support the idea of the government spending a lot of money on preparing for potential future disasters, even if they are unlikely to happen and the money would be wasted if they do not happen.” Only 13% opposed this approach ... This may be because of increased fears that disasters will become more frequent ... 86% agreed that: “What used to be thought of as a rare disaster now seems to happen with more frequency”.*³⁵

Treasuring Public And Community Involvement

32. Finally, the response to the COVID-19 pandemic demonstrated, once again, the **readiness of individuals and families to pursue their own resilience**. And, more widely, it showed vividly the **readiness of individuals, communities, voluntary and community groups, and businesses to reach out to support those in need** – as seen, for example, in the provision of support to the vulnerable and those shielding, and in the operation of vaccination centres. This spirit needs in our view to be more fully captured in future resilience and preparedness activity.

33. Demos has powerful research from its and others’ polling:

*“... ONS data suggests that 66% of people thought that if they needed help, then other local community members would support them during the pandemic ... And people want this to continue ... Nearly three quarters of us believe that volunteers playing a greater role in public services would be good for society, and good for public services.”*³⁶

Demos draw on this to judge that:

*“Communities have shown that they are one of the most effective elements of disaster and emergency relief. All our resilience planning should include efforts to build up social capital and community infrastructure that can be flexibly deployed at times of crisis.”*³⁷

34. But **building such ‘community resilience’ needs to be done with care**. Demos note:

*“The greatest political risk associated with a movement to increase volunteering and improve community connection is if this is seen as a way to cover up for cuts.”*³⁸

³⁵ Mackenzie, P., with Demos (2021). *Build Back Stronger – The Final Report of Renew Normal: The People’s Commission on Life after COVID-19*. Page 14

³⁶ Ibid. Pages 20-21

³⁷ Ibid. Page 22

³⁸ Ibid. Page 21

And, of critical importance to resilience frameworks and structures is recognition that they need to be built at local and hyper-local levels, enabled and supported by governments but not driven top-down:

“Most efforts by the national government to mobilise the hyper-local will struggle. National government is too remote and too bureaucratic to be able to initiate or grow community networks and neighbourhood organisations, which have to be largely self-organised to last. So it should not try.”³⁹

Devolution

35. Resilience is a highly-devolved matter. There are many areas of commonality between England, Wales, Scotland and Northern Ireland. But there are important variations. As the witness statement of the former Scottish Deputy First Minister notes, in the period running up to January 2020 **preparations for a pandemic were taken forward as a pragmatic combination of participation in UK-wide activity where this made practical sense and developing an approach within the devolved administrations which reflected their distinctive existing ways of working and service planning⁴⁰**. So we have sought where we can, on the basis of the information available, to identify key differences in law and practice in the strategic approach of each Administration to building resilience and preparedness.
36. In that context, we should note that, because the title used in law for the governance and collaboration structures which oversee resilience and preparedness at local and regional levels varies between England, Wales, Scotland and Northern Ireland, we have used the phrase ‘Resilience Partnerships’ in our analysis and recommendations on points of general applicability. We use phrases which are specific to purpose where applicable for those structures in England and Wales (‘Local Resilience Forums’), Scotland (‘Regional Resilience Partnerships’ and ‘Local Resilience Partnerships’) and Northern Ireland (‘Emergency Preparedness Groups’).

Regions

37. A number of Resilience Partnerships are (in Scotland) or have been (in England) organised on a ‘regional’ level. We use the word “regional” throughout this report to refer to past, current or future resilience and preparedness structures which bring together a number of Resilience Partnerships and other bodies to collaborate on activity in support of common resilience and preparedness objectives across their customary boundaries. Such regional structures and arrangements might therefore encompass a wide range of local authorities, Combined Authorities, emergency services, utility companies and voluntary and community organisations in cross-boundary work where there are operational or efficiency benefits in doing so.

³⁹ Ibid. Page 22

⁴⁰ NQ000185352: Witness Statement of John Ramsay Swinney MSP. Paragraph 12

SECTION 2: STRATEGIC APPROACH

Question 1: In relation to risk management and resilience, an explanation of any changes in the strategic approach and definition adopted by the UK Government, the Scottish Government, the Welsh Government and the Northern Ireland Executive over the relevant period.

Definition And International Good Practice

38. There are **many definitions of ‘resilience’**⁴¹. The word is used, often loosely, to refer to a wide range of different activities. ‘Resilience’ was thus commonly used in the early 2000s, when the Civil Contingencies Act and its supporting arrangements (described more fully at Section 3) were put in place, to refer to **preparedness to respond effectively to, and recover from, disruptive events**. But this definition was progressively superseded in the period from 2005-2020 as thinking and practice in leading countries and multilateral bodies developed and was codified in a range of international agreements. Thus, it was progressively developed to:
- a. Cover not only the ability to resist and respond to disruptive events but also to **‘bounce back’** from them, including to **‘build back better’**⁴². ‘Bounce back’ has transmuted to **‘bounce forward’** to highlight the need to avoid recreating former vulnerabilities.
 - b. Capture a deeper sense of **adaptiveness**, seen in the development of the **adaptive capacity** of individuals, organisations, communities and societies to absorb shocks and stresses whilst sustaining their basic structures and an acceptable level of functioning; and in seeking through **anticipation and foresight** to gain strategic notice of longer-term disruptive challenges as the basis for policy action to avoid or minimise their potential impacts.

Key Principles

39. These changes in the *scope* of ‘resilience’ were seen in the coverage of **three important international agreements** negotiated over a 30-year period on the steps which countries should take to build resilience, starting with the first international strategy on Disaster Prevention, Preparedness and Mitigation agreed in 1994⁴³ and updated in the **Hyogo Framework for Action 2005-2015**⁴⁴. Both highlighted the need

⁴¹ Alexander, D. (2013). *Resilience and disaster risk reduction: an etymological journey*

⁴² “The use of the recovery, rehabilitation and reconstruction phases after a disaster to increase the resilience of nations and communities through integrating disaster risk reduction measures into the restoration of physical infrastructure and societal systems, and into the revitalization of livelihoods, economies and the environment.” Definition from United Nations (2016). *Report of the open-ended intergovernmental expert working group on indicators and terminology relating to disaster risk reduction*

⁴³ IDNDR (1994). *Yokohama Strategy and Plan of Action for a Safer World: Guidelines for Natural Disaster Prevention, Preparedness and Mitigation*

⁴⁴ UNISDR (2005). *Hyogo Framework for Action 2005–2015: Building the Resilience of Nations and Communities to Disasters*. The Hyogo Framework for Action (HFA) was a global blueprint for disaster

to adopt an integrated approach to disaster risks, encompassing all sections of society, at national and local levels, and taking action on:

- a. The **identification, assessment and monitoring of risks**, and **enhancing early warning**.
 - b. **Risk reduction** – the actions taken to avoid risk, or at least to reduce the likelihood of it arising.
 - c. **Strengthening preparedness** for an effective response at all levels.⁴⁵
40. Reviews of the Hyogo Framework found that lack of clarity on ownership of disaster risk reduction was limiting progress. The UN's subsequent Sendai Declaration⁴⁶ and the accompanying Sendai Framework 2015-2030⁴⁷ acknowledged and sought to address that issue. They identify the need to continue **strengthening good governance through disaster risk reduction strategies**, as well as:
- a. **Enhanced work on risk reduction**.
 - b. **A broader and more people-centred preventive approach** to disaster risk.
41. Guiding principles within the Sendai Framework set out that effective disaster risk reduction:
- a. Requires **all-of-society engagement** and partnership.
 - b. Depends on **co-ordination mechanisms within and across sectors** and with **relevant stakeholders at all levels**.
 - c. Requires the **empowerment of local authorities and local communities** to reduce disaster risk.
 - d. Requires inclusive, risk-informed decision-making based on the **open exchange and dissemination of disaggregated data, as well as** on easily accessible, up-to-date, comprehensible, science-based **non-sensitive risk information**.⁴⁸
42. The Sendai Framework sets four 'Priorities for Action':

risk reduction efforts with a ten-year plan, adopted in January 2005 by 168 Member States of the United Nations at the World Conference on Disaster Reduction held in Kobe, Hyogo, Japan. Its overarching goal was to build resilience of nations and communities to disasters, by achieving substantive reduction of disaster losses by 2015 – in lives, and in the social, economic, and environmental assets of communities and countries

⁴⁵ Summarised from the Hyogo Framework, Priorities for Action

⁴⁶ UNDRR (2015). *Sendai Declaration*

⁴⁷ United Nations (2015a). *Sendai Framework for Disaster Risk Reduction 2015–2030*. We should note that this goes beyond the relevant period covered by Module 1 of this Inquiry

⁴⁸ Ibid. Summarised from Part III, Guiding Principles

- Priority 1: Understanding disaster risk
- Priority 2: Strengthening disaster risk governance to manage disaster risk
- Priority 3: Investing in disaster risk reduction for resilience
- Priority 4: Enhancing disaster preparedness for effective response and to “Build Back Better” in recovery, rehabilitation and reconstruction⁴⁹

A Resilience Strategy

43. A further target is to “*Substantially increase the number of countries with national and local disaster risk reduction strategies by 2020*”⁵⁰. Although it was a party to the Declaration, **the UK government did not have a Disaster Risk Reduction Strategy during the relevant period. Although it developed and published a wide range of documents on specific aspects of resilience and preparedness, nowhere did it bring together into a cohesive whole:**
- a. The **overall Goal of activity to build resilience and preparedness and supporting objectives** and the timeframe in which they were to be achieved.
 - b. The **courses of action** – policies, programmes and other initiatives – to be pursued to secure the identified Goal; **measures** by which progress and success could be assessed; and **cross-cutting principles** to guide the way in which those activities should be undertaken to ensure coherence and embed important values.
 - c. The **instruments** (eg. law and policies), **infrastructure** and **resources** – both financial and, especially, human capability – **needed to achieve success**.

What Would Make A Difference?

44. There was thus **no document which set direction** for the wide range of organisations involved in building resilience and preparedness, helping to unify their actions towards a common end. It is disappointing that the intended ‘National Resilience Strategy’ advertised in the UK government’s Call for Evidence⁵¹ in July 2021 materialised as a vaguer ‘Resilience Framework’ in December 2022⁵². **We suggest that a vital foundation stone to building robust resilience and preparedness across the UK will be the development by the UK government, working with the devolved administrations and Resilience Partnerships, of a formal UK-wide Resilience Strategy covering the ground set out above. Such a Strategy could be reinforced by similar Strategies in Scotland, Wales and Northern Ireland.**

⁴⁹ Ibid. Part IV, Priorities for Action

⁵⁰ Ibid. Part II: Expected Outcome and Goal. Global target (e)

⁵¹ Cabinet Office (2021b). *The National Resilience Strategy: A Call for Evidence*

⁵² HM Government (2022b). *The UK Government Resilience Framework*

How Did Practice Compare?

The Definition Of Resilience

45. UK government documents in the relevant period have several definitions of resilience but do appear to track the development of the broader scope of ‘resilience’ described above. For example, a Cabinet Office report in 2011 on building ‘infrastructure resilience’ against natural hazards included as a definition:

“... the ability of assets, networks and systems to anticipate, absorb, adapt to and/or rapidly recover from a disruptive event.”⁵³

and noted that:

“In its broadest sense, [resilience] is more than an ability to bounce back and recover from adversity and extends to the broader adaptive capacity gained from an understanding of the risks and uncertainties in our environment.”⁵⁴

46. Guidance issued by the Scottish Government in 2016 also adopted the broader sense of adaptiveness in defining resilience as:

“The capacity of an individual, community or system to adapt in order to sustain an acceptable level of function, structure and identity.”⁵⁵

47. **Despite this strategic recognition of the developing theory, the actual practice followed by the UK government throughout the relevant period adopted a much narrower approach, staying rooted in the thinking of the early 2000s.**

Integrated Emergency Management

48. As far as we have been able to determine, the UK government and the devolved administrations adopted throughout the period the Integrated Emergency Management (IEM) approach as the framework for risk and emergency management. The six-phase IEM framework (see Figure 1 overleaf⁵⁶) – was a fundamental underpinning to the substantially revised law and supporting arrangements which were introduced in the early 2000s. It has been in use since.

⁵³ Cabinet Office (2011j). *Keeping the Country Running: Natural Hazards and Infrastructure. A Guide to improving the resilience of critical infrastructure and essential services.* Paragraph 2.11

⁵⁴ Ibid. Footnote 10

⁵⁵ Scottish Government (2016). *Preparing Scotland: Scottish Guidance on Resilience.* Page 3

⁵⁶ Note that the Scottish Government refers to a five phase framework, which brings together risk anticipation and assessment into one phase – “assessment”

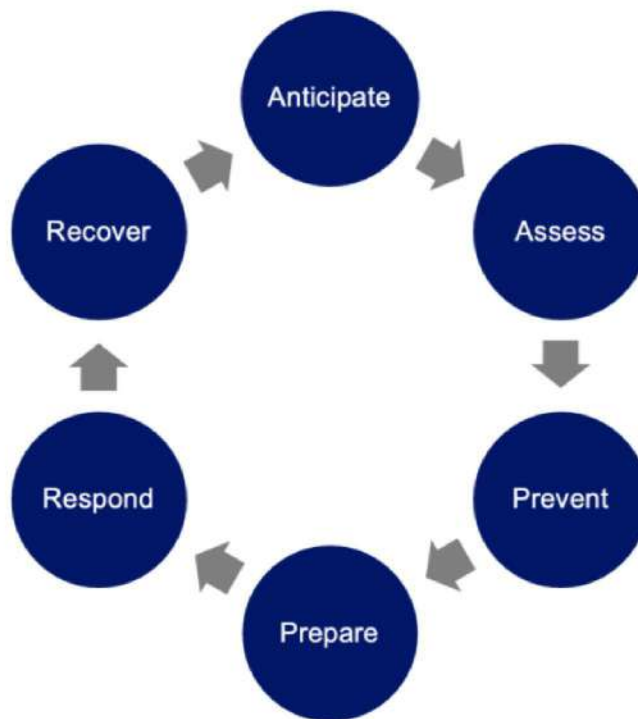


Figure 1. Original Integrated Emergency Management Framework

49. The six phases in the IEM framework can be summarised as follows:

- **Anticipate:** ‘horizon scanning’ for new risks that have the potential to cause harm and loss, or for strategic changes which may change the nature of currently identified risks
- **Assess:** the analysis of identified risks to understand the likelihood of their occurrence and their potential impacts across a range of measures (eg. human life, safety and wellbeing, economic loss; environmental harm)
- **Prevent:** the actions undertaken to seek to avoid, or at least to reduce the likelihood of, a risk arising, or to reduce the impacts of an emergency were a risk to arise
- **Prepare:** the development of the emergency plans and capabilities needed to provide an effective response to identified potential emergencies and unforeseen events, thus reducing harm and loss
- **Respond:** the actions taken to deal with the immediate effects of an emergency
- **Recover:** the actions taken to rebuild, restore and rehabilitate affected communities following an emergency.

50. This framework did not change over the relevant period. We can see its value in providing a new organising framework to guide the transformation of UK-wide resilience and preparedness undertaken in the period immediately after the major emergencies of

2000-2001 which resulted in the passage of the Civil Contingencies Act and the putting in place of its supporting arrangements. It was in line with general thinking at that time. But in our view, it **failed to reflect developments in thinking and practice over the relevant period** so that it had, by 2020, **strategic weaknesses in two key areas:**

- **The absence of a focus on quality and effectiveness**
- **A focus on processes rather than people**

Quality And Effectiveness

51. As we describe more fully in Section 4, as far as we have been able to determine, **senior leaders did not have during the relevant period a systematic, rigorous, evidence-based process which provided them with assurance on preparedness for the risks identified in successive national risk assessments.** And there was a **repeated failure to learn lessons**, identified in successive 'Lessons Learned' reports⁵⁷ and the reports of independent inquiries⁵⁸, **so that weaknesses were repeated and gaps left unaddressed.**
52. We believe that the importance of each of these areas is such that they should be recognised explicitly in a **revised Integrated Emergency Management Framework** through the **inclusion of two new phases** on:
- **Validate and Assure:** the actions taken to establish and to provide assurance to senior leaders at organisational, locality, devolved or UK level on the ability to provide an effective response to identified potential emergencies, including identifying major gaps and weaknesses that need to be addressed
 - **Learn and Improve:** the actions taken to identify lessons – both strengths and weaknesses – from the response to emergencies and then to take action to adopt and embed improvements, as part of a cycle of continuous improvement in risk and emergency management

We believe that giving them prominence in this way would mean that they received the attention they deserved in training, in the processes that were adopted and in the day-to-day work of practitioners, resulting in a more robust approach to resilience and preparedness. A more developed framework which embeds these two steps is shown in Figure 2 overleaf.

⁵⁷ Pollock, Dr K. (2013). *Review of Persistent Lessons Identified Relating to Interoperability from Emergencies and Major Incidents since 1986*. Emergency Planning College. Occasional Papers. New Series. Number 6

⁵⁸ For example, Manchester Arena Inquiry (2022). *Volume 2: Emergency Response. Report of the Public Inquiry into the Attack on Manchester Arena on 22nd May 2017*. Paragraph 21.7 and 21.27



Figure 2. Revised Integrated Emergency Management Framework

People Are More Important Than Processes

53. A second significant weakness is that **the framework is process-orientated and technocratic – often described as “antiseptic”**. As we note in Section 1, risk and emergency management classically tends to focus on the tangible – structures and processes, assets and capabilities. Those are essential planks in building a solid foundation. But **building resilience and preparedness for the major risks the UK faces needs also to include more organic and emotional ingredients**. The London Assembly report on the bombings of 7 July 2005, for example, had one overarching observation which dominated its other recommendations:

“1.15 There is an overarching, fundamental lesson to be learnt from the response to the 7 July attacks, which underpins most of our findings and recommendations. The response on 7 July demonstrated that there is a lack of consideration of the individuals caught up in major or catastrophic incidents. Procedures tend to focus too much on incidents, rather than on individuals, and on processes rather than people. Emergency plans tend to cater for the needs of the emergency and other responding services, rather than explicitly addressing the needs and priorities of the people involved.”⁵⁹

⁵⁹ London Assembly (2006). *Report of the 7 July Review Committee*. Page 9

54. Although the point has been recognised for many years, it has not yet landed in operational practice. Thus, the **IEM framework does not adequately bring to the fore the key features embedded in the Sendai Framework of:**
- a. **Adopting a more organic, people-centred approach**, especially in identifying vulnerabilities to identified risks and the potential needs of individuals, families and communities were identified risks to arise and emergencies to occur.
 - b. **Recognising that true resilience requires all-of-society engagement and partnership**, rather than being an activity confined to people working full-time on resilience and preparedness, predominantly in public sector bodies.
55. We believe that **the tendency to focus throughout the relevant period on technocratic processes and products rather than on people and communities, their vulnerabilities and their likely needs will have been a contributory factor in weaknesses experienced in the response to managing the social impacts of a range of emergencies with significant social impacts** (eg. the wide-scale, extended loss of electricity in recent storms)⁶⁰. And those weaknesses will inevitably have been more telling in the response to the COVID-19 pandemic.
56. We note that the UK government has identified in its Resilience Framework⁶¹ the need for substantial work on vulnerabilities and on needs-based planning. But it is striking that it includes no explicit mention of the most vulnerable groups (for example, people with disabilities), many of which are routinely disadvantaged in emergency situations.

What Would Make A Difference?

57. **We suggest that the Inquiry explores four potential strategic improvements to the approach which might be adopted in future by the UK government and the devolved administrations:**
- a. **Recognising explicitly, in a revised Integrated Emergency Management Framework, new phases on ‘Validate and Assure’ and ‘Learn and Improve’. The revised ‘Resilience Cycle’ should form the strategic foundation for future work to build resilience and preparedness.**
 - b. **Recognising in law the importance of systematically gathering data and evidence on preparedness** at organisational, locality, devolved or UK level to respond effectively to identified risks and to support political and public oversight and scrutiny. We return to this in Section 4.

⁶⁰ See, for example, British Red Cross (2018). *Ready for anything: Putting people at the heart of emergency response*; British Red Cross (2019). *People Power in Emergencies: An assessment of voluntary and community sector engagement and human-centred approaches to emergency planning*; and British Red Cross, with Demos (2021). *Ready for the Future: Meeting People’s Needs in an Emergency*

⁶¹ HM Government (2022b). *The UK Government Resilience Framework*. Paragraphs 11, 43-46, 153

- c. **Putting in place effective and reliable arrangements for learning from emergencies**, with improvement actions identified and followed through. We return to this in Section 6.
- d. **Having a primary operational focus on people and communities**, their vulnerabilities and their likely needs in emergencies, to support stronger preparedness to manage effectively their human impacts. We return to this in Section 7.

SECTION 3: THE LEGISLATIVE FRAMEWORK AND STRUCTURES

Question 3: An overall description of the structures of the UK government, the devolved administrations, and Local Resilience Forums and Partnerships relating to resilience and preparedness.

58. This Section describes:
- a. The **legislation** in place which was used as the framework for preparing for and responding to emergencies during the relevant period, including describing:
 - Its scope
 - The definition of 'emergency'
 - Organisational roles and responsibilities
 - Emergency powers.
 - b. The **doctrine and guidance** which underpinned the legislation and provided the framework for its operational delivery.
 - c. The **multi-agency governance and decision-making structures** used at local, regional, devolved and UK levels to prepare for and respond to emergencies.
59. This Section is intended to be entirely explanatory. Sections 4 to 7 provide commentary on key specific aspects of the legislation and supporting structures and arrangements.

The Civil Contingencies Act 2004

60. Effective risk and emergency management involves bringing together the actions of a wide range of organisations – at UK, devolved, regional and local levels, across the public, private and voluntary sectors, and in communities – into a cohesive whole in support of the shared endeavour of avoiding or minimising harm and disruption.
61. **One key lesson of the major emergencies in 2000 and 2001⁶² was the need for the most important activities in building resilience and preparedness to be mandated as duties in law. A second was that this shared endeavour needed to be captured within a legal framework which drove both *collaboration* and *consistency* across the wide range of organisations involved.**
62. Following public consultation on a draft Bill in 2003 and pre-legislative scrutiny by a Joint Parliamentary Committee, the Civil Contingencies Bill was introduced to the UK Parliament on 7 January 2004. The Bill received Royal Assent on 18 November 2004 and became known as the **Civil Contingencies Act 2004 (the “Act”)**.

⁶² Commonly known as the '4Fs': wide-area flooding, foot and mouth disease, firefighter industrial action, fuel tanker-driver industrial action

63. The Act set out a broad framework under which local areas should prepare for civil emergencies. It was separated into two substantive parts: local arrangements for civil protection (Part 1); and emergency powers (Part 2). It was accompanied by supporting Regulations (initially produced in 2005⁶³, then subsequently updated in 2005⁶⁴, 2008⁶⁵, 2011⁶⁶, 2012⁶⁷, 2013⁶⁸, 2021⁶⁹ and 2023⁷⁰) and statutory⁷¹ and non-statutory⁷² guidance⁷³. The Act, Regulations and guidance underpinning the legislation were designed to “...deliver a single framework supporting civil protection in the UK”⁷⁴.

Definition Of An Emergency

64. Part 1 of the Act sets out the **events or situations which would constitute ‘an emergency’** under the terms of the Act:

“(1) In this Part “emergency” means—

- (a) an event or situation which threatens **serious damage to human welfare** in a place in the United Kingdom,
- (b) an event or situation which threatens **serious damage to the environment** of a place in the United Kingdom, or
- (c) war, or terrorism, which threatens **serious damage to the security of the United Kingdom.**⁷⁵ (Our emphasis)

⁶³ UK Parliament (2005a). *Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005*. Also Scottish Parliament (2005). *The Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005*

⁶⁴ UK Parliament (2005b). *The Civil Contingencies Act 2004 (Amendment of List of Responders) Order 2005*

⁶⁵ UK Parliament (2008). *The Civil Contingencies Act 2004 (Amendment of List of Responders) Order 2008*

⁶⁶ UK Parliament (2011a). *The Civil Contingencies Act 2004 (Contingency Planning) (Amendment) Regulations 2011*. Also UK Parliament (2011b). *The Civil Contingencies Act 2004 (Amendment of List of Responders) Order 2011*

⁶⁷ UK Parliament (2012). *The Civil Contingencies Act 2004 (Contingency Planning) (Amendment) Regulations 2012*

⁶⁸ Scottish Parliament (2013). *The Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Amendment Regulations 2013*

⁶⁹ Scottish Parliament (2021). *The Civil Contingencies Act 2004 (Amendment of List of Responders) (Scotland) Order 2021*

⁷⁰ UK Parliament (2023). *The Civil Contingencies Act 2004 (Amendment of List of Responders) Order 2023*

⁷¹ Cabinet Office (2011-12). *Revision to Emergency Preparedness* [different chapters have different publication dates – see [Annex G](#) for full details]

⁷² Primarily HM Government (2013b). *Emergency Response and Recovery* and Scottish Government (2016). *Preparing Scotland. Scottish Guidance on Resilience. Philosophy, Principles, Structures and Regulatory Duties*

⁷³ There have also been some consequential amendments to the Act arising from the making of other legislation, for example, *The Northern Ireland Act 1998 (Devolution of Policing and Justice Functions) Order 2010*, *The Welsh Ministers (Transfer of Functions) Order 2018*, *The Police and Fire Reform (Scotland) Act 2012 (Consequential Modifications and Savings) Order 2013*, the *Health and Social Care Act 2012*, the *Civil Aviation Act 2012* and the *Infrastructure Act 2015*. Where relevant, these are covered in more detail in later sections of this report

⁷⁴ Cabinet Office (2022c). *Civil Contingencies Act. Post-Implementation Review 2022*. Paragraph 17

⁷⁵ UK Parliament (2004). *Civil Contingencies Act 2004*. Section 1

65. This definition of 'emergency' is **concerned with consequences rather than with cause or source**. Thus, an emergency inside or outside the UK is covered by the definition, provided that it has consequences inside the UK⁷⁶.
66. **Determination of whether and when an emergency has occurred, or is likely to occur, is addressed in three ways**. The Act provides:
- **A specification of the kinds of event or situation which may cause "damage"**
 - **Two tests for determining whether an event or situation threatening such damage constitutes an emergency**, one of which must be met
67. Regulations associated with the Act outline the common procedures that organisations with duties under the Act, designated as 'Category 1 responders' (see further below), must follow in making the decision to activate a business continuity or emergency plan. These legal tests and procedures are described further in turn below.

Damage Tests

68. The Act sets out a list of events or situations which may be considered to pose a threat of damage to human welfare, the environment or the security of the UK. These are:

"(2) For the purposes of subsection (1)(a) an event or situation threatens damage to human welfare only if it involves, causes or may cause—

- (a) loss of human life,*
- (b) human illness or injury,*
- (c) homelessness,*
- (d) damage to property,*
- (e) disruption of a supply of money, food, water, energy or fuel,*
- (f) disruption of a system of communication,*
- (g) disruption of facilities for transport, or*
- (h) disruption of services relating to health.*

(3) For the purposes of subsection (1)(b) an event or situation threatens damage to the environment only if it involves, causes or may cause—

- (a) contamination of land, water or air with biological, chemical or radioactive matter, or*
- (b) disruption or destruction of plant life or animal life."⁷⁷*

⁷⁶ Ibid. s. 1(5)

⁷⁷ Ibid. s. 1(2)-(3)

Two Tests As To Whether A Response Is Required

69. An organisation designated as a 'Category 1 responder' must perform its duties under the Act *only in relation to two situations*, either of which poses a considerable test of that organisation's ability to perform its functions⁷⁸. The two tests are:
1. Where the emergency would be likely to seriously obstruct its ability to perform its functions⁷⁹.
 2. Where the Category 1 responder:
 - Would consider it necessary or desirable to act to prevent, reduce, control, or mitigate the emergency's effects, or otherwise take action; and
 - Would be unable to act without changing the deployment of its resources or acquiring additional resources⁸⁰.
70. One of these two tests must be met for the main duties of the Act to apply.

Procedure For Determining When An Emergency Has Occurred

71. A procedure for determining when an emergency has occurred must be written into designated organisations' (see below) business continuity and emergency plans. The procedure should enable the person who will make the judgement to be identified, and state how they will be advised and whom they must inform⁸¹. The person will usually be a post-holder identified by their role or job title.

Organisational Roles And Responsibilities

72. **Part 1 of the Act also establishes a set of roles and responsibilities for those involved in emergency preparedness and response at the local level:**
- a. **To promote consistency, the Act placed the same suite of *functional* duties (eg. risk assessment; emergency planning) on to a wide range of **designated bodies** (Category 1 responders), with supporting statutory guidance on how those duties should be executed.**
 - b. **To promote collaboration, the Act also placed on designated bodies (Category 1 and Category 2 responders – see below) *two duties – of co-operation, and of information-sharing* – intended to promote collaboration between them.**

⁷⁸ Ibid. s. 2(2)

⁷⁹ Ibid. s. 2(2)(a)

⁸⁰ Ibid. s. 2(2)(b)

⁸¹ UK Parliament (2005a). *Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005*. Regulation 24

73. These two sets of duties were placed on local statutory bodies and some government bodies with local operational footprints (see below). However, the then UK government deliberately decided to reduce the burden on private sector companies – mainly the regulated utilities – by placing on them only duties of co-operation and information sharing. This decision also reflected the fact that many of the companies involved were subject to separate regulatory regimes which required them to undertake some resilience-related activities.
74. The Act and its associated Regulations therefore provide for two ‘Categories’ of bodies, with common, but sharply different sets of, duties as shown in Figure 3 overleaf. Because the categorisation of responders applies to the whole of the UK, organisations in ‘Category 1’ and ‘Category 2’ have the same set of duties irrespective of the territory in which they operate.

	Category 1 Responders ⁸²	Category 2 Responders ⁸³
Organisation type	At the core of the response to most emergencies	Co-operating bodies, less likely to be involved in the heart of planning work but will be heavily involved in incidents that affect their own sector
Examples of organisations	Emergency services; local authorities (county, district and unitary councils ^{84, 85}); certain specified health bodies; environment agencies; Maritime and Coastguard Agency	Regulated utilities; transport providers; Health and Safety Executive; Office for Nuclear Regulation ⁸⁶ ; Met Office ⁸⁷ ; Coal Authority ⁸⁸
Duties	<ul style="list-style-type: none"> • Assess the risk of an emergency occurring • Maintain emergency plans • Maintain business continuity management plans • Publish all or part of risk assessments made and plans maintained • Maintain arrangements to warn and advise the public in the event of an emergency • Share information with other local bodies • Co-operate with other local bodies • Provide advice and assistance to businesses and voluntary organisations about business continuity management (local government only) 	<ul style="list-style-type: none"> • Co-operate • Share relevant information

Figure 3. Designated Bodies and their Duties under the Civil Contingencies Act

⁸² UK Parliament (2004). *Civil Contingencies Act 2004*. Schedule 1, Parts 1 (covers Category 1 responders in the UK, including the Police Service of Northern Ireland), 2 (covers Category 1 responders in Scotland), 2A (covers Category 1 responders in Wales)

⁸³ Ibid. Parts 3 (covers Category 2 responders in UK), 4 (covers Category 2 responders in Scotland) and 5 (covers Category 2 responders in Wales)

⁸⁴ The Greater London Authority (GLA) was designated as a Category 1 responder in 2011 as it took over responsibility for the London Resilience Team (LRT) following the closure of the Government Office for London. The LRT provides the secretariat function for the London Local Resilience Forum as well as carrying out a number of activities essential to London emergency planning arrangements. See UK Parliament (2011b). *The Civil Contingencies Act 2004 (Amendment of List of Responders) Order 2011* and Cabinet Office (2011i). *Explanatory Memorandum to The Civil Contingencies Act 2004 (Amendment of List of Responders) Order 2011*

⁸⁵ Combined Authorities are not designated under the Civil Contingencies Act

⁸⁶ The Office for Nuclear Regulation was added as a Category 2 responder via the Energy Act 2013. See UK Parliament (2013b). *Energy Act 2013*

⁸⁷ The Meteorological Office was added as a Category 2 responder in February 2023. See UK Parliament (2023). *The Civil Contingencies Act 2004 (Amendment of List of Responders) Order 2023*

⁸⁸ The Coal Authority was also added as a Category 2 responder in February 2023. See UK Parliament (2023). *The Civil Contingencies Act 2004 (Amendment of List of Responders) Order 2023*

Emergency Powers

75. **Part 2 of the Act provides powers on which the UK government can draw to make special temporary legislation ('emergency regulations') as a last resort in the most serious emergencies where existing legislation is insufficient to allow a timely and effective response.** Guidance on these provisions is set out in non-statutory guidance published by the UK government⁸⁹.
76. Emergency regulations may make provision of any kind that could be made by an Act of the UK Parliament or by exercise of the Royal Prerogative. Emergency powers are intended to ensure that the UK government can respond quickly in emergency situations where new powers or amendments to existing powers are needed and there is not time to legislate in the usual way in advance of acting.
77. **The decision to use emergency powers, or not, and the content of emergency regulations are matters for the UK government. In considering options, the UK government must ensure that three tests – the so-called 'triple lock' – set out within Section 21 of the Act are met:**
- "(2) The first condition is that **an emergency has occurred, is occurring or is about to occur.***
- (3) The second condition is that it is **necessary** to make provision for the purpose of preventing, controlling or mitigating an aspect or effect of the emergency.*
- (4) The third condition is that the need for provision referred to in subsection (3) is **urgent.**"⁹⁰ (Our emphasis)*
78. Regulations made under Section 21 must be prefaced by a statement by the person making the regulations which specifies the nature of the emergency in respect of which the regulations are made, and declares that the person making the regulations is satisfied inter alia that:
- The regulations contain only provision which is appropriate for the purpose of preventing, controlling or mitigating an aspect or effect of the emergency in respect of which the regulations are made
 - The effect of the regulations is in due proportion to that aspect or effect of the emergency⁹¹
79. Those with the power to make emergency regulations are described in Section 20 of the Act:

"(1) Her Majesty may by Order in Council make emergency regulations if satisfied that the conditions in section 21 are satisfied.

⁸⁹ HM Government (2013b). *Emergency Response and Recovery*. Chapter 14

⁹⁰ UK Parliament (2004). *Civil Contingencies Act 2004*. Section 21

⁹¹ Ibid. Section 20. Sub-section 5

(2) *A senior Minister of the Crown may make emergency regulations if satisfied—*
(a) *that the conditions in section 21 are satisfied, and*
(b) *that it would not be possible, without serious delay, to arrange for an Order in Council under subsection (1).*

(3) *In this Part “senior Minister of the Crown” means—*
(a) *the First Lord of the Treasury (the Prime Minister),*
(b) *any of Her Majesty’s Principal Secretaries of State, and*
(c) *the Commissioners of Her Majesty’s Treasury.”⁹²*

80. In making emergency regulations, Section 29 of the Act sets out requirements for consultation with the devolved administrations:

“(1) Emergency regulations which relate wholly or partly to Scotland may not be made unless a senior Minister of the Crown has consulted the Scottish Ministers.

(2) Emergency regulations which relate wholly or partly to Northern Ireland may not be made unless a senior Minister of the Crown has consulted the First Minister and deputy First Minister.

(3) Emergency regulations which relate wholly or partly to Wales may not be made unless a senior Minister of the Crown has consulted the National Assembly for Wales.

(4) But—
(a) *a senior Minister of the Crown may disapply a requirement to consult if he thinks it necessary by reason of urgency, and*
(b) *a failure to satisfy a requirement to consult shall not affect the validity of regulations.”⁹³*

81. The regulations may extend to the whole of the UK or to any one or more areas of England and/or to one or more of the devolved administrations⁹⁴.

82. If emergency regulations are introduced, it is a condition of current legislation that the UK government shall appoint a Regional Nominated Co-ordinator (RNC) for each region in England to which the emergency regulations relate, and separate Emergency Co-ordinators (EC) for Scotland, Wales and Northern Ireland.

83. To date, the emergency powers in Part 2 of the Act have never been used.

⁹² Ibid. Section 20

⁹³ Ibid. Section 29

⁹⁴ UK Parliament (2004). *Civil Contingencies Act 2004*. Part 2. Clause 23 (2) requires that “Emergency regulations must specify the Parts of the United Kingdom or regions in relation to which the regulations have effect.”

Doctrine And Guidance

84. Effective partnership working between organisations at UK, devolved, regional and local levels, and across all sectors of society, rests heavily on a good understanding by everyone involved of what is to be achieved, and how that should best be done. If organisations at all levels and across several sectors are to operate together coherently, achieving a consistent approach and maximising the effectiveness and efficiency of the combined efforts of everyone involved is fundamental.
85. **A major contributor to effective collaborative working is having doctrine and guidance which:**
- **Is up-to-date**
 - **Incorporates good practice – from across the UK and overseas**
 - **All organisations are aware of**
 - **All organisations have easy access to and can navigate easily**
86. During the relevant period, the key pieces of UK-wide guidance accompanying the Civil Contingencies Act 2004 were Emergency Preparedness⁹⁵ – statutory guidance – and Emergency Response and Recovery⁹⁶ – non-statutory guidance. In addition to these were (non-statutory):
- Guidance issued by the devolved administrations, especially Preparing Scotland⁹⁷
 - Topic-specific guidance (eg. on human aspects⁹⁸; good practice in co-ordinating spontaneous volunteers⁹⁹)
 - Sector-specific guidance (eg. NHS Emergency Preparedness, Resilience and Response (EPRR) guidance¹⁰⁰; Preparing for Emergencies Guidance for Health Boards in Scotland¹⁰¹)
 - Guidance on ways of working, based on good practice (eg. the UK government Concept of Operations (CONOPs)¹⁰²; Joint Emergency Services Interoperability Principles (JESIP)¹⁰³)

⁹⁵ Cabinet Office (2011-12). *Revision to Emergency Preparedness* [different chapters have different publication dates – see [Annex G](#) for full details]

⁹⁶ HM Government (2013b). *Emergency Response and Recovery*

⁹⁷ Scottish Government (2016). *Preparing Scotland. Scottish Guidance on Resilience. Philosophy, Principles, Structures and Regulatory Duties*

⁹⁸ Cabinet Office (2016b). *Human Aspects in Emergency Management: Guidance on supporting individuals affected by emergencies*

⁹⁹ HM Government (2019). *Planning the co-ordination of spontaneous volunteers in emergencies*

¹⁰⁰ See <https://www.england.nhs.uk/ourwork/epr/gf/> and <https://www.england.nhs.uk/ourwork/epr/>

¹⁰¹ NHS Scotland (2013). *Preparing For Emergencies: Guidance for Health Boards in Scotland*

¹⁰² Cabinet Office (2013c). *Responding to Emergencies: The UK Central Government Response. Concept of Operations*

¹⁰³ JESIP (2021). *Joint Doctrine: The Interoperability Framework. Edition 3*

87. We cover more fully below the key areas of doctrine and guidance used in the preparedness and in the response and recovery phases.

Structures In The Preparedness Phase

88. In this section, we outline, to the best of our knowledge, the governance and collaboration structures in place during the relevant period at local, regional, devolved and UK levels to bring together organisations in partnership to build and sustain resilience and preparedness.
89. Whilst the Act placed duties of co-operation and information-sharing on designated local bodies, it did not mandate the *form* of governance and collaboration structures which should be adopted by local bodies in the execution of those duties. These were set out in associated Regulations and are also described below.

England

Local Resilience Forums

90. **Collaboration structures in England were set out in Regulations** made in 2005 and amended in 2012 which required that co-operation:

“... shall take such form as may be agreed between the relevant responders, but must include ... a forum of all relevant general Category 1 and Category 2 responders (referred to in these Regulations as the “local resilience forum”).”¹⁰⁴ (Our emphasis)

91. **The 2012 Regulations also required that:**

“Relevant general Category 1 responders may hold meetings of the local resilience forum ... at such times as they may agree and must hold a meeting of the local resilience forum, to which the chief officer of each relevant general Category 1 responder and each relevant general Category 2 responder is invited, at least once every six months (“the Chief Officers Group”).”¹⁰⁵ (Our emphasis)

92. The **2005 Regulations** set out that **Local Resilience Forums (LRFs)** should be **based on police force areas**¹⁰⁶. Since 2011, when London became covered by one LRF¹⁰⁷, there have been **38 LRFs in England**.

¹⁰⁴ UK Parliament (2012). *The Civil Contingencies Act 2004 (Contingency Planning) (Amendment) Regulations 2012*. Regulation 4(4)

¹⁰⁵ UK Parliament (2012). *The Civil Contingencies Act 2004 (Contingency Planning) (Amendment) Regulations 2012*. Regulation 4(7)(a)

¹⁰⁶ UK Parliament (2005a). *Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005*. Regulation 3

¹⁰⁷ London became covered by a single LRF through UK Parliament (2011a). *The Civil Contingencies Act 2004 (Contingency Planning) (Amendment) Regulations 2011*

Legal Status and Role

93. **Although they are a statutory requirement, it is important to note that LRFs are meetings. They cover preparedness only.** They are not used to manage the response to or recovery from an emergency which falls to Strategic Co-ordinating Groups (see Response and Recovery Structures below). They are therefore not a standing emergency response body let alone a ‘force’ as they are sometimes portrayed in the media. As noted above, **the obligation in law is that partners shall come together at least once every six months to undertake preparedness activities.**
94. **Neither the Act nor any of the supporting Regulations provide for these structures to have legal form. LRFs therefore do not have legal duties, which remain the sole preserve of individual designated local bodies.** Statutory guidance¹⁰⁸ makes clear that an LRF:

*“... has no separate legal personality and **does not have powers to direct its members.** As a forum for responder organisations, it is not a local responder itself and has no specific duties under the Act.”¹⁰⁹ (Our emphasis)*

95. Statutory guidance also sets the purpose of the LRF to:

- *“provide a local forum for local issues;*
- *help co-ordinate risk assessment through production of the Community Risk Register;*
- *facilitate Category 1 and 2 responders in the delivery of their ... duties;*
- *help deliver government policy by co-ordinating responses to government initiatives; and*
- *help determine a procedure for the formation of a Strategic Co-ordinating Group (SCG) by the relevant local responders at the time of an emergency.”¹¹⁰*

Leadership

96. As far as we are aware, the **Chairs of Local Resilience Forums in England have since 2004 been drawn from the senior leadership of the police force, fire and rescue service or local authority in the locality,** as the principal designated local bodies in the partnership. **They undertake that role in addition to discharging the responsibilities of the organisation they lead.**

Combined Authorities

97. **The Act, its Regulations and supporting guidance are silent on the role of Combined Authorities in England in local resilience and preparedness activity.** We return to this in Section 5.

¹⁰⁸ Cabinet Office (2012d). *Revision to Emergency Preparedness. Chapter 2: Co-operation*, especially paragraphs 2.39 *et seq.*

¹⁰⁹ *Ibid.* Paragraph 2.40

¹¹⁰ *Ibid.* Paragraph 2.45

Regional Structures

98. **From 2002-2003, the work of LRFs in England was enabled by Regional Resilience Teams (RRTs)**, small teams of around 5-6 civil servants based in the then nine Government Offices for the Regions. The RRTs were responsible and accountable to the then Office of the Deputy Prime Minister and continued to report to its successors. The geographic coverage of the RRTs is set out below:
- East Midlands
 - East of England
 - London
 - North East
 - North West
 - South East
 - South West
 - West Midlands
 - Yorkshire and the Humber
99. The RRTs acted as the secretariat to **Regional Resilience Forums (RRFs)** and their sub-groups. This architecture:
- a. Acted as an important interface between the UK government and local bodies and LRFs in the development of policy, and then in overseeing its local delivery, including providing advice and guidance on, as well as light-touch monitoring, validation and assurance of, local activity.
 - b. Enabled the development of cross-boundary, regional risk assessments, recognising that risks and their consequences do not stop at LRF boundaries, and that infrastructure, and people's work and home lives, cross boundaries.
 - c. Provided an important forum for the engagement of organisations, especially Category 2 responders such as the regulated utilities and transport providers, and also organisations in the voluntary and community sector, whose footprint is regional or national, enabling them to engage efficiently on issues common to all LRFs in the area especially risk assessment, emergency planning and infrastructure resilience.
 - d. Led on the development of region-wide capabilities and plans. In some cases, such as training and exercising, these recognised the efficiencies of doing so. Regional activity also recognised that in some capability areas (eg. temporary mortuaries) it was operationally more sensible to develop and hold capabilities at regional level.
 - e. Supported the sharing of best practice, and the brokering of mutual assistance on a 'buddy' basis between LRFs.
100. **Unlike LRFs** – and indeed unlike Regional Resilience Partnerships in Scotland (see later) – **RRFs were not covered by Regulations associated with the Act.**

101. **The RRTs, and with them the regional machinery they supported, were abolished by the then Secretary of State for Communities and Local Government after the 2010 General Election** as part of a wider package of regional and local government changes. In 2011, the role was absorbed into the Resilience and Emergencies Directorate (RED) in the then Department for Communities and Local Government (DCLG; MHCLG from January 2018; DLUHC from September 2021) operating through a network of regional ‘Resilience Advisers’.
102. **The DLUHC RED team now provide a UK government first point of contact for all LRFs in England.** Their role is to:

“...help responders identify for themselves the risks they face, mitigate those risks, and manage the impact of risks that materialise, including through liaison with Central Government departments...”¹¹¹

We return in Section 5 to the impact of the abolition of RRTs on resilience and preparedness in England.

UK Government / English National Structures

103. **“Cross-cutting oversight and co-ordination of resilience activity at the national level”¹¹² throughout the relevant period rested with the Cabinet Office.** The **Civil Contingencies Secretariat (CCS)** was the unit created within the Cabinet Office in July 2001 **charged with preparing for, responding to and recovering from major civil emergencies.** CCS sat within the **National Security Secretariat (NSS)** after its creation following the General Election in May 2010, headed by the newly-created **National Security Adviser (NSA)**, the Prime Minister’s senior adviser on national security issues. He was supported at that time by two Deputy National Security Advisers, one of whom covered Intelligence, Security and Resilience (DNSA (ISR)), a role that did not significantly change throughout the relevant period.
104. The NSS supported the **National Security Council (NSC)**, created by the coalition government in May 2010 as the main forum for ministerial discussion of the government’s objectives for national security and how best to deliver them. Below the NSC, sat a **ministerial sub-committee covering resilience – NSC (Threats, Hazards, Resilience and Contingencies) (NSC(THRC))** – which succeeded the Labour Government’s Ministerial Civil Contingencies Committee. NSC(THRC) was disbanded in July 2019 as part of a wider consolidation of Cabinet sub-Committees, with the National Security Council itself then considering matters relating to national security, foreign policy, defence, international relations and development, resilience, energy and resource security.

¹¹¹ INQ000061507. Witness Statement of Catherine Frances. Paragraph 25

¹¹² Cabinet Office (2012k). *Revision to Emergency Preparedness. Chapter 13: Support and Challenge.* Paragraph 13.33

105. Organisational changes announced on 15 August 2022¹¹³ mean that the activities of the former CCS are now divided between two Cabinet Office teams:

- a. The **COBR Unit**, which leads the government's response to acute emergencies.
- b. The **Resilience Directorate**, established to take a more strategic approach to national resilience and drive work across the system to strengthen it.

106. Notwithstanding the declared role of the CCS, **UK government / English national structures were in practice marked by leadership which was distributed rather than being focused into one single organisation**. Key features were:

- a. **Risk-based responsibilities, where leadership** in risk assessment, in emergency planning and preparation, and in emergency response and recovery, **was in most cases taken by a 'Lead Government Department' (LGD)**¹¹⁴. The key responsibilities of an LGD for preparedness are set out below. LGDs' responsibilities in the response phase are set out later in this Section.

"All [Lead] Government Departments must maintain a state of readiness. This entails:

- *Building up the Department's resilience to shocks and its capacity to lead the response to the emergencies for which it is the nominated Central Government lead. This means planning, training and exercising (alongside those likely to have a stake in potential crises) so that it is able to pick up the reins quickly and effectively. This preparatory work should ensure that the Department is clear about its local, regional and Devolved Administration contacts and the working relationships it wants to have with them in the event of an emergency. It should also identify the other Departments, Devolved Administrations and agencies whose interests will be affected and whose assistance will be needed. On the immediate, practical level, it must also maintain and equip a facility for use as an Emergency Co-ordination Centre, including press/public information facilities;*
- *Identifying the capabilities that the local responders and those at each level of crisis management can call upon ... and then building them up so that the Department is in a position to deal with a number of potential scenarios; ...*

¹¹³ Cabinet Office (2022d). Press Release: *Minister announces new measures to bolster UK's resilience*. Note that the press release refers to the National Resilience Framework Team; this team was subsequently renamed as the Resilience Directorate

¹¹⁴ See Cabinet Office (2010b). *Departments' Responsibilities for Planning, Response, and Recovery from Emergencies*, for the risk-based list of Lead Government Departments, and Cabinet Office (2004a). *The Lead Government Department and its role – Guidance and Best Practice* for details of the role of a Lead Government Department

- ... *Keeping aware of the changing set of risks, threats and vulnerabilities which bear upon its fields of responsibility, co-operating with the Civil Contingencies Secretariat (CCS) in the Cabinet Office.*¹¹⁵
- b. **Sector-based responsibilities, again allocated to a Lead Government Department** for each of the UK's 13 critical sectors, as for example seen in Sector Security and Resilience Plans (SSRPs) which cover physical, personnel and cyber security as well as resilience to hazards¹¹⁶.
 - c. As noted above, **stewardship of local resilience activities rested in the first instance with the Resilience and Recovery Directorate (RED) in MHCLG and its predecessors** (and DLUHC since September 2021), although RED worked in close collaboration with the Civil Contingencies Secretariat in the Cabinet Office.
 - d. **Stewardship of the contribution of the voluntary and community sector in England to emergency preparedness and response, which rested with the Department for Culture, Media and Sport (DCMS).**

Scotland

107. Devolution in Scotland has its basis in the Scotland Act 1998, as amended most extensively by the Scotland Acts 2012 and 2016. The 1998 Act established the Scottish Parliament and Scottish Executive (since renamed the Scottish Government) and defined their powers. Scottish devolution is based on a 'retained powers' model of devolution in which – broadly – the power to make legislation about matters not “reserved” in the 1998 Act is “devolved” to the Scottish Parliament. As a result, the **Scottish Parliament has the powers to make primary legislation – Acts of the Scottish Parliament – on a range of matters commonly called ‘devolved matters’**¹¹⁷.
108. Scottish Government Ministers have executive powers, including to make secondary legislation, and responsibilities for which they are accountable to the Scottish Parliament. Those are in areas where legislative competence is devolved to the Scottish Parliament and a range of “executively devolved” powers and duties in relation to matters for which the competence to make primary legislation is reserved. The 1998 Act removed most UK Ministerial powers and duties, so far as they were exercisable in relation to devolved matters, and transferred them to the Scottish Ministers. But, under Section 56 of the Act, UK Ministers retained a very limited number of powers in devolved areas that are exercisable by them as well as by the Scottish Ministers¹¹⁸.
109. When the Act was introduced, civil protection was already largely devolved to Scotland. However, the then Scottish Parliament consented to Part 1 of the Act being extended

¹¹⁵ Cabinet Office (2004a). *The Lead Government Department and its role – Guidance and Best Practice*. Chapter 1. Paragraph 1

¹¹⁶ Cabinet Office (2019a). *Sector Security and Resilience Plans 2018: Summary*. Page 4

¹¹⁷ INQ000184894. Witness Statement of Ken Thomson. Paragraphs 2 and 4

¹¹⁸ Ibid. Paragraph 6

to Scotland. In light of this, **the powers conferred on Ministers under Part 1 of the Act are, in relation to devolved matters in Scotland, exercisable by Scottish Ministers.** However, certain responders in Scotland operate in reserved areas, with Regulations and guidance issued by UK government Ministers¹¹⁹. The Scottish Ministers and UK Ministers must consult each other when exercising their legislative powers under Part 1.

110. The **Civil Contingencies Act 2004: Concordat between the UK government and the Scottish Ministers**¹²⁰ established an agreed framework for co-operation between the Scottish Ministers and the UK government on the application, in Scotland, of the Act, especially the application of Part 2 on Emergency Powers. This sits alongside the overarching Memorandum of Understanding between the UK and devolved governments described later in the [Cross-Border Collaboration](#) section.

Local and Regional Resilience Partnerships

111. **Collaboration structures in Scotland were initially set out in Scotland-specific Regulations made in 2005:**

*“... must take the form of all Scottish Category 1 responders which have functions which are exercisable in that police area co-operating together in a single group with all general Category 1 responders which have functions which are exercisable in that police area.”¹²¹ and “The form of co-operation ... is referred to in these Regulations as the **“Strategic Co ordinating Group”**.”¹²² (Our emphasis)*

112. With the introduction of one police service (Police Scotland) and fire service (Scottish Fire and Rescue Service)¹²³, Regulations had to be amended to reflect that the eight police service boundaries on which the eight Strategic Co-ordinating Group areas were originally based had ceased to exist. The **2013 Regulations**¹²⁴ **instead established**, in November 2013, **three Regional Resilience Partnership (RRP) areas**¹²⁵ **in Scotland – North, East and West**, to facilitate multi-agency planning. These areas were based around arrangements established by Police Scotland and the Scottish Fire and Rescue Service to support the strategic management of local activity.

113. **The 2005 Scotland Regulations set out similar expectations to England and Wales** on the frequency of meetings:

¹¹⁹ Fuller details can be found in Cabinet Office (2011). *Revision to Emergency Preparedness. Chapter 10: Scotland*

¹²⁰ Cabinet Office and Scottish Ministers (2011). *Civil Contingencies Act 2004: Concordat Between the UK Government and the Scottish Ministers*

¹²¹ Scottish Parliament (2005). *The Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005*, Regulation 3(2)(b)

¹²² Ibid, Regulation 3(3)

¹²³ UK Parliament (2013a). *The Police and Fire Reform (Scotland) Act 2012 (Consequential Provisions and Modifications) Order 2013*

¹²⁴ Scottish Parliament (2013). *The Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Amendment Regulations 2013*

¹²⁵ At this time, all references to “Strategic Co-ordinating Group” in the Regulations were substituted by “Regional Resilience Partnership”

“As part of the Strategic Co-ordinating Group [now Regional Resilience Partnership], Scottish Category 1 responders which have functions which are exercisable in a particular police area must make arrangements to hold a meeting at least once every six months; and each Scottish Category 1 responder must, so far as reasonably practicable, attend such a meeting or arrange for it to be effectively represented at that meeting.”¹²⁶

114. **Within each RRP area are a number of Local Resilience Partnerships (LRPs) – amounting to 12 in total¹²⁷ – organised across varying geographical and authority boundaries.**

Legal Status and Role

115. **RRPs in Scotland are a statutory requirement, but neither the Act nor any of the supporting Regulations provide for them to have legal form. RRP therefore do not have legal duties, which remain the sole preserve of individual designated local bodies, nor do they have the power to direct individual members.** RRP bring together all relevant response organisations to plan for and exercise the response to emergencies. Each RRP has a small support team of four people supplied by the Scottish Government.

116. **LRPs are not a statutory requirement and there is no requirement to have one in an area or for a responder to be a member;** their composition is determined by the LRP themselves. They provide mechanisms to allow for local planning and exercising, including ensuring that knowledge of local risks, capacities and capabilities is adequately reflected.

Leadership

117. As in England and Wales, the **Chairs of Regional and Local Resilience Partnerships in Scotland were**, as far as we are aware, **drawn from the senior leadership of Category 1 responder organisations.** In particular, the RRP are chaired by a Police Scotland Assistant Chief Constable.

National Structures

118. **Ministerial oversight throughout the relevant period rested with the Deputy First Minister** and now lies with the Cabinet Secretary for Justice and Home Affairs. The **Scottish Government Resilience Cabinet Sub-Committee (CSC (SGoR))** provides Ministerial oversight of resilience in Scotland. It is not, however, routinely used by the Scottish Government and has reportedly not met since April 2010¹²⁸.

¹²⁶ Scottish Parliament (2005). *The Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005*. Regulation 3(4)

¹²⁷ The 12 Local Resilience Partnerships within the three Regional Resilience Partnerships are: North of Scotland RRP – Grampian LRP, Tayside LRP, Highland and Islands LRP; East of Scotland RRP – Fife LRP, Lothian and Borders LRP, Forth Valley LRP; West of Scotland RRP – Argyll and Bute and West Dunbartonshire LRP, Glasgow and East Dunbartonshire LRP, Ayrshire LRP, Lanarkshire LRP, Dumfries and Galloway LRP, West LRP (Renfrewshire, East Renfrewshire, Inverclyde)

¹²⁸ INQ000184894. Witness Statement of Ken Thomson. Paragraph 52

119. The **Scottish Resilience Partnership** (SRP) acts as a strategic policy forum for resilience issues, providing collective assurance to Scottish Ministers and local political leaders that statutory responders and RRP are aware of significant gaps and priorities, and are addressing these in line with appropriate and available resources. The SRP also provides advice to the resilience community on how best to ensure that Scotland is prepared to respond effectively to major emergencies. Its membership comprises chief officers of Category 1 responders plus representation from the three RRP, the Scottish Government, a voluntary and community sector advisor and a Health and Social Care Partnership representative.
120. The Scottish Government convenes voluntary and community sector bodies through the **Voluntary Sector Resilience Partnership**. This provides a forum for cross-sector working on community resilience between voluntary and community sector organisation, government and statutory responders.
121. The **Resilience Division** leads on emergency planning, response and recovery for the Scottish Government. It provides practical support to front-line public agencies and voluntary sector organisations which deliver emergency planning and response in Scotland. It also leads on the strategy, guidance and work programme for improving the resilience of essential services. Prior to April 2020, it sat within the Justice Directorate, and was then placed under the Directorate for Performance, Delivery and Resilience.
122. The Resilience Division is not responsible for preparedness activity against identified risks which falls on individual policy areas who are also responsible for preparedness activity in respect of the impacts of any risks which affect their business areas / sectors¹²⁹.
123. Fuller details on the preparedness arrangements in Scotland can be found in the Preparing Scotland¹³⁰ guidance and in the Scotland-specific chapter¹³¹ of Emergency Preparedness.

Wales

124. **The Government of Wales Act 2006 provided that the National Assembly could make its own primary legislation within its legislative competence. After a referendum in 2011 to establish whether the majority of voters were in favour of the Assembly being able to make laws – to be known as ‘Acts of the National Assembly for Wales’ – the National Assembly gained the powers to pass Assembly Acts where it had legislative competence to do so. Subsequently, the Wales Act 2017 changed the basis on which the legislative competence of the National Assembly was determined so that the National Assembly could legislate on any matter unless it was expressly prevented from doing so.**

¹²⁹ Ibid. Paragraph 65

¹³⁰ Scottish Government (2016). *Preparing Scotland. Scottish Guidance on Resilience. Philosophy, Principles, Structures and Regulatory Duties*

¹³¹ Cabinet Office (2011). *Revision to Emergency Preparedness*. Chapter 10: Scotland

125. **When the Civil Contingencies Act was introduced in 2004**, reflecting the devolution settlement in place at that time, **UK government Ministers held the power to make legislation and issue guidance in relation to responders in Wales; the National Assembly for Wales had no direct functions under the Act**, although the Act required UK government Ministers to obtain the consent of the Welsh Assembly before taking action in relation to a responder in Wales which fell within devolved competence. Subsequently, **The Welsh Ministers (Transfer of Functions) Order 2018¹³² transferred to Welsh Ministers executive functions under Part 1 of the Civil Contingencies Act 2004** in respect of devolved responders (except the police and the Maritime and Coastguard Agency). It provided Welsh Ministers with broadly the same powers as Scottish Ministers in respect of civil contingencies. **The power to make legislation specific to Wales was not, however, used in the relevant period for the making of any civil protection-related legislation**, including Regulations specific to Wales, so that Wales is still operating on the basis of the Regulations made in 2005 which cover both England and Wales.

Local Resilience Forums

126. **Collaboration structures in Wales were covered by the same Regulations as England**, with LRFs being required to **meet at least once every six months**. As with England, the **four LRFs in Wales were based on police force areas¹³³**: South Wales, North Wales, Dyfed-Powys and Gwent.

127. The LRFs participate as substantive members of all-Wales groups under the Wales Resilience Partnership Team (WRPT – see below) and also work between themselves through the **LRF Chairs Group** and **LRF Co-ordinators Group**. The latter looks at ways in which the pooling of resources and expertise can be maximised at both local and pan-Wales levels. The former pursues strategic-level collaboration and co-operation across the LRFs¹³⁴.

Legal Status and Role

128. The **legal status and role of LRFs in Wales is the same as that for English LRFs** as described above.

Leadership

129. As in England, the **Chairs of LRFs in Wales were, as far as we are aware, drawn throughout the relevant period from the senior leadership of Category 1 responder organisations in the locality**.

¹³² UK Parliament (2018a). *The Welsh Ministers (Transfer of Functions) Order 2018*

¹³³ UK Parliament (2005a). *Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005*. Regulation 3

¹³⁴ INQ000130469. Witness Statement Number 1 of Dr Andrew Goodall. Paragraph 188

Regional Structures

130. There are no regional structures in Wales; LRFs interface directly with the Welsh Government.

National Structures

131. **The First Minister throughout the relevant period held overall responsibility for Civil Contingencies and Resilience within the Welsh Government** with other Ministers responsible for particular aspects of planning within their portfolios¹³⁵.
132. The **Wales Resilience Forum (WRF)** provides political leadership of emergency planning in Wales and supports the emergency services and other responder agencies in Wales in developing and strengthening resilience. It is chaired by the First Minister and comprises the senior leaders of partner agencies and representation from the Cabinet Office¹³⁶.
133. The **Wales Resilience Partnership Team (WRPT)** supports the WRF by acting as a mechanism for building resilience and preparedness plans and capabilities. It does this through the production of a core framework and programme of work for capability development in Wales and advising the WRF on progress and actions to be taken. It works through sub-groups designed to build various capabilities against various risks.
134. The **Joint Emergency Services Group (JESG)** brings together all emergency services in Wales, the Welsh Government and the armed forces in Wales to consider how to take forward their joint contribution to civil protection in Wales. The Chief Executive of the NHS in Wales was a member of the group from 2019. It is a non-statutory body and acts as a key strategic decision-making body on initiatives designed to improve resilience and preparedness in Wales, especially in covering all aspects of cross-service co-operation¹³⁷.
135. The **Wales Local Authorities Civil Contingencies Managers' Group** provides a forum to develop and progress collaborative working on civil contingencies issues within the local government sector in Wales. It is not a statutory body but acts as a mechanism for assessing the implication for local government of emerging risks and for adapting guidance for local government services in Wales¹³⁸.
136. The Third Sector Scheme and Third Sector Partnership Council provide the framework and governance for the **Third Sector** in Wales. The Third Sector Partnership Council enables the Welsh Government to engage strategically with the sector, which is dominated by smaller scale organisations in Wales. The Third Sector is represented on the Wales Resilience Forum by the British Red Cross and the Wales Council for

¹³⁵ Ibid. Paragraph 134

¹³⁶ The Wales Resilience Group Structure is illustrated in INQ000116450 and the Wales Resilience Forum Terms of Reference is at INQ000107116

¹³⁷ INQ000130469. Witness Statement Number 1 of Dr Andrew Goodall. Paragraph 183

¹³⁸ Ibid. Paragraph 185

Voluntary Action, although much of the engagement with the sector is at a more localised basis¹³⁹.

137. The Welsh Government established a **Wales Community Resilience Group** in March 2010 which continues, chaired by the Wales Council for Voluntary Action and the British Cross. Its main aim is to help community groups learn about the risks and understand the likely impact of emergencies on individuals and their wider communities, as well as providing advice to people on how they can look after themselves during emergencies. The national group supports groups established in LRF areas through the sharing of good practice.
138. These arrangements are capped by the **Wales Civil Contingencies Conference**, which has been held annually since 2008, which brings the emergency planning community in Wales together to consider specific themes, learn from others, and take planning forward collectively.
139. In addition, the Welsh Government had a **Shadow Social Partnership Council (SSPC)** which provided a basis for Welsh Ministers to connect to social partners and wider stakeholders. Although this had a broader remit than resilience, it provided a potential mechanism for the discussion of resilience issues with stakeholders across all sectors, going very much wider than Category 1 and 2 responders¹⁴⁰.
140. **The Welsh Government leads on the co-ordination of all-Wales multi-agency planning and acts as a link between Welsh LRFs and the UK government on planning and response matters.** To facilitate collaboration and ensure an effective emergency response across Welsh Government departments, a **Civil Contingencies Group (CCG)** brings together senior policy officials to discuss strategic issues of emergency preparedness. As well as giving strategic leadership to integrated planning across departments, the Group manages the internal Welsh Government response to emergencies, including considering whether wider attendance is required. Where this is agreed, the group is reconstituted formally as the Wales Civil Contingences Committee, operating under the terms of the Pan-Wales Response Plan (see further below)¹⁴¹. The Group also provides strategic direction to, and oversight of, a **Resilience Steering Group** with representation from all Welsh Government departments focused on the operational aspects of emergency planning.
141. Following the Welsh Ministers (Transfer of Functions) Order in 2018, **the then Permanent Secretary of the Welsh Government delegated responsibility to Heads of Group at Director General level to ensure that their Groups complied fully with their civil contingencies functions** and had appropriate resilience and resources in place against all risks. The letter set out **a requirement on each Group to prepare a plan establishing how it was prepared and organised to respond to events**. It also **required those Groups which had Lead Government Department responsibilities, to prepare annual Sector Security and Resilience Plans (SSRPs)** and to

¹³⁹ Ibid. Paragraphs 393-394

¹⁴⁰ INQ000177804. Witness Statement of The Right Honourable Mark Drakeford M.S. Paragraphs 39-41

¹⁴¹ INQ000130469. Witness Statement Number 1 of Dr Andrew Goodall. Paragraph 204

demonstrate appropriate engagement with other Welsh Government Groups, partners agencies and counterparts in the UK government¹⁴². The preparation of Group plans was, however, disrupted by the demands of EU Exit planning.

142. To support the Wales Resilience Forum and its supporting groups, the Welsh Government, following devolution, established a **Resilience Team** to co-ordinate resilience activity at the all-Wales level and to establish the links required between local responders and the UK government. The Resilience Team provides representation at all LRF meetings, as well as acting as a link with the Cabinet Office at the UK level and other devolved administrations¹⁴³.
143. On its creation, the Resilience Team was small with no more than half a dozen staff, reflecting the fact that civil contingencies were not devolved at that time. At the time of the Welsh Ministers (Transfer of Functions) Order in 2018, the Resilience Team comprised eight staff. Recognising the extra workload associated with the transfer, the then First Minister wrote to the then Minister for the Cabinet Office in June 2017¹⁴⁴ seeking additional funding for the costs of the staff needed to fully monitor how devolved services were complying with their duties under the Act, to lead on policy development, and to develop and maintain statutory and non-statutory guidance. This was reinforced by an Internal Audit Services Report in May 2018¹⁴⁵ which identified the challenges on the Team in carrying out the prospective new duties and activities required to support Ministers' responsibilities. In the event, no funding was transferred to the Welsh Government so that the then Permanent Secretary was required to find resources from within Welsh Government budgets to extend the Team to 14 people¹⁴⁶.
144. In addition, following the Welsh Ministers (Transfer of Functions) Order in 2018, the First Minister asked each Welsh Minister to seek assurances from senior officials that the relevant contingency planning was in place, within their portfolio area, to respond to civil emergencies. The Sector Security and Resilience Plan (SSRP) process, started for 2018-2019 and intended to be improved over time, was seen as one means of providing such assurance which could be consolidated into a single high-level report. Welsh Government departments were asked to work with devolved services, infrastructure owners and operators, to identify the vulnerabilities of, and risks facing, their critical sectors, setting out the findings and the actions taken to address them¹⁴⁷. The SSRPs aimed to give assurance to Welsh Ministers of how prepared devolved sectors were for the most significant risks.
145. Fuller details on preparedness arrangements in Wales can be found in the Wales-specific chapter¹⁴⁸ of Emergency Preparedness.

¹⁴² Ibid. Paragraphs 287-288

¹⁴³ Ibid. Paragraphs 193-194

¹⁴⁴ INQ000128966. Letter from the First Minister of Wales to the Minister for the Cabinet Office on Devolving Executive Powers Under Function Under Part 1 of the Civil Contingencies Act 2004 dated 23 June 2017

¹⁴⁵ INQ000128972. Report by Internal Audit Services in the Welsh Government on Emergency Planning, Preparedness and Response dated May 2018

¹⁴⁶ INQ000130469. Witness Statement Number 1 of Dr Andrew Goodall. Paragraphs 195-198

¹⁴⁷ INQ000128990. Ministerial Advice to the First Minister on Welsh Government Sector Security and Resilience Plans 2018/19 dated December 2018

¹⁴⁸ Cabinet Office (2011m). *Revision to Emergency Preparedness*. Chapter 11: Wales

Northern Ireland

146. The devolved institutions in Northern Ireland are constituted under the Northern Ireland Act 1998, with several institutional reforms having taken place since then. The Agreement reached on Good Friday 1998, often referred to as the Belfast or Good Friday Agreement, and the subsequent Northern Ireland Act 1998, continue to form the basis of the constitutional structure in Northern Ireland¹⁴⁹.
147. Under the **devolution settlement for Northern Ireland, there are three categories of legislative powers: reserved, excepted and transferred**. Schedules 2 and 3 to the Northern Ireland Act 1998 respectively specify those matters which are excepted and reserved. Any matter that is not excepted or reserved is a transferred matter. **The Assembly can make primary and subordinate legislation on all transferred matters. The Assembly has no legislative competence with regard to excepted matters which are reserved to the UK government**, other than where the provision of an Act is ancillary to other provisions dealing with reserved or transferred matters, or with regard to reserved matters other than with the consent of the Secretary of State. A reserved matter may become a transferred matter or vice versa by means of the Order in Council procedure set out in the Northern Ireland Act 1998¹⁵⁰.
148. The UK Parliament remains sovereign and retains the right to legislate in all matters relating to Northern Ireland. It will not however normally pass legislation on transferred matters without first obtaining the consent of the Northern Ireland Assembly via a Legislative Consent Motion¹⁵¹.
149. The **Northern Ireland Executive is a coalition government, comprising the Ministers from the nine Executive Departments, each of which is a separate legal entity**. In general, individual Ministers have authority to determine policy and operational matters within their departments, without the general requirement to observe a collective '*cabinet position*'. However, this is qualified by a statutory requirement for certain matters, including 'cross-cutting' matters and significant or controversial matters outside the scope of the Executive's Programme for Government, to be the subject of consideration by the Executive¹⁵².
150. Also established in 1999 under the terms of the Belfast / Good Friday Agreement, the **North South Ministerial Council (NSMC)** brings together Ministers from the Northern Ireland Executive and the Irish Government to develop consultation, co-operation and action on matters of mutual interest. This includes discussions between respective civil contingencies policy teams. The NSMC is supported by a Joint Secretariat staffed by civil servants from The Executive Office (TEO), whose purpose is to support the Northern Ireland Executive, and the Irish Civil Service¹⁵³.

¹⁴⁹ INQ000187620. Witness Statement of Denis Michael McMahon. Paragraphs 7-8

¹⁵⁰ Ibid. Paragraphs 10-13

¹⁵¹ Ibid. Paragraph 14

¹⁵² Ibid. Paragraphs 23 and 25

¹⁵³ Ibid. Paragraph 81

151. The Northern Ireland Office (NIO) has responsibility for national security matters, but **civil contingencies policy, legislation and the delivery of functions in Northern Ireland is largely a devolved matter**. Some functions are not devolved and are delivered in Northern Ireland by bodies that fall within the remit of the UK government. This was explained when the Act was introduced:

“In Northern Ireland, different administrative arrangements at the local level make it impossible for Part 1 to apply to Northern Ireland in the same way as it applies in the rest of the UK. It does apply to certain bodies in Northern Ireland who exercise non-devolved functions (eg. Maritime and Coastguard Agency [MCA], Police Service of Northern Ireland [PSNI])”¹⁵⁴.

Following the Northern Ireland Act 1998 (Devolution of Policing and Justice Functions) Order 2010, the Department of Justice is responsible for oversight of the PSNI's delivery of its duties in relation to the Act¹⁵⁵.

152. **Civil contingencies policy and strategy co-ordination falls to TEO**, through the **Civil Contingencies Policy Branch (CCPB)**, which provides the Northern Ireland Executive with immediate oversight of cross-cutting civil contingencies arrangements for devolved matters. The TEO role is one of co-ordination across Northern Ireland Departments, but this does not extend to directing or controlling other Departments (or their agencies) in the exercise of their functions.

Local Emergency Preparedness Groups

153. **Regulations did not provide for equivalent governance and collaboration structures at the local level in Northern Ireland**. However, in practice, the two Category 1 responders – PSNI and MCA – undertake the duties of co-operation and information sharing set out in Part 1 of the Act with the local civil contingencies organisations who are not specifically named¹⁵⁶.
154. A flooding incident in June 2012 and a subsequent lessons identified review sought to formalise local government's role in civil contingencies matters through the establishment, in 2014, of four additional **Sub-Regional Civil Emergencies Preparedness Groups (SCEPGs)** to cover Northern Ireland outside Belfast which was already covered by Belfast Resilience¹⁵⁷. Following the Review of Public Administration in 2015, which saw the replacement of 26 local government districts with a smaller number of 'super districts', there was agreement between Councils and PSNI to reduce to **three Emergency Preparedness Groups (EPGs) – Northern, Southern and Belfast** – which came into effect from January 2018¹⁵⁸.

¹⁵⁴ Cabinet Office (2004c). *Civil Contingencies Act 2004: a short guide (Revised)*. Devolution

¹⁵⁵ UK Parliament (2010). *The Northern Ireland Act 1998 (Devolution of Policing and Justice Functions) Order 2010*

¹⁵⁶ NI Ambulance Service and NI Fire and Rescue Service as emergency responders

¹⁵⁷ INQ000187620. Witness Statement of Denis Michael McMahon. Paragraphs 107-110

¹⁵⁸ See <https://minutes.belfastcity.gov.uk/documents/s72622/Appendix>

155. **Whilst they are not statutory bodies, the EPGs have a similar role and purpose to the LRFs in England and Wales.** Representation on the EPGs includes senior officers from all the emergency services, health bodies, councils, government departments, the NI Environment Agency, Met Office, utilities and transport operators, and voluntary sector organisations. The EPGs link directly to the Council areas who they represent and sit within PSNI command districts. They are jointly chaired by the PSNI and a local government representative. Local arrangements are also in place for co-ordinating preparedness for, and the response to, incidents at or near the border with Ireland¹⁵⁹.

Province-Wide Structures

156. The **Civil Contingencies Group (Northern Ireland) (CCG (NI))** sets the strategic direction for civil contingencies in Northern Ireland. Following changes made in 2012, it is chaired by The Executive Office and meets a minimum of three times per year with senior level membership from all departments and key civil contingencies stakeholders¹⁶⁰. The CCPB of TEO supports the effective functioning of the CCG (NI).

157. The **NI Emergency Preparedness Group (NIEPG)** meets a minimum of three times a year and is jointly chaired by the PSNI and a local government representative. It is a sub-group of the CCG (NI). Its purpose is to ensure that work at local level is in line with strategic direction provided by CCG (NI). It thus provides direction to the work of the EPGs, facilitates cohesion between these groups, and ensures effective communication between the EPGs, regional working groups and CCG(NI).

158. Fuller details on the preparedness arrangements in Northern Ireland can be found in the Northern Ireland Civil Contingencies Framework¹⁶¹ and in the Northern Ireland-specific chapter¹⁶² of Emergency Preparedness.

Cross-Border Collaboration

159. The **UK government, the Scottish Government, the Welsh Government and the Northern Ireland Executive have agreed a Memorandum of Understanding (MOU)¹⁶³ setting out the principles which underline relations between them.** In addition, *“three separate overarching Concordats apply broadly uniform arrangements across Government to the handling of: the co-ordination of EU policy and implementation; financial assistance to industry; and international relations touching on the responsibilities of the devolved administrations. Individual UK Government Departments and their counterparts in the devolved administrations have also agreed and published bilateral concordats”*¹⁶⁴. The **MOU and supporting arrangements are not legally binding**; the MOU is a statement of political intent, and the Concordats

¹⁵⁹ INQ000187620. Witness Statement of Denis Michael McMahon. Paragraphs 195-199

¹⁶⁰ See <https://www.executiveoffice-ni.gov.uk/articles/civil-contingencies>

¹⁶¹ The Executive Office, Northern Ireland (2021). *Building Resilience Together. Northern Ireland Civil Contingencies Framework*

¹⁶² Cabinet Office (2011n). *Revision to Emergency Preparedness*. Chapter 12: Northern Ireland

¹⁶³ INQ000066063. Memorandum of Understanding and Supplementary Agreements Between the UK Government, the Scottish Ministers, the Welsh Ministers, and the Northern Ireland Executive Committee dated October 2013

¹⁶⁴ Ibid.

serve as working documents. The **MOU provides for a Joint Ministerial Committee (JMC)**, a consultative rather than an executive body, **intended to provide central co-ordination of the overall relationship between the UK government and the devolved administrations**. The MOU was first agreed in 2001 and was revised periodically thereafter, resting for the bulk of the relevant period on a version agreed in 2013.

160. In 2018, the four Heads of Government commissioned a **Review of Intergovernmental Relations** to ascertain if the JMC structures were still fit for purpose in light of the UK's exit from the EU. The **outcome of the Review** was published by the UK government in January 2022, with **devolved governments agreeing to use a new three-tier structure** comprising:

- Portfolio engagement at official and ministerial level
- Engagement on cross-cutting issues, including an Inter-ministerial Standing Committee
- **A Prime Minister and Heads of Devolved Governments Council**¹⁶⁵

161. Neither this new structure nor the JMC structure that preceded it were intended to be the only conduits for intergovernmental working. The high-level formal structures were always intended to complement extensive bilateral and multilateral engagement and co-operation, formal and informal, between the governments, both on areas that are devolved and where devolved and reserved policies interact¹⁶⁶.

162. The CCA Review found that cross-border collaboration between relevant Resilience Partnerships in England, Wales and Scotland was effective¹⁶⁷, especially on assessing and preparing for cross-boundary risks.

¹⁶⁵ INQ000184894. Witness Statement of Ken Thomson. Paragraph 33

¹⁶⁶ Ibid. Paragraph 34

¹⁶⁷ Mann, B., Settle, K., Towler, A. et al (2022). *An Independent Review of the Civil Contingencies Act 2004 and its Supporting Arrangements*. National Preparedness Commission. Chapter 7. Structures

Structures In The Response Phase

Framework And Guidance

163. Non-statutory guidance – Emergency Response and Recovery (ERR) – provides a framework for the management of the local multi-agency response to, and recovery from, emergencies. It sets out single-agency and multi-agency emergency management arrangements; roles and responsibilities; the interaction between the UK, devolved, regional and local levels; and the interaction between individual agencies at each level¹⁶⁸.
164. Alongside ERR is the non-statutory 'UK Central Government Response: Concept of Operations' (CONOPs)¹⁶⁹. This document sets out arrangements:

“...for responding to and recovering from emergencies, irrespective of cause or location, requiring co-ordinated central government action which could include direction, co-ordination, expertise, or specialised equipment and financial support. It focuses primarily on the response to no-notice or short-notice ['acute'] emergencies requiring UK central government engagement.”¹⁷⁰

The arrangements are not intended to deal with 'chronic' risks¹⁷¹ unless and until they reach a tipping point where urgent action is clearly necessary.

165. In addition, the Scottish Government¹⁷², Welsh Government¹⁷³, and Northern Ireland¹⁷⁴ Executive all have their own specific response guidance.

Principles

166. What constitutes an appropriate response to and recovery from an emergency will be determined by a range of factors, including the nature and demands of the emergency (especially its geographical extent, duration, complexity and potential impacts) and by local circumstances. **Emergency response and recovery arrangements therefore need to be flexible and capable of being tailored to reflect the circumstances of a particular emergency. But they should follow a common set of underpinning principles in order to achieve consistency and coherence** at and between all levels. Eight guiding principles are set out in ERR to support the achievement of this goal:

¹⁶⁸ HM Government (2013b). *Emergency Response and Recovery*. Chapter 4

¹⁶⁹ Cabinet Office (2013c). *Responding to Emergencies: The UK Central Government Response. Concept of Operations*

¹⁷⁰ Ibid. Paragraph 1

¹⁷¹ HM Government (2022b). *The UK Government Resilience Framework*. Annex D defines chronic risks as “continuous challenges which gradually erode our economy, community, way of life and/or national security (eg. money laundering; antimicrobial resistance)”

¹⁷² Scottish Government (2016). *Preparing Scotland. Scottish Guidance on Resilience. Philosophy, Principles, Structures and Regulatory Duties* and, more specifically, Scottish Government (2017b). *Responding To Emergencies. Scottish Guidance on Responding to Emergencies*

¹⁷³ Welsh Government (2019). *Pan-Wales Response Plan. Working Document 2019*

¹⁷⁴ The Executive Office, Northern Ireland (2021). *Building Resilience Together. Northern Ireland Civil Contingencies Framework*

- i. **“Preparedness:** *All individuals and organisations that might have to respond to emergencies should be properly prepared, including having clarity of roles and responsibilities, specific and generic plans, and rehearsing response arrangements periodically.*
- ii. **Continuity:** *The response to emergencies should be grounded within organisations’ existing functions and their familiar ways of working – although inevitably, actions will need to be carried out at greater speed, on a larger scale and in more testing circumstances during the response to an incident.*
- iii. **Subsidiarity:** *Decisions should be taken at the lowest appropriate level, with co-ordination at the highest necessary level. Local responders should be the building block of response for an emergency of any scale.*
- iv. **Direction:** *Clarity of purpose should be delivered through an awareness of the strategic aims and supporting objectives for the response. These should be agreed and understood by all involved in managing the response to an incident in order to effectively prioritise and focus the response.*
- v. **Integration:** *Effective co-ordination should be exercised between and within organisations and local, regional and national tiers of a response as well as timely access to appropriate guidance and appropriate support for the local, regional or national level.*
- vi. **Communication:** *Good two-way communications are critical to an effective response. Reliable information must be passed correctly and without delay between those who need to know, including the public.*
- vii. **Co-operation:** *Positive engagement based on mutual trust and understanding will facilitate information-sharing and deliver effective solutions to arising issues.*
- viii. **Anticipation:** *In order to anticipate and manage the consequences of all kinds of emergencies, planners need to identify risks and develop an understanding of both the direct and indirect consequences in advance where possible.”¹⁷⁵*

167. On this basis, it is expected that most emergencies will be managed at the local level, with support from higher levels only when necessary or helpful. But ERR is clear that for large-scale and wide-area emergencies:

“...it becomes more likely that the response will be led from the top-down rather than from the bottom-up, with [local emergency response groups] being convened at the request of, and working within a strategic framework set by, central government. This is because, in certain circumstances, central government will be:

¹⁷⁵ The principles are set out in detail in HM Government (2013b). *Emergency Response and Recovery* Chapter 2 and summarised in Cabinet Office (2013c). *Responding To Emergencies – the UK Central Government Response: Concept of Operations*. Paragraph 1.3

- *Better sighted on an emerging risk (eg. through intelligence reports, international liaison or access to specialist advice);*
- *Well positioned to maintain an overview of the situation as it develops (eg. patterns of disruption or infection); and*
- *Able to help ensure a coherent, integrated and robust response (ensuring that pre-emptive action is taken where necessary).¹⁷⁶*

Structures in England

Local Structures

168. **Local response in England¹⁷⁷ is based on the delivery of individual agencies' responsibilities being co-ordinated, where appropriate, through a multi-agency Strategic Co-ordinating Group (SCG).** These are 'stood up' where the scale and nature of an emergency reaches a locally-defined threshold requiring strategic, multi-agency co-ordination. **SCGs may choose to operate from a co-located Strategic Co-ordination Centre (SCC).** Their activation and operation will be based on pre-existing plans developed by LRFs.
169. **The purpose of an SCG is to provide strategic direction throughout the course of an emergency,** especially in agreeing strategic priorities and setting the direction for actions undertaken and managed through lower-level tiers. **An SCG does not have the collective authority to issue commands or executive orders to individual constituent organisations:** each organisation exercises control of its own operations in the normal way.
170. **The role of the SCG Chair may be filled by any appropriately trained and experienced member of the SCG, although the police will normally take the lead where a crime has been committed or if there is a threat to public safety.** Designated local responders will form the core membership of the SCG, although representatives from other organisations who may have a useful role to play in the response (such as the military, or the voluntary and community sector) are also likely to be in attendance. **SCG members are likely to be those senior leaders who normally attend regular LRF meetings,** thereby providing continuity and building on the trusted networks and communication channels already in place.
171. **Sitting beneath the SCG would normally be the Tactical Co-ordinating Group (TCG)** formed of senior operational officers from relevant agencies. Its role is to jointly conduct the overall multi-agency tactical management of the emergency.

¹⁷⁶ HM Government (2013b). *Emergency Response and Recovery*. Paragraph 4.4.21

¹⁷⁷ The local response is summarised here and described in detail in HM Government (2013b). *Emergency Response and Recovery*. Chapter 4

172. **The final tier is the operational level, where the immediate ‘hands-on’ work is overseen and managed.** It is the role of operational commanders to implement the tactical commander’s plan within their functional area of responsibility.

173. The differing roles of these multi-agency response tiers at the local level are summarised in Figure 4 below:



Figure 4. Multi-Agency Response Structures at the Local Level

174. **None of the structures above is covered in the Act or its associated Regulations. They do not provide for these structures to have legal form. Nor do the Chairs of SCGs and TCGs have the legal authority to direct the actions of their members.** At present, these structures formally rest on non-statutory guidance. And here, too, we should also note that there is **no standing emergency response body beyond the capabilities provided by designated Category 1 responders.**

The Role Of The DLUHC RED Team

175. As described above, the **DLUHC RED team provides the main connection between central government and LRFs in England.** In the event of an emergency, the Concept of Operations provides for the DLUHC RED team to:

“...immediately take steps to ensure that they can provide support to the local emergency response, where necessary and as appropriate. This could involve any, or all, of the actions below, depending upon the nature of the incident:

- *Establishing whether Strategic Co-ordinating Groups have been set up, or are on standby, then maintaining immediate lines of communication with them, including identifying whether there are likely to be issues arising or capability gaps emerging which may require central government support or input*

- *Deploying a Government Liaison Officer (GLO) once an SCG has been established, unless alternative arrangements have been agreed ...*
- *Ensuring a Strategic Local Recognised Information Picture ... is developed and maintained for each SCG; established in order to support local response efforts and to contribute to the national appreciation of the situation*
- *Where appropriate, developing and maintaining a multi-SCG Strategic Recognised Information Picture ... where an incident affects a number of SCG areas, or has the potential to do so...*
- *Establishing and maintaining immediate lines of communication with the Lead Government Department and the Cabinet Office. As part of this process, agreeing the level and frequency of ongoing reporting requirements including providing the local or Multi-SCG Strategic Recognised Information Picture (to be agreed on a case-by-case basis with the Lead Government Department and the Cabinet Office in situations where COBR is activated) to feed into the national picture co-ordinated by COBR or the Lead Government Department as appropriate*
- *Activating an Operations Centre(s) (OpC), if required, in order to provide a focal point for the collection and collation of information on the situation, a point of contact for local responders, and to engage as necessary other bodies to provide the local or multi-SCG picture to local responders and government as necessary*
- *Working with partners to identify priorities and providing advice to COBR and Lead Government Departments to support national discussions on the deployment of scarce resources across the affected area*
- *Facilitating mutual aid arrangements between [SCGs]*
- *Assisting local responders deliver a co-ordinated and coherent public message through sharing Government's lines to take*
- *Be ready on request to provide information to local MPs...*
- *Whilst the SCG is still standing, provide incident situation reports and advice to brief the Lead Government Department organising Ministerial or VIP visits in consultation with local partners; and*
- *Enabling the transition from response to recovery by ensuring an effective handover from DCLG RED GLOs to Lead Government Department*

*officials taking up responsibility for supporting local responders and any Recovery Co-ordinating Group(s).*¹⁷⁸

Regional Structures

176. Whilst most emergencies are dealt with by local responders at a local level through SCGs, **the Concept of Operations makes explicit provision for the activation and use of sub-national arrangements for co-ordination between SCGs within a region in England in circumstances where the impacts of the emergency are likely to be acute or wide-scale.** It allows that:

*“...a Multi-SCG Response Co-ordinating Group (ResCG) may be convened where the local response has been or may be overwhelmed and wider support is required, or where an emergency affects a number of neighbouring Strategic Co-ordinating Groups and would benefit from co-ordination (eg. to obtain a consistent, structured approach) or enhanced support. In such circumstances, [DLUHC] may, on its own initiative or at the request of local responders or the Lead Government Department in consultation with the Cabinet Office, convene a ResCG in order to bring together appropriate representatives from local Strategic Co-ordinating Groups ... where activated.”*¹⁷⁹
(Our emphasis)

177. The precise role of the ResCG may vary depending on the nature of the emergency. However, the Concept of Operations notes that the role is likely to cover:

- a. *"Developing a shared understanding of the evolving situation, including horizon scanning to provide early warning of emerging major challenges*
- b. *Assessing the emergency's actual and/or potential impact*
- c. *Reviewing the steps being taken to manage the situation, and any assistance that may be needed/offered, including through facilitating mutual aid arrangements between SCG responders if required*
- d. *Ensuring an effective flow of communication between and across local and national levels, including reports to the national level on the response effort, to ensure that the national input is coordinated with the local effort*
- e. *Co-ordinating a coherent and consistent public message; and*
- f. *Identifying any issues which cannot be resolved at local level and need to be raised at national level, including advising on priorities and guiding the deployment of scarce resources across the area.*¹⁸⁰

¹⁷⁸ Cabinet Office (2013c). *Responding To Emergencies – the UK Central Government Response: Concept of Operations*. Paragraph 6.2

¹⁷⁹ Ibid. Paragraphs 6.4-6.5

¹⁸⁰ Ibid. Paragraph 6.6

178. ResCGs would normally be chaired by DLUHC officials unless otherwise agreed; and DLUHC staff would provide the administrative secretariat.

UK Government / English National Structures

179. **Three broad types (or levels) of emergency are identified in the Concept of Operations as being likely to require direct UK government engagement.** These, as described in CONOPs, are:

- **“Significant emergency (Level 1)** has a wider focus and requires central government involvement or support, primarily from a Lead Government Department (LGD) or a devolved administration, alongside the work of the emergency services, local authorities and other organisations. There is however no actual or potential requirement for fast, inter-departmental/agency, decision making which might necessitate the activation of the collective central government response, although in a few cases there may be value in using the COBR [Cabinet Office Briefing Rooms] complex to facilitate the briefing of senior officials and ministers on the emergency and its management. Examples of emergencies on this scale include most severe weather-related problems...
- **Serious emergency (Level 2)** is one which has, or threatens, a wide and/or prolonged impact requiring sustained central government co-ordination and support from a number of departments and agencies, usually including the regional / sub-national tier in England and where appropriate, the devolved administrations. The central government response to such an emergency would be co-ordinated from COBR, under the leadership of the Lead Government Department ... Examples of emergencies on this scale, include the H1N1 Swine Flu pandemic, the 2007 summer floods, and the response to the 7th July bombings in London.
- **Catastrophic emergency (Level 3)** is one which has an exceptionally high and potentially widespread impact and requires immediate central government direction and support, such as a major natural disaster, or a Chernobyl-scale industrial accident. Characteristics might include a top-down response in circumstances where the local response had been overwhelmed, or the use of emergency powers where required to direct the response or requisition assets and resources. The Prime Minister would lead the national response.¹⁸¹“

180. By way of illustration, CONOPs includes a chart indicating the characteristics of different levels of emergency and the likelihood of central government engagement according to the actual or potential spread of an emergency and its impacts. This is reproduced in Figure 5 overleaf¹⁸² for information although we are aware that an updated diagram – essentially showing the same information – has been developed by the Cabinet Office and is now being used in briefings to other government departments:

¹⁸¹ Ibid. Paragraph 1.8

¹⁸² Ibid. Annex B

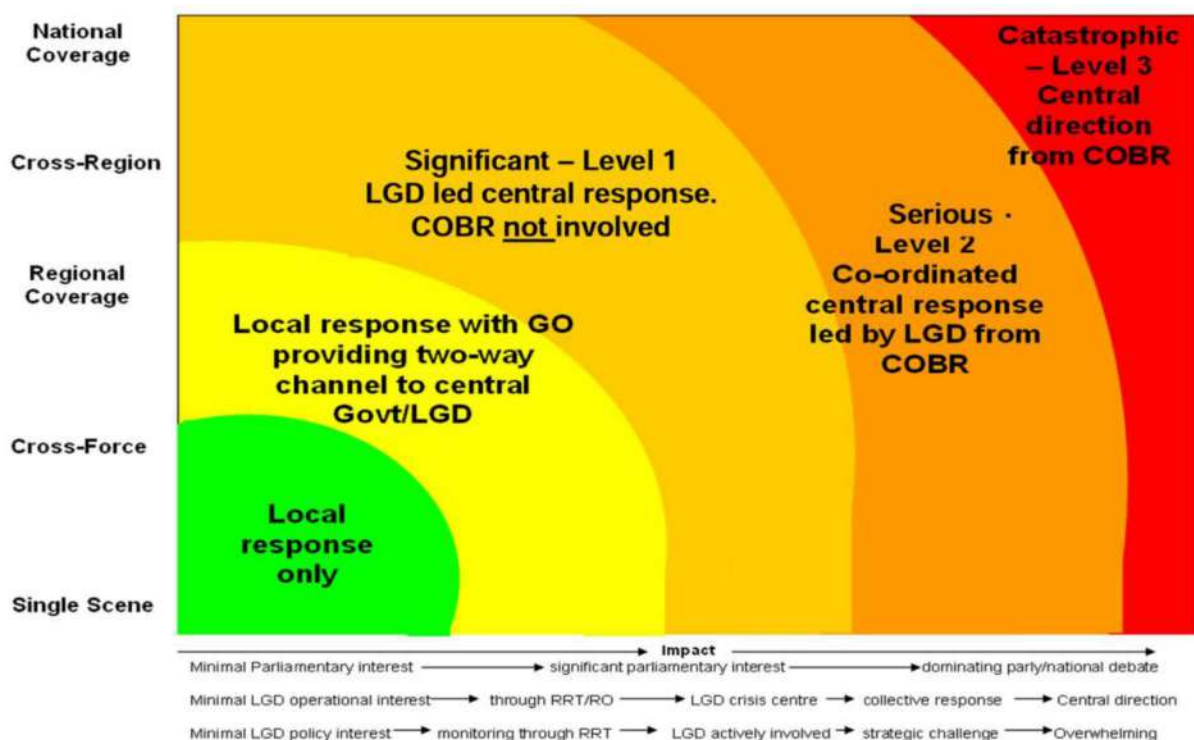


Figure 5. The Likely Form of Central Government Engagement Based on the impact and Geographic Spread of an Emergency in England

Role of the Lead Government Department (LGD) in Response

181. The Cabinet Office maintained throughout the relevant period a list setting out, for each of the risks identified in the National Risk Assessment, which department which would take the lead in the response phase were they to occur¹⁸³. Where COBR is activated, the role of the Lead Government Department, in consultation with other government departments and with support from the Cabinet Office as necessary, is specified in the Concept of Operations as being to:

- “Produce a handling plan as soon as possible;
- Act as a focal point for communication between central government and the multi-agency, Regional and/or Strategic Co-ordinating Groups on the ground involving relevant government offices in the English regions or the devolved administrations as appropriate;
- Produce a brief, accurate situation report on the nature and scale of the emergency and submit this promptly to feed into the production of the Common Recognised Information Picture (CRIP) – along with the central briefing for media purposes – to their Minister, copied to the Cabinet Office who will advise on wider distribution...;

¹⁸³ Cabinet Office (2010b). *Departments' Responsibilities for Planning, Response, and Recovery from Emergencies*

- *Ensure that responders and affected communities have access to the resources they need to manage the emergency and where shortfalls are required ensure they are addressed;*
- *Draw upon and apply relevant capabilities applicable to the emergency at hand;*
- *Co-ordinate and disseminate information for the public and the media at the national level, collaborating with other government departments including the Cabinet Office, and the News Co-ordination Centre (NCC) when activated;*
- *Ensure recovery issues are considered throughout and that arrangements are in place to ensure a smooth transition to the recovery phase;*
- *Account to Parliament and lead in the submission of evidence to any subsequent Government-appointed or independent inquiry; and*
- *Identify, learn and share the lessons from the planning and response to the emergency.*¹⁸⁴

The Role and Organisation of the Cabinet Office Briefing Rooms (COBR)

182. **The UK central government response to a level 2 or 3 emergency is underpinned through use of COBR**¹⁸⁵, the physical location from which the central response is activated, monitored and co-ordinated and which provides a focal point for the UK government's response and an authoritative source of advice for local responders.

183. **Ministers and senior officials as appropriate from relevant UK government departments and agencies, along with representatives from other organisations as necessary, are brought together in COBR to ensure a common appreciation of the situation and to facilitate effective and timely decision making.** During the relevant period, CONOPs set out that, for a civil or non-terrorist domestic emergency:

*"...the Cabinet's Civil Contingencies Committee (CCC) will meet bringing together Ministers and officials from the key departments and agencies involved in the response and wider impact management along with other organisations as appropriate. It can also meet at official level as CCC(O) or Civil Contingencies Committee (official)."*¹⁸⁶

184. Notwithstanding the reference in CONOPs to the Civil Contingences Committee (CCC), the Committee was replaced in the COBR structure by the National Security Council (Threats, Hazards, Resilience and Contingencies) (NSC(THRC)), a sub-Committee of

¹⁸⁴ Cabinet Office (2013c). *Responding To Emergencies – the UK Central Government Response: Concept of Operations*. Paragraph 2.16. The same document also includes details of the role of the Lead Government Department in the Recovery phase

¹⁸⁵ The role and organisation of COBR is summarised here and described in more detail in Cabinet Office (2013c). *Responding To Emergencies – the UK Central Government Response: Concept of Operations*. Section 3

¹⁸⁶ Cabinet Office (2013c). *Responding To Emergencies – the UK Central Government Response: Concept of Operations*. Paragraph 3.7

the National Security Council (NSC), from 2010 until NSC(THRC) was disbanded in 2019 when NSC took on the role. Within COBR, the CCC / NSC(THRC) / NSC was supported as necessary by a number of separate cells and supporting groups of activities. The Cabinet Office, in consultation with the Lead Government Department, was responsible for deciding which components should be activated, how they might best be used and provided secretariat support.

Scientific and Technical Advice

185. The effective management of most emergencies will require access to specialist scientific and technical advice. **Lead Government Departments are nominally responsible for ensuring that they have effective arrangements to access such advice in a timely fashion in an emergency through the establishment of a Scientific Advisory Group for Emergencies (SAGE) although, in practice, SAGE has strong links in its activation and operation to COBR.** Thus, the Concept of Operations states that:

“In all level 1 and most level 2 emergencies, decisions on activating a SAGE would be taken by the lead department who would also appoint the chair. In the most complex level 2 and in all level 3 emergencies, decisions on activating a SAGE would be taken by the Cabinet Office in consultation with the Government Office for Science and the LGD.

Where activated in support of the central response, the SAGE would provide co-ordinated scientific and technical advice ... so that rounded, evidence based advice can be presented to decision makers.”¹⁸⁷

186. The Concept of Operations notes that:

“The membership of SAGE will be scenario specific and may change during the lifetime of the response depending on the topics being covered, although a common core of departments and agencies are likely to be represented in most scenarios and be involved throughout providing valuable experience and continuity.”¹⁸⁸

187. Although the role of the SAGE may evolve over the course of an emergency, the Concept of Operations states that its broad responsibilities will largely remain constant, and be to:

- *“Identify where scientific and technical advice is likely to be needed (in consultation with Cabinet Office and LGD and other relevant policy leads) and prioritise and steer efforts as necessary to fill gaps or meet ministers’ needs;*
- *Provide a common source of science and technical advice for crisis managers in departments and COBR when activated;*

¹⁸⁷ Ibid. Paragraph 3.44-3.45

¹⁸⁸ Ibid. Annex D. Paragraph 4

- *Advise on the likely development of the emergency and any planning assumptions that should guide the response;*
- *Liaise with national specialist advisors from agencies represented in the SAGE and, where warranted, the wider scientific and technical community to ensure the best possible advice is provided;*
- *Clarify any divergence of opinion and as far as possible, provide a common view on the scientific and technical merits of different courses of action;*
- *Monitor the scientific information being provided by individual organisations in order to identify emerging differences and consider how these might best be addressed;*
- *Ensure consistent advice is presented nationally, and where appropriate, locally; and*
- *Ensure that scientific information is understandable by policy makers and, where appropriate can be understood by the public.”¹⁸⁹*

188. CONOPs is therefore clear that the membership and role of SAGE and its sub-committees can and should be tailored to the circumstances of the emergency and cover *all* areas where scientific and technical advice would enable better decision making. Depending on circumstances, scientific advice could therefore include public health (including clinical, mental and environmental health), behavioural science, social science (eg. in respect of learning and domestic violence), and economics.

The Interface With And Role Of The Devolved Administrations

189. CONOPs¹⁹⁰ states that the role of devolved administrations in Scotland, Wales and Northern Ireland in an emergency depends on two things:

- a. Whether the incident affects Scotland, Wales or Northern Ireland; and
- b. Whether the response to the emergency includes activity within the competence of the Administration.

190. CONOPs also notes that:

“If the emergency takes place in Scotland, Wales or Northern Ireland and relates to a devolved matter, the devolved administration will assume the lead. If the emergency occurs in England but has cross-border implications for devolved issues the relevant devolved administration will lead on this aspect in their

¹⁸⁹ Ibid. Annex D. Paragraph 5

¹⁹⁰ Ibid. Paragraph 2.20 to 2.25, with more detail in Section 7

*territory and provide advice and support as necessary to the UK government so that effects can be understood and potential mitigation measures considered.*¹⁹¹

191. **CONOPs does not set out any specific arrangements for co-ordination between the UK government, the Welsh Government, the Scottish Government and the Northern Ireland Executive in circumstances where an emergency is affecting all of them equally.**
192. There are, however, **Concordats between the UK government and the then Welsh Assembly Government¹⁹² and Scottish Ministers¹⁹³** which set out an agreed framework for co-operation on issues pertaining to the use of Emergency Powers under Part 2 of the Act. Although the Concordats are not legally binding, there is an expectation that the respective governments will co-operate to achieve their aims.

Structures In Scotland

193. **Scottish Ministers are responsible for managing the consequences of any emergency that has impacts on Scotland** in areas of devolved competence, irrespective of its cause.
194. **In an emergency affecting Scotland, the Lead Government Department would be a UK government department or a directorate of the Scottish Government depending upon whether it primarily relates to a reserved or devolved matter.** Where the emergency involves reserved functions, it is expected that the Scottish Government will be involved, especially in the management of consequences in devolved matters.
195. The **Scottish Government Resilience (Ministerial): SGoR(M)** sets the strategic direction for Scotland's response. It acts on behalf of, and reports to, the Scottish Cabinet. In the response phase, membership of SGoR(M) is determined by the nature of the emergency. SGoR(M) meetings are **chaired by the First Minister**, Deputy First Minister, or Cabinet Secretary for Justice and Veterans.
196. The **Scottish Government Resilience (Officials): SGoR(O)** is a group of senior Scottish Government officials drawn from all relevant directorates together with external members as necessary. It analyses information received by the Scottish Government and provides advice to the SGoR(M) on options for handling the consequences of the emergency; oversees implementation of decisions taken by the SGoR(M); and ensures co-ordination of Scottish Government activity.
197. When the scale or complexity of an emergency is such that some degree of central government co-ordination or support becomes necessary, the Scottish Government will activate its emergency response arrangements through the **Scottish Government**

¹⁹¹ Ibid. Paragraph 2.25

¹⁹² Cabinet Office and the Welsh Government (2011). *Civil Contingencies Act 2004: Concordat Between the UK Government and the Welsh Assembly Government*

¹⁹³ Cabinet Office and Scottish Ministers (2011). *Civil Contingencies Act 2004: Concordat Between the UK Government and the Scottish Ministers*

Resilience Room (SGoRR). The **Resilience Division** in the Scottish Government would **lead the operation of SGoRR**. This:

- Provides strategic direction for Scotland
- Co-ordinates and supports the activity of Scottish Government directorates
- Collates and maintains a strategic picture of the emergency response with a particular focus on response and recovery issues, including through the production of a Scottish Situation Report (SSR), a single source of relevant incident information which can be shared with organisations during a response
- Briefs Scottish Ministers
- Ensures effective communication between local, Scottish and UK levels, including the co-ordination of reports on the response and recovery effort
- Supports response and recovery efforts as appropriate, including the allocation of scarce Scottish resources
- Determines the Scottish Government's public communication strategy and co-ordinates national public messages in consultation with Resilience Partnerships and other key stakeholders
- Disseminates national advice and information for the public, through the media
- If appropriate, liaises and works in partnership with the UK government

198. In its activity, SGoRR is supported by the local arrangements established by Resilience Partnerships. The Scottish Government may send one or more **Scottish Government Liaison Officers (SGLO)** to help ensure effective communication between responders and the Scottish Government, act as the principal contact for Scottish Government officials or Ministers, facilitate joint meetings and provide general government-related advice and support.

199. For emergencies affecting Scotland, and in the event that UK-level arrangements are initiated, SGoRR would work with COBR, the Scotland Office and relevant departments in the UK government. **Scottish Ministers and officials would attend COBR**. SGoRR would be the main point of contact between the UK government and Resilience Partnerships.

200. Fuller details on response arrangements in Scotland can be found in the Preparing Scotland guidance¹⁹⁴, especially **Responding To Emergencies. Scottish Guidance on Responding to Emergencies**¹⁹⁵.

¹⁹⁴ Scottish Government (2016). *Preparing Scotland. Scottish Guidance on Resilience. Philosophy, Principles, Structures and Regulatory Duties*

¹⁹⁵ Scottish Government (2017b). *Responding To Emergencies. Scottish Guidance on Responding to Emergencies*

Structures In Wales

201. **In most cases, the response to emergencies in Wales will be conducted at the local level** by local responders. **Response arrangements at the local level in Wales are the same as those in England, including the activation of Strategic Co-ordinating Groups (SCGs) and Tactical Co-ordinating Groups (TCGs)**, but take into account devolved functions.
202. The response to major emergencies is governed by the **Pan-Wales Response Plan (PWRP)**, which links to the UK government's Concept of Operations (CONOPs). It was first approved by the Wales Resilience Forum in September 2005 and is regularly updated, the last review being undertaken in 2019¹⁹⁶. The Pan-Wales Response Plan sets out arrangements for the integration of the Welsh response to an emergency in or affecting Wales. It reflects the principles of response contained in Emergency Response and Recovery¹⁹⁷. The plan sets out co-ordination arrangements, primarily providing a framework for the management of an emergency affecting several or all areas of Wales. It can also be implemented in response to a major incident in one LRF area.
203. **Activation of the PWRP** can be triggered by either a 'Local Notification' received from an LRF in Wales requiring central co-ordination or support to a local incident, or a 'Central Notification' received from the UK government requiring an operational response to be put in place at all levels in Wales. There are three levels of response:
- a. **Level 1:** In the phase prior to an emergency, the Welsh Government will convene the **Civil Contingencies Group (CCG)** to review the situation and update local stakeholders with a view to escalation to Level 2 if necessary.
 - b. **Level 2:** For emergencies affecting or occurring in Wales, the Emergency Co-ordination Centre (Wales) (ECC(W)) is established and the **Wales Civil Contingencies Committee (WCCC)** is convened.
 - c. **Level 3:** If the situation at Level 2 deteriorates further and it is deemed necessary, emergency powers are invoked and the **Wales Emergency Co-ordinator** is appointed¹⁹⁸.
204. The WCCC is constituted and functions in a similar way to its counterpart in England. Its membership comprises senior representatives from Welsh Government departments, responder agencies and others as necessary. Precise membership will be determined by the pre-designated Lead Official for the particular emergency, who will chair the Committee.
205. The WCCC is supported by the **Emergency Co-ordination Centre (Wales) (ECC(W))** managed by the Welsh Government. The main role of the ECC(W) is to co-ordinate the gathering and dissemination of information across Wales; ensure an effective flow of communication between local, pan-Wales and UK levels, including the co-ordination of

¹⁹⁶ Welsh Government (2019). *Pan-Wales Response Plan*. Working Document 2019

¹⁹⁷ HM Government (2013b). *Emergency Response and Recovery*

¹⁹⁸ INQ000130469. Witness Statement Number 1 of Dr Andrew Goodall

reports to the UK level on the response and recovery effort; brief Welsh Ministers via the Lead Official and the CCG / WCCC; ensure that the UK input to the response is co-ordinated with the local and pan-Wales efforts; provide media and communications support through the Welsh Government Communications Division; and raise to the UK level any issues that cannot be resolved at a local or Wales level¹⁹⁹.

206. To support this process, **Welsh Government Liaison Officers** are appointed to attend each SCG meeting and act as a link with the ECC(W) and Welsh Government. In addition, the Lead Welsh Government Official chairs meetings with the SCG Chair(s) to embed close strategic communication between the two levels²⁰⁰.
207. Under the PWRP, **Welsh Ministers represent Wales at COBR meetings. The First Minister, or a designated Welsh Minister, acts as a political spokesperson for the Wales response**, especially of devolved responsibility.
208. Where an emergency occurs in Wales and the scale or complexity of the emergency is such that some degree of UK government support or co-ordination is necessary, but competence is not devolved, the relevant UK government department will lead the response in close liaison with the Welsh Government.

Structures In Northern Ireland

209. Details on the response arrangements in Northern Ireland can be found in the Northern Ireland Civil Contingencies Framework²⁰¹. They envisage a progressive escalation of emergency management structures depending on the circumstances of the emergency:
 - a. The initial response will be provided by PSNI or local government who will 'stand up' a **Tactical Co-ordination Group (TCG)** largely based on the membership of EPGs but which can call upon other experts as required.
 - b. Where the emergency is wider in scale or impact, a **Strategic Co-ordination Group (SCG)** may be stood up. This will take overall responsibility for the multi-agency management of the incident and establish a strategic framework for all levels of command, control and co-ordination. Where there is a major and imminent threat to life, significant implications for public order or a possibility of criminal or terrorist activity, PSNI will normally chair the SCG. In most other instances, the relevant NI Lead Government Department will chair the SCG. Membership of an SCG will be tailored to fit the nature of the emergency. Its primary roles are to:
 - Determine and share clear strategic aims and objectives and review them regularly

¹⁹⁹ Ibid. Paragraph 215

²⁰⁰ Ibid. Paragraph 217

²⁰¹ The Executive Office, Northern Ireland (2021). *Building Resilience Together. Northern Ireland Civil Contingencies Framework*

- Establish a working framework for the overall management of the event or situation
 - Assess the requirements of the tactical level and allocate personnel and resources accordingly
 - Formulate and implement media handling and public communication plans, potentially delegating this to one responder agency
 - Direct planning and operations beyond the immediate response to manage the recovery process.
- c. In a Level 1 emergency, the Lead Government Department will provide strategic co-ordination of the response. It can call on support from The Executive Office and partners in doing so.
- d. In the case of a Level 2 or Level 3 emergency, the **Northern Ireland Central Crisis Management Arrangements (NICCMA)** can be activated. The **Civil Contingencies Group (Northern Ireland) (CCG(NI))** will in those circumstances provide strategic co-ordination of the response. It can **meet at two levels: Officials (CCG (O)) and Ministers (CCG (M))**. CCG (O) is the default Group which will meet on activation of NICCMA, chaired by the Head of the NI Civil Service. CCG (M) will meet only if Ministers decide it is necessary, and would be chaired by the First Minister and the deputy First Minister acting jointly or, where appropriate, another Minister nominated jointly by the First Minister and deputy First Minister. The role of the CCG (O) is to:
- Direct and co-ordinate the efforts of NI departments in responding to the emergency
 - Assess the wider impacts of events and decisions on vulnerable infrastructure, systems, people and the environment
 - Identify, from the start of the response, the key issues for consequence management and long-term recovery
 - Decide on the relative priorities to be attached to the management of the various elements of the overarching response
 - Establish the strategic direction of the co-ordinated media and public information policies
 - Identify the priorities and interdependencies to be addressed and the actions required by member organisations
 - Establish working groups to deal with interdependencies or cross-cutting issues

210. The **Central Operations Room (HUB)** controls the flow of information into and out of the CCG. Its role is to:

- Commission situation reports from the Lead Government Department, Tactical Co-ordination Group, PSNI-led multi-agency GOLD, other NI departments and key organisations as appropriate, and pass these to CCG
- Provide reports and assessments on behalf of CCG
- Facilitate liaison between responders on specific issues as required

The HUB function is discharged by CCPB, which supports the effective functioning of the CCG (O/M).

211. The **Northern Ireland Office (NIO)** has responsibility for national security matters and will lead the strategic response to such emergencies. The NIO's crisis management response will be co-ordinated through the activation of the Northern Ireland Office Briefing Rooms (NIOBR). Meetings in NIOBR will be chaired by the Secretary of State for Northern Ireland, a designated Minister or senior official.

SECTION 4: THE COMPONENTS OF RESILIENCE AND MECHANISMS FOR THEIR VALIDATION AND ASSURANCE

Question 2: The standards by which the efficacy of a resilience and risk management system can be assessed at ‘whole system’ level.

212. We have suggested in Section 2 a **move to a new ‘Resilience Cycle’**. In this section, **we use that Cycle to:**

- a. **Identify** what we believe to be the **major components of that Cycle**, and **‘what good looks like’** for each of those components.
- b. **Describe and assess** the various documents issued over the relevant period which set out **‘expectations’** and **‘standards’** for those components.
- c. **Describe and assess the arrangements used to measure the quality of those components and of the capabilities in place.**
- d. Set out **our suggestions for the improvements needed to provide senior leaders with regular, robust, evidence-based assessments of resilience and preparedness.**

Components Of A Robust Resilience And Risk Management System

213. What we believe to be the major components of a robust resilience and risk management system are illustrated in Figure 6 overleaf and described in *summary* form in the following table.

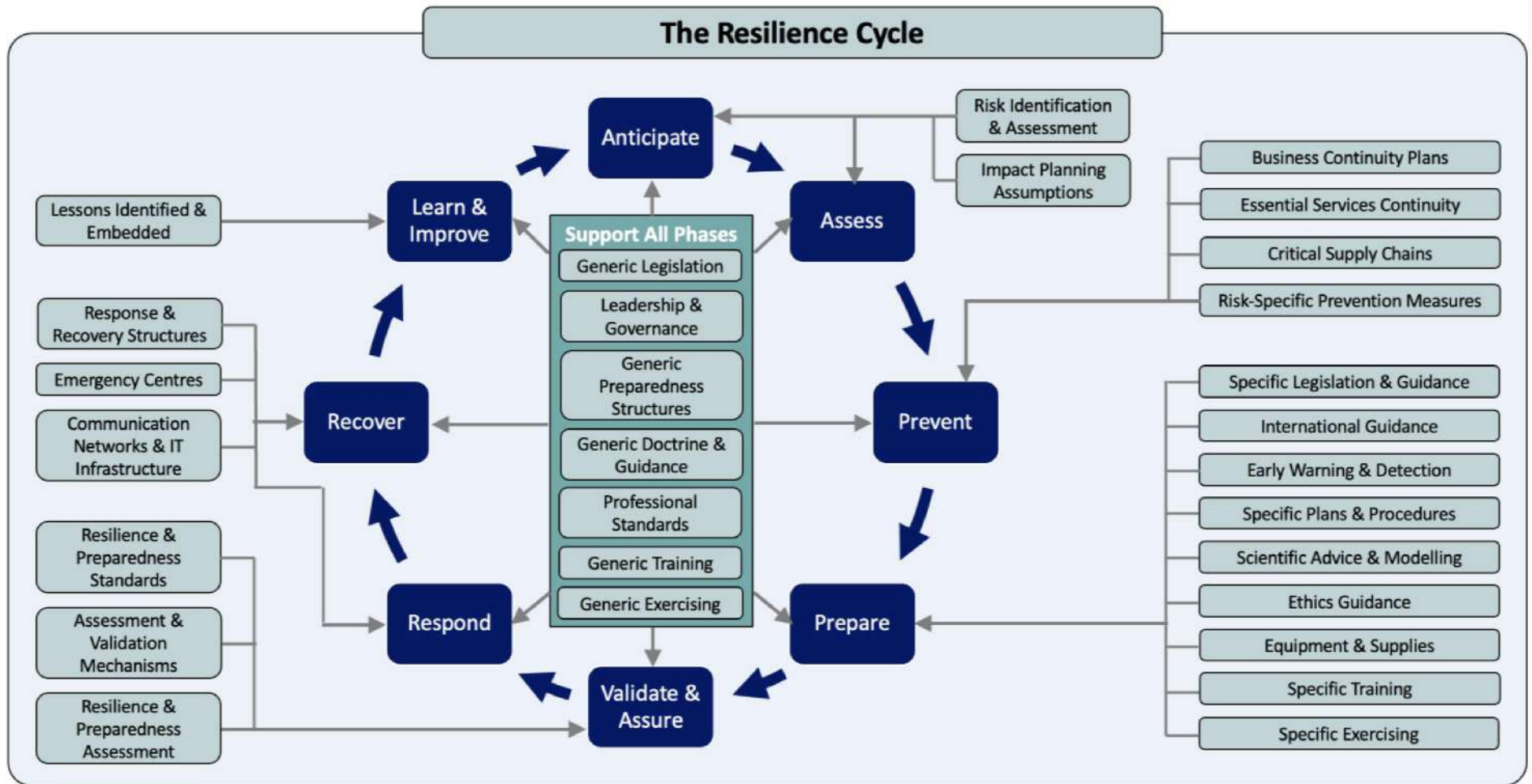


Figure 6. The Components of Resilience.

Component	Description
Support All Phases	
Generic Legislation	<p>There should be generic legislation, with associated Regulations and supporting guidance, applicable to all risks which establishes roles and responsibilities for those organisations at all levels and in all sectors involved in all phases of risk and emergency management shown in the Resilience Cycle. In some areas and for some organisations, responsibilities should be captured as duties in law. Regulations and supporting guidance should identify how organisations should work together within a single, integrated civil protection system to achieve a single shared aim.</p>
Leadership and Governance	<p>The resilience ‘family’ is a vast and complex ecosystem which needs effective governance – the ‘glue’ to bind it together. That includes the need for strong and visible leadership from Ministers and senior officials; effective governance systems which bind England, Wales, Scotland and Northern Ireland, departments / directorates in each government and organisations at regional and local levels; effective political oversight and scrutiny; and a ‘single vision’ that everyone can unite behind and work towards delivering. The ethos and working culture must be one of transparency and openness, collaboration and goodwill, built on trust and on respect for what people at all levels and in all sectors can contribute.</p>
Generic Doctrine and Guidance	<p>Doctrine and guidance should set out in detail what is to be achieved and how that should best be done, to enable organisations at all levels and across all sectors to operate together coherently and make best use of the resources available.</p>
Generic Preparedness Structures	<p>Structures need to be in place which enable effective and efficient co-ordination, collaboration and information sharing between those with roles and responsibilities in building preparedness for any type of emergency situation.</p>
Generic Plans and Procedures	<p>There is a need to maintain plans to ensure that, if an emergency occurs or is likely to occur, designated responders can deliver their functions for the purpose of preventing the emergency, reducing, controlling or mitigating its effects, or taking other action in connection with it. Designated responders should have a single-agency generic plan which sets out how they will fulfil their role and responsibilities during the response to, and recovery from, any emergency. In addition, groups of organisations should also put in place multi-agency generic plans and frameworks setting out how they will work together in partnership to deliver their collective response. These plans should be supported by specific plans, processes and procedures (see below under the Prepare heading) setting out in detail how a particular risk will be managed or how a</p>

Component	Description
	particular action or series of actions (eg. the care of mass casualties; public communication in an emergency) will be undertaken.
Professional Standards	Skilled, competent and confident people are the foundation of effective risk and emergency management. Without them, no organisation can discharge its responsibilities effectively. With them, organisations will build a better foundation for the response to emergencies and, with agility, flexibility and imagination, will be better able to tackle the unexpected challenges that inevitably arise.
Generic Training	To achieve this, there should be in place a Competence Strategy, covering everyone with a substantial role in building resilience, aligned with parallel skills strategies in other functional areas. This should be cascaded into associated and more detailed Competence Framework and Learning Pathways, both for individuals and for teams acting collectively. These documents should be reflected in the definition of professional standards.
Generic Exercising	There should be in place sufficient, high-quality, validated training for individuals and teams to enable their professional development against the Competence Framework and professional standards, and arrangements for building and demonstrating competence on a regular basis, including through exercising.
Anticipate and Assess	
Risk Identification and Assessment	<p>Consistent mechanisms and processes should be in place to identify the risks to a geographic area and its population (eg. the whole of the UK, one of the devolved administrations, or a locality) and to assess accurately the likelihood of their occurring and their potential impact if they were to occur. These processes need to involve all those who may be party to relevant information, including those outside government. Assessments should be subject to challenge, including independent external challenge.</p> <p>Risk identification and assessment should be conducted over a number of different time frames – from identifying and assessing those risks which are likely to occur over the very near term (eg. the next six months) for which effective emergency response plans and capabilities need to be in place, through those risks which might arise in the medium-term (eg. the next five years) for which capabilities can progressively be built, to those risk trends which may be seen over 20 years or more where policy action may be the most suitable vehicle for risk mitigation.</p>

Component	Description
	<p>Short- and medium-term risk assessments should ideally be kept under almost continuous ('dynamic') review for changes in the likelihood or impact of individual risks, and changes shared. Long-term risk assessments and the risk trends they identify can be reviewed less frequently.</p> <p>Risk assessments should be shared with all those who need to act, or would benefit from acting, on their contents, including potentially affected communities and members of the public, with appropriate mechanisms in place to protect truly sensitive information.</p>
<p>Impact Planning Assumptions</p>	<p>Impact planning assumptions should be prepared which summarise the assessment of the potential impact of a range of risks in a particular functional area (eg. the potential number of fatalities; the scale, intensity and duration of disruption to the supply of a particular essential service). They should be used to inform and support the building of emergency plans and capabilities by designated responders as well as by businesses, the voluntary sector and communities. They should, therefore, be shared in parallel with the sharing of risk assessments.</p> <p>The impacts of particular risks used in planning and capability-building are customarily determined on the basis of the reasonable worst case scenario for that risk. The reasonable worst case scenario represents a challenging manifestation of the scenario after highly implausible (very low likelihood) scenarios are excluded.</p>
<p>Prevent</p>	
<p>Business Continuity Plans</p>	<p>Business continuity planning aims to improve the ability of organisations to sustain the delivery of their products and services even in the face of a major risk event. Business continuity planning should identify the potential risks to an organisation and the impacts on its operations and hence on the delivery of its vital products and services that those risks might cause; and then seek to eliminate or mitigate the most significant potential disruptions.</p> <p>The development of effective business continuity plans should be obligatory for any organisation with a leading role in the response to an emergency; and for those organisations and sectors whose products and services are essential to decent human life, safety and wellbeing.</p>
<p>Essential Services Continuity</p>	<p>Essential services continuity covers the identification of alternative means of providing essential products and services – usually by using other operators and/or other supply networks – so that those</p>

Component	Description
	<p>products and services continue to be supplied even if the primary operator, network or asset fails (eg. the provision of bottled water, browsers and tankers from a range of sources if mains water fails).</p> <p>Essential service continuity planning should be obligatory for those organisations and sectors whose products and services are essential to decent human life, safety and wellbeing.</p>
<p>Supply Chain Resilience</p>	<p>Supply chain resilience covers the identification of critical goods and services, their supply chains and risks to those supply chains; and putting in place mitigations to the most significant identified risks in order to sustain critical services and supplies even during emergency situations.</p> <p>Action under this heading may include putting in place strategic stockpiles of commodities which can be called on during times of significant loss or disruption.</p> <p>Supply chain resilience planning should be obligatory for those organisations and sectors whose products and services are essential to decent human life, safety and wellbeing.</p>
<p>Risk-Specific Prevention Measures</p>	<p>Risk-specific prevention measures range widely, covering those specific measures targeted at avoiding, or reducing the likelihood of, particular risks or groups of risks.</p> <p>One key area covers the measures put in place to reduce the risk of outbreaks of human or animal diseases, including those diseases with the potential to spread from animals to humans.</p> <p>Another key area is critical infrastructure protection and resistance – those measures put in place to improve the physical and cyber defences of critical infrastructure assets and networks and to improve their ability to resist external shocks or attacks. Critical infrastructure resistance in particular addresses the vulnerability of critical infrastructure and hence the risk of disruption to the continuous delivery of the essential services it provides. Its goal is to ensure that systems, networks and services can resist the consequences of known risks, thereby reducing the potential for harm to citizens and the economy from their disruption. Programmes in this area would be targeted on protection measures which cover, for example:</p> <ul style="list-style-type: none"> • Physical risks (eg. flood defences; perimeter fencing barriers) • Cyber risks (eg. firewalls and antivirus solutions) • People risks (eg. addressing the ‘insider’ threat)

Component	Description
	<p>A robust risk and emergency management system should include arrangements for the identification of risk-specific prevention measures as part of routine planning by organisations in governments and their agencies, local and regional bodies, private sector companies, and voluntary and charitable bodies; and the subsequent consideration of their utility and cost-effectiveness.</p>
<p>Prepare</p>	
<p>Specific Legislation and Guidance</p>	<p>Risks which require a specialist response (eg. risks affecting nuclear sites; risks requiring control of animal movements), may need specific legislation and guidance in addition to the Civil Contingencies Act 2004, and its associated Regulations and supporting guidance.</p>
<p>International Guidance</p>	<p>Risks which have a global footprint if they occur (eg. human infectious disease pandemics) customarily have in place global agreements, protocols and procedures setting out how governments will work together on preparedness and response.</p> <p>A robust risk and emergency management system would reflect global agreements in plans and processes; and recognise the value of making a contribution to the development of global agreements.</p>
<p>Early Warning and Detection</p>	<p>A robust risk and emergency management system will have in place mechanisms for detection and early warning that a risk event may be about to occur, or is occurring, to enable individuals, communities, businesses and others to take timely action to secure their own safety and wellbeing.</p> <p>Detection, monitoring, analysis and forecasting of risks and their possible consequences can take many forms. They need to be accompanied by arrangements for the effective dissemination and communication, by a trusted source, of authoritative, timely, accurate and actionable warnings and associated information on likelihood and impact, accompanied by advice on how best recipients should respond to the warnings received.</p>
<p>Specific Plans and Procedures</p>	<p>Specific plans and procedures should be in place where necessary to augment generic plans in cases where dealing with particular risks or their consequences, or specific sites, may require a more specialised response. As with generic plans, specific plans may be produced by a single agency or on a multi-agency basis.</p>
<p>Scientific Advice and Modelling</p>	<p>In most emergencies, decision-makers will need to have access to technical and scientific advice. This could, for example, be in relation to the public health implications of a human or animal disease outbreak, or</p>

Component	Description
	<p>advice on the environmental impacts of a chemical leak. Relevant experts need to be able to be brought together quickly to debate the evidence, commission modelling and analysis, identify and assess potential response options, reach (ideally) a consensus conclusion and provide advice to decision-makers.</p>
<p>Ethics Guidance</p>	<p>Ethics guidance will be needed as part of planning for some specific emergencies (eg. those with significant consequences for people's health and wellbeing). In addition, ethics guidance should be available for those emergencies which are likely to have very severe consequences which could exceed the capabilities available to responding organisations. At times of restricted resources, responders may need to make difficult decisions on the prioritisation of support to individuals and communities.</p>
<p>Equipment and Supplies</p>	<p>As part of planning for emergencies, responders should consider what equipment (capital items) and supplies (consumable items) would be needed to enable an effective response. The costs of having equipment and supplies quickly accessible in storage will need to be balanced against issues such as their likely level of usage, the ability to purchase additional stocks at short notice and any 'use by' dates. But it should be clear to all involved in building emergency plans and capabilities whether sufficient equipment and supplies will be available at the onset of an emergency or whether rapid sourcing action will be needed.</p> <p>Equipment should be tested regularly and stored where it can be located quickly, ideally close where it is most likely to be needed.</p>
<p>Specific Training</p>	<p>Specific-to-risk or specific-to-task training and exercising should be arranged to supplement generic training and exercising for identified higher impact / higher likelihood potential emergencies, those potential emergencies requiring a specialised response or for significant emergency response tasks. This could include, for example, training on nuclear incidents or rescuing people from fast-moving water.</p>
<p>Specific Exercising</p>	<p>Where specific plans are produced, training and exercising for everyone with a role set out in the plan should be carried out.</p>
<p>Validate and Assure</p>	
<p>Resilience and Preparedness Standards</p>	<p>Performance Standards should be in place, with legal backing, which clearly set performance requirements on organisations (individually and collectively) with a significant role in any stage of the Resilience Cycle. Standards should identify those things that designated organisations must deliver and/or be able to do (mandatory</p>

Component	Description
	<p>requirements) and should ideally also set out a 'ladder' of activities that could be undertaken to achieve good and leading practice. Standards should cover both what should be in place (eg. structures, processes, equipment), as well as the expected quality of those things.</p>
<p>Assessment and Validation Mechanisms</p>	<p>Standards should be accompanied by rigorous arrangements to validate whether those Standards are being met and to report the outcome to senior leaders for action as necessary. Such assessments should be made available to auditors and audit bodies. The results should also be available to external scrutiny bodies at all levels, as well as to the public (if necessary, in summary form to protect sensitive information).</p> <p>Validation arrangements should include mechanisms for both self-assessment and for peer and/or external independent assessment.</p> <p>The validation of performance should be carried out regularly. Recognising the time needed to implement improvements, this might be every 2-3 years.</p>
<p>Resilience and Preparedness Assessments</p>	<p>Senior leaders – Ministers and local elected representatives, and senior officers and officials – should understand whether (individually and collectively) responder organisations are ready to deal with identified risks. This assessment of preparedness should be conducted both at a generic level – 'are we ready generally for the risks identified?' – and, at a deeper level, on a risk-specific basis for those risks seen as being most likely and with the potential to have the greatest impact – eg. 'are we ready to respond to a pandemic?'</p> <p>Where gaps and weaknesses are identified, these should be clearly described. Follow-up work should establish the measures needed to address them and their cost, and their relative priority for being actioned. Preparedness assessments should be repeated at regular intervals, to reflect any increase in preparedness from improvement and investment programmes and to ensure that capabilities do not degrade over time.</p>
<p>Respond and Recover</p>	
<p>Response and Recovery Structures</p>	<p>Emergency management and decision-making structures at all levels to be used in the response and recovery phases of an emergency should be pre-agreed, recorded, tested and well-rehearsed. All those with a role to play in the management of emergencies should have a clear understanding of how the structures will operate in an emergency, how decisions will be taken and, within that context, their own role and responsibilities.</p>

Component	Description
Emergency Centres	Effective, reliable and robust facilities for the management of the emergency response should exist both within individual organisations and to support the operation of collective governance and decision-making structures. These should have the necessary technology to enable communication within and between organisations and between the different levels of the emergency response, including for the handling and transmission of sensitive information.
Communication Networks and IT Infrastructure	
Learn and Improve	
Lessons Identified and Embedded	A culture of learning and continuous improvement needs to pervade all responders (individually and collectively) at all levels. There should be a proactive approach to identifying lessons – including by conducting debriefs from exercises and from the response to emergencies, both in the UK and overseas – followed by robust arrangements to ensure that lessons identified are shared widely and that relevant changes to plans and capabilities are adopted and embedded in the institutional memory, plans and actions of all relevant organisations.

Standards By Which Resilience And Preparedness Can Be Assessed

214. Any assessment of performance needs to be done against defined performance standards, covering organisations with a significant role in any stage of the Resilience Cycle.

The National Resilience Standards And Associated Reference Documents

215. **The Cabinet Office, working with the devolved administrations, has since 2010 published a number of reference documents and Standards aimed at providing a consistent means for LRFs in England and Wales and local responder organisations to assess their capabilities and support continuous improvement.**

216. In December 2010, the Cabinet Office issued the '**Expectations and indicators of good practice set for category 1 and 2 responders**'. This document (revised in October 2013²⁰²) sought to clarify what was expected of Category 1 and 2 responders in England and Wales in relation to their duties under the Civil Contingencies Act; its associated Regulations and guidance; the Resilience Capabilities Programme, which sought to build emergency preparedness capabilities across a number of functional areas; and emergency response and recovery.

²⁰² Cabinet Office (2013g). *Expectations and indicators of good practice set for category 1 and 2 responders*

217. In March 2011, the Cabinet Office also issued '***The role of Local Resilience Forums: A reference document***' (subsequently updated to Version 2²⁰³ in July 2013). This was intended as a single reference document, supporting LRFs in England and Wales in self-assessment, peer review and improvement by providing a checklist of issues and good practice outcomes.
218. In 2016, the Scottish Government included a section²⁰⁴ in its Preparing Scotland guidance setting out mandatory requirements and recommended good practice in the fulfilment of duties in the Act.
219. The Cabinet Office, again working with the devolved administrations, built on this foundation with the publication in July 2018 of the ***National Resilience Standards for Local Resilience Forums (LRFs)***²⁰⁵ (with Version 3 published in August 2020²⁰⁶). This suite of Standards was intended to provide LRFs and their constituent local responder organisations with a consistent basis for self-assessing their capabilities and overall level of readiness, and to guide continuous improvement. The current National Resilience Standards (NRS) cover the following themes:

- NRS 1: LRF Governance and Support Arrangements
- NRS 2: Local Risk Assessment
- NRS 3: Communicating Risks to the Public
- NRS 4: Emergency Planning
- NRS 5: Community Resilience Development
- NRS 6: Interoperability
- NRS 7: Training
- NRS 8: Exercising
- NRS 9: Business Continuity Management
- NRS 10: Business Continuity Promotion
- NRS 11: Strategic Co-ordination Centre: Preparation and Operation
- NRS 12: Strategic Co-ordinating Group: Preparation and Activation
- NRS 13: Local Recovery Management
- NRS 14: Cyber Incident Preparedness
- NRS 15: Pandemic Influenza Preparedness²⁰⁷

²⁰³ Cabinet Office (2013e). *The role of Local Resilience Forums: A reference document*. Version 2

²⁰⁴ Scottish Government (2016). *Preparing Scotland. Scottish Guidance on Resilience. Philosophy, Principles, Structures and Regulatory Duties*. Pages 32-64. In 2013 (and subsequently updated in 2017 and 2021), the Scottish Government also published guidance for Regional Resilience Partnerships on how to conduct Risk Preparedness Assessments: see Version 1 dated December 2013 at Scottish Government (2013b). *Are we ready? Guidance for Scotland's Regional Resilience Partnerships (RRPs) on Risk and Preparedness Assessments (RPAs)*; Scottish Government (2017e). *Are we ready? Guidance for Scotland's Regional Resilience Partnerships on Risk and Preparedness Assessments* and Scottish Government (2021b). *Regional Resilience Partnerships' Risk Preparedness Assessment Guidance*

²⁰⁵ Abbreviated in this report to the 'National Resilience Standards'

²⁰⁶ Cabinet Office (2020a). *National Resilience Standards for Local Resilience Forums (LRFs)*: Version 3.0

²⁰⁷ NRS 15 on Pandemic Influenza Preparedness was first published on ResilienceDirect in December 2019 for use by LRFs. This followed consultation through a number of engagement meetings with LRFs in 2018

220. The National Resilience Standards did not introduce any new duties on emergency responders but sought to build on and complement their statutory duties under the Act and other relevant legislation. They **defined expectations at three levels**:

1. **'Mandatory'**, legal requirements (expressed in terms of 'must'): obligations under the Act and other relevant legislation.
2. **'Good' practice** (expressed in terms of 'should'): the consensus expectation of what LRFs and responder organisations should, as the norm, have in place, be able to do and be able to demonstrate.
3. **'Leading' practice** (expressed as 'could / may'): approaches which enable the achievement of results superior to those achieved by other means, or in a manner that achieves the same effect with greater efficiency, but without compromising coherence and interoperability with multi-agency partners.

221. This will have been a **complex standards landscape** for local responders. **There were several overlapping documents** setting out the expectations against which the work of LRFs might be judged rather than one. **Although the National Resilience Standards had reasonable coverage of the robust risk and emergency management system set out above, they were incomplete.** They had notable gaps on prevention activity, on critical emergency response capabilities, on organisational learning and continuous improvement, and, especially, on the engagement of voluntary and community sector organisations and the business sector. And, although the National Resilience Standards provide a very helpful guide, those LRFs who we are aware have used them have noted that they could be crisper and less **duplicatory and confusing** to use²⁰⁸. We note that the UK government, in its Resilience Framework, has acknowledged that they need further development²⁰⁹.

222. More significantly, the **National Resilience Standards did not have legal backing** (we note that the UK government has recently suggested that it might move in this direction as part of a new "*standards-based approach to assurance*"²¹⁰). LRFs were therefore under no obligation to use them in self-assessment, or in peer or independent review. We believe from our contacts with LRFs that only a few did so. **Nor, as far as we have been able to establish, were they systematically adopted by existing inspectorates.**

223. And, most tellingly, the National Resilience Standards are **focused on particular processes and products**. Furthermore, there are well over 300 individual measures and metrics. It *is* helpfully **possible for organisations individually and in partnership to use the results of the assessment to establish the level of their compliance with the Act**, its associated Regulations and supporting statutory guidance. However, that **process provides a myriad of data points on compliance which cannot readily be translated into an assessment of overall preparedness.**

²⁰⁸ Mann, B., Settle, K., Towler, A. et al (2022). *An Independent Review of the Civil Contingencies Act 2004 and its Supporting Arrangements*. National Preparedness Commission. Chapter 9: Validation and Assurance. Addressing Current Weaknesses – Standards

²⁰⁹ HM Government (2022b). *The UK Government Resilience Framework*. Paragraph 103

²¹⁰ Ibid. Paragraph 100

In addition, as noted above, the **Standards are not comprehensive in covering all aspects of preparedness. It is therefore not possible for organisations, individually and in partnership, readily to go from a narrow assessment of compliance to establishing their true level of preparedness** to respond effectively to identified risks. We know of only a handful of LRFs (eg. Kent and Dorset Resilience Forums) who have, even now, started down this road, on their own initiative, creating their own assessment tools from scratch.

Standards For Government Departments / Directorates

224. In the same way as most government departments / directorates do not have resilience duties in law, so there are effectively no Standards governing their performance. The only extant document of which we are aware is one which offers UK government departments general guidance on ‘what good looks like’. This dates from before the Civil Contingencies Act passed into law²¹¹. It does contain useful guidance on the validation of performance²¹², but it has not been updated for almost 20 years.

Measuring the Quality of Resilience and Emergency Preparedness Arrangements and Capabilities

225. Effective performance assessment was a key area of scrutiny in 2003 by the Parliamentary Joint Committee on the draft Civil Contingencies Bill²¹³. It recommended:

“... the Cabinet Office examines the feasibility of a dedicated inspectorate to oversee performance management of civil protection activity, to ensure operational effectiveness and financial efficiency.”²¹⁴ (Our emphasis)

226. In the event, **the Bill Committee’s recommendation was not pursued by the UK government.**

227. **The Act and its supporting arrangements have provision both for the monitoring of performance and for enforcement, but they are limited in their scope and have never been used.** The Act thus provides for UK government Ministers to “*require a person or body*” with duties under the Act to “*... provide information about action taken by the person or body for the purpose of complying with a duty ...*” and “*... to explain why the person or body has not taken action for the purpose of complying with a duty ...*”²¹⁵.

²¹¹ Cabinet Office (2004a). *The Lead Government Department and its role – Guidance and Best Practice*

²¹² Ibid, especially page 5, Chapter 2 and Chapter 7

²¹³ House of Lords and House of Commons (2003). Joint Committee on the Draft Civil Contingencies Bill. *Draft Civil Contingencies Bill*

²¹⁴ Ibid. Paragraph 250

²¹⁵ UK Parliament (2004). *Civil Contingencies Act 2004*. Section 9(1)

Scottish Ministers²¹⁶, and Welsh Ministers since 2018²¹⁷, have equivalent powers for bodies within their respective jurisdictions. The Department of Justice in Northern Ireland²¹⁸ has equivalent powers to require information or an explanation from the Chief Constable of the Police Service of Northern Ireland (PSNI), providing it does not relate to national security information.

228. Statutory guidance supporting the Act makes clear, however, the expectation that this power would be narrowly and infrequently used:

*“The Government would be most likely to use its monitoring powers to probe perceived systemic failures in the operation of the Act. For example, if a particular class of Category 2 responder is not sharing information ...”*²¹⁹

229. Clearly, **the legal provision and its amplification in statutory guidance does not envisage the routine, systematic monitoring of performance**. Instead, guidance throughout the relevant period was that *“The Government relies on”*²²⁰:

- a. Processes within each organisation, including internal audit and quality assurance systems²²¹.
- b. *“Established audit and regulatory bodies across the Category 1 and 2 organisations ...”*²²². However, the closure of the Audit Commission in March 2015²²³ on the grounds that it was *“wasteful, ineffective and undemocratic”*²²⁴ and that *“instead of just auditing accounts: it was regulating, micromanaging, and inspecting”*²²⁵ meant that external audit and assurance activity for public sector bodies was limited to the emergency services and wider NHS in England. Audit Scotland, Audit Wales and the Northern Ireland Audit Office did, however, continue to exist. We have not been able to find any evidence of the utility regulators monitoring or taking enforcement action with companies designated as Category 2 responders in respect of their compliance with their duties under the Act.
- c. Locally-driven self-assessment and peer review²²⁶, including those undertaken for the Cabinet Office-led National Resilience Capabilities Survey.

²¹⁶ Ibid. Section 9(2)

²¹⁷ Ibid. Section 9(2A). Added in UK Parliament (2018a). *The Welsh Ministers (Transfer of Functions) Order 2018*

²¹⁸ Ibid. Section 9(5)-(8). Added in UK Parliament (2010). *The Northern Ireland Act 1998 (Devolution of Policing and Justice Functions) Order 2010*

²¹⁹ Cabinet Office (2012k). *Revision to Emergency Preparedness. Chapter 13 – Support and challenge*. Box 13.1

²²⁰ Ibid. Paragraph 13.9

²²¹ Ibid. Paragraph 13.14

²²² Ibid. Paragraph 13.9

²²³ See <https://www.gov.uk/government/organisations/audit-commission> for details of the bodies which were due to take over the responsibilities of the Audit Commission

²²⁴ See <https://www.gov.uk/government/news/audit-commission-abolition-on-course-to-save-taxpayers-over-1-billion>

²²⁵ Ibid.

²²⁶ Cabinet Office (2012k). *Revision to Emergency Preparedness. Chapter 13 – Support and challenge*. Paragraphs 13.9, 13.12 and 13.14

Assurance Arrangements

Assurance Arrangements in England

The National Resilience Capabilities Survey

230. The **National Resilience Capabilities Survey** was conducted by CCS. It **launched in 2007 and was conducted broadly biennially until 2014, then repeated in 2017**. As far as we have been able to establish, it was conducted in England only.
231. Because it was associated with the National Resilience Capabilities Programme²²⁷, which sought substantially to improve emergency preparedness capabilities following passage of the Civil Contingencies Act, the **National Resilience Capabilities Survey did not cover the full Resilience Cycle**. However, it was a substantial step along the road in gaining a broad view of capabilities developed for the response to key risks.
232. The Survey was, however, **intended as a self-assessment tool for Category 1 and 2 responders collaborating within Local Resilience Forums. It was not intended as a formal audit tool. Nor was it compulsory**. Perhaps as a result, it was reported that 29% of Category 1 and 2 Responders did not respond at all in 2014²²⁸, although this appeared to improve in 2017 with “88% of respondent organisations having logged in to the survey (640 of 728)”²²⁹. In addition, responses to the survey were processed and aggregated by a third party, and **CCS “did not obtain the underlying, granular data. It only received a High Level Report based on aggregated data. CCS was therefore not examining the responses of individual category 1 and category 2 responders. The National Capability Survey data along with insight from Resilience and Emergencies Directorate Resilience Advisors, lessons identified, self-assessment and peer reviews helped CCS develop a general sense of local capability.”**²³⁰ (Our emphasis).
233. The 2014 Survey results, alongside other evidence, also “fed into the 2015 Strategic Defence and Security Review, which made a commitment “to develop a new set of resilience standards”. This resulted in the eventual development of the National Resilience Standards (described earlier).”²³¹
234. The **Survey was discontinued after 2017** as the then UK government viewed it as “**an outdated process which was not considered good value for money**”²³² and stated that “instead, the Government is continuing to consider how best to ensure that local responders comply with their obligations...”²³³.

²²⁷ See <https://www.gov.uk/guidance/preparation-and-planning-for-emergencies-the-capabilities-programme> for more information

²²⁸ Grenfell Tower Inquiry (2022). *Second Witness Statement of Roger Hargreaves on behalf of Cabinet Office*. Question 12b

²²⁹ Grenfell Tower Inquiry (2017). *Minute by Zonia Cavanagh on behalf of the Cabinet Office titled National Security Capability Review - National Resilience Project- Workstream 3 - Understanding Local Capability*. Footnote 4

²³⁰ Grenfell Tower Inquiry (2022). *Second Witness Statement of Roger Hargreaves on behalf of Cabinet Office*. Question 12b Paragraph 14

²³¹ *Ibid.* Question 12d Paragraph 16

²³² *Ibid.* Question 13 Paragraph 17

²³³ *Ibid.*

Other Proposed Assurance Arrangements

235. Recognising that “...**central government understanding of local tier resilience capabilities is currently disjointed**...”²³⁴, a new approach to assurance and improvement was subsequently proposed by the Civil Contingencies Secretariat²³⁵, including that:

*“...a **Local Resilience Assurance Team [LRAT] is created** for the purposes of coordinating [Local]²³⁶ Resilience Forum (“LRF”) assurance plans, facilitating honest self assessment, critically evaluating self assessments, facilitating peer review, enabling peer to peer sharing of lessons and good practice, promoting learning and development and working directly with LRFs to drive improvement against resilience standards”²³⁷. (Our emphasis)*

236. It was also proposed that the **LRAT be “housed within and led by CCS”**²³⁸. However:

*“...[the] **proposed LRAT was not included as a recommendation in the final report of the National Security Review** ... I understand that this was in part because it was considered that the limited resources available could be more effectively deployed towards other proposals relating to wider issues of national security that were taken forward.”²³⁹ (Our emphasis)*

Parliamentary Audit

237. As far as we have been able to determine, scrutiny by the UK Parliament over the relevant period was mainly confined to reviews of the response to particular emergencies *after* the emergencies had occurred and inevitably with a scope confined *narrowly* to the particular risk event. There appear to have been no arrangements which provided for the systematic, forward-looking review by the National Audit Office on behalf of the UK Parliament of the quality of resilience arrangements, across all identified risks and covering all aspects of resilience²⁴⁰.

²³⁴ Grenfell Tower Inquiry (2017). *Minute by Robert MacFarlane on behalf of the Cabinet Office titled National Security Capability Review - National Resilience, Workstream 2 - An Enhanced Approach To The Assurance And Improvement Of Local Resilience Capabilities*. Paragraph 14

²³⁵ Ibid. Paragraph 16 onwards

²³⁶ The question from the Inquiry Team actually stated ‘London’ rather than ‘Local’ but it was corrected in the Witness Statement that the LRAT was intended to cover all 38 English Local Resilience Forums

²³⁷ Grenfell Tower Inquiry (2022). *Second Witness Statement of Roger Hargreaves on behalf of Cabinet Office*. Question 14

²³⁸ Grenfell Tower Inquiry (2017). *Minute by Robert MacFarlane on behalf of the Cabinet Office titled National Security Capability Review-National Resilience, Workstream 2-An Enhanced Approach To The Assurance And Improvement Of Local Resilience Capabilities*. Paragraph 22

²³⁹ Grenfell Tower Inquiry (2022). *Second Witness Statement of Roger Hargreaves on behalf of Cabinet Office*. Question 14. Question 14 Paragraph 19. Grenfell Tower Inquiry (2022)

²⁴⁰ The House of Lords Select Committee noted that “... *Parliament has been too passive in its responsibility to scrutinise risk plans and should assist the audit of Government preparedness*”. House of Lords (2021). *The Select Committee on Risk Assessment and Risk Planning: Report: Preparing for Extreme Risks: Building a Resilient Society*. Paragraph 265

Assurance Arrangements In Scotland

238. Stage 3 of the **Regional Resilience Partnerships' Risk Preparedness**

Assessment²⁴¹ provides guidance to Regional Resilience Partnerships (RRPs) in assessing their preparedness to deal with the consequences of identified risks. But it does not offer a consistent methodology for use by the RRP, including the standards and tests on which any assessment should be based. Assessments are held within RRP – they are not a mechanism for reporting to Scottish Ministers although RRP may escalate risks which are beyond regional capability and capacity. And assessments are thus not aggregated into an overall report to Scottish Ministers on the overall state of preparedness in Scotland to respond effectively to identified risks.

Parliamentary Audit

239. **Audit Scotland conducted a review on 'Improving Civil Contingencies Planning' in August 2009**²⁴². The key findings from this report included:

- **"Overall, key organisations work well together, particularly through SCGs [Strategic Co-ordinating Groups, now replaced by Regional Resilience Partnerships (RRPs)], but there are still barriers to joint working**
- **The Scottish Government has taken an active role in implementing the Act and this increased priority has placed greater demands on local responders**
- **Governance and accountability arrangements for multi-agency working in civil contingencies planning are unclear**
- **All SCGs have produced and published a CRR [Community Risk Register] but these have made a limited contribution to informing civil contingencies planning at a local or national level**
- **Most Category 1 responders have a generic emergency plan in place and have been involved in developing multi-agency arrangements for their SCG area. However, planning for business continuity management and recovery are not yet well developed...**²⁴³ (Our emphasis)

240. The recommendations made also covered three under the theme of '**Learning lessons from training, exercises and incidents**':

- **"SCG partners and the Scottish Government should work together to ensure the effective targeting and co-ordination of exercises and training**
- **Category 1 responders must ensure they are meeting the statutory requirement to exercise all of their emergency and business continuity plans**

²⁴¹ Scottish Government (2021b). *Regional Resilience Partnerships' Risk Preparedness Assessment Guidance*

²⁴² Audit Scotland (2009). *Improving civil contingencies planning*

²⁴³ Ibid. Paragraph 21

- SCG partners and the Scottish and UK governments should ensure that **lessons learned from training and exercising activities are systematically shared** and that **monitoring arrangements are in place to ensure their effective implementation**²⁴⁴ (Our emphasis)

Assurance Arrangements In Wales

241. **There are no formal external audits of preparedness used by LRFs in Wales or the Welsh Government**, which has relied upon informal arrangements to gauge how well organisations are individually and collectively prepared. But *“none of these have had the ability to provide effective validation of the standards required or accountability of those failing to provide those standards”*²⁴⁵.
242. **The Welsh Government’s Audit and Risk Committee has, however, undertaken a number of audits of the Welsh Government’s role in civil contingencies.** These have included, in 2010, an internal review of the response to the H1N1 pandemic, and a review in 2018 on ‘Emergency Planning, Preparedness and Response’ which provided a “reasonable assurance” on the arrangements in place²⁴⁶.

Parliamentary Audit

243. The **Wales Audit Office in December 2012 conducted a review on ‘Civil Emergencies in Wales’**²⁴⁷. This had a number of substantial conclusions, including that **scrutiny and performance management of resilience activity – at that stage the responsibility of the UK government – was generally ineffective and concluded that the performance management framework in Wales was insufficiently robust**²⁴⁸. Other conclusions covered:
- a. The need to **strengthen strategic oversight of the delivery of civil contingencies legislation in Wales**, encompassing assessments of the quality and effectiveness of resilience planning and the monitoring of national competence standards for emergency planning officers.
 - b. All **Category 1 responders taking ownership and responsibility for their performance**, including through self-assessment, scrutiny and external review.
 - c. The **adequate resourcing of LRFs**.
 - d. The **use of risk assessments in prioritising the use of resources** for emergency planning.
 - e. **Developing partnership and communications arrangements** with all organisations with a substantive role in resilience and emergency response.

²⁴⁴ Ibid. Paragraph 22

²⁴⁵ INQ000130469. Witness Statement Number 1 of Dr Andrew Goodall. Paragraphs 272-273

²⁴⁶ INQ000128972. Report by Internal Audit Services in the Welsh Government on Emergency Planning, Preparedness and Response dated May 2018

²⁴⁷ INQ000107113. Wales Audit Office Report on *Civil Emergencies in Wales*, 6 December 2012

²⁴⁸ INQ000130469. Witness Statement Number 1 of Dr Andrew Goodall. Paragraph 296

- f. **Recognition of the potential contribution of the voluntary sector** and their becoming an integrated part of the emergency plans produced by Category 1 responders.

244. A subsequent inquiry by the **National Assembly for Wales Public Accounts Committee** into the Wales Audit Office findings²⁴⁹ made a series of recommendations for improvements. These included significant recommendations in the areas of assurance and competence:

*“Recommendation 1: We note the Welsh Government’s desire to seek to enhance its statutory duties in the co-ordination and planning for civil emergencies. We recommend that any **new executive powers for Welsh Ministers must include a statutory duty to monitor the performance of Category 1 and Category 2 responders.**”*²⁵⁰

*“Recommendation 4: We recommend that both the Welsh and UK Governments ensure that all Category 1 responders are consistent in their implementation of the Civil Contingencies Act 2004 and that their **performance is regularly monitored and scrutinised.**”*²⁵¹

*“Recommendation 9: We recommend that the Welsh Government work with the Wales Resilience Forum to **develop a set of competencies for resilience officers.** These competencies should be consistently applied across Wales.”*²⁵²
(Our emphasis)

What Would Make A Difference?

245. Our conclusion is that, despite the recommendations of audit bodies set out above, **senior leaders did not in the relevant period have a systematic, rigorous, evidence-based process which provided them with assurance on preparedness for identified potential major emergencies.** The useful first step down this road represented by the **National Resilience Capabilities Survey seems to have been allowed to decay before being abolished in 2017.** The potentially useful second step represented by the **development and publication of the National Resilience Standards was not effectively carried through, so that their routine use was not embedded** in the work of LRFs or existing inspectorates. The **abolition of the Audit Commission in 2015 reduced important capability for validation,** and, as far as we have been able to establish, **at no stage was the performance of UK government departments subject to Standards or to formal validation.**

246. **UK government Ministers and senior officials were thus, in effect, ‘flying blind’ throughout the period on the preparedness of the ‘whole system’ to provide an effective response to major emergencies and on where the gaps and weaknesses**

²⁴⁹ INQ000128993. National Assembly for Wales Public Accounts Committee report on Civil Emergencies in Wales dated July 2013

²⁵⁰ Ibid. Page 18

²⁵¹ Ibid. Page 21

²⁵² Ibid. Page 30

were. It would also appear that they did not press for arrangements which would enable them to be given those assessments, and the necessary assurances that the public would be as well protected as reasonably practicable in the event of a major emergency.

Internal Assurance Mechanisms Within Governments

247. We believe that, **if the first duty of any government is to protect its citizens, it is vital that they have high-quality assessments of the preparedness of the 'whole system' to respond effectively to identified risks. We have suggested the 10 strategic improvement actions below as having a high priority. These draw on experience and good practice in a range of countries, especially the US²⁵³ and New Zealand²⁵⁴:**

- a. **Substantially bolstering the National Resilience Standards.** In our view, they should:
 - i. Cover all phases of the Resilience Cycle
 - ii. Make explicit the requirements for individual organisations and for collective groups of organisations
 - iii. Cover the 'whole system', thus covering the performance of government departments / directorates as well as Resilience Partnerships
 - iv. Be made simpler, crisper and easier to use
 - v. Be made mandatory.
- b. **Embedding the revised National Resilience Standards in the inspection regimes used by current and any future inspection bodies** for their assessment of the compliance of relevant Category 1 responders.
- c. Recognising the critical nature of the essential services provided by Category 2 responders and the potential for serious harm if those services were to be severely disrupted, **developing new arrangements under which the compliance of Category 2 responders can be assessed against the revised National Resilience Standards.** For Category 2 responders who are already covered by a regulatory regime, such assessments might be carried out by their relevant regulators.
- d. The Cabinet Office, working in collaboration with the devolved administrations and Resilience Partnerships, should **develop a standard approach and methodology for a fuller 'Compliance and Preparedness Review' which Resilience Partnerships and government departments / directorates can use to assess their compliance against the Act and their overall preparedness for identified potential major emergencies.** This should draw on the revised National Resilience Standards to allow for a narrow assessment of compliance against obligations in the Act, its associated Regulations and

²⁵³ See <https://www.fema.gov/sites/default/files/2020-04/CPG201Final20180525.pdf>

²⁵⁴ See <https://www.civildefence.govt.nz/cdem-sector/monitoring-and-evaluation/cdem-capability-assessment-tool->

supporting guidance. But, drawing on practice in some English LRFs and in a number of other countries, it should also provide the tools and techniques which will enable Resilience Partnerships to undertake – on a consistent basis – a broader assessment of whether they have sufficient, effective plans and capabilities in place to be able to respond effectively to the risks identified in their risk assessment and, if not, to identify where are the gaps and weaknesses which need to be addressed.

- e. After piloting, testing and roll-out, Resilience Partnerships and government departments / directorates should be encouraged to **undertake self-assessments of their compliance and preparedness at regular intervals.**
- f. There are widely-acknowledged risks in organisations ‘marking their own homework’. We believe this to be an area of such importance that it merits a **requirement being placed on Resilience Partnerships and relevant government departments / directorates to undergo regular independent, external assessment of their compliance and preparedness.** Experience in other areas suggests that this should not be antagonistic in its culture. Instead, **the focus of reviews should be on learning and improvement,** with reviews conducted in a spirit of collaboration so that recommendations are more readily accepted and acted upon. Compliance and Preparedness Reviews would thus ideally be conducted at the request of and in support of the Chair of a Resilience Partnership or Permanent Secretary / head of department / directorate, subject to their being the subject of **a review at least every three years.**
- g. To ensure consistency in undertaking Compliance and Preparedness Reviews, we believe that there is a need for the creation of a **new ‘Compliance and Preparedness Review Team’, staffed by experienced, knowledgeable practitioners who will carry credibility with those they deal with.** Team members should be drawn from a range of backgrounds (eg. police service, public health, local and national government, utilities and transport providers) and be experienced in working on resilience and preparedness in a multi-agency environment. **The Team located in the Cabinet Office** (or, if created, any self-standing UK government body – see Section 5) **should carry out Compliance and Preparedness Reviews in England of LRFs and UK government departments.** Here, too, the culture should be one of supporting learning and improvement, so that the new team should be capable of providing support to organisations and LRFs in their improvement programmes, especially in signposting sources of best practice or expertise in particular functional areas. **It would be for each devolved administration to decide whether it wished to create its own team or draw on that established by the UK government.**
- h. **Government departments / directorates and Resilience Partnerships which have been subject to a Compliance and Preparedness Review should be required to provide an ‘Action Plan’ on intended improvement actions, their pace and timing, and measures by which their successful conclusion can be assessed. Such Plans should be submitted to the Cabinet Office, the Resilience Division in the Scottish Government, the Resilience Team in the Welsh Government, and the Civil Contingencies Policy Branch of the**

Executive Office in Northern Ireland, for use in monitoring follow-up action and in compiling overarching assessments of the overall state of resilience and preparedness.

- i. All Compliance and Preparedness Reviews and their resulting Action Plans should be brought together by the **Cabinet Office, the Resilience Division in the Scottish Government, the Resilience Team in the Welsh Government, and the Civil Contingencies Policy Branch of the Executive Office in Northern Ireland** with evidence of resilience and preparedness from other sources to provide **an overarching assessment, on at least an annual basis, of the overall state of resilience and preparedness for identified major emergencies. The resulting assessments should cover identified strengths and weaknesses, intended improvement actions, their pace and timing, and measures by which their successful conclusion can be assessed. They should be considered by Ministers collectively in the relevant senior governance committees.**
- j. **Compliance and Preparedness Reviews need to be given teeth if they are to be effective and respected. They should be given backing in law**, and an amended Civil Contingencies Act or any new civil protection legislation should have **more readily useable powers of intervention and enforcement for organisations or Resilience Partnerships which are consistently non-compliant with their duties under the Act or fail to tackle addressable gaps and weaknesses in preparedness.**

External Audit On Behalf Of Parliaments

248. The measures we suggest above to enhance validation and assurance could fall to a range of organisations within government including the Cabinet Office, the Resilience Division in the Scottish Government, the Resilience Team in the Welsh Government, and the Civil Contingencies Policy Branch of the Executive Office in Northern Ireland; internal audit bodies; inspectorates; and a number of regulators. But our strongly held belief is that **the quality of resilience and preparedness in the UK would be greatly reinforced by stronger political oversight and scrutiny by Parliaments, supported by external assurance arrangements wholly independent of, or substantially removed from, government.**
249. **One route to this would be through existing Parliamentary audit bodies** – the National Audit Office (which we understand has reinforced its risk team in this field), Audit Scotland, Audit Wales and the Northern Ireland Audit Office. **This would be our preference**, for four main reasons:
- a. **Coherence and Effectiveness** - the ability of Parliamentary audit bodies to ensure that the necessary links to assurance in other policy areas is properly recognised and reflected. It would in our view be wrong to treat resilience as a self-contained bubble.

- b. **Going with the Grain**, through embedding assurance within familiar audit bodies, processes and Parliamentary Committee mechanisms.
- c. **Skills** – it would draw on organisations and people who have the relevant skills of investigation and analysis who could readily be reinforced by subject matter experts.
- d. **Efficiency** – the costs of building the additional assurance capability within existing bodies is likely to be lower than that of creating a new independent body within each Administration.

250. **An alternative model** would be to create a self-standing, quasi-independent body within each Administration, at arm's length from government but within the government boundary. This could be on the lines put forward by the House of Lords Select Committee on Risk Assessment and Risk Planning which called for the creation of:

*“... an **Office of Preparedness and Resilience** as a non-departmental body [which] would be responsible for producing independent analysis of UK preparedness and monitoring Government preparedness. It would produce assessments of UK resilience, set resilience standards, and conduct audits of UK preparedness.”²⁵⁵ (Our emphasis)*

251. Or it could be on the lines proposed by Sir Oliver Letwin, with:

*“...[the] establishment ... of a **statutory and independent National Resilience Institute** [which] would, like the Climate Change Committee, be wholly independent of government – and would provide an alternative source of expertise about resilience-planning and resilience-response. It would report to Parliament rather than to ministers ... [it] would have a statutory obligation to advise Parliament and the government of the day on the measures needed to achieve greater national resilience in the face of civil emergencies (and, in particular, whole-system civil emergencies). It would engage systematically in horizon-scanning for risks, in assessing the current state of preparedness to deal with those risks, and in recommending means of filling gaps in cases where it judged our preparedness to be inadequate ... [The Institute would] think about resilience without being constrained by whatever real or apparent constraints might limit officials and ministers within the bodies which have executive responsibilities.”²⁵⁶ (Our emphasis)*

²⁵⁵ House of Lords (2021). The Select Committee on Risk Assessment and Risk Planning: Report: *Preparing for Extreme Risks: Building a Resilient Society*. Paragraph 79

²⁵⁶ INQ000177810. Witness Statement of Rt Hon Sir Oliver Letwin. Paragraphs 42-48

SECTION 5: WERE THE STRUCTURES ADEQUATE?

Question 4: A broad description of whether such structures have kept pace with the risks faced by the UK.

Question 5: Whether such structures pre-COVID-19 pandemic, sufficiently enabled the UK government, the devolved administrations, and Local Resilience Forums and Partnerships individually and collectively to prepare for and respond to pandemics and other catastrophic emergencies.

252. In this Section, we **focus on structures: whether they kept pace with the risks faced by the UK and whether they were sufficient to allow the UK to be adequately prepared for, and to respond effectively to, catastrophic emergencies, including human infectious disease pandemics.** To support the Inquiry's analysis of preparedness for the COVID-19 pandemic, the analysis below takes key pieces of those structures in turn.

The System And Structures Need Radical Change

253. Doing so carries a risk of giving the impression that we consider that, with the improvements we suggest, the pieces once fitted back together will provide an overall 'system' capable of building preparedness for, and responding effectively to, major emergencies. So we should make clear up front our view that they will not. In our view, **structures have not kept pace with the risks we face, nor with good practice. In our view, there is a need to make a radical shift, on a scale at least equivalent to that of the early 2000s, to put in place a single, integrated and professional civil protection system fit for the future we face.**
254. We are conscious that **this thought is not new. Nor is it radical.** A wide range of countries have over the past 20 years set up such systems (eg, the US, New Zealand, Canada, some EU countries, the UAE). That is particularly the case in countries which experience more severe emergencies, more regularly than the UK. **The UK is not as severely affected as other countries by natural or man-made hazards. But that blessed position should not be allowed to obscure the need to recognise the worsening trend and to prepare for a less benign future.** The progressive development of the National Risk Assessment process from 2005 onwards increasingly exposed the nature and scale of the range of risks faced by the UK with catastrophic consequences.
255. In the event, the impact of the H1N1 pandemic was well below the 'reasonable worst case' used in prior planning, and the UK had a relatively 'lucky decade' from 2010-2020 without severe wide-scale emergencies. So, as far as we have been able to determine, **the need for 'whole system' structural action to reflect the greater understanding and experience of severe risks, and the trend towards a progressively worsening risk picture, appears not to have been recognised. Structures did not keep pace with developing risk understanding and trends. Nor did they keep pace with developing good practice set out in the Hyogo and Sendai Frameworks.**

What Would Make A Difference?

256. Our view is that, as understanding improved and experience was gained, the **UK government should have established a single, integrated and professional civil protection system capable of providing an effective whole system, whole of society response to emergencies on a catastrophic scale, as well as being able to tackle emergencies at local or regional levels.**
257. **That does not mean the creation of a new agency with UK-wide powers, let alone a 'force'. We use the word 'system' deliberately to cover an architecture which brings together, into a cohesive whole, partnerships and organisations at UK, devolved, regional and local levels, whilst respecting devolution and other constitutional settlements. This can, in our view, draw on current foundations at devolved, regional and local levels. But it would need wholesale re-engineering and the sustained commitment of additional resources over an extended period.**
258. **The key characteristics of such a system would be that:**
- a. **It looks and feels integrated, both to the outside world and to those working within it** – it brings together into a single cohesive framework all those organisations across all sectors of society which are capable of making a contribution towards the shared aim of building resilience and providing an effective response to major emergencies.
 - b. **Organisations within it have clearly defined roles and responsibilities**, expressed where appropriate as duties in law.
 - c. People in those organisations clearly understand how best they can work with those in other organisations, not only through having **defined multi-agency arrangements and structures but also through having a good understanding of others' values and ways of working.**
 - d. It is as **simple** to understand and operate within as possible.
 - e. It has arrangements which reflect a **culture of openness and transparency**, seen in the operation of mechanisms for information sharing and information flows.
 - f. It has a **culture which values quality, professionalism and continuous improvement** – in training and exercising, skills, performance assessments and a willingness to learn.
 - g. **It has clear and visible leadership**, at UK, devolved, regional and local levels.
 - h. **It has clear accountabilities** to political authorities and to the public for the quality of what is done.
 - i. **It is adequately resourced.**

- j. It operates in a **spirit of partnership, with common, shared values and trust and respect for what each organisation can contribute**, reaching out across boundaries to build a shared endeavour.
- k. It has an approach based on **empowerment and subsidiarity**, especially of action at local levels by statutory bodies, voluntary and community sector organisations, businesses and communities; but set within a coherent national framework which recognises that effective planning and operational delivery is in most cases better organised and carried out at the local level by people who understand their communities and their needs, but who need the overarching guidance and resources which only governments can provide.

259. We understand that the UK government is examining how best to prepare for and respond to catastrophic emergencies. The National Audit Office, in its report on the UK government's preparedness for the COVID-19 pandemic, noted that:

"The government intends to set up a catastrophic emergencies programme to focus on about 10 risks that may give rise to whole-system emergencies. The Cabinet Office told us that the programme will seek to address the challenges posed by the breadth of impact of catastrophic emergencies and to provide support for departments' planning for catastrophic risks. It will also seek to promote discussion of the government's risk appetite and ministerial awareness of risks."²⁵⁷

Integrated? Are The Right Organisations Engaged, With The Right Duties?

260. The analysis below covers **those organisations, in the public and private sectors, which we believe have a critical role in building resilience and preparedness, and in the response to major emergencies**. They have been chosen because, in most cases, we believe their **responsibilities to be so vital that they should be captured as a series of legal duties, with their compliance against those duties capable of being assessed** through the arrangements we propose in Section 4.

261. Section 7 covers the engagement of the business sector generally, of voluntary and community organisations and of communities themselves, on whom it would in our view be inappropriate to place legal duties.

The Designation Of Co-Operating Bodies – Category 2 Responders

262. Section 3 sets out the duties placed on Category 1 and 2 responders under the Civil Contingencies Act and the way in which, when the Act was introduced, the then UK government deliberately decided to reduce the burden on private sector companies – mainly the regulated utilities and transport operators – by placing on them only duties of

²⁵⁷ National Audit Office (2021c). *The government's preparedness for the COVID-19 pandemic: lessons for government on risk management. Cross-government*. Report by the Comptroller and Auditor General, HC 735, Session 2021-22. Paragraph 4.9

co-operation and information sharing. Regulations associated with the Act introduced in 2005 sought to underpin effective co-operation between Category 2 responders and other local bodies, including their engagement in the detailed work of Resilience Partnerships, through the so-called '*Right to Invite, Right to attend*' formula:

"For the purposes of enabling general Category 2 responders to comply with [their duties], the general Category 1 responders ... must –

- (a) keep each general Category 2 responder informed of –
 - (i) when meetings of the local resilience forum are to take place;*
 - (ii) the location of such meetings;*
 - (iii) the matters which are likely to be discussed at such meetings;**
- (b) make arrangements for a general Category 2 responder to attend any such meetings where the general Category 2 responder wishes to do so; and*
- (c) consider whether a general Category 2 responder should be invited to attend such a meeting."*²⁵⁸

263. Regulations also sought to minimise burdens through allowing for Category 2 responders to:

*"... be effectively represented by another responder at meetings of the Chief Officers Group for the local resilience area ..."*²⁵⁹

264. In the first post-implementation review of the operation of the Act in 2009²⁶⁰:

*"... both Category 1 and 2 responders identified that there was an issue with the co-operation and information sharing duties in the Act. The Category 1 responders believed they did not receive the co-operation they needed from Category 2 responders, and Category 2 responders felt that Category 1 responders placed unreasonable demands on them."*²⁶¹

265. As a result, amendments were made to the Regulations in 2012²⁶² "designed:

- *To clarify what is required of both Category 1 and 2 responders in fulfilling the co-operation and information sharing duties as set out in the Act; and*

²⁵⁸ UK Parliament (2005a). *The Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005*. Regulation 4 (7)

²⁵⁹ Ibid. Regulation 4 (6)(a)

²⁶⁰ Cabinet Office (2009d). *Civil Contingencies Act Enhancement Programme (CCAEP) Briefing Pack*

²⁶¹ Cabinet Office (2013a). *The Civil Contingencies Act 2004 (Contingency Planning) (Amendment) Regulations 2012: Impact Assessment*. Page 6

²⁶² UK Parliament (2012). *The Civil Contingencies Act 2004 (Contingency Planning) (Amendment) Regulations 2012*

- *To add flexibility to the ways in which fulfilment of the duties can be achieved therefore reducing the burden, especially on Category 2 responders.*²⁶³

266. In particular, the changes to the Regulations were intended to facilitate:

“... the introduction of protocols which will permit Category 1 responders to release some Category 2 responders from some of their obligations under the Act to engage at the local level within the local resilience area, on condition that those Category 2 responders meet those obligations in other ways which are acceptable to the Category 1 responders in that local resilience area, namely:

- a. Engaging in co-operation at the multi-LRF level;*
- b. Making relevant information available at a national level (while continuing to engage with Category 1 responders at the local level in specified instances, as agreed).*²⁶⁴

267. It was made clear that the intention was that:

*“Protocols will facilitate Category 2 responders’ co-operation, ensuring that co-operation can take place in accordance with new principles in guidance on the Right Issue, at the Right Time, at the Right Level. This will introduce new flexibility which will give responders a new ability to work more efficiently and more effectively together.”*²⁶⁵

268. The UK government's post-implementation review²⁶⁶ in March 2017 assessed the success of those changes against a series of Success Criteria, with available evidence showing:

Success criteria: *Protocols are routinely in place*

Evidence: *Responders broadly agree that information-sharing protocols are useful, but that there are still challenges in accessing information (however, there is no available data on the frequency of protocols being in place)*

Success criteria: *The principles of responder engagement are embedded in practice*

Evidence: *Extensive evidence of good practice at the local tier, implying that these principles have been at least partially adopted.”*²⁶⁷

²⁶³ Cabinet Office (2013a). *The Civil Contingencies Act 2004 (Contingency Planning) (Amendment) Regulations 2012: Impact Assessment*. Page 6

²⁶⁴ *Ibid.* Page 7

²⁶⁵ *Ibid.*

²⁶⁶ Cabinet Office (2017a). *Report Of The Post Implementation Review Of The Civil Contingencies Act (2004) (Contingency Planning) Regulations 2005*

²⁶⁷ *Ibid.* Extracted from Table 3. Page 10

What Would Make A Difference?

269. The CCA Review²⁶⁸ further tested **whether this carefully crafted formula was generating the level and quality of engagement needed between Category 2 responders and local bodies, particularly in:**
- a. **Risk assessment**, recognising that some significant risks would start in the essential services sectors, with potential cascading impacts between sectors.
 - b. **Emergency planning**, where essential service providers have a major role in reducing harm and disruption.
270. The Review found that, despite the best intentions in 2004 and 2012, the **overall level of engagement between local bodies and Category 2 responders had declined**, especially as senior managers in the companies involved reduced resources devoted to preparedness – although, enabled by their structures and culture, the situation was judged to be better in Scotland, and to be better in some sectors than others. Worse, a position had been allowed to progressively develop where Category 2 responders felt that they were regarded as being “*second class citizens*”, including by not being invited to be fully involved in the work of Resilience Partnerships, eroding the vital spirit of partnership on which resilience and preparedness is founded.
271. The CCA Review concluded²⁶⁹ that, despite the valuable contribution to the work of Resilience Partnerships made by a range of Category 2 responders, **the compromise formula developed in 2012 did not provide the consistent, high-quality engagement needed of Category 2 responders in risk assessment and emergency planning to provide a solid foundation for their effective involvement in the response to emergencies**²⁷⁰.
272. In our view, **the future risk perspective facing the UK only increases the need to ensure that the providers of essential services are fully engaged in building resilience and preparedness. There will be a premium on activity by the utility providers to prevent risks arising in the first place**, especially those caused by infrastructure vulnerabilities or failure to mitigate cascading impacts between sectors.
273. We are also conscious of societal expectations. In our view, **the public very reasonably expects Category 2 organisations to demonstrate their competence in both avoiding disruption and in quickly restoring services when disrupted**, working in close collaboration with other local bodies in their area.

²⁶⁸ Mann, B., Settle, K., Towler, A. et al (2022). *An Independent Review of the Civil Contingencies Act 2004 and its Supporting Arrangements*. National Preparedness Commission. Chapter 5. The Designation of Co-operating Bodies – Category 2 Responders

²⁶⁹ Ibid.

²⁷⁰ Similar concerns were reported to the Cabinet Office as part of its 2022 Post-Implementation Review of the Act: “*The legislation in its current form does not do enough to compel the participation of certain Category 2 organisations*”. Cabinet Office (2022c). Civil Contingencies Act. Post-Implementation Review 2022. Paragraph 38b

274. We therefore believe the engagement of Category 2 responders across the full range of resilience and preparedness activities to be vital. We also believe that the extra costs – mainly comprising extra staff to participate in the activities of Resilience Partnerships – would be relatively limited²⁷¹, and capable of being reflected in relevant companies' pricing formulae. **In our view, the case for giving Category 2 responders the full suite of duties placed on Category 1 responders is compelling.**
275. We note that the UK government's Resilience Framework does not propose significant change to primary law in this area, although there may be tougher standards for their business continuity / service continuity planning, potentially covered by regulation, to ensure the continued provision of essential services in an emergency. The UK government has also set out its view that more can be done to ensure consistency across all critical infrastructure sectors, and to ensure that all sectors and their operators are reaching a set of "*common but flexible resilience standards*". In that respect, it has expressed an intention to "*review existing regulatory regimes on resilience to ensure they are fit for purpose. In the highest priority sectors that are not already regulated, and for the highest priority risks, consider enforcing standards through regulation*".²⁷²

The Designation Of The UK Government And Devolved Administrations

276. The responsibilities of 'Lead Government Departments' were throughout the relevant period set out in increasingly elderly Cabinet Office guidance²⁷³. In our experience of the UK government, **the temptation on UK government departments to ignore or pay lip service to responsibilities which are not captured in law can be strong, especially at a time when resources are tight.** As we note in Section 1, that will particularly have been the case in the period after the 2016 referendum. It is therefore no surprise that the evidence received by the CCA Review²⁷⁴ pointed to the performance of some UK government departments during the COVID-19 pandemic being poor, although the reported position in Scotland was better.

What Would Make A Difference?

277. As the response to the pandemic showed, **in catastrophic emergencies government departments / directorates have to carry their share of the load. They have vital leadership, operational and enabling roles to fulfil. So they need to prepare for those roles, and for those emergencies.**

²⁷¹ For companies with a nationwide footprint, this might amount to 2-3 people per English and Scottish region, with equivalent coverage for Wales and Northern Ireland, at a total cost of £2-3m per annum. For companies with a regional footprint, the costs would be correspondingly lower

²⁷² HM Government (2022b). *The UK Government Resilience Framework*. Our action plan: Partnerships.

²⁷³ Cabinet Office (2004a). *The Lead Government Department and its role – Guidance and Best Practice*

²⁷⁴ Mann, B., Settle, K., Towler, A. et al (2022). *An Independent Review of the Civil Contingencies Act 2004 and its Supporting Arrangements*. National Preparedness Commission. Chapter 8. The Training of Ministers and Civil Servants

278. The CCA Review also drew out²⁷⁵ the **double standard** inherent in the current approach, based on *'do as we say, not as we do'*. This was widely felt by local responders to be **corrosive to building an integrated system rooted in a spirit of partnership**, eroding the sense of mutual respect and trust²⁷⁶ and contributing to the building of silos in the development of policies and practices. Placing duties equally on government departments / directorates, with the associated expectation that the execution of those duties would be the subject of similar Compliance and Preparedness Reviews, would create more of a sense of fairness and of equal partners working professionally together to achieve a shared aim²⁷⁷.

279. **We therefore believe that the activities undertaken by government departments / directorates, and hence the duties to be placed on the UK government, the Scottish Government, the Welsh Government and the Northern Ireland Executive, should be the same as those for local statutory bodies.**

280. We note that the UK government has confirmed in its Resilience Framework that it is considering the possibility of placing **obligations on UK government departments**, including duties enshrined in legislation. It has thus stated that it will:

*"... continue to provide leadership across the resilience cycle, but its responsibilities will be clarified and, in some cases formalised, to provide clarity to other partners".*²⁷⁸

281. The Resilience Framework also implicitly recognises criticism about the quality of joint working between the national and local levels in observing that:

*"... as part of a renewed effort to improve working between the UK Government and local partners, all UK Government departments must make sure that they have appropriate fora and mechanisms for working with local responders ...".*²⁷⁹

and that the UK government will:

*"... consider a range of options for improving this ... including by developing proposals for formalising duties on UK Government departments, particularly in respect of working with Local Resilience Forums and wider local responders in England on resilience across the whole resilience cycle".*²⁸⁰

²⁷⁵ Ibid. Chapter 5. Duties to be Placed on the UK Government

²⁷⁶ Ibid.

²⁷⁷ Similarly, the Cabinet Office's 2022 Post-Implementation Review of the Act confirmed that *"Respondents to the Resilience Strategy CfE [Call for Evidence] were in favour of duties being placed on central government with 78% (out of respondents who answered the question) and 93% of LRFs believing that the CCA should place specific duties on central government"*. Cabinet Office (2022c). *Civil Contingencies Act. Post-Implementation Review 2022*. Paragraph 76

²⁷⁸ HM Government (2022b). *The UK Government Resilience Framework*. Paragraph 49

²⁷⁹ Ibid. Paragraph 61

²⁸⁰ Ibid. Paragraph 60

The Ministry Of Defence And The Armed Forces

282. The policy position on the deployment of the Armed Forces for civil contingencies purposes covers the whole of the UK and was set out by the Ministry of Defence in successive editions of its Joint Doctrine Publication 02, *UK Operations: The Defence Contribution to Resilience*. The 3rd Edition was issued in 2017²⁸¹. This recognised that:

*“Defence has a key role to play supporting lead government departments, devolved administrations and civil authorities as they prepare for, respond to and recover from disruptive challenges and major national events.”*²⁸²

283. It also sought to frame – and bound – that contribution:

“Defence supports the civil authorities in ensuring resilience in the UK through either augmentation and/or providing specific capabilities. Enduring contributions are generally limited to only those where:

- it is unreasonable or unrealistic to expect the civil authorities to develop their own capabilities; or*
- delivering the capability offers significant and demonstrable benefit for Defence”*²⁸³

284. Arrangements for the provision of military aid to the civil authorities (MACA) are of most relevance to UK resilience. The MoD set out the principles governing that contribution:

“The provision of military assistance is governed by four principles. MACA may be authorised when:

- there is a definite need to act and the tasks our Armed Forces are being asked to perform are clear;*
- other options, including mutual aid and commercial alternatives, have been discounted, and either*
- the civil authority lacks the necessary capability to fulfil the task and it is unreasonable or prohibitively expensive to expect it to develop one; or*
- the civil authority has all or some capability, but it may not be available immediately, or to the required scale, and the urgency of the task requires rapid external support from the MoD.*

²⁸¹ Ministry of Defence (2017). Joint Doctrine Publication 02. *UK Operations: The Defence Contribution to Resilience and Security*. Third Edition

²⁸² Ibid. Foreword

²⁸³ Ibid. Paragraph 2.3

*However, under exceptional circumstances, ministers can choose to temporarily waive these principles. This may happen when there are **major events of national and international importance, or an event that is catastrophic in nature.***²⁸⁴ (Our emphasis)

285. Finally, the document made clear that defence planning for the size and shape of the Armed Forces, or for the capabilities they deployed, did not make specific provision for MACA tasks:

“The MoD does not usually generate forces or hold equipment specifically for resilience tasks. This is because:

- *The requirement is unpredictable in scale, duration and capability;*
- *Defence is normally able to meet requirements from spare capacity; and*
- *it would involve using Defence’s budget to pay for other government departments’ responsibilities.*²⁸⁵

286. The principle governing the provision of military aid to the civil authorities has for many years been characterised as the Armed Forces being the provider of ‘last resort’. Two key concerns have underpinned this approach:

- a. That the Armed Forces should not be asked to make up for avoidable shortfalls in the emergency response capabilities of civil bodies.
- b. That the Armed Forces might be committed to operations and military tasks elsewhere, so that defence capabilities might not in practice be available or could only be provided at significant cost to the achievement of other important goals.

What Would Make A Difference?

287. We believe that, **for the vast majority of emergencies, the principles surrounding the use of MACA hold good. A fundamental principle of effective resilience has to be that the civil authorities are sufficiently prepared for emergencies.**

288. However, we do believe that, **for the “major events of national and international importance, or an event that is catastrophic in nature” described in MoD guidance – where the UK government and devolved administrations are, in effect, mobilising a UK-wide effort to tackle a catastrophic emergency – it would be perverse if the Armed Forces sat in barracks.** They are as much a part of a ‘whole of society’ response to a catastrophic emergency as other parts of society. We therefore **suggest that the Armed Forces role in catastrophic emergencies should be fundamentally rethought.** Our view is that, for catastrophic emergencies, MACA policy should reflect a much greater acceptance of the widespread use of the Armed Forces in support of both national *and local* responses where their skills and

²⁸⁴ Ibid. Paragraph 2.7

²⁸⁵ Ibid. Paragraph 2.10

capabilities would make a material difference to the quality of the response or to meeting the needs of people affected by the emergency. This would include empowering local military commanders to work at their discretion with their local civilian counterparts in Strategic Co-ordinating Groups to identify and undertake the local deployment of military personnel where that would support the resolution of acute local issues, subject to authorisation in the case of deployments which would exceed pre-agreed thresholds on scale and/or length. It is in our view unlikely to be appropriate for any such changes to be captured as duties in law. But, if changes are agreed, they should be set out in statutory and non-statutory guidance, trained and exercised.

Roles And Responsibilities

Local Level

Legal Status

289. Section 2 notes that **Resilience Partnerships were established as forums for collaboration. They remained so throughout the relevant period. They do not have legal form: legal duties rest solely with the individual designated local bodies.** Statutory guidance²⁸⁶ makes clear that they:

“...[do] not have powers to direct its members. As a forum for responder organisations, it is not a local responder itself and has no specific duties under the Act.”²⁸⁷ (Our emphasis)

290. The obvious question is **whether giving Resilience Partnerships legal status would make a difference.** The main argument cited for doing so is that **it would provide the Chair with the ability to require improvement in the performance of a partner organisation in cases where weaknesses were limiting the collective performance of the Partnership as a whole.** At present, the Chair has no authority in law to direct improvements and can act only through the convening power and moral authority of his or her status as Chair, speaking on behalf of all partners. Under those circumstances, the ability of the Chair to draw on legal powers to require an under-performing body to improve its performance looks tempting.

291. A second argument cited in favour of such a move is that **legal status would provide Chairs, and those who act on behalf of the Partnership, with a legal basis for the decisions they make and the actions they undertake.** This legal footing would, it is argued, provide a single point of accountability in an individual who could be subject to examination by regulatory and legal processes, such as public Inquiries, especially on the steps he or she took to ensure compliance and preparedness across the Partnership as a whole and in its individual members.

²⁸⁶ Cabinet Office (2012d). *Revision to Emergency Preparedness. Chapter 2: Co-operation*, especially paragraphs 2.39 *et seq.*

²⁸⁷ *Ibid.* Paragraph 2.40

What Would Make A Difference?

292. **Our view is that the arguments against giving Resilience Partnerships legal status are, on balance, stronger.** It might appear at first sight that legislation to create a single legal entity, vested with all relevant duties and powers, would simplify lines of accountability. But the **duties under the Act are on individual organisations for a reason. They have the depth of management capacity and capability to focus on resilience and preparedness which a Partnership cannot have unless the Partnership itself is turned into a formal responding body with its own resources.** That would in our view be both wasteful and risk operational and legal confusion. If, short of that, duties were to be taken away from responders and to be given to the Partnership, the position would be worse: a Partnership which would have duties but which would not have the capacity to deliver them.
293. There is thus a **significant risk that giving Resilience Partnerships legal status would create confusion between the powers, duties and accountabilities of the Partnership and those of designated local bodies in an area where clarity is vital**²⁸⁸. There is clarity in the way in which the Act places duties on individual bodies, who are accountable in law for their performance, including in the response to emergencies. Indeed, we believe that that accountability should be reinforced rather than risk its being diluted and offer suggestions below for doing so.
294. Legal status for Resilience Partnerships would also **risk cutting across and damaging the culture and ethos of partnership which has been embedded locally since 2004.** There would also be the obvious **additional cost and bureaucracy** of creating over 40 new legal entities.
295. We therefore believe that **giving legal status to Resilience Partnerships would be counter-productive. But we recognise the need to give the Chairs of Partnerships ‘teeth’,** especially in their dealings with those bodies who are clearly not fulfilling their responsibilities. **There is, in our view, a case for improving current arrangements for strategic intervention and enforcement,** adding a robust *administrative* layer below the mechanisms set out in the Civil Contingencies Act.
296. Although the Act provides the ability for a Minister or a designated local body to “... *bring proceedings in the High Court or Court of Session in respect of a failure by a person or body ... to comply*”²⁸⁹ with their duties under the Act, this is clearly a large sledgehammer and is unlikely to be a credible route for struggling Partnerships, especially if they wish to sustain the spirit of partnership between members. But it is notable that coverage in statutory guidance of escalation mechanisms short of legal action focuses only on escalation action within the Partnership²⁹⁰. The readiness of the UK government to support LRFs in England in the management of the performance of

²⁸⁸ There would also be significant issues surrounding the ability of a separate body to task Police Forces, the Armed Forces and other statutory bodies in an emergency

²⁸⁹ UK Parliament (2004). *Civil Contingencies Act 2004*. Section 10(1), (11) and (11A), as amplified in Cabinet Office (2012k). *Revision to Emergency Preparedness. Chapter 13: Support and Challenge*. Paragraphs 13.37-13.40

²⁹⁰ Cabinet Office (2012k). *Revision to Emergency Preparedness. Chapter 13: Support and Challenge*. Paragraphs 13.21-13.26

under-performing organisations does not feature either in the description of the support available²⁹¹ from the Resilience and Recovery Directorate of (now) DLUHC or of the role of the Cabinet Office²⁹². Nor are any mechanisms outlined for raising concerns via relevant inspection bodies or regulators where these bodies exist. In our view, statutory guidance should set out more fully **arrangements for escalation for administrative resolution or, if necessary, intervention, making clear the readiness of governments to support Chairs in tackling under-performing partners.**

The Status Of The Chair

297. As described in Section 3, the **Chairs of Resilience Partnerships have**, to the best of our knowledge, **throughout the period since 2004 been drawn from the senior leadership of the police force, fire and rescue service or local authority**, as the principal designated local bodies in the Partnership. They undertake that role in addition to discharging the responsibilities of the organisation they lead.

What Would Make A Difference?

298. This arrangement was practicable and cost-effective when the load on Resilience Partnerships was expected to be light – indicated by the requirement to hold a minimum of two meetings per year. But their workload has grown considerably over the period since 2004. So a second obvious question is **whether the loading of the role would merit the introduction of alternative arrangements, in particular the appointment of an independent Chair**, as with some other areas of public service.

299. **We believe that doing so would also be counter-productive.** The real value of the current model is that **Chairs, because they are usually drawn from the senior leadership of the emergency services or local authorities, are highly connected on a day-to-day basis to other local leaders and have an intimate knowledge of local geography, demography and infrastructure.** This provides in our view an essential platform for the building of the strong personal relationships which are vital in an emergency, together with an intimate, day-to-day understanding of local risks, vulnerabilities and potential consequences.

300. Appointing **an independent Chair would also risk undermining the leadership of the local response during an emergency.** At present, the Chairs of Resilience Partnerships customarily transition in an emergency into leadership roles in the Strategic Co-ordinating Group overseeing the local response, thereby bringing into the management of the emergency the knowledge, skills and networks they have built as Chairs of the Partnership. It is less likely that independent Chairs could make that commitment. Nor in our view would it be appropriate for those emergencies where a crime has been committed or if there is a threat to public safety, where the police customarily take the lead.

301. We are, however, conscious that the **greater demands on Resilience Partnerships** have increasingly resulted in the appointment of additional senior officers in the bodies

²⁹¹ Ibid. Paragraph 13.27-13.28

²⁹² Ibid. Paragraph 13.33

concerned. We suggest that **this increased financial burden should be recognised** in the future funding by the UK government of Resilience Partnerships, covered further below.

302. We note that the UK government in its Resilience Framework has proposed the creation of the post of 'Chief Resilience Officer' "for each LRF area"²⁹³. It envisages this as a full-time permanent role occupied by an appropriately qualified and experienced individual; provided with the resources, support, mandate and levers to bring together the full range of partners to lead the building of resilience and delivery of resilience activity in their areas; and appointed by and personally accountable to local leaders²⁹⁴.

Combined Authorities

303. As we note in Section 3, the Act, its Regulations and supporting guidance are silent on the role of Combined Authorities in England in local resilience and preparedness.

What Would Make A Difference?

304. The local governance landscape has changed fundamentally and will change further with the planned increase in the number of directly-elected Mayors and Combined Authorities and the devolution of powers to the local level²⁹⁵. We believe that those changes should be reflected in the new single, integrated civil protection system. **Metro / Combined Authority Mayors have a valuable role which needs to be recognised**, especially in providing a clearly visible point of local leadership, with significant local agency and authority. They provide or oversee a range of local public services, with the ability to marshal and direct those services in an emergency; valuable sources of data and information; political convening power, even in areas where they have no legal authority; and a major source of democratic accountability.

Regional Level in England

Regional Structures In The Preparedness Phase

305. As described in Section 3, for the period immediately following the introduction of the Civil Contingencies Act, the work of LRFs in England was enabled **by Regional Resilience Teams (RRTs)** who acted as the secretariat to **Regional Resilience Forums (RRFs)** and their sub-groups. The RRTs, and with them the regional machinery they supported, **were abolished** by the then Secretary of State for Communities and Local Government after the 2010 General Election as part of a wider package of regional and local government changes. The **role was absorbed into the Resilience and Emergencies Directorate (RED) in the then Department of Communities and Local Government operating through a network of regional 'Resilience Advisers'**.

²⁹³ HM Government (2022b). *The UK Government Resilience Framework*. Paragraph 69

²⁹⁴ Ibid. Paragraph 72

²⁹⁵ See Department for Levelling Up, Housing and Communities (2022). *Levelling Up the United Kingdom*

What Would Make A Difference?

306. The CCA Review found²⁹⁶ that, **over the relevant period, cross-LRF, regional collaboration in the preparedness phase progressively eroded. The abolition of RRFs and RRTs was widely seen as resulting in the loss of considerable operational and efficiency benefits seen in two areas:**
- a. **The abolition of the RRFs meant that the 38 LRFs in England had to interface directly with one UK government department.** '38 to 1' in England contrasted with practice in Scotland which, in 2013, had put in place a 'regional' level with defined roles and responsibilities, with 3 Regional Resilience Partnerships interfacing with 12 Local Resilience Partnerships. It is notable that **regional collaboration arrangements were, in the period after 2011, voluntarily put in place in some parts of England** (eg. the South West and North East) led by the relevant LRFs. Where these were working well, the CCA Review found that they **covered most or all of the activities undertaken by the former RRTs and RRFs and their sub-groups**²⁹⁷.
 - b. **Alternative arrangements put in place by the UK government to replace the RRTs were seen as being insufficient** in terms of the number and skills of the people deployed on the work and hence weak in the value-added activities undertaken when compared with those undertaken by the RRTs.
307. In our view, **the original concept behind Regional Resilience Forums and Teams in England for the preparedness phase remains right. The work that is needed cannot effectively be done at UK government level.** A department in the centre of government cannot have the knowledge, span, reach and ability to form the breadth of working relationships which are needed to:
- a. **Understand the local and regional context and ensure that it is injected into policy-making so that the policies which emerge are deliverable.**
 - b. **Provide local oversight and intervention where necessary, with knowledge of the context and deep understanding of local delivery and performance.**
 - c. **Ensure that LRFs pursue the cross-boundary work** that is needed on risk assessments and emergency planning and enable the engagement of non-public sector bodies whose boundaries do not fit neatly into government footprints.
 - d. **Secure the capability and cost-effectiveness benefits** of multi-LRF training and exercising, and the development of specialist capabilities.

Nor do we believe that '38 to 1' would be sustainable in the response to a wide-scale emergency.

²⁹⁶ Mann, B., Settle, K., Towler, A. et al (2022). *An Independent Review of the Civil Contingencies Act 2004 and its Supporting Arrangements*. National Preparedness Commission. Chapter 7. Regional Resilience Structures in England

²⁹⁷ Ibid.

308. We believe that there are clear operational and efficiency benefits to putting regional collaboration arrangements in England onto a consistent, secure footing. We therefore **suggest that the value of regional collaboration between LRFs in England should be recognised, reinforced and incorporated into the single, integrated and professional civil protection system** we propose. LRFs in England should decide their chosen forms of regional collaboration. The need for regional collaboration forums, and the potential scope of their activity, should be captured in Regulations associated with the Act, and in supporting statutory guidance.

309. As described earlier, Scotland already has a regional level. The lower number of Resilience Partnerships in Wales and Northern Ireland means that we do not believe there to be an obvious need for a regional level to be created in those Administrations.

UK Government Level

310. In 2003, the Joint Committee on the Draft Civil Contingencies Bill²⁹⁸ debated the creation of a single government body to lead on UK resilience. They heard from the Minister in charge of the Bill who:

“... firmly rejected the concept of an “Emergencies” super Ministry, along the lines of the Department for Homeland Security in the United States ...”²⁹⁹

311. The Committee were:

“... not convinced that preparedness for events of such potentially catastrophic consequence can be effectively overseen by anything less than an organisation established for that specific purpose ...”³⁰⁰

312. They therefore proposed the:

“... formation of a relatively small permanent national Civil Contingencies Agency ... not a department ... [that] in addition to fulfilling a management and audit function ... would also be responsible for setting national response standards for Category 1 and 2 Responders ...”³⁰¹

313. Their view was that the Agency:

“... could include individuals seconded from appropriate fields of emergency expertise ... for 2/3 year periods ...”³⁰²

314. They also proposed that its objectives could include:

²⁹⁸ House of Lords and House of Commons (2003). *Draft Civil Contingencies Bill*. Joint Committee on the Draft Civil Contingencies Bill

²⁹⁹ Ibid. Paragraph 256

³⁰⁰ Ibid. Paragraph 256

³⁰¹ Ibid. Paragraph 257

³⁰² Ibid. Paragraph 258

“To measure capacity, set training objectives and operational standards and ensure compliance across all contributing departments, organisations and agencies, including those of central government, to ensure consistency in planning and response capability ...”

315. Their final recommendation was thus:

“... that the Government gives careful consideration to the establishment of a Civil Contingencies Agency which, like other Agencies, would have both advisory and supervisory responsibilities.”³⁰³

316. The then UK government did not proceed with the Committee’s recommendation. As Section 3 sets out, **UK government structures during the relevant period were marked by highly distributed leadership.**

What Would Make A Difference?

317. **This is the area where we believe that the biggest change is needed, and where there is the potential to have the greatest operational effect, both in building preparedness for, and in the effective management of, the response to a catastrophic emergency.**

318. In contrast to the clear vision, visible leadership and drive provided in other areas of UK safety and security (eg. the National Cyber Security Centre, Counter Terrorism Policing), **arrangements in the field of resilience and preparedness are opaque. No-one is visibly in charge** because so many people are. **There is no single unifying ‘Vision’,** but a range of different departmental agendas. **Leadership is diffuse and confusing, with the ready potential to be conflicting** with tussles over authority and money. The position **contrasts vividly and unfavourably with that in a wide range of other leading countries,** including the United States, a range of EU members and countries in the Asia-Pacific region.

319. In our view, the **UK government should follow widespread best practice and create a single UK government resilience and preparedness body** which provides:

- **A single, visible point of focus for resilience in the UK, working in partnership with the devolved administrations, and reporting into a dedicated UK government Cabinet sub-Committee covering resilience**
- **Clear, credible leadership,** visible to those working on resilience and preparedness in all sectors and to the public, both in normal circumstances and in the leadership of a national emergency
- **A clear mandate, with the authority, drive and resources to build resilience and preparedness**

³⁰³ Ibid. Paragraph 260

320. The precise form of such a body need not follow the model of Emergency Management Agencies in other countries. Indeed, in each case, the precise form and responsibilities of Agencies in other countries varies according to the constitutional settlements of those countries. But its **desirable attributes would be likely to mean that it was a self-standing body** rather than part of a UK government department, with:

- a. **Staff drawn not only from the civil service but also from all sectors – designated local bodies, the voluntary and community sector, and business – who are knowledgeable, experienced and credible.**
- b. **The authority, credibility, convening power, and leadership and partnership-building skills to join up work across UK government departments and with the devolved administrations.**
- c. **Governance mechanisms which allow for the effective engagement of the devolved administrations in the work which is undertaken so that it properly reflects devolution settlements and the circumstances and needs of Scotland, Wales and Northern Ireland.**
- d. **The provision of support and challenge via independent non-executive directors with substantial experience in risk and emergency management.**
- e. **A culture which captures and reflects the operational imperatives of risk and, especially, emergency management: agile, flexible, data- and evidence-driven, and delivery- and outcome-focused.**
- f. **A demonstrable passion for the pursuit of improvement and excellence, and the moral courage to seek regular assessments on performance and preparedness and to intervene with under-performing organisations.** On that basis, we suggest that the Compliance and Preparedness Review Team described in Section 4 should be part of the new body.

321. The new body should have **two important cultural underpinnings** to its work. First, a demonstrable desire to **reach out to gather and share wisdom and experience**, so that the voice and contribution of front-line responders, voluntary and community sector organisations, businesses and – especially – those affected by past emergencies is embedded in the development of policy and operational practice, so that they are grounded in reality and people's needs. Second, a desire to **rebuild and sustain with stakeholders the spirit of partnership in a shared enterprise** which the CCA Review found³⁰⁴ had been seriously damaged in recent years.

322. We note in this context that the UK government has:

“... set up a new UK Resilience Forum (UKRF) to strengthen UK resilience by improving communication and collaboration at a national level ... Established in

³⁰⁴ Mann, B., Settle, K., Towler, A. et al (2022). *An Independent Review of the Civil Contingencies Act 2004 and its Supporting Arrangements*. National Preparedness Commission. Chapter 7. Structures at National Level. One Team, One Purpose

*2021, the UKRF brings together representatives from the UK Government, devolved administrations, emergency services, responder organisations, the private sector and the voluntary and community sector. This advisory board is aimed at aligning efforts across the system, strengthening relationships between partners, and informing the government's work on its resilience commitments under the Integrated Review.*³⁰⁵

Clear And Visible Leadership

323. As set out in Section 3, throughout the period, and after the changes to national security structures introduced by the coalition government in 2010, successive UK governments sustained the posts of National Security Adviser and of a Deputy National Security Adviser for Intelligence, Security and *Resilience*. Overarching responsibility at Ministerial level was held by successive Cabinet Office Ministers.

What Would Make A Difference?

324. **No single person is visibly and demonstrably in charge – to responders or to the public – at UK government level in building generic resilience and preparedness.**

325. We suggest that, mirroring practice in other countries (eg. the Administrator of the Federal Emergency Management Agency in the US, the Chief Executive of the National Emergency Management Agency in New Zealand, and the Director General of the Swedish Civil Contingencies Agency), **there is a clear need for a single, identifiable senior official who cares and is seen to care about the quality of resilience and preparedness in the UK, with equivalents in each of the devolved administrations.** These individuals should be **designated as the 'Chief Resilience Officer'** for the UK or their devolved administration, and work together in partnership within the single, integrated civil protection system we propose above.

326. In focusing specifically on resilience and preparedness for 'acute' risks, the post-holders would act in support of any 'Chief Risk Officer', if appointed by their government, whose responsibilities would logically cover a broader spectrum of risks to the development and execution of government policies generally. We also suggest that **the UK government post-holder should be appointed as head of the new resilience and preparedness body** we suggest above.

327. The **post-holders would have oversight of the quality and effectiveness of the activity undertaken across government departments / directorates in their area and also for that of local bodies and Resilience Partnerships.**

328. We note that in its Resilience Framework, the UK government has confirmed that, "*in the next year*"³⁰⁶ it will appoint a Head of Resilience:

³⁰⁵ HM Government (2022b). *The UK Government Resilience Framework*. Paragraph 131

³⁰⁶ HM Government (2022b). *The UK Government Resilience Framework*. Paragraph 12

“While the LGDs are responsible for ensuring there are adequate plans and capabilities to manage their NSRA risks, as part of our efforts on risk ownership, the UK Government will create a new Head of Resilience role to provide leadership for this system. This new role will guide best practice, support adherence to resilience standards, and test planning in a meaningful and proportionate way to support the LGD model. The Head of Resilience will complement the existing role of the National Security Advisor (NSA). The UK Government will ensure that a Head of Resilience will not duplicate or cut across the responsibilities of existing senior officials or LGDs but will provide leadership for the system. They would also not cut across the responsibilities of the devolved administrations, but would work with them in partnership.”³⁰⁷

Obligation To Support Political Oversight And Scrutiny

329. **Neither the Act nor its associated Regulations or statutory guidance covered arrangements for oversight and scrutiny by political bodies.** At local level in England, a section in statutory guidance on *“Local arrangements for assurance and accountability”*³⁰⁸ does not cover local political oversight and scrutiny mechanisms at all³⁰⁹. There is one glancing reference in the guidance to the use of *“local authority scrutiny powers”*³¹⁰ as one of the external validation processes which might be used to provide assurance. **The Act and its associated Regulations and supporting guidance are silent on the oversight and scrutiny role of the UK Parliament.**

What Would Make A Difference?

330. We suggest that **there is a compelling need for any new civil protection system to have greater clarity on, and substantially greater obligations to support political and public accountability.** Those obligations should be not only to political oversight and scrutiny mechanisms at local and national levels but also to the public, through enabling people and communities to scrutinise and challenge what public bodies are doing in their name.

331. We suggest that **new provisions in statutory guidance should set out fuller obligations on designated bodies to support democratic accountability arrangements** at UK, devolved and local levels, especially through the publication of information and analysis for public review and challenge, and to enable political oversight and scrutiny mechanisms to fulfil their role effectively.

³⁰⁷ Ibid. Paragraph 28

³⁰⁸ Cabinet Office (2012k). *Revision to Emergency Preparedness. Chapter 13: Support and Challenge.* Paragraphs 13.8 to 13.10

³⁰⁹ Including not only of local authority scrutiny committees, but also Police and Crime Commissioners, introduced over a decade ago, and Mayors of Combined Authorities

³¹⁰ Cabinet Office (2012k). *Revision to Emergency Preparedness. Chapter 13: Support and Challenge.* Paragraph 13.14

The Obligation To Support Local Political Accountability

332. There is already a range of local political oversight and scrutiny mechanisms, often involving members of the public. Thus, it is not unusual for local authority scrutiny committees to co-opt independent members to get a service user voice. For example in England, Health and Wellbeing Boards have the ability to appoint additional co-opted members; and Police and Crime Panels include independent or ‘lay’ members.
333. **The main need is thus to expand the obligation on local bodies to provide such information and analysis as is necessary to enable local oversight and scrutiny mechanisms to fulfil their role effectively.** We suggest that one key source of additional information would be the reports of the Compliance and Preparedness Reviews we suggest in Section 4, and of the Action Plan agreed by the Partnership to address their findings. As with the reports of inspection and validation in other fields, we suggest that they should be published.

The Obligation To Support Accountability To Parliaments

334. We believe that there is a similar **need to recognise in statutory guidance the role and value of Parliamentary oversight and scrutiny and to set out the obligation on the UK government, the Scottish Government, the Welsh Government and the Northern Ireland Executive to provide fuller information and analysis to enable their Parliaments to fulfil their role effectively.** We would therefore suggest that:
- a. **The reports of the Compliance and Preparedness Reviews of government departments or directorates, and of the Action Plan agreed by the department or directorate to address their findings, should be published to enable scrutiny by relevant Parliamentary Committees.**
 - b. **The UK government Chief Resilience Officer should provide a regular assessment to the National Security Council on the current state of UK resilience, gaps and weaknesses and plans to address them. Chief Resilience Officers within the devolved administrations should provide equivalent reports to their senior Committees.**
 - c. **An obligation should be captured in law that the UK government, the Scottish Government, the Welsh Government and the Northern Ireland Executive should provide an annual ‘Resilience Report’³¹¹ to their respective Parliaments. These should bring together:**
 - i. **A summary assessment of the findings of Compliance and Performance Reviews of Resilience Partnerships** conducted in the year.

³¹¹ We note that the Joint Committee on the National Security Strategy called for “...annual reporting to Parliament by a responsible minister—such as the Chancellor of the Duchy of Lancaster—on the state of national preparedness for top-tier risks in the Risk Register...”. House of Commons and House of Lords (2020). *Joint Committee on the National Security Strategy. Biosecurity and national security. First Report of Session 2019–21. Recommendation 3*

- ii. The **findings of Compliance and Performance Reviews of government departments / directorates** conducted in the year, together with the departmental / directorate Action Plans.
- iii. A **report on the findings of any lessons identified reviews** carried out during the year after major emergencies; **and progress in the implementation and embedding of lessons of all past reviews.**
- iv. A **description of progress on the main resilience and preparedness programmes.**
- v. A **summary analysis of the current state of resilience and preparedness.**

335. We note that the UK government has stated in its Resilience Framework that it intends to introduce substantially stronger local accountability arrangements in England, with clear lines of audit and democratic oversight across all aspects of LRF activity:

*“By 2030, in every part of the resilience system, responsibilities and accountability will be clear, co-ordinated, and coherent”.*³¹²

*“... need for enhanced accountability for the multi-agency preparedness activities conducted by local resilience arrangements ... the UK Government will clarify the statutory and non-statutory guidance around accountability where these components come together in the planning and emergency response stages. New methods for accountability and assurance for resilience will continue to be considered as part of the measures to strengthen LRFs”.*³¹³

and in amplification of this intention that:

*“Strengthening the accountability and assurance across LRFs in England will ensure local leaders have key tools to drive the building of resilience and multi-agency collaboration in their communities. Clear mechanisms and expectations for accountability between LRF Chief Resilience Officers and executive local democratic leaders will make LRFs more accountable to the communities that they serve and provide a mechanism for local communities to hold local leaders to account for driving and delivering resilience”.*³¹⁴

336. This move to increased accountability is expected to be accompanied by new arrangements for local transparency about performance. This would include building on new arrangements for the validation and assurance of LRFs:

“... we will establish clear mechanisms for the assurance of the multi-agency activity at LRF level. This will give local leaders new information and tools to

³¹² HM Government (2022b). *The UK Government Resilience Framework*. Paragraph 11.

³¹³ Ibid. Paragraph 83.

³¹⁴ Ibid. Paragraph 72.

*understand the impact of their work, identify areas for improvement or mitigate risk or vulnerability by targeting resilience activity”.*³¹⁵

and requiring:

*“... categorised responders to publicly state how they are meeting their obligations under the CCA”.*³¹⁶

337. This intended drive for increased public accountability at local level is also echoed and reinforced by commitments to ensure appropriate Parliamentary oversight:

*“The UK Government will increase public accountability on risk, to ensure that risks continue to be adequately assessed and prepared for. This will start with the introduction of an Annual Statement to [the UK] Parliament on civil contingencies risks and our performance on resilience. This Statement will include the government’s understanding of the current risk picture, performance on resilience and current state of preparedness ... It will also provide a public baseline for work on civil contingencies across the public and private sectors”.*³¹⁷

338. The intention is that the first annual statement to the UK Parliament on civil contingencies risks and resilience will be submitted *“in the next year”*³¹⁸ – that is, by the end of 2023.

Adequate Resourcing

339. The **UK government provided new funding to English local authorities, with corresponding funding via ‘Barnett consequentials’ for the devolved administrations, as part of the Local Government settlement in 2004** to recognise the assessed cost of the new duties which local bodies were being required to undertake under the Act. In line with government policy at the time, the funding provided was not ring-fenced.

340. We are not aware of any further specific settlements for generic resilience and preparedness in England in the relevant period as part of routine Local Government settlements, although we are aware of specific funding for work on planning for EU Exit.

341. The **Scottish Government provides a Civil Protection grant** as Grant Aided Expenditure to support local authority resilience and preparedness activity. This provides each authority with a minimum amount to put towards the employment of an Emergency Planning Officer, with the balance of the allocation being based on population³¹⁹.

³¹⁵ Ibid. Paragraph 73.

³¹⁶ Ibid. Paragraph 84.

³¹⁷ Ibid. Paragraph 3.

³¹⁸ Ibid. Paragraph 12

³¹⁹ INQ000182606. Witness Statement of Nicola Sturgeon

342. Despite the requests of the Welsh Government, no additional funding from the UK government was provided when the Welsh Ministers (Transfer of Functions) Order came into force in 2018³²⁰ so that the extra costs had to be met from existing Welsh Government budgets. We understand that the Welsh Government did not allocate specific funding (or set aside reserves) for civil protection work before the end of the relevant period³²¹.
343. Information on the adequacy of the levels of funding provided for resilience and preparedness in the relevant period is scarce. The most authoritative may be the analysis in a report by the Chartered Institute of Public Finance and Accounting and the Institute for Government which found that:

*“Substantial cuts to the funding provided by central government to local authorities weakened councils’ ability to plan for emergencies ... during austerity, emergency planning functions were politically easier to cut than front-line services. As a result, **local authority emergency planning expenditure in 2018-2019 was 35% lower in real terms than in 2009-2010.**”³²² (Our emphasis)*

What Would Make A Difference?

344. Structures do not work without the resources to deliver the purpose for which they were established. The CCA Review³²³ found that **local bodies and LRFs in England progressively moved over the period from 2010 onwards to levels of resourcing for their resilience and preparedness activities which were unsustainable, with significant impacts on staffing, skills development, and training and exercising, which were causing real damage to their operational effectiveness.**
345. The CCA Review³²⁴ identified a core need for five posts in each LRF in England which it considered central to enabling an LRF to fulfil its roles effectively. It also identified a need for adequate funding so that individuals and command teams could undergo the training needed to be competent and confident in their roles, including through multi-agency exercising. Clearly, however, **the appropriate level of funding – at every level – will depend on the Inquiry’s conclusions and recommendations in the areas set out above, and in other sections of this report.** So we offer no calculations in this area, resting simply on **our belief that:**
- a. **Further funding will be needed – and will need to be sustained and committed in real terms over an extended period – if the UK is to make the step change in generic resilience and preparedness needed.** There are, in

³²⁰ Paragraph 153 of INQ000130469: Witness Statement Number 1 of Dr Andrew Goodall, sets out the background, including by reference to a letter from the First Minister of Wales to the Minister for the Cabinet Office in June 2017 (INQ000128966)

³²¹ Ibid. Paragraph 119

³²² Davies, N., Atkins, G., et al. (2020). *How fit were public services for coronavirus?* Institute for Government and the Chartered Institute of Public Finance and Accountancy (CIPFA). Page 31

³²³ Mann, B., Settle, K., Towler, A. et al (2022). *An Independent Review of the Civil Contingencies Act 2004 and its Supporting Arrangements.* National Preparedness Commission. Chapter 7. Resourcing of Local Bodies and Resilience Partnerships

³²⁴ Ibid.

our view, **strong arguments for the level of funding of the core elements of the single, integrated, professional civil protection system we recommend to be ringfenced.**

- b. **The levels of funding required, mainly of people, training and exercising, are relatively small³²⁵. The main impediment to progress is, in our view, not money but will.**

346. We note that the UK government has expressed an intention of putting English LRFs onto a sustainable, long-term funding basis. DLUHC has agreed a £22m three-year funding settlement for LRFs in England starting in the 2022/23 financial year. This additional UK government funding is intended to:

*“... complement the contributions of partners and allow LRFs to continue to enhance their strategic co-ordination capacity and capabilities to reflect the already enhanced expectations the UK Government has of LRFs”.*³²⁶

347. In its Resilience Framework, the UK government has also committed to considering options for funding models for any future expanded responsibilities and expectations of LRFs:

*“Models of funding for LRFs will be reviewed to ensure they are appropriate to the expectations placed upon them”.*³²⁷

whilst stating that it:

*“... recognises that funding from the UK Government alone should not be the answer. Over many years LRFs have developed through the contributions of partner organisations to reflect local priorities and ways of working. Any future funding model must build on the principle that funding for local resilience should continue to be provided by the categorised responders of English LRFs alongside any funding from Government. Any direct funding from the UK Government should seek to compliment, not displace or disrupt, these arrangements”.*³²⁸

³²⁵ The CCA Review calculated that the major elements would be in the order of: sustainable funding for Resilience Partnerships (£12m); improved training and exercising (£7m); Centre of Resilience Excellence (£3m); Cabinet Office, including validation and assurance team (£2m). Ibid. Footnote 6

³²⁶ HM Government (2022b). *The UK Government Resilience Framework*. Paragraph 174.

³²⁷ Ibid. Paragraph 11.

³²⁸ Ibid. Paragraph 175.

SECTION 6: WERE THE SUPPORTING ARRANGEMENTS ADEQUATE?

Question 5: Whether such structures pre-COVID-19 pandemic, sufficiently enabled the UK government, the devolved administrations, and Local Resilience Forums and Partnerships individually and collectively to prepare for and respond to pandemics and other catastrophic emergencies.

348. As in previous sections, we have **focused in this Section on those strategic improvements which we believe would make the greatest difference** to building resilience and preparedness. This Section therefore does not assess all components of the Resilience Cycle but only those with the potential to have the greatest improvement effect. We thus cover:

- a. The **definition of what is an ‘emergency’** set out in the Act.
- b. **Doctrine and Guidance.**
- c. **Competence, training and exercising** – building human capability
- d. **Learning and Continuous Improvement.**

Definition Of Emergency

349. Section 3 lists the **events or situations that would constitute ‘an emergency’**. It is notable that this list **does not cover some critical consequences which may very well be associated with a catastrophic emergency**, including **economic disruption affecting people’s employment or the viability of businesses**, and **severe social disruption**, including in the continuing provision of **education** and social care, and the continuing operation of **law enforcement** and the **criminal justice system**.

350. These impacts might arise directly from a major emergency. Or they might be the cascading consequences of other direct impacts, or of the measures put in place as part of the response as was seen during the COVID-19 pandemic.

What Would Make A Difference?

351. In our view, **the definition of emergency to be included in an amended Civil Contingencies Act or any new civil protection legislation needs to incorporate the lessons of the response to the COVID-19 pandemic and other major emergencies over the past decade, and to be wider in scope, especially to cover severe economic and social impacts.**

Doctrine And Guidance

352. Section 3 sets out the **most significant pieces of generic doctrine and guidance** used during the relevant period:

- a. **Emergency Preparedness**³²⁹, statutory guidance with detailed material on the effective execution of the duties and structures set out in the Act and its associated Regulations. It was last updated in 2011/12.
- b. **Preparing Scotland**³³⁰, a non-statutory suite of guidance to assist responders in assessing, planning for, responding to and recovering from disruptive challenges. It comprises a “hub” which sets out Scotland’s resilience philosophy, structures and regulatory duties, and ‘spokes’ that provide detailed guidance on specific matters, including a section setting out mandatory requirements and recommended good practice in the fulfilment of duties in the Act. The ‘hub’ material was last updated in 2016.
- c. The Scottish Government’s **Regional Resilience Partnerships’ Risk Preparedness Assessment Guidance**³³¹ and its predecessors³³², which provide guidance to Regional Resilience Partnerships in assessing risks, their level of preparedness to deal with the consequences of identified risks within their region, and on communication with the public about the risks identified.
- d. The **Pan-Wales Response Plan**, first published in 2005 and regularly updated, the last review being undertaken in 2019³³³.
- e. The **Northern Ireland Civil Contingencies Framework** refreshed in September 2011³³⁴.
- f. **A Guide to Emergency Planning Arrangements in Northern Ireland** refreshed in September 2011³³⁵.
- g. **Emergency Response and Recovery**³³⁶, non-statutory guidance providing recommended good practice on arrangements for the response to and recovery from emergencies. It was last updated in 2013.
- h. **Responding to Emergencies: The UK Central Government Response. Concept of Operations**³³⁷ (CONOPs) which sets out arrangements for responding to and recovering from emergencies requiring co-ordinated UK government action. It was updated in 2013.

³²⁹ Cabinet Office (2011-12). *Revision to Emergency Preparedness* [different chapters have different publication dates – see [Annex G](#) for full details]

³³⁰ Scottish Government (2016). *Preparing Scotland. Scottish Guidance on Resilience*

³³¹ Scottish Government (2021b). *Regional Resilience Partnerships’ Risk Preparedness Assessment Guidance*

³³² Scottish Government (2017e). *Are we ready? Guidance for Scotland’s Regional Resilience Partnerships on Risk and Preparedness Assessments*. An earlier 2013 version is at Scottish Government (2013b). *Are we ready? Guidance for Scotland’s Regional Resilience Partnerships (RRPs) on Risk and Preparedness Assessments (RPAs)*

³³³ Welsh Government (2019). *Pan-Wales Response Plan*. Working Document 2019

³³⁴ The Executive Office, Northern Ireland (2011b). *Northern Ireland Civil Contingencies Framework*

³³⁵ The Executive Office, Northern Ireland (2011a). *A Guide to Emergency Planning Arrangements in Northern Ireland*

³³⁶ HM Government (2013b). *Emergency Response and Recovery*

³³⁷ Cabinet Office (2013c). *Responding to Emergencies: The UK Central Government Response. Concept of Operations*

- i. **Responding To Emergencies. Scottish Guidance on Responding to Emergencies**³³⁸ which sets out good practice on emergency response in Scotland. It was last updated in 2017.
 - j. The **Protocol for the Northern Ireland Central Crisis Management Arrangements** (NICCMA) published in September 2016³³⁹.
 - k. The Northern Ireland **Protocol for the Escalation of the Multi-Agency Response** published in September 2016³⁴⁰.
 - l. The Northern Ireland **Protocol for Multi-Agency Co-ordination of Local Level Response and Recovery** updated in September 2016³⁴¹.
 - m. The **Joint Emergency Services Interoperability Principles**³⁴² (JESIP), setting out how the emergency services should work together in the response to a major emergency, including the emergency response structures which will be used.
 - n. The list of UK government **Lead Government Departments**³⁴³.
353. JESIP guidance was in the later years of the relevant period kept up-to-date, especially in embedding on a continuing basis lessons from exercises and operations. As noted above, the Scottish Government updated its Preparing Scotland 'hub' guidance in 2016³⁴⁴. But other documents where responsibility lay with the UK government were not.
354. It is **gravely disappointing that so much of the key generic resilience and preparedness doctrine and guidance was not updated by the UK government during the relevant period**. It is not credible that no new information of operational significance arose during that period – in new operational practices, especially from work on JESIP; from inquiries held; and from Lessons Identified reports – which should have been captured in guidance and published for use by emergency planners and responders. **This is in contrast to practice in Scotland, Wales and Northern Ireland, all of whom updated their guidance during the relevant period**.
355. The CCA Review also heard³⁴⁵ evidence that the **absence of a central directory of all the guidance published** by the UK government and other key bodies meant that

³³⁸ Scottish Government (2017b). *Responding To Emergencies. Scottish Guidance on Responding to Emergencies*

³³⁹ The Executive Office, Northern Ireland (2016a). *Protocol for the Northern Ireland Central Crisis Management Arrangements* (NICCMA)

³⁴⁰ The Executive Office, Northern Ireland (2016b). *Protocol for the Escalation of the Multi-Agency Response*

³⁴¹ The Executive Office, Northern Ireland (2016c). *Protocol for Multi-Agency Co-ordination of Local Level Response and Recovery*

³⁴² See JESIP (2023). *What is JESIP?* (webpage)

³⁴³ Cabinet Office (2010b). *Departments Responsibilities for Planning, Response, and Recovery from Emergencies*

³⁴⁴ Scottish Government (2016). *Preparing Scotland. Scottish Guidance on Resilience*

³⁴⁵ Mann, B., Settle, K., Towler, A. et al (2022). *An Independent Review of the Civil Contingencies Act 2004 and its Supporting Arrangements*. National Preparedness Commission. Chapter 7. The Need For Better Mapping

planners struggled to keep track and, as a result, were not confident that they knew of all the guidance available, its legal status, how to navigate it and how it all linked together.

What Would Make A Difference?

356. We suggest that **single- and multi-agency doctrine and guidance which provides coherence to activity to build resilience and preparedness needs urgent – and then regular future – updating to ensure that it reflects developments in policy and operational practice and learning** over the relevant period and from more recent emergencies, especially the COVID-19 pandemic.

357. As part of this process, we suggest that the Inquiry might also **consider whether legal and other developments mean that some areas of non-statutory guidance should now be made statutory**. We suggest that this might be done **in two broad areas**:

- a. The **core structures used in emergency response**, set out in guidance, tested in a wide range of emergencies and examined for their effectiveness by a number of Inquiries. We believe that there is a set of core structures at local level essential to the effective management of the response to a major emergency which Resilience Partnerships should be required to adopt as a default unless and until it becomes clear that other structures would be more effective in handling the response to the specific circumstances of a particular emergency. We believe that a similar approach should be taken at national level.
- b. In fields **where law and professional standards have developed over the past decade**. For example, there have been significant developments in safeguarding legislation, as well as a recognition that the provision of specialist humanitarian assistance to those affected by emergencies³⁴⁶ (eg. those providing psychosocial and mental healthcare) should be provided by appropriately trained health practitioners and specialists³⁴⁷. Where requirements are set in other laws, emergency responders need to be aware of, and trained in, those obligations and be required to follow them in the response to an emergency.

If measures in these areas were to be captured in statutory guidance, we suggest that their effective execution should be more fully covered in National Resilience Standards.

358. We would also suggest that there should be developed and published a **simple map of the doctrine and guidance available**, from whatever authoritative source, for use in training and to enable rapid access in an emergency. This should be presented digitally to aid search and navigation and should cover the full suite of single- and multi-agency

³⁴⁶ HM Government (2013b). *Emergency Response and Recovery. Chapter 7: Meeting the needs of those affected by an emergency*

³⁴⁷ As described in NHS England and NHS Improvement (2021). *Responding to the needs of people affected by incidents and emergencies. Guidance for planning, delivering and evaluating psychosocial and mental healthcare*

documents. One model to build on might be the NHS England, Summary of Published Key Strategic Guidance for Health Emergency Preparedness, Resilience and Response (EPRR)³⁴⁸ (extract shown in Figure 7 below). This shows documents published by the Cabinet Office, the Department of Health and Social Care, NHS England, (the then) Public Health England, the National Ambulance Resilience Unit and some other bodies. It also helpfully shows the documents which are in development and those that are being updated. The documents are grouped into themes, and links are provided to published documents.

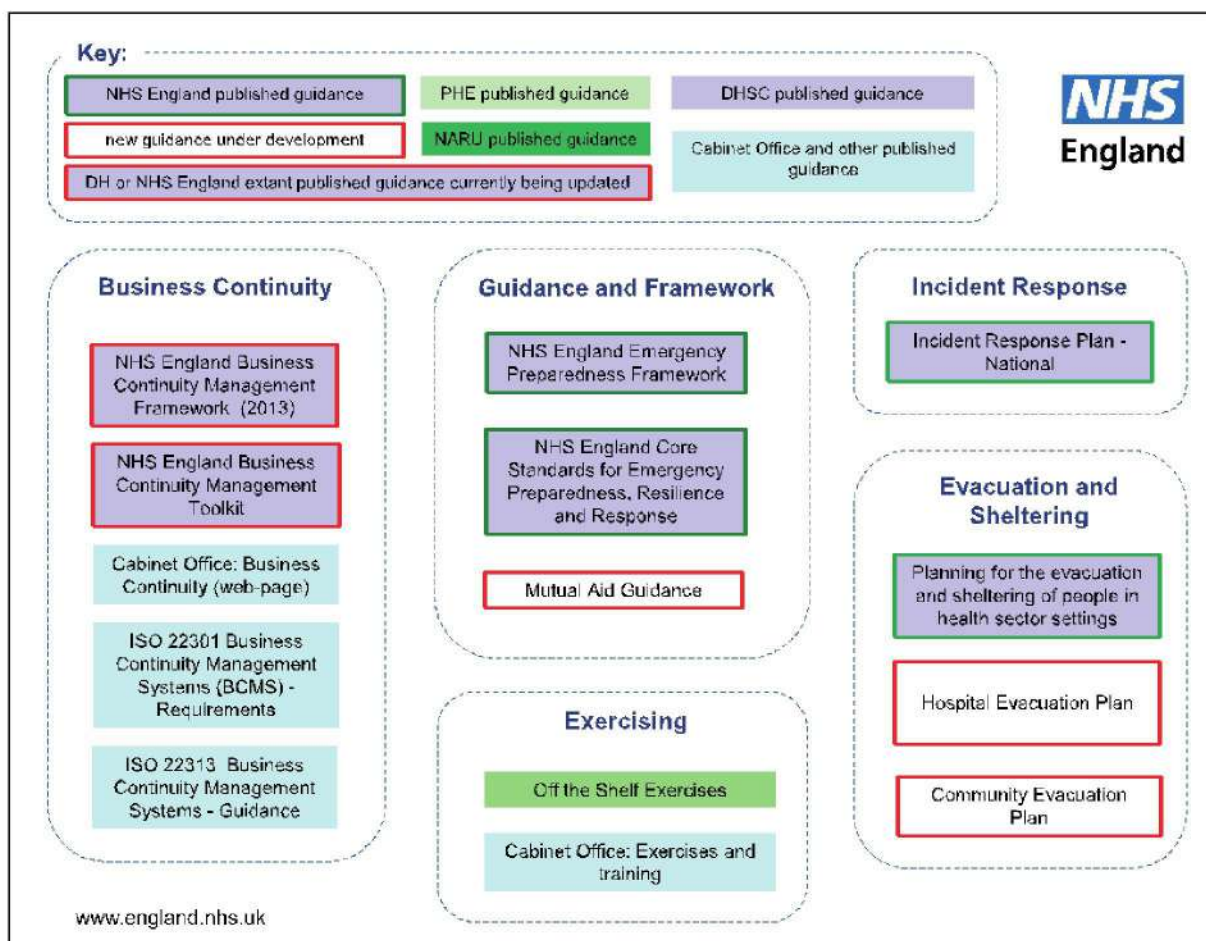


Figure 7: Extract from the Summary of Published Key Strategic Guidance for Health Emergency Preparedness, Resilience and Response (EPRR)

359. We note that, in its response to the House of Lords Report, the UK government signalled its intention to update doctrine and guidance:

*“We intend to review, and update as required, all resilience-related guidance and supporting materials, and re-structure the way it is held and published online to ensure it is accessible to users” and “commit to reviewing all resilience-related guidance on GOV.UK by the end of 2022”.*³⁴⁹ (Our emphasis)

³⁴⁸ NHS England (2019a). *Summary of Published Key Strategic Guidance for Health Emergency Preparedness, Resilience and Response (EPRR)*. Version 3.0

³⁴⁹ Cabinet Office (2022b). *Government Response to Preparing for Extreme Risks: Building a Resilient Society*. CP 641. Paragraph 29.

360. Again, in its Resilience Framework, the UK government has reiterated its intention to update doctrine and guidance although no specific timescales for this are now given:

*“The UK Government Concept of Operations (CONOPs) describes the UK response model and this will be updated to reflect this framework shortly after publication”.*³⁵⁰

Competence, Training And Exercising – Building Human Capability

361. **Skilled, competent and confident people are the foundation of effective risk and emergency management.** Without them, no organisation can discharge its responsibilities effectively. With them, organisations will build a better foundation for the response to emergencies and, with agility, flexibility and imagination, will be better able to tackle the unexpected challenges that inevitably arise.

362. **Yet successive inquiries and formal lessons identified reviews draw out the way in which the lack of understanding, skills and experience of those involved was a major factor behind weaknesses in the response.** Thus, a wide-ranging review in 2013 of persistent lessons identified drew out that recurring failures in the response to major emergencies going back nearly 30 years were often linked to the fact that:

*“Too many people have not been given the necessary skills to ensure effective and competent response ... However, there is a reluctance by some to commit the necessary resources/time/cost to ensure response capacity and capability.”*³⁵¹

363. So the public rightly expects those managing risks and responding to emergencies to be competent in their role. It is unsurprising that this area has been an important topic for the Grenfell Tower and Manchester Arena³⁵² Inquiries, and others before them. But the CCA Review³⁵³ showed that, during the relevant period, **arrangements for the definition of the competence³⁵⁴ required of individuals and teams engaged in building resilience and preparedness had effectively been allowed to decay.** It also heard disturbing evidence from front-line responders in all sectors of the **demonstrable lack of core knowledge, understanding and skills of those within the UK government with significant responsibilities in the management of the response to the COVID-19 pandemic.**

364. The analysis below covers what we believe to be the **four main stages in building and demonstrating human capability** and whether, on each, what was done in the relevant period was sufficiently effective:

³⁵⁰ HM Government (2022b). *The UK Government Resilience Framework*. Paragraph 55

³⁵¹ Pollock, Dr K. (2013). *Review of Persistent Lessons Identified Relating to Interoperability from Emergencies and Major Incidents since 1986*. Page 18

³⁵² It is notable that 18 of the recommendations from the Manchester Arena Inquiry focus on the need for increased and/or improved training. Manchester Arena Inquiry (2022). *Volume 2: Emergency Response. Report of the Public Inquiry into the Attack on Manchester Arena on 22nd May 2017*

³⁵³ Mann, B., Settle, K., Towler, A. et al (2022). *An Independent Review of the Civil Contingencies Act 2004 and its Supporting Arrangements*. National Preparedness Commission. Chapter 8

³⁵⁴ In using the word 'competence', we are referring to knowledge, skills, attitudes and experience

- a. The development of a **Competence Strategy**³⁵⁵, covering everyone with a substantial role in building resilience and preparedness, aligned with parallel skills strategies in other functional areas (eg. the police, fire service and NHS).
- b. The definition of an associated **Competence Framework**³⁵⁶, and associated **Learning Pathways**³⁵⁷, both for individuals and for teams acting collectively.
- c. The provision of **sufficient, high-quality training** for individuals and teams to enable their professional development against the Competence Framework.
- d. Arrangements for the regular **demonstration and validation of competence**.

A Competence Strategy

365. **There was during the relevant period no overall, UK-wide Competence Strategy covering the building of competence of everyone with a substantial role in building resilience and preparedness**, and aligned with parallel skills and competence strategies in other functional areas.

A Competence Framework And Learning Pathways

366. During the relevant period, there were **skills and competence frameworks for the police and fire and rescue services, and in the NHS**. And **the JESIP programme has a defined Learning Outcomes Framework**³⁵⁸, published in 2016 (and updated in 2022), which forms the basis of training for a number of organisations.

367. More broadly, the **National Occupational Standards for Civil Contingencies**³⁵⁹ **were developed and published in 2008** (and were subsequently updated in 2021³⁶⁰). They were **intended as quality standards for expected skills** and were recommended as such for use in recruitment, training and personal development. But the CCA Review found³⁶¹ that, in contrast to competence frameworks in other fields, **they have no teeth, and were not being used by many local bodies or Resilience Partnerships**

³⁵⁵ A document which brings together the range of knowledge, skills and experience needed across the resilience community in order to support the achievement of the Goal and supporting objectives of the Resilience Strategy; the means by which education and training would be provided, and experience gained, to enable practitioners to build skills and competence, and how these would be demonstrated and assessed; and the resources needed and how they will be deployed

³⁵⁶ A document which sets out, for each type of resilience and preparedness role, the competences needed by post-holders to fulfil their roles effectively. In the resilience and preparedness context, such a document should also set out the collective competences needed by command teams operating in a multi-agency environment

³⁵⁷ A document which provides guidance to resilience practitioners and their managers setting out expectations on the level of knowledge, skills and experience required at each level, including definitions of minimum expected attainment and, where appropriate, accreditation, to support recruitment, promotion, training and professional development

³⁵⁸ JESIP (2022). *JESIP Learning Outcomes Framework. Version 2*

³⁵⁹ Skills for Justice (2021). *National Occupational Standards for Civil Contingencies*

³⁶⁰ Ibid.

³⁶¹ Mann, B., Settle, K., Towler, A. et al (2022). *An Independent Review of the Civil Contingencies Act 2004 and its Supporting Arrangements*. National Preparedness Commission. Chapter 8. A Competence Framework

in their training activities. Where they were being used, the CCA Review³⁶² heard that interviewees found them to be **out-of-date, not fully aligned with other guidance, and difficult to use**, with numerous and overlapping criteria. The Standards were also felt to be poorly aligned with those used in other sectors.

The Provision Of Training

368. The CCA Review³⁶³ found that there was a **culture of well-structured training and continuous professional development in the emergency services and in the health sector**, often based on common skills, a defined curriculum, recognised accredited providers and, in many cases, formal recognition of the training, including via qualifications. But this was **not seen in all local bodies designated with duties under the Act**. And often this training was focused on the needs of a particular sector, with limited focus on multi-agency working. The gap this creates was particularly cited in the Manchester Arena Inquiry:

*"I was left with a concern that there was a lack of adequate awareness on the part of each emergency service about the specialist capabilities of each other emergency service."*³⁶⁴

with a resulting recommendation focused on multi-agency training:

*"The Home Office, His Majesty's Inspectorate of Constabulary and Fire and Rescue Services, the College of Policing, the Fire Service College, the National Ambulance Resilience Unit and all local resilience forums should take steps to ensure, whether through multi-agency training and exercising or otherwise, that the members of each emergency service are aware of the specialist capabilities of every other emergency service."*³⁶⁵

369. It was clear that, in the decade after 2010, the **majority of generic resilience training in England had moved from being conducted at the Emergency Planning College to being conducted at local level**, organised and often delivered by staff of LRFs. Similarly, the majority of training was undertaken at LRF level in Wales³⁶⁶, and there was no single Northern Ireland approach to training and exercising, although we note that a Learning and Development Strategy was developed in 2022³⁶⁷.

370. The CCA Review³⁶⁸ was impressed by what LRFs in England were seeking to achieve, and the range of training they provided, including in some cases building linkages to the National Occupational Standards. It was clear that all were striving to offer good

³⁶² Ibid.

³⁶³ Ibid. Chapter 8. The Provision of Training

³⁶⁴ Manchester Arena Inquiry (2022). *Volume 2: Emergency Response. Report of the Public Inquiry into the Attack on Manchester Arena on 22nd May 2017*. Paragraph 13.432

³⁶⁵ Ibid. Recommendation R51

³⁶⁶ INQ000130469. Witness Statement Number 1 of Dr Andrew Goodall. Paragraph 222

³⁶⁷ INQ000187620. Witness Statement of Denis Michael McMahon. Paragraph 188

³⁶⁸ Mann, B., Settle, K., Towler, A. et al (2022). *An Independent Review of the Civil Contingencies Act 2004 and its Supporting Arrangements*. National Preparedness Commission. Chapter 8. The Provision of Training

training, despite having very limited resources. And there are **many strengths in a local approach**. But, despite these efforts, the Review repeatedly heard evidence from local bodies and LRFs in England on the **barriers to training uptake**³⁶⁹, including:

- a. **The availability of suitable training:** where in-house staff with the necessary skills and experience were not available, LRFs usually conducted their own market research on the providers of suitable training, with varying degrees of success as the training market is small.
- b. **Resourcing:** where training was mainly being delivered in-house, it was limited by the resources which an individual LRF could provide.
- c. **Competing priorities**, at work and at home: the time which people had, or were willing to devote to, training and development relative to other demands.
- d. **The perceived accessibility of training** provided by external providers who required participants to attend courses at their site. The location of Government Colleges was often cited as an impediment to the take-up of training.
- e. **The perceived quality** of some externally-provided training, including especially its currency and its compliance with legislation and current doctrine.
- f. **Cost**, especially of externally-provided training, and in particular training provided by the Government Colleges of most relevance in the resilience field³⁷⁰.
- g. **The absence of formal recognition** of the training attained.

371. The **resulting training ecosystem in England also had significant weaknesses**, especially:

- a. Each LRF was in effect creating its own training materials, **reinventing the wheel** time and time again, an obvious waste of resources.
- b. The **training materials developed, and hence the training delivered, were unavoidably at risk of being inconsistent**.
- c. There was **limited ability to check that the training provided was compliant with legislation and doctrine, and up-to-date**. There was, in particular, no independent quality check on any external trainers used, and whether they were delivering training which was compliant and up-to-date.

372. The CCA Review also heard substantial reservations about the Emergency Planning College, including concerns about its accessibility, cost and, in particular, the quality of some of its trainers and courses.

³⁶⁹ Ibid.

³⁷⁰ The College of Policing, the Fire Service College and the Emergency Planning College

373. **LRFs in England were thus caught between two areas of UK government neglect. Despite their best efforts, they were not able on their own to equip everyone with a significant resilience role with the competences they needed. But the UK government failed properly to recognise and to support the significant shift to in-house resilience training. The result was a training ecosystem which fell a long way short of what was needed.**

374. In contrast, the Scottish Government put in place:

- The **Scottish Government Development Service (ScoRDS)**, a team within the Scottish Government's Resilience Division which promotes knowledge, skills and behaviours amongst responders in Scotland and ensures effective resilience planning, response and recovery
- The **Scottish Multi-Agency Resilience Training and Exercising Unit (SMARTEU)** to provide integrated and co-ordinated tri-service training and exercising to meet the requirements of Scottish emergency services, and others
- **Regional Learning and Development Co-ordinators** in each of the RRP areas
- The **National Centre for Resilience (NCR)**, an academic partnership which brings together researchers, policy makers, emergency responders, volunteers and communities and which funds research and applied projects which build Scotland's resilience to natural hazards

Multi-Agency Emergency Response Training

375. We note above that skilled, competent and confident people are the foundation of effective resilience and preparedness. For senior leaders, those attributes need to be seen not only in the quality of the work they do as individuals but also in their competence when working together as a team in the multi-agency leadership of the response to a major emergency. The response to major emergencies places demands on a wide range of organisations, possibly over a protracted period of time. The unique nature of each emergency means that not all of those in leadership positions in the emergency response are likely to have worked together sufficiently in day-to-day business to be able to transition smoothly into being an effective team. So **it is important that the core members of Strategic and Tactical Co-ordinating Groups are well-trained in working together, and practised through exercises.**

376. LRFs increasingly recognised this need during the relevant period, moving to the provision of multi-agency command team training. But the CCA Review found³⁷¹ that **not all LRFs in England had the capacity to undertake the multi-agency command team training they wished. And, because many LRFs were generating their own learning objectives and training materials, there was an inevitable risk that the training provided was inconsistent and might not be up-to-date.**

³⁷¹ Mann, B., Settle, K., Towler, A. et al (2022). *An Independent Review of the Civil Contingencies Act 2004 and its Supporting Arrangements*. National Preparedness Commission. Chapter 8. The Provision of Training

377. By contrast, since October 2008, **the Welsh Government and its Joint Emergency Services Group (JESG) maintained a training and exercising budget** each year to take forward a training programme at the all-Wales level which added to training at the local level. This programme was specifically targeted at providing individual and collective training for those people from responder organisations who would work as key decision-makers in multi-agency groups established to respond to emergencies. It included:

- a. **Exercise Wales Gold** which provided training for senior representatives from responder agencies who would represent their organisations at a multi-agency SCG during the response to an emergency. In 2019, a total of 122 delegates from 44 agencies attended the course³⁷².
- b. An **SCG Chairs Course**, introduced in 2019, specifically for strategic level partners who might be required to chair an SCG, a Recovery Co-ordinating Group (RCG) or a Scientific and Technical Advice Cell (STAC)³⁷³.
- c. **Exercise Wales Silver**, introduced in 2018, to prepare Tactical Commanders to work as part of a Tactical Co-ordinating Group (TCG)³⁷⁴.

The Demonstration And Validation Of Competence

378. In other public safety fields, command teams are subject to external assessment and validation regimes. We regard that as a discipline which should logically have equal applicability for those managing the response to major emergencies which could cause at least as much, if not more, disruption and harm. We have, however, been **unable to find any evidence of arrangements in place during the relevant period to validate the collective competence of command teams.**

What Would Make A Difference?

379. We believe that **improvement actions in this area in particular should have a high priority.** What we judge to be the **desirable end goal** was well-expressed in the Kerslake Report on the Manchester Arena attack, which recommended that:

“The Concept of Suitably Qualified, Experienced and Empowered Personnel should be integrated into the doctrine, language and training regimes of all Local Resilience Fora.”³⁷⁵ (Our emphasis)

We would go further, to extend the concept to government departments / directorates. Our suggested strategic improvement actions for the achievement of the ambition set out in the Kerslake Report are set out below.

³⁷² INQ000128980. Exercise Wales Gold 2019 Debrief Report dated July 2019

³⁷³ INQ000128981. Details from Wales Resilience on the Strategic Co-ordinating Group (SCG) Chairs Courses

³⁷⁴ INQ000130469. Witness Statement Number 1 of Dr Andrew Goodall. Paragraphs 227-236

³⁷⁵ Kerslake Arena Review Panel (2018). *The Kerslake Report: An independent review into the preparedness for, and emergency response to, the Manchester Arena attack on 22nd May 2017.* Page 209

A Competence Strategy, Competence Framework And Learning Pathways

380. We believe that there is a **clear need for:**

- a. As is common in other professional fields, a **Competence Strategy covering everyone with a substantial role in building resilience and preparedness.**
- b. A **consistent set of defined competences for individuals – brought together into a Resilience Competence Framework** – for use as a common spine across all organisations with resilience and preparedness responsibilities. They should be in a form which can be readily used by individuals in their personal development. They should also be capable of being used if wished by organisations in recruitment and promotion processes, depending on the personal attributes of the candidate being sought, allowing flexibility for some on-the-job training to encourage a wide diversity of candidates. They should **underpin the development, over time, of a resilience profession.**
- c. A **clear definition of the expected collective competence of the core members of the command teams who have leadership responsibilities in the management of the response to major emergencies.** These too should be added into the Resilience Competence Framework.

381. We judge that, although they have not achieved their original potential, the **National Occupational Standards offer the best platform** for bringing greater consistency and quality into the development of the Resilience Competence Framework. **But they need to be reviewed and updated** on the basis of a training needs analysis that is explicitly informed by practice and research on the complex demands of operating in the current and future risk landscape; **to be aligned to other competence frameworks** (eg. that currently exist in the emergency services and NHS); **and to be made more useable in front-line organisations** (eg. removing overlapping criteria).

382. The **UK has several Societies and Institutes in the resilience field. None has a regulatory or governance function.** We believe that **the UK government, working with the devolved administrations and Resilience Partnerships, will need to provide the initial leadership in bringing these bodies together in the development of the Resilience Competence Framework.** That process should also **engage stakeholders from all sectors**, as well as employers and the higher and further education sectors to inform the development of their future teaching programmes. And, once developed, the **resulting Resilience Competence Framework should be subject to regular review**, again engaging stakeholders, to ensure that experience of their operation, **lessons identified from emergency debriefs and the recommendations of formal Inquiries are captured.**

The Provision Of Training

383. Against the goal of building a cadre of “*Suitably Qualified, Experienced and Empowered Personnel*”, we believe that the **training undertaken should:**

- a. **Be conducted by “*Suitably Qualified, Experienced*” trainers.**
- b. **Include content that is compliant with legislation and approved doctrine** where relevant.
- c. **Include content which is up-to-date, and captures lessons identified** from emergencies and exercises.
- d. **Ensure that participants are given the support they need** in obtaining the required Competences, as set out in the Resilience Competence Framework.
- e. **Set out any further requirement for continuous professional development.**

Participants should be able to refresh their training at regular intervals so that they keep abreast of new or updated civil protection legislation and guidance.

384. For **emergency response and recovery training**, we believe that the same principles apply. But the training **should be provided not only for staff of individual organisations but also on a multi-agency basis, covering all core members of command teams**. Properly structured joint training is critical for realising the full potential of all of the organisations involved: emergencies demand levels of joint working that are exceptional and extend roles beyond their normal limits. So it is **especially important that senior personnel in the relevant organisations participate in multi-agency training so that they are able to lead effectively their organisations and the multi-agency response**.
385. In our view, the **need for a fundamental ‘reboot’ of the training ecosystem in England to meet the aims and address the weaknesses identified above is compelling and urgent. That has to be led by the UK government**, working with the devolved administrations, including to capture learning from their practice and experience. We set out below **four suggested areas for action**, in many cases drawing on what is successfully being done in the cyber security and counter-terrorism policing fields:
- a. **A move to more ‘bite-sized’ training modules**, especially on the fundamentals of resilience, which would better suit both the topics to be trained and allow busy people to fit their take-up of training to the demands of work and home.
 - b. For the same reasons, and to reduce overall cost, **a big increase in digital delivery**, including the use of e-learning modules especially for education and training on the basics of resilience and preparedness. But the use of digital delivery should be carefully balanced as part of a hybrid training solution which also includes face-to-face training elements for more advanced or critical areas of training, especially command team training which in our view needs to be face-to-face.
 - c. To ensure that the training provided is up-to-date and compliant, and to eliminate the current requirement for each LRF to develop its own training materials, there should be **central provision of accredited core training materials** which LRFs

can adapt and use locally. These should be developed in conjunction with LRFs and be kept up-to-date with the latest legislation and guidance, good practice (from operational experience and research in the UK and overseas) and lessons identified from emergencies and exercises. And this training material needs to be delivered by suitably trained trainers.

- d. **The introduction of tighter quality assurance arrangements for those firms and individuals who provide relevant resilience training, to ensure that what is delivered is compliant and up-to-date.** We believe it feasible for the UK government, working with the devolved administrations and Resilience Partnerships, to develop and make available a register of those training providers who are recognised for the quality, compliance and currency of their training.

The Training Of Ministers And Civil Servants

386. The greater likelihood of wide-scale emergencies with severe impacts requiring central government co-ordination or direction means that it is **vital that civil servants in government departments / directorates performing resilience and emergency response roles have the knowledge, skills, attitudes and experience to perform their roles** and to enable them to interface effectively with responders at local and regional levels. The need would be increased if the UK government and devolved administrations were, as we recommend in Section 5, to be subject to the full suite of duties under the Civil Contingencies Act 2004.
387. The critical role they play in the response to emergencies means that it is **vital that relevant Ministers and their special advisers also have a basic understanding of resilience structures at national and local levels, and with the basic principles of emergency management.**
388. We believe that **the Resilience Competence Strategy and Framework should capture this specific training need.** And we strongly believe that Ministers would benefit from undertaking a cross-government command team exercise at least once a year³⁷⁶.

The Demonstration And Validation Of Competence

389. We believe that the future risk picture described in Section 1 and the findings of recent Inquiries means that **it cannot in future be left to 'best efforts' that at least the core members of strategic command teams at all levels of the response are individually and collectively competent to fulfil their leadership role in the management of major emergencies. Tighter arrangements are needed to ensure competence.**

³⁷⁶ This requirement was also addressed in the House of Lords (2021). The Select Committee on Risk Assessment and Risk Planning: Report: *Preparing for Extreme Risks: Building a Resilient Society*. Paragraph 276

Local Level

390. In our view, the National Police Chiefs' Council has set the benchmark, under which all police forces must have the capability and capacity to deploy *trained and approved* strategic commanders for civil emergencies. Under this model, major incident commanders are mandated to attend the ('MAGIC') strategic training course³⁷⁷ every three years and undertake annual CPD³⁷⁸ to be 'approved'³⁷⁹ as strategic commanders for civil emergencies. Their approval status and CPD are recorded on the police national training system. Where any areas of weakness are identified, the College of Policing contacts the relevant police force to make them aware of the area for development and of the need to seek a mentor within the force to assist personal development. Fire and rescue service and ambulance service commanders also have to meet nationally-set requirements.

391. We recognise that organisations involved in emergency response and recovery may have a large cadre of personnel who will be on 24/7 rotas. But **we believe that the time has come for all core members of strategic command teams at local level to:**

- **Undertake individual emergency management training on appointment or every three years³⁸⁰, and suitable CPD each intervening year**
- **Undertake at least one formal command team exercise per year**

with **details of those who have received the necessary training and undertaken the necessary CPD being recorded and used as the basis for drawing up rotas³⁸¹.**

392. **In other public safety fields, command teams are subject to rigorous external assessment and validation regimes**, a discipline which should logically have equal applicability for those managing the response to major emergencies which could cause at least as much, if not more, disruption and harm. So we believe that there is a **need for analogous arrangements by which the collective competence of command teams is demonstrated and assessed.**

393. In the near term, as a means of ensuring that strategic improvement action is implemented quickly, **we suggest the introduction of arrangements which provide for the external assessment of the collective performance of command teams in an annual exercise.** To ensure consistency, we suggest that, in England, the

³⁷⁷ The Multi-Agency Gold Incident Command (MAGIC) training course is a 3.5 day course run by the College of Policing and involves multi-agency participants

³⁷⁸ Continuous Professional Development (CPD) can be through training or multi-agency live command of an incident

³⁷⁹ The course approves commanders but does not accredit them

³⁸⁰ With feedback provided on any areas of weakness and, ideally, connections made to suitable mentoring support to assist personal development

³⁸¹ Arrangements should, however, allow for those senior leaders who have recently taken up appointment but not had sufficient time to undertake the necessary training to join Strategic Co-ordinating Groups (SCG) if needed in the management of the response to a major emergency. Consideration should be given to the provision of mentoring support from more senior members of the SCG in those circumstances

assessment role should be **carried out by the Compliance and Preparedness Review Team we propose in Section 4**. Here too, it would be for each devolved administration to decide whether it wished to create its own team or draw on that established by the UK government. **Resilience Partnerships should be required to put in place an improvement plan and to evidence improvement** (eg. through a repeated exercise) if collective performance is assessed as being seriously weak in any area.

394. In the medium- to longer-term, once relevant standards have been developed and set out in the Resilience Competence Framework, there **may be a case for introducing formal qualifications and accreditation** against those qualifications. But this **would need to be done progressively and with care** to avoid excluding new blood coming into the profession who can bring in other broader skills and experience. It would also be important that the need for qualifications was assessed on a role-by-role basis against the work to be undertaken.

Arrangements In Government Departments / Directorates

395. Similarly, we believe that it cannot be left to 'best efforts' that at least the core members of departments' / directorates' emergency management groups, and those who are expected to participate in cross-government emergency management, are individually and collectively competent to fulfil their leadership role in the management of major emergencies. We suggest that **the same disciplines of building and demonstrating individual and collective competence should apply as much to civil servants as they do to staff of local bodies, including:**

- a. **All government departments / directorates having the capability and capacity to deploy trained and approved civil servants for emergencies requiring a single department / directorate or cross-government response.**
- b. The **definition of the competences required of civil servants with resilience and preparedness roles**, and their inclusion in the Resilience Competence Framework.
- c. **Undertaking individual emergency management training every three years, with suitable CPD each year**, set against the defined competences.
- d. **Each government department / directorate undertaking at least one formal command team exercise per year, observed by external assessors**, either on a peer-to-peer basis using experienced observers or by the Compliance and Preparedness Review Team(s) described above.
- e. **At least one formal cross-government command team exercise to be undertaken per year, observed by external assessors.**

A Centre Of Resilience Excellence

396. As we describe above and in previous sections, we judge that during the relevant period the UK government did not sufficiently invest in the knowledge base, competences, quality mechanisms and – above all – the visible signalling which encourages the pursuit of excellence in building resilience and preparedness. Our final suggestion is to adopt in the resilience field the mechanism classically used in other fields which wish to pursue and embed professionalism and quality – the **creation of a Centre of Resilience Excellence (CORE)**. This could cover many of the areas described above:

- a. Leadership of the development of the **Resilience Competence Framework**, working in partnership with the devolved administrations, stakeholders from all sectors, professional bodies, employers and the higher and further education sectors.
- b. Leading the **fundamental transformation of the resilience training ecosystem in England**, including:
 - i. Developing, in conjunction with other training providers as appropriate, **learning pathways** setting out guidance on how individuals can undertake training which will enable them to meet Resilience Competence Framework requirements.
 - ii. Developing, in conjunction with other training providers as appropriate, a wide range of **training options**, including modular courses, digital delivery and on-site training provision.
 - iii. **Producing and maintaining core training materials** for adaptation and use by UK government departments, LRFs and other organisations.
- c. Providing training courses and command team exercising in some areas; but more broadly **overseeing the availability of training courses and command team training** to ensure that there is sufficient, high-quality and compliant training available to allow everyone with a resilience and preparedness role with the ability to develop the competences they need. This function would include developing and making available a national register of recognised trainers and providers of multi-agency emergency management training.
- d. Acting as a **point of engagement for, and maintaining regular dialogue with, Higher Education Institutes (HEIs)** seeking advice on current resilience policy and operational practice, or who wish to pursue or promote research of benefit to resilience and preparedness.
- e. Collating from across UK government departments, the devolved administrations and Resilience Partnerships a list of those **areas of research interest** in the resilience and preparedness field which would benefit from further research and pursuing this with HEIs and research funding bodies.

- f. Leading on arrangements for **capturing lessons identified** from the response to major emergencies, and their dissemination and embedding into doctrine, guidance, competences and training.
 - g. **Analysing, synthesising and disseminating the findings of relevant UK and international research**, including its inclusion in doctrine, guidance, competences and training.
 - h. With the devolved administrations and others, **creating and maintaining doctrine and guidance**, embedding lessons and the findings of relevant research, and maintaining an up-to-date mapping of available doctrine and guidance and its status for use across all sectors.
 - i. Running, or sponsoring others with the specialist skills and user-friendly technology³⁸² to run (eg. through a HEI), a **Knowledge Hub** to collate and maintain an accessible online library of essential reference materials, and documentation from the UK and overseas that illustrates a wide range of good practice.
397. We believe that the creation of a CORE would address the capability needs we set out above as well as providing the visible signalling which encourages the pursuit of excellence. We are influenced in our views by the high-quality work already being done in several of the areas listed above by the Scottish Government Development Service (ScoRDS) and Scotland's National Centre for Resilience (NCR)³⁸³.
398. If the Emergency Planning College were to be part of the CORE, it would need a fundamental transformation, alongside the transformation of the training ecosystem. But we believe that focusing on the College alone would be too narrow. The multi-agency nature of resilience and preparedness means that **the CORE should in our view embrace the benefits of co-working with:**
- a. The **wide range of government training institutions**, including not only the ScoRDS, College of Policing and the Fire Service College but also, for example, the Defence Academy and the Diplomatic Academy. There is clear value in cross-fertilisation of training between the different institutions and cultures, especially between the 'civilian' and 'military' fields, and between 'home' and 'overseas' experience and practice. And there are obvious benefits in terms of accessibility in having multiple geographies for on-site training, drawing on the geographical locations of the other institutions.

³⁸² The CCA Review found that ResilienceDirect, a secure, web-based platform designed to enable secure information sharing and collaboration between local and national emergency responders, was difficult to access and use, and needed to be quicker, more interactive and intuitive, and provide better search functionality, See Mann, B., Settle, K., Towler, A. et al (2022). *An Independent Review of the Civil Contingencies Act 2004 and its Supporting Arrangements*. National Preparedness Commission. Sharing of Information Between Designated Local Bodies During the Planning Phase

³⁸³ See <https://www.gla.ac.uk/research/az/ncr/aboutus/>

- b. **Higher Education Institutions**, including the ability of the CORE to draw on academic teaching and research disciplines (including academic accreditation arrangements), to share skills and capabilities, and possibly to share overheads.

399. We note that, in its Resilience Framework, the UK government has signalled its intention to pursue most of the suggestions above, including:

- a. Defining competence standards, and providing individual training and education, assessment and accreditation.³⁸⁴
- b. Delivering by 2025 a new UK Resilience Academy, which is intended to “... be the heart of a network of similar UK-Government affiliated providers and deliver leadership and learning to all those in the resilience system”. It is thus intended to be built out from the existing Emergency Planning College, with the goal of “... making world class professional training available to all that need it” and delivering “... a new training and skills pathway to drive professionalism and support all those pursuing a career in resilience ...”³⁸⁵. The vision is that the Academy “...will be a physical and virtual campus delivering the scoping, design and delivery of training, wider education, learning and development and exercising for resilience professionals. It will bring together similar providers into a network, becoming a wider centre of excellence, incorporating concepts and doctrine, training and education, exercise and experimentation, lessons learning and implementation and innovation.”³⁸⁶

400. The UK government has also acknowledged the link between the proposed UK Resilience Academy and other providers:

*“In addition to the EPC, there are a number of UK Government affiliated learning and development providers sharing skills, expertise and powerful networks, for example, the UK Leadership College for Government and College for National Security, as well as JESIP, UK Defence Academy and the College of Policing. All make different and essential contributions to the resilience learning and development landscape. Networked to the UKRA, this will create a comprehensive skills and training centre that needs to be promoted and made accessible to all those that have a role in resilience.”*³⁸⁷

Learning And Continuous Improvement

401. **The Act does not include any obligation in respect of lessons identified processes.** The Pollock Review in 2013, which considered lessons identified in emergencies and major incidents since 1986, noted that:

“The consistency with which the same or similar issues have been raised by each of the inquiries is a cause for concern. It suggests that lessons

³⁸⁴ HM Government (2022b). *The UK Government Resilience Framework*. Paragraph 191

³⁸⁵ Ibid. Our Action Plan: Skills

³⁸⁶ Ibid. Paragraph 195

³⁸⁷ Ibid. Paragraph 197

identified from the events are not being learned to the extent that there is sufficient change in both policy and practice to prevent their repetition.³⁸⁸
(Our emphasis)

402. This finding was repeated in the Manchester Arena Inquiry:

*“Lessons need to be learned when things go wrong in exercises or in a real emergency, and change implemented as a result.”*³⁸⁹

*“The evidence heard at the Inquiry has led me to the view that necessary changes were not always identified and implemented as the result of past mistakes, partly because the debrief processes were not as effective as they might have been, and even when shortcomings were identified they were not always put right. In the Inquiry, I heard evidence of exercises where things had gone wrong that were similar to the things that went wrong on 22nd May 2017. This needs to be improved, and I have made a number of recommendations, which I hope will, if accepted, result in improvements.”*³⁹⁰ (Our emphasis)

403. The CCA Review heard³⁹¹ that there was **limited evidence in England of a learning and continuous improvement culture**. This was **sometimes portrayed as being due to a lack of time and resources**. More worryingly, this was **also sometimes attributed to a fundamental lack of desire to disturb the status quo, or to a perception that there was nothing to learn from others**.

404. The **creation of Joint Organisational Learning (JOL) in 2015**³⁹², which aims to **collate and highlight lessons to responder organisations, is a welcome development**. However, **this tool does not ensure that lessons, once identified and published on JOL, are being followed through**.

405. In 2016-2018, the Welsh Government, recognising this issue, sought, through the **Wales Learning and Development Group, to develop a system for Wales which not only captured lessons but had the capability to track them to completion, with the necessary audit trail**. Due to a lack of resources, the system did not proceed to completion and work was, in any case, interrupted by preparations for EU Exit³⁹³.

What Would Make A Difference?

406. We believe that a systematic process to make sure that debriefs take place following exercises and emergencies, that lessons identified are shared widely and that lessons

³⁸⁸ Pollock, Dr K. (2013). *Review of Persistent Lessons Identified Relating to Interoperability from Emergencies and Major Incidents since 1986*

³⁸⁹ Manchester Arena Inquiry (2022). *Volume 2: Emergency Response. Report of the Public Inquiry into the Attack on Manchester Arena on 22nd May 2017*. Paragraph 21.24

³⁹⁰ Ibid. Paragraph 21.27

³⁹¹ Mann, B., Settle, K., Towler, A. et al (2022). *An Independent Review of the Civil Contingencies Act 2004 and its Supporting Arrangements*. National Preparedness Commission. Chapter 8. Building a Learning and Continuous Improvement Culture

³⁹² Latest JOL guidance is JESIP (2017). *Joint Organisational Learning. Guidance. Version 2*

³⁹³ INQ000130469. Witness Statement Number 1 of Dr Andrew Goodall. Paragraph 259

are then adopted and embedded in the institutional memory, plans and actions of all relevant organisations is vital. Past experience of the lessons identified process not being given the attention it deserves by senior leaders, has led us to conclude that a **requirement for lessons identified processes, from identification through to embedding to evaluation, should now be captured in law. We suggest that the Inquiry should explore the merits of:**

- a. **Inserting an obligation into an amended Civil Contingencies Act or any new civil protection legislation.**
- b. **Its amplification in associated Regulations and statutory guidance.**
- c. **The creation of a new dedicated National Resilience Standard.**
- d. **The testing of performance in this area through the Compliance and Performance Reviews** we suggest in Section 4.

407. In making these suggestions, we are conscious that we are repeating relevant recommendations of the Manchester Arena Inquiry:

“The [Government] should ensure that there exist robust national and local systems to identify and record the lessons learned from all multi-agency exercises and ensure that change is implemented as a result, where change is indicated.”³⁹⁴

“The [Government] should ensure that there exist robust national and local systems and sufficient resources to make sure that the debrief process following multi-agency exercises is effective to capture the lessons that need to be learned.”³⁹⁵

“Local resilience forums should establish procedures to ensure that they oversee the process of identifying the lessons to be learned from major exercises, or serious incidents, in their areas, and that they are responsible for overseeing the debriefing of those events.”³⁹⁶

408. We note that the UK government, in its Resilience Framework, highlighted the new UK Resilience Lessons Digest³⁹⁷ which has been launched by the EPC as a tool to support responders. The Resilience Framework also emphasised that the UK government:

“... will encourage and facilitate stronger collaboration between regions and across the four nations to maximise the opportunities for shared learning, insight, and co-operation.”³⁹⁸

³⁹⁴ Manchester Arena Inquiry (2022). *Volume 2: Emergency Response. Report of the Public Inquiry into the Attack on Manchester Arena on 22nd May 2017*. Recommendation 48

³⁹⁵ *Ibid.* Recommendation 49

³⁹⁶ *Ibid.* Recommendation 104

³⁹⁷ Emergency Planning College (2022). *Introducing the UK Resilience Lessons Digest* (webpage)

³⁹⁸ HM Government (2022b). *The UK Government Resilience Framework*. Paragraph 77.

SECTION 7: A WHOLE OF SOCIETY RESPONSE

Question 6: Whether the resilience and preparedness arrangements put in place by the UK government and the devolved administrations gave proper effect to the ability of the essential service sectors, the business sector, organisations in the voluntary and community sector and communities themselves to respond to ‘whole system’ civil emergencies.

409. Previous sections have focused mainly on the public sector, especially designated statutory bodies with duties under the Civil Contingencies Act. As we note in Section 2, however, **engaging “all of society” is a guiding principle of the best practice Sendai Framework**. And the response to previous major emergencies as well as to the COVID-19 pandemic has shown the huge appetite and willingness on the part of individuals, communities, voluntary organisations and businesses to make a contribution – of time, money and materials – and how powerful that contribution can be when properly harnessed.
410. This section draws on the recognition that preparedness for and the response to catastrophic emergencies *must* engage all areas of society to be truly effective to analyse **whether the resilience and preparedness arrangements put in place during the relevant period were built on solid, ‘whole of society’ foundations**. Did they properly enable the business sector, the voluntary and community sector and communities themselves to prepare for and respond to catastrophic emergencies?

The Strategic Approach

411. The spirit and the phrase are not new: they have been around for longer than the Act has been in place. Thus, the 2001 Anderson Report on the foot-and-mouth disease outbreak noted that:

*“Whatever central government does and however well, it cannot defeat a major outbreak of animal disease on its own. It needs to co-ordinate the support and services of many others, including those most directly affected.”*³⁹⁹

412. A description in 2007 by the UK government’s then Security and Intelligence Co-ordinator of the developing arrangements for building resilience in the period shortly after passage of Act noted that:

*“... a key challenge for civil protection planning in the UK is to enable the active involvement of all sections of society ...”*⁴⁰⁰

³⁹⁹ Anderson, Dr Iain (2002). *Foot And Mouth Disease 2001: Lessons to be Learned Inquiry Report*. Page 1

⁴⁰⁰ Hennessy, Professor P. (Ed) (2007). *The New Protective State: Government, Intelligence and Terrorism*. Page 55

413. Demos published *Resilient Nation* in 2009 with useful prescriptions⁴⁰¹. And the 2015 *National Security Strategy* noted that:

“The UK’s resilience depends on all of us – the emergency services, local and central government, businesses, communities and individual members of the public.”

and expressed an intention to:

*“... expand and deepen the Government’s partnership with the private and voluntary sectors, and with communities and individuals, as it is on those relationships that the resilience of the UK ultimately rests.”*⁴⁰²

414. Despite this expressed ambition, we believe that the **evidence shows that, despite many years of good intent, insufficient progress was made**. There was, for example, good work over the relevant period on community resilience although, as described in the CCA Review⁴⁰³, it is clear that, with some notable exceptions, LRFs in England struggled to make significant progress. Arrangements for involving the business sector were weak. And the levels of engagement with the voluntary and community sector were highly variable. **It is clear that, in the relevant period, ‘whole of society’ remained more said than done.**

Three Principles Behind An Effective Whole Of Society Approach

415. We have identified **three principles which we believe should underpin an effective ‘whole of society’ approach**, and used them as the basis for analysing what was done in the relevant period and for identifying our suggestions for improvement.

Putting People First

416. The first is **putting people and their needs first**. The response to most major emergencies usually involves fixing an immediate crisis and stopping things getting worse. But the **key goal is to minimise harm to people, their families and communities**, and especially to identify and meet the needs of those affected. But as we note in Section 2, risk assessment and emergency planning can often focus on processes and products rather than identifying vulnerabilities and hence the very human consequences of emergencies for people and their likely physical, social, psychological and economic needs. A survey by the British Red Cross in 2019, for example, found that the majority of the 27 emergency plans they surveyed did not:

“... [include] a definition of vulnerability, and not all plans included measures for identifying and helping vulnerable people.”

⁴⁰¹ Edwards, C. (2009). *Resilient Nation*. Demos

⁴⁰² HM Government (2015). *National Security Strategy and Strategic Defence and Security Review 2015: A Secure and Prosperous United Kingdom*. Page 43

⁴⁰³ Mann, B., Settle, K., Towler, A. et al (2022). *An Independent Review of the Civil Contingencies Act 2004 and its Supporting Arrangements*. National Preparedness Commission. Chapter 4. Building Community Resilience

which led them to recommend that:

“... as part of their duty to assess risk under the [Civil Contingencies Act], LRFs should be explicitly required to identify the specific needs and vulnerabilities of their community in particular emergencies, and their plans should address these needs accordingly.”⁴⁰⁴

417. We believe that **extending risk assessment and emergency planning as a matter of routine into the identification of vulnerabilities and then into the consequences for people** will provide the basis for developing a much fuller and more detailed assessment of their potential needs. And that will in turn provide a basis for dialogue about *how best* to meet those needs and *who is best* placed to do so. Making people and their needs – immediate and longer-term; physical, social, psychological⁴⁰⁵ and economic – the focus of risk assessments and needs-based emergency planning will:

- a. Enable the involvement of *all* organisations and individuals who wish to make a contribution to identifying and meeting those needs, whether from the statutory agencies, voluntary and community sector, businesses or communities.
- b. In particular, enable the involvement of a much wider range of *local* organisations in building *local* resilience.
- c. Extend risk assessment and emergency planning, and supporting processes and tools⁴⁰⁶, to cover explicitly the populations most vulnerable to, and most disproportionately affected by, the consequences of emergencies because of their income, geography, job role, living situation, or other characteristics such as health conditions, disabilities and language fluency.

Proper Planning And Preparation

418. But broadening the ability *in principle* of a much wider range of organisations and individuals to make a contribution will not be enough. **Effective emergency response is founded on proper planning and preparation.** So our second principle covers the need in emergency planning to:

- a. **Capture and record the contribution which voluntary and community sector organisations, businesses and communities might make**, and the roles and responsibilities of each contributor.

⁴⁰⁴ British Red Cross, with Demos (2021). *Ready for the Future: Meeting People’s Needs in an Emergency*. Page 23; and British Red Cross (2019). *People Power in Emergencies. An assessment of voluntary and community sector engagement and human-centred approaches to emergency planning*. Pages 2-3

⁴⁰⁵ See for example British Red Cross (2018). *Ready for anything. Putting people at the heart of emergency response*

⁴⁰⁶ One example would be the JIGSO digital solution developed in Wales to identify, via existing property address datasets, how information can be used by Welsh public services rapidly to prioritise assistance to vulnerable people during emergencies. See NQ000130469. Witness Statement Number 1 of Dr Andrew Goodall. Permanent Secretary, Welsh Government. Paragraphs 307-310

- b. **Decide how that activity should best be integrated with the response of statutory bodies** into a cohesive response framework.
- c. **Ensure that contributors are trained and plans are tested in exercises** involving the organisations concerned.

419. It is clear that some LRFs in England made progress in this area during the relevant period. The CCA Review⁴⁰⁷ heard of work in a number of LRFs to capture potential contributions in a structured Capability Matrix⁴⁰⁸ and similar tools, to embed those contributions in emergency plans and to put in place the necessary training and exercising. That work included, in some functional areas, ensuring that important safeguards were met (eg. in the provision of care to vulnerable people). But this **good progress made in some areas was clearly not consistent across England**, which will inevitably have had an impact on overall preparedness for catastrophic emergencies.

A Spirit Of Genuine Partnership

420. **The glue which holds all of this together**, and our third principle, **is a spirit of genuine partnership**, most often judged through actions rather than words. The CCA Review⁴⁰⁹ heard clear distinctions between the views expressed by designated local bodies and those offered by other organisations on whether that spirit of partnership was *felt* to exist – or whether some potential contributors felt marginalised.

What Would Make A Difference?

421. We judge that **embedding these principles will require changes to the Civil Contingencies Act, its associated Regulations and supporting guidance**.

422. The Act and Regulations embed the rather antiseptic approach described earlier in this report. The Act requires local bodies to:

“... maintain plans for the purpose of ensuring that if an emergency occurs or is likely to occur the person or body is able to perform his or its functions so far as necessary or desirable for the purpose of:

- (i) preventing the emergency*
- (ii) reducing, controlling or mitigating its effects ...”⁴¹⁰*

423. The tone and language used above is not immediately human-centred – nowhere does it talk explicitly about the care of people affected by the emergency. Similarly,

⁴⁰⁷ Mann, B., Settle, K., Towler, A. et al (2022). *An Independent Review of the Civil Contingencies Act 2004 and its Supporting Arrangements*. National Preparedness Commission. Chapter 4. The Voluntary and Community Sector, and The Better Involvement of Business

⁴⁰⁸ Covering assets as well as capabilities

⁴⁰⁹ Mann, B., Settle, K., Towler, A. et al (2022). *An Independent Review of the Civil Contingencies Act 2004 and its Supporting Arrangements*. National Preparedness Commission. Chapter 4. Partnership

⁴¹⁰ UK Parliament (2004). *Civil Contingencies Act 2004*. Section 2(1)(d)

Regulations⁴¹¹ focus more on process than people – the development of plans; the different uses of generic, specific and multi-agency plans; the need to reflect in planning the activities of voluntary organisations; procedures for determining whether an emergency has occurred; training and exercising plans; and plan revision.

424. Statutory guidance includes useful material on the way in which emergency plans should cover the vulnerable and those affected by an emergency⁴¹². But that material occupies only a handful of pages in a 70-page document, which again is otherwise heavily focused on process rather than people.
425. We suggest that, drawing on non-statutory specific guidance developed in Scotland⁴¹³ and England⁴¹⁴, **statutory guidance in this area should be turned inside out, to be driven by people’s needs rather than process**. Material in the guidance on “*reducing, controlling or mitigating [an emergency’s] effects*” should **require local bodies and Resilience Partnerships to extend risk assessment and emergency planning into the consequences of emergencies for people and their likely physical, social, psychological, and economic needs, based on an assessment of vulnerabilities** embodied in risk assessments. That should **form the basis for identifying and capturing the contribution which the full range of local statutory bodies, voluntary and community sector organisations, businesses and communities might make, acting in partnership, to meeting those needs**. And material on training and exercising should reflect the value of ensuring that people outside the statutory agencies receive the necessary training to fulfil their identified role effectively, and that plans which involve a wide range of contributors are tested in exercises which involve those organisations.

Practice In Each Sector

The Voluntary And Community Sector

426. **Supporting Regulations to the Act require that Category 1 responders, in carrying out their duty on emergency planning:**

“... must have regard to the activities of voluntary organisations which carry on activities:

- (1) In the area in which the functions of that general Category 1 responder are exercisable; and*
- (2) which are relevant in an emergency.”⁴¹⁵ (Our emphasis)*

⁴¹¹ UK Parliament (2005a). *Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005*. Part 4, Regulations 19-26

⁴¹² Cabinet Office (2011k). *Revision to Emergency Preparedness. Chapter 5: Emergency Planning*. Pages 39-41

⁴¹³ Scottish Government (2013a). *Responding to the Psychosocial and Mental Health Needs of People Affected by Emergencies*

⁴¹⁴ NHS England and NHS Improvement (2021). *Responding to the needs of people affected by incidents and emergencies. Guidance for planning, delivering and evaluating psychosocial and mental healthcare*

⁴¹⁵ UK Parliament (2005a). *Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005*. Regulation 23

427. What we regard as **the ambiguity – including in law – of the so-called ‘have regard to’ formula is in our view made worse in its amplification in statutory guidance, which carries a sense of implied reluctance to involve voluntary and community sector organisations:**

*“In some circumstances, emergencies can **overstretch** the resources of the emergency services, local authorities and other local responders during the response and recovery phases of an emergency. The value of involving the voluntary sector at every stage in order to **provide additional support** has been demonstrated on many occasions.”⁴¹⁶ (Our emphasis)*

428. The CCA Review concluded that **the ‘have regard to’ formula was not working**⁴¹⁷. The involvement of voluntary and community sector organisations in emergency planning and response was patchy in England, and community and voluntary sector partners were not formally involved in central planning and co-ordination arrangements during the relevant period in Northern Ireland⁴¹⁸.

What Would Make A Difference?

429. We suggest that there is now a **need for a fundamental shift in the involvement of the voluntary and community sector, away from the ‘have regard to’ formula to the recognition in statutory guidance of the principle of voluntary and community sector organisations being partners from the outset in the resilience and preparedness activities** of local bodies, Resilience Partnerships, the UK government and the devolved administrations.
430. Doing so would capture the ethos seen in other European countries (eg. Germany and Italy) where voluntary organisations are a fundamental part of the civil protection system and harness the knowledge and skills of many thousands of volunteers. Capturing this spirit of partnership would not, however, extend as far as voluntary and community sector organisations having legal duties which we believe would be disproportionate and unfair.
431. Statutory guidance should in our view provide much fuller guidance on good practice. Key points would be that **involvement should cover all aspects of the Resilience Cycle**, including risk assessment and risk communication, preventive actions to reduce vulnerabilities, and emergency response and recovery. In some areas, involvement could extend as far as voluntary and community sector organisations being involved in the co-design of plans, especially where that would build on existing partnerships between statutory bodies and voluntary and community sector organisations in the routine delivery of public services. **Good practice would also involve:**

⁴¹⁶ Cabinet Office (2011o). *Revision to Emergency Preparedness. Chapter 14: The Role of the Voluntary Sector*

⁴¹⁷ Mann, B., Settle, K., Towler, A. et al (2022). *An Independent Review of the Civil Contingencies Act 2004 and its Supporting Arrangements*. National Preparedness Commission. Chapter 4. The Voluntary and Community Sector

⁴¹⁸ INQ000187620. Witness Statement of Denis Michael McMahon. Paragraph 130

- a. The **identification of the capabilities which voluntary and community sector organisations can bring, and their capture in a Capability Matrix** or similar planning document.
- b. The **engagement of voluntary and community sector organisations in training and exercising.**

This good practice should also be captured in a new National Resilience Standard.

432. One clear lesson of the response to the COVID-19 pandemic is that **that work should involve a much wider range of voluntary and community sector organisations than have typically been engaged in building resilience and preparedness.** These include organisations whose primary role goes wider than support in emergencies, especially in addressing wider social and psycho-social needs; faith groups; and groups with the ability to reach particular communities of interest. Other organisations and networks have been created or developed in the decade since the guidance was last updated. And guidance is limited in its coverage of some important UK-wide voluntary and community sector organisations and networks on which Resilience Partnerships might draw.

The Business Sector

433. The full involvement of business is, in our view, a fundamental plank of a 'whole of society' approach to building resilience and preparedness. And yet the CCA Review found⁴¹⁹ that **the vast majority of the wide range of general⁴²⁰ businesses and business representative organisations interviewed had had almost no engagement with the UK government on resilience matters in the years before the COVID-19 pandemic.** The position was similar in Northern Ireland⁴²¹, although we are aware that there was fuller engagement with the Scottish Government. Many observed that levels of engagement with the UK government had declined sharply over the decade. There was a strong sense of the UK government viewing engagement as something that 'needed to be done'. This showed in the clear perception of there being an absence of thinking in the UK government about the needs of business in resilience planning, let alone a readiness to give business a voice. As a result, there was a widely-held view that the UK government did not have a good understanding of business resilience, especially the resilience of supply chains. Even in cases where businesses had sought advice, several felt that the UK government did not wish to listen or engage.

⁴¹⁹ Mann, B., Settle, K., Towler, A. et al (2022). *An Independent Review of the Civil Contingencies Act 2004 and its Supporting Arrangements*. National Preparedness Commission. Chapter 4. The Better Involvement of Business

⁴²⁰ That is, those not designated as Category 2 responders under the Act

⁴²¹ INQ000187620. Witness Statement of Denis Michael McMahon. Paragraph 127

434. The CCA Review⁴²² found **better levels of engagement with businesses at local level in England**. And it heard of **good engagement in some regulated sectors**, led by individual UK government departments. But the absence of routine engagement on resilience and preparedness matters between the centre of the UK government and business was striking – and well behind access and engagement arrangements in other security fields. There was a widely-held view that **more and better progress had been made on building a whole of society approach to addressing physical and cyber threats than on building resilience and preparedness**.

435. It is notable that **the Act, its associated Regulations and supporting statutory guidance contain almost no material on the involvement of general business and business representative organisations in building resilience and preparedness**. Coverage in the Act itself is essentially restricted to the provision of business continuity advice and assistance to businesses and others⁴²³. Unlike the voluntary and community sector, which has a dedicated Chapter in statutory guidance⁴²⁴, the engagement of business is bundled together with a wide range of other organisations in a Chapter on the “*Other Sectors that should be involved in Emergency Planning*”. The Chapter includes advice that:

“... organisations which are not required to participate under the Act should be encouraged to take part in forums and co-operate in planning arrangements wherever this is appropriate.”⁴²⁵

436. This omits, however, the valuable contribution which businesses might make to key functional areas of resilience and preparedness activity, especially risk assessment and risk reduction, and building supply chain resilience. Furthermore, guidance is silent on the valuable role of business representative organisations, especially in acting as the trusted intermediary between their members, governments and other statutory bodies. **It provides a very poor platform for the consistent, routine dialogue needed specifically with business and business representative organisations on issues such as:**

- a. **Risks and their consequences**, in terms which are meaningful to business and which can be used in their organisational resilience and business continuity planning. The UK government made a first step down this road with the publication in 2014 and 2015 of National Business Resilience Planning Assumptions⁴²⁶, based on the then National Risk Assessment. But these appear to have lapsed since.

⁴²² Mann, B., Settle, K., Towler, A. et al (2022). *An Independent Review of the Civil Contingencies Act 2004 and its Supporting Arrangements*. National Preparedness Commission. Chapter 4. The Better Involvement of Business

⁴²³ UK Parliament (2004). *Civil Contingencies Act 2004*. Section 4

⁴²⁴ Cabinet Office (2011o). *Revision to Emergency Preparedness*. Chapter 14: *The Role of the Voluntary Sector*

⁴²⁵ Cabinet Office (2011p). *Revision to Emergency Preparedness*. Chapter 15: *Other Sectors that should be involved in Emergency Planning*. Paragraph 15.3

⁴²⁶ Cabinet Office (2015b). *National Business Resilience Planning Assumptions*

- b. The **risk reduction** measures which might be put in place to seek to avoid or minimise the harm arising from disruption in the supply of goods and services, especially through work on supply chain resilience.
- c. The **mitigations** which might be put in place to reduce the impact on businesses not only of risks and their consequences but also of the measures put in place as part of the emergency response.
- d. Those areas where businesses are able to make a material **contribution to the response**, especially in meeting the needs of those affected by the emergency, capturing potential contributions in a proactive and systematic way.

What Would Make A Difference?

437. The voluntary and community sector has developed in recent years the Voluntary and Community Sector Emergencies Partnership as a mechanism to capture the spirit of partnership and collaboration between the UK government and voluntary and community sector organisations. We suggest that **the relationship between the UK government and business on resilience matters should be treated as being of at least equal importance, and similarly placed on a formal partnership footing, with arrangements put in place to take forward on a collaborative basis operationally-focused work** in the four areas described above.
438. Such a Business Sector Resilience Partnership would not be intended to replace or cut across existing arrangements led by individual UK government departments for engagement with businesses in their sectors or by the devolved administrations. Lead Government Departments and the devolved administrations, with regulators where relevant, would remain responsible for engagement within their sectors, covering the whole sector and supply chain, with the results captured in Sector Security and Resilience Plans⁴²⁷. Rather, we suggest that **the Business Sector Resilience Partnership should address wide-scale and ‘catastrophic’ risks** rather than those which can be addressed by individual UK government departments within their sectors or by the devolved administrations, or where businesses judge that they do not need support. By extension, **it could also cover common and cross-cutting issues applicable to a wide range of risks, especially the management of severe cascading consequences**.

Building Community Resilience

439. **Community resilience is intended to capture an approach to building resilience and preparedness which not only involves communities, whether defined by geography or interest, and individual citizens, but also empowers them** to make the contribution they wish in preventing, preparing for, responding to and recovering from emergencies. On a practical level, this activity can take many forms, from household-level preparedness and checking on vulnerable neighbours to organised community groups with their own community-level emergency plans. The concept of

⁴²⁷ Cabinet Office (2019a). *Sector Security and Resilience Plans 2018: Summary*

community resilience is neither new nor revolutionary, drawing on the fundamental human instinct to support each other during adversity. Examples of ‘community resilience’ can be seen in every type of major emergency that has affected the UK, from wartime through to the response to the COVID-19 pandemic.

440. **Community resilience is not covered in the Act or its associated Regulations but is briefly covered in statutory guidance**⁴²⁸ in its chapter on emergency planning, which positively encourages local bodies to involve communities in their planning:

*“Involving the community in the production of emergency plans whenever possible and practical, and supporting communities to develop their own emergency plans, will enable community members to play an active role in supporting responders in the response to, and recovery from, emergencies ... This should encompass relevant voluntary, business and community organisations operating in the area covered by the plan.”*⁴²⁹

441. However, unhelpfully, the chapter on communicating with the public also advises Resilience Partnerships that:

*“The duty to make the public aware of the risks of emergencies does not extend to a requirement to assist individuals/organisations in developing community resilience or to promote community resilience ...”*⁴³⁰

which reduces the impact of the earlier encouragement.

442. **Work on the fuller expression of community resilience started a little after passage of the Civil Contingencies Act**, having been triggered by lessons identified from the summer floods of 2007. The 2008 National Security Strategy thus recorded the UK government’s commitment:

*“The British people have repeatedly shown their resilience in the face of severe disruptions whether from war, terrorism, or natural disasters. Communities and individuals harness local resources and expertise to help themselves, in a way that complements the response of the emergency services. That kind of community resilience is already well organised in some parts of the United Kingdom, and we will consider what contribution we can make to support and extend it, building on the foundations of the Civil Contingencies Act and on the lessons of emergencies over the past few years.”*⁴³¹

443. This was developed in the Pitt Review of lessons identified from the summer 2007 floods, which concluded that:

⁴²⁸ Cabinet Office (2011k). *Revision to Emergency Preparedness. Chapter 5: Emergency Planning*

⁴²⁹ Ibid. Paragraph 5.51

⁴³⁰ Cabinet Office (2012h). *Revision to Emergency Preparedness. Chapter 7. Communicating with the Public.* Paragraph 7.7

⁴³¹ Cabinet Office (2008b). *The National Security Strategy of the United Kingdom – Security in an interdependent world.* Paragraph 4.59

“The Review believes that individuals and communities would benefit from more comprehensive, targeted advice from the Government ...”

and recommended that:

“The Government should establish a programme to support and encourage individuals and communities to be better prepared and more self-reliant during emergencies, allowing the authorities to focus on those areas and people in greatest need.”⁴³²

444. Following the Pitt Review, the (then) CCS established the first community resilience programme. In recognition of the fact that thinking on community resilience was in its infancy, the CCS took two immediate steps to build the evidence base. The first was to work with Demos to produce what became the *Resilient Nation* report published in 2009. This highlighted that:

“responsibility for resilience must rest on individuals not only on institutions”⁴³³

and described:

“... how we can build and sustain community resilience with support from central and local government, relevant agencies, the emergency services and voluntary organisations.”⁴³⁴

and ended by outlining:

“... how government departments, relevant agencies and local authorities can shape and influence existing models of best practice around the country by adopting the four Es of community resilience: engagement, education, empowerment and encouragement.”⁴³⁵

445. The second was the establishment in 2009 (jointly with the US Federal Emergency Management Agency) of an informal Multi-National Resilience Policy Group which involved participants from 10 countries. The learning and insights generated by this international group, together with the analysis in the Demos Report, informed the UK government’s development of the **first Strategic National Framework on Community Resilience⁴³⁶**, published in 2011, which was accompanied by toolkits and templates.

446. Thinking and practice on **community resilience continued to evolve over the next decade, with the value of community resilience being increasingly well-documented by the academic community. Other nations, including the US and Australia, developed approaches to emergency management incorporating the**

⁴³² Pitt, Sir M. (2008). *Learning lessons from the 2007 floods: An Independent review by Sir Michael Pitt*. Page 355

⁴³³ Edwards, C. (2009). *Resilient Nation*. Demos. Page 10

⁴³⁴ Ibid.

⁴³⁵ Ibid. Page 11

⁴³⁶ Cabinet Office (2011h). *Strategic National Framework on Community Resilience*

concept into their activities⁴³⁷. And the National Emergency Management Agency in New Zealand ran the 'Get Ready' campaign – a national campaign on how to prepare for risk at the household and community level – which is built on people having good relationships with neighbours and being prepared to help when the worst happens⁴³⁸.

447. The UK government, in its 2015 National Security Strategy, reconfirmed the value of building community resilience:

*"The UK's resilience depends on all of us – the emergency services, local and central government, businesses, communities and individual members of the public."*⁴³⁹

and committed that it would:

*"... expand and deepen the government's partnership with the private and voluntary sectors, and with communities and individuals, as it is on these relationships that the resilience of the UK ultimately rests."*⁴⁴⁰

448. An updated Community Resilience Framework for Practitioners was issued in 2016, together with revised tools and templates⁴⁴¹.

449. The National Security Capability Review in 2018 again confirmed the UK government's commitment to a whole of society approach to resilience:

*"National resilience is truly collective, depending on all of us – emergency responders, local and central government, the Armed Forces, businesses, communities and individual members of the public."*⁴⁴²

450. And in 2019, the CCS produced a further updated **Community Resilience Development Framework**⁴⁴³ aligned with the priorities of the UK government's Civil Society Strategy⁴⁴⁴. The updated Framework also reflected the experience gained over many years to set out ways in which local bodies could support communities and voluntary sector organisations to build resilience at the community level, drawing on real-world case studies and other relevant documents and guidelines. The Scottish Government published its own parallel guidance in May 2019⁴⁴⁵.

⁴³⁷ See for example Department of Homeland Security (2015). *National Preparedness Goal. Second Edition*. Page 12; and Council of Australian Governments (2011). *National Strategy for Disaster Resilience – Building the resilience of our nation to disasters*. Page 10

⁴³⁸ National Emergency Management Agency, New Zealand Government (2023). *Get Ready campaign* (webpage)

⁴³⁹ HM Government (2015). *National Security Strategy and Strategic Defence and Security Review 2015: A Secure and Prosperous United Kingdom*. Paragraph 4.128

⁴⁴⁰ Ibid. Paragraph 4.132

⁴⁴¹ Cabinet Office (2016a). *Community resilience: resources and tools*

⁴⁴² HM Government (2018). *National Security Capability Review*. Paragraph 2

⁴⁴³ Cabinet Office (2019b). *Community Resilience Development Framework*

⁴⁴⁴ Department for Digital, Culture, Media and Sport (2018b). *Civil Society Strategy: building a future that works for everyone*

⁴⁴⁵ Scottish Government (2019). *Building Resilient Communities: Scottish Guidance on Community Resilience*

451. But, **despite widespread agreement that community resilience makes a valuable difference, and the good work over more than a decade on community resilience**, the general view that emerged from the CCA Review⁴⁴⁶ was that, **with some notable exceptions, LRFs in England had struggled to make significant progress**. So the CCA Review examined⁴⁴⁷ how best to support LRFs in making more significant progress in helping communities to build their own resilience.

What Would Make A Difference?

Guidance And Peer Support?

452. The CCA Review concluded⁴⁴⁸ that, from the evidence it gathered, the most effective approaches to building community resilience were known, with the components set out in a range of guidance documents. It heard⁴⁴⁹ from many LRFs in England, however, that, although there is a range of useful materials, these have not been brought through into a single, common toolkit which embeds learning and good practice. **There will be benefit in the UK government producing a single recommended suite of community resilience materials⁴⁵⁰, for adaptation and use by all local bodies and Resilience Partnerships, avoiding each having to reinvent the wheel.**

453. Not all LRFs understood how best to apply the theory in their local areas and were struggling to make progress. So **there will also be benefit in developing an effective peer support network to provide practical hands-on support and advice to help LRFs in England successfully to interpret the theory and support the development of community resilience in their areas.**

Resourcing?

454. The CCA Review⁴⁵¹ also tested **whether LRFs in England were adequately resourced for this work. The simple answer was that they were not.**

455. Local statutory bodies were clear that budget reductions in the period since 2010 had led them progressively to focus resourcing on areas where they had legal duties. Despite the obvious benefits, **building community resilience was not a legal obligation on local bodies and therefore received very limited, if any, funding in the majority of LRFs.**

⁴⁴⁶ Mann, B., Settle, K., Towler, A. et al (2022). *An Independent Review of the Civil Contingencies Act 2004 and its Supporting Arrangements*. National Preparedness Commission. Chapter 4. Building Community Resilience

⁴⁴⁷ Ibid.

⁴⁴⁸ Mann, B., Settle, K., Towler, A. et al (2022). *An Independent Review of the Civil Contingencies Act 2004 and its Supporting Arrangements*. National Preparedness Commission. Chapter 4. Building Community Resilience

⁴⁴⁹ Ibid.

⁴⁵⁰ An example might be New Zealand, which has commonly-agreed and branded materials for local use. National Emergency Management Agency, New Zealand Government (2023). *Get Ready campaign* (webpage)

⁴⁵¹ Mann, B., Settle, K., Towler, A. et al (2022). *An Independent Review of the Civil Contingencies Act 2004 and its Supporting Arrangements*. National Preparedness Commission. Chapter 4. Building Community Resilience

456. **It is clear that having a funded, permanent post – a ‘Community Resilience Co-ordinator’ – would ensure that community resilience was able to become a mainstream part of the work of LRFs**, providing sufficient capacity to enable a direct relationship to be established between LRFs and the many communities they serve. Regular networking between post-holders would also enable the provision of peer support as well as the effective and timely sharing of information and best practice.

Commitment?

457. Guidance is generally available. The funding needed is small. And **community resilience is covered in the National Resilience Standards**⁴⁵², which helpfully also include good practice principles for enabling social action⁴⁵³. So it was unsurprising that the weight of evidence received by the CCA Review⁴⁵⁴ was that **the biggest impediment to faster progress was the low level of commitment on the part of senior leaders in localities in England**; and that, because local statutory bodies have increasingly had to focus resources, including money, on their legal obligations, **a duty to promote and support community resilience activity should be included in law, with corresponding funding**.

458. We share that view. Because building community resilience has to be a shared endeavour, **any new duty should apply to all designated bodies, both locally and nationally, with activity co-ordinated nationally and through Resilience Partnerships** at local level to avoid duplication and mixed messages to the public. We suggest that **the new duty should focus on *promoting and supporting* community-led actions rather than *dictating* specific activity**. The **key components of the new duty**, which would need to be reflected in Regulations, a new dedicated Chapter in statutory guidance and an updated National Resilience Standard, **should capture learning and good practice**.

⁴⁵² Cabinet Office (2020a). *National Resilience Standards for Local Resilience Forums (LRFs)*: Version 3.0. Standard #5: Community Resilience Development

⁴⁵³ Department for Digital, Culture, Media and Sport and Wilson, R. (2017). *Enabling social action: guidance*

⁴⁵⁴ Mann, B., Settle, K., Towler, A. et al (2022). *An Independent Review of the Civil Contingencies Act 2004 and its Supporting Arrangements*. National Preparedness Commission. Chapter 4. Building Community Resilience

SECTION 8: PANDEMIC PREPAREDNESS

Question 8: Whether, during the relevant period, the UK government, the devolved administrations, and Local Resilience Forums and Partnerships had in place suitable arrangements for identifying and assessing the risk of a non-influenza pandemic, such as a coronavirus pandemic.

Question 9: Whether the UK government and the devolved administrations had an effective approach to building ‘whole system’ preparedness for an infectious disease pandemic across all sectors of society and the economy which reflected the assessed likelihood of a non-influenza pandemic occurring and the scale of potential consequences.

Question 10: Whether in building preparedness for a non-influenza pandemic, the UK government and the devolved administrations learned from experience in other countries, whether directly (eg. those countries with experience of managing the SARS and MERS outbreaks) or indirectly (eg. from relevant international organisations such as the WHO).

Question 11: Whether, across the UK, overall pandemic preparedness and resilience arrangements properly highlighted, and prepared for, the cascading consequences of a pandemic, including the societal and economic impacts.

Question 12: Resilience and preparedness structures and systems in other comparable countries, and a high-level comparison between them and those of the UK. What, if any, major differences existed prior to the COVID-19 pandemic?

459. **This section provides a summary analysis⁴⁵⁵ of the steps taken in the period from the publication of the ‘Hine Review’ in July 2010 to January 2020 to build ‘whole system’ preparedness⁴⁵⁶ for a human infectious disease pandemic. It also describes activity associated with the assessment of risk and building of preparedness for a novel and emerging infectious disease (NEID)⁴⁵⁷.** Detailed evidence on the actions undertaken, set against the most relevant components of the robust risk management system we describe in Section 4, is at Annexes C to E.

⁴⁵⁵ Because there is little publicly available material on preparedness, plans and capabilities in other countries, we have limited analysis in respect of Question 12

⁴⁵⁶ Although we cover health and social care elements of whole system preparedness, we have not sought to examine in detail preparedness *within* healthcare systems or in social care, which are the subject of later Modules

⁴⁵⁷ We have chosen to use the language adopted in successive National Risk Assessments rather than ‘High Consequence Infectious Disease’ (HCID) used in specific healthcare planning

‘Are We Ready’

460. Our experience is that the **most effective means of building – and validating – overall preparedness is to have a rigorous and relentless focus on the pursuit of answers to a simple master question – “Are We Ready?”** – and its two simple sub-questions – **“Is It There?”** and **“Is It Good?”**. We have adopted this approach in our analysis of the actions taken to build pandemic preparedness. In doing so, we have **also tested what was done against the widely-used ‘Plan, Do, Check, Act’ cycle**, able to be seen in:

- a. The **building of plans and capabilities** within an overall preparedness strategy.
- b. The **testing** of those plans and capabilities in the response to the H1NI (Swine Flu) pandemic of 2009-2010 and in subsequent exercises.
- c. Conducting formal debriefs and compiling **‘Lessons Identified’ reports** after major exercises and operations; and pursuing **other mechanisms for validating and gaining assurance of readiness**, as described in Section 4.
- d. Acting on reports from those processes to **implement, embed and verify enhancements**, as part of a culture of continuous improvement.

Influenza Pandemic Preparedness

461. Risk assessments in the period from the production of the first National Risk Assessment in 2005 to that in 2009 had been consistent:

- a. The **impact was assessed as ‘very high’**⁴⁵⁸.
- b. A **pandemic was likely to occur in one or more waves, possibly weeks or months apart, and that each wave might last between 12 to 15 weeks.**
- c. **Up to half the population could be affected.**
- d. The case fatality rate could be up to 2.5% which meant that, at the upper end of assumptions, **there might be 750,000 excess deaths in the UK across the whole period of the pandemic and over 10,000 healthcare contacts per 100,000 population per week at its peak.**
- e. The **peak was expected to be in weeks 6 to 8** following the first case, with 22% of total cases occurring during this time⁴⁵⁹

462. We have adopted a **three-step approach** in our analysis of preparedness for an influenza pandemic with impacts on that scale:

⁴⁵⁸ INQ000145912. Corporate Witness Statement of Roger Hargreaves. Paragraph 6.22

⁴⁵⁹ Ibid. Paragraph 6.23

- a. **Whether there were in place the necessary structures, plans and capabilities to be able to respond effectively and whether they were of sufficient quality.** We have labelled this 'Plan A'.
- b. **Whether the strategy on which those plans and capabilities were based would actually have worked**, especially in light of evidence in some witness statements and exhibits that fundamental issues around capacity in health and social care had been exposed in planning and exercises. If there were doubts about the likely effectiveness of 'Plan A', then in our view Ministers and officials had a responsibility to pursue a 'Plan B' which had a greater chance of success, if only to be used as a fallback option in the face of a disease with potentially severe consequences. Realising that 'Plan A' will not work, and moving to a undeveloped, ad hoc 'Plan B' in the teeth of a major emergency is a recipe for chaos and avoidably greater harm and loss.
- c. **The degree of preparedness planning for a pandemic involving a novel and emerging infectious disease;** and the degree to which, in the absence of detailed planning, it would be possible reliably to fall back on planning for an *influenza* pandemic, and on generic preparedness.

The Position In 2010 – The Hine Review

463. The **H1N1 (Swine Flu) virus** was first identified in Mexico in April 2009, with the **World Health Organisation (WHO) declaring it a pandemic on 11 June 2009**. The **WHO declared the pandemic over on 10 August 2010**. The UK-wide response was informed by the **National Framework for Responding to an Influenza Pandemic**⁴⁶⁰ which had been published in November 2007.
464. **Dame Deidre Hine's independent review of the UK response to the pandemic was published in July 2010**⁴⁶¹. It noted that the H1N1 virus had been milder in its general impact than the H5N1 'bird flu' virus which had been used up to 2009 as the basis for setting the 'reasonable worst case scenario' against which plans and capabilities should be built. Nonetheless, **it found that, overall:**
- a. The **UK response had been "highly satisfactory"**. The response had been both **proportionate and effective**.
 - b. **Planning and capability-building had been well developed** and the **personnel involved had been fully prepared**.
 - c. The **scientific advice provided had been expert**.
 - d. **Communication had been "excellent"**.

⁴⁶⁰ Cabinet Office and Department of Health (2007). *Pandemic Flu – A national framework for responding to an influenza pandemic*

⁴⁶¹ Hine, Dame D. (2010). *The 2009 Influenza Pandemic: An independent review of the UK response to the 2009 influenza pandemic*

- e. The **NHS and public health services** right across the UK and their suppliers had **“responded splendidly”**.
- f. The **public response had been “calm and collaborative”**.
- g. **Preparations had been soundly based in terms of value for money**⁴⁶².

465. The Review also found that the pandemic and the response it generated demonstrated that *“the four UK governments can work together effectively and successfully to meet such an emergency”*. The **UK government’s central crisis management arrangements had effectively supported and facilitated decision-making** in an atmosphere of considerable uncertainty and pressure. The **willingness of the devolved administrations and of the then Department of Health to work closely together within a common UK framework had been fundamental to the overall success** of the response⁴⁶³.

Improvement Actions

466. However, the Review cautioned that the danger of another, more severe pandemic had not gone away and that *“the governments of the UK must avoid complacency and use this opportunity to learn lessons and make improvements ...”*⁴⁶⁴. The **main areas for improvement** identified were:

- a. The Cabinet Office should **enshrine in a revised Concept of Operations** for use in certain types of emergencies **the ‘four nations’ mechanism** used to ensure co-ordination between the UK government and the devolved administrations.
- b. The **need for much fuller work on the management of ‘excess deaths’**. Recommended actions were:
 - i. That Ministers should decide on the level of deaths for which planning was appropriate.
 - ii. That the Home Office should lead work with a range of UK government departments and the devolved administrations to ensure that plans were in place by December 2010 to deal with that level of deaths.
- c. On **scientific advice**, that:
 - i. The Government Chief Scientific Adviser and the Department of Health should ensure that there was an **appropriate balance of contribution in the Scientific Advisory Group for Emergencies** for future pandemics.
 - ii. In light of evidence that the devolved administrations did not always feel fully involved and engaged with the process of reaching a scientific consensus, the Cabinet Office, with the Government Chief Scientific

⁴⁶² Ibid. Foreword

⁴⁶³ Ibid. Executive Summary. Paragraph 8

⁴⁶⁴ Ibid. Foreword

Adviser and the four Chief Medical Officers, should by summer 2011 **devise a process through which UK government Ministers and the devolved administrations could be presented with a unified, rounded statement of scientific advice**, to be included in a revised Concept of Operations.

The Containment Phase

467. Another important **key lesson concerned the ‘containment phase’ of the response**. This phase covers the potential implementation of a range of measures at the very earliest stages of the emergence of an infectious disease with pandemic potential to seek to slow its spread. Doing so **‘buys time’ to allow the NHS and other key components of the response to prepare. It also provides more time to learn about the virus**, with the information gained being used **to inform the urgent review, and adaptation as necessary, of the response strategy**, and in the **development of a vaccine and selection of the most appropriate medical countermeasures**.
468. The **containment phase during the response had lasted for longer and consumed more resources than had been anticipated by those responsible for its implementation**, with associated opportunity costs for other areas of the response. The Review noted that, in the event, the **measures taken during the response had in many respects followed those that were planned in the 2007 Framework⁴⁶⁵**, while other actions had necessarily been shaped in response to the emerging circumstances. Measures adopted had included:
- a. **Identifying and tracing** close contacts of probable and confirmed cases and giving them post-exposure prophylaxis.
 - b. Gathering and recording epidemiological data through swabbing and laboratory **testing**.
 - c. Initially **meeting all passengers on direct flights from Mexico**, the assessed source of the pandemic.
 - d. Advising on the **closure of schools** in the event of a probable or confirmed case in a school setting.
469. A **range of other measures had been considered at the outset** of the response but had been **deemed by Ministers not to be required**. Thus, **borders had not been closed, nor had restrictions been placed on international or domestic travel**. And the pre-planned policy set out in the 2007 Framework⁴⁶⁶ that **public mass gatherings should continue** had been confirmed by Ministers at the start of the response.
470. The **resulting containment phase lasted from the first meeting of the Ministerial Civil Contingencies Committee on 27 April 2009 until the decision by Ministers to**

⁴⁶⁵ Ibid. Paragraphs 6.4-6.5

⁴⁶⁶ Cabinet Office and Department of Health (2007). *Pandemic Flu – A national framework for responding to an influenza pandemic*. Section 7.8

move out of the containment phase and into the ‘treatment phase’ on 2 July 2009.

During that period, Ministers agreed on 19 May to end the practice of meeting passengers on direct flights from Mexico; and, on the basis of evidence that the measures were becoming increasingly resource-intensive and of diminishing value as the virus spread more widely, Ministers agreed on 10 June to a more targeted approach on testing and diagnosis.

471. Many contributors to the Review believed that the steps taken during the containment period had had some impact in slowing the initial spread, although this could not be demonstrated definitively. But the measures taken had allowed scientists to gather valuable epidemiological data, which had been used to advise Ministers about the nature of the H1N1 virus when they were considering policy options, such as the prioritisation of groups for vaccination.
472. **In our view, the recognition of – and effective planning and resourcing for – what the Hine Review identified as an explicit ‘containment phase’ is a critical element of the management of any human infectious disease with exponential growth potential.** We have therefore included it as a key component in the analysis which follows.

Follow-Up To The Hine Review

473. The **revised UK Influenza Pandemic Preparedness Strategy⁴⁶⁷ was published in November 2011**, eight months later than sought by the Hine Review. The Strategy would form the **basis of all subsequent pandemic preparedness planning – and hence the early response to the COVID-19 pandemic.** The **overall objectives of the 2011 Strategy** were to:
- a. **Minimise the potential health impact** by supporting international efforts to detect the emergency of a disease with pandemic potential; promoting individual responsibility and action to reduce spread through good hygiene practices; and ensuring that the health and social care systems were ready to provide treatment and support for the large numbers of people likely to suffer from influenza or its complications whilst maintaining other essential care.
 - b. **Minimise the potential impact of a pandemic on society and the economy** by supporting the continuity of essential services; supporting the continuation of everyday activities as far as practicable; and preparing to cope with the possibility of significant numbers of excess deaths.
 - c. **Instill and maintain trust and confidence** by ensuring that health and other professionals, the public and the media were engaged and well-informed in advance and throughout the pandemic period; and that health and other professionals received information and guidance in a timely way so that they could respond to the public appropriately.⁴⁶⁸

⁴⁶⁷ Department of Health and the Devolved Administrations (2011). *UK Influenza Pandemic Preparedness Strategy*

⁴⁶⁸ Ibid. Paragraph 3.1

474. The 2011 Strategy included response options⁴⁶⁹ intended to allow the response to be tailored in a proportionate way to the nature of the emerging disease. On that basis, it set out⁴⁷⁰ a **new approach to the response based on five phases**:
- a. **Detection** – intelligence-gathering from countries already affected, enhanced surveillance within the UK, and information and communication to the public and professionals.
 - b. **Assessment** – including the collection and analysis of detailed clinical and epidemiological information; and reducing the risk of transmission through actively finding cases, self-isolation and treatment of confirmed and suspected cases and antiviral prophylaxis for close and vulnerable contacts.
 - c. **Treatment** – including the enhancement of the health response and of public health measures to disrupt local transmission and preparations for targeted vaccinations.
 - d. **Escalation** – of surge management arrangements in health and other sectors and the prioritisation and triage of service delivery with the aim of maintaining essential services.
 - e. **Recovery.**
475. Notwithstanding the observations of the Hine Review, the **2011 Strategy did not provide for a containment phase**. In line with the 2007 National Framework, it identified the need for enhanced pandemic influenza surveillance and reflected the need to actively find cases. But it did not reflect in its coverage the potential scale, and resource demands, of contact tracing and testing in the earliest stage of the response, as had been experienced in the response to the H1N1 pandemic.
476. Its coverage of non-health measures mirrored that in the 2007 National Framework, recording that:
- a. There *“are no plans to attempt to close borders.”*⁴⁷¹
 - b. *“There is no evidence of any public health benefit to be gained from meeting planes from affected countries.”*⁴⁷²
 - c. *“The working presumption will be that Government will not impose any ... restrictions”* on public gatherings or the use of public transport. It noted the lack of scientific evidence on the impact of internal travel restrictions on transmission, and the wide-reaching implications for business and welfare which attempts to impose such restrictions would have⁴⁷³. The Framework also cited that there was very limited evidence at that time that restrictions on mass gatherings would have

⁴⁶⁹ Ibid. Pages 21-25

⁴⁷⁰ Ibid. Paragraph 3.11

⁴⁷¹ Ibid. Paragraph 4.18

⁴⁷² Ibid. Paragraph 4.18

⁴⁷³ Ibid. Paragraph 4.21-4.22

any significant impact on virus transmission and that large public gatherings or crowded events where people may be in close proximity were an important indicator of 'normality' and might help maintain public morale during a pandemic. A review in 2014 noted, however, that "... legislated restrictions may, if implemented as part of a package of other public health measures, be a pragmatic and beneficial approach should the severity of a future pandemic warrant extraordinary measures."⁴⁷⁴

- d. Under some circumstances, headteachers and their Boards of Governors might take the decision to close individual establishments temporarily.⁴⁷⁵

Our Assessment

477. The changes made between the 2007 Framework and the 2011 Strategy are useful in their own terms, including the recognition of the value of meetings of the '4 Nations' health departments at official and Ministerial level⁴⁷⁶. But in our view, notwithstanding its title, **the document falls a long way short of providing a 'whole system' Strategy for the response** to an influenza pandemic.

478. First, its **major focus is clearly on health. Social care receives very limited coverage** in the section⁴⁷⁷ on "The health and social care response". The impact of a pandemic on the social care sector, and the significant intended response actions affecting the social care sector in the event of a severe pandemic, will not have been obvious to those using the Strategy throughout the UK as their main guide to the response – especially for those outside the public sector. Social care does not feature at all in the description of measures in the Escalation phase. And, while the section on a 'Whole of Society' response⁴⁷⁸ contains a useful summary table of the essential service sectors and of their planning processes, it provides **limited information on the likely consequences in each sector, the measures it would take to ensure the continuity of essential services – and, in the ultimate, assurance that the country could keep running.**

479. Secondly, it **does not cover the 'whole system' or the 'Whole of Society'**. The important actions of other UK government departments in their sectors are not described; indeed, their role is only barely covered⁴⁷⁹. Coverage of Resilience Partnerships, their roles and the actions they would be taking is superficial⁴⁸⁰. And the key section on whole of society preparedness⁴⁸¹ runs to less than a page and does not mention the voluntary and community sector or wider business sector.

⁴⁷⁴ Department of Health (2014). *Impact of Mass Gatherings on an Influenza Pandemic: Scientific Evidence Base Review*. Page 8. Further Scientific Evidence Base Review reports can be found at: <https://www.gov.uk/government/publications/review-of-the-evidence-base-underpinning-the-uk-influenza-pandemic-preparedness-strategy>

⁴⁷⁵ Department of Health and the Devolved Administrations (2011). *UK Influenza Pandemic Preparedness Strategy*. Paragraph 4.24

⁴⁷⁶ Ibid. Paragraph 3.28.

⁴⁷⁷ Ibid. Section 6

⁴⁷⁸ Ibid. Section 7

⁴⁷⁹ Ibid. Paragraph 3.26

⁴⁸⁰ Ibid. Paragraph 3.22

⁴⁸¹ Ibid. Paragraph 3.22-3.23

480. It may be significant that the description in the Strategy of the **role of the Department of Health as the lead government department** for pandemic preparedness and response is limited to:

*“... responsibility for developing and maintaining the ... **preparedness for the health and social care response**, maintaining liaison with international health organisations and providing information and specialist advice to Ministers, other Government departments and responding organisations.”⁴⁸² (Our emphasis)*

481. In our view, that does not provide a sufficient framework for the management of a true, integrated, whole system response. We return to this point in our conclusions at the end of this section.

Reduced Commitment – 2012-2016

Actions By The UK Government

482. In our view, at UK government level, the **period from the publication of the revised UK Influenza Pandemic Preparedness Strategy in November 2011 to Exercise Cygnus in October 2016 bears at least some of the hallmarks of “complacency”** which the Hine Review had warned about. During that period, major UK-wide, **whole system actions were confined to the publication of:**

- The **UK Pandemic Influenza Communications Strategy 2012**⁴⁸³, published by the Department of Health with the devolved administrations in December 2012
- Further **guidance for local planners on preparing for pandemic influenza**, published in July 2013⁴⁸⁴

483. We have identified a **number of factors as potentially contributing to this apparent reduced commitment** on the part of the UK government.

484. One will undoubtedly have been the **impact of budget reductions** arising from the ‘austerity’ policies put in place by the coalition government. Mr Hargreaves has noted in his witness statement that the budget for the then Civil Contingencies Secretariat (CCS) was reduced from £10.5m in 2011-12 to a low point of £8.0m in 2014-15, although it did grow to £10.5m in 2015-16. He also notes that:

“Historically, the CCS as a whole went through a cycle of contraction then expansion which did not align with the resourcing allocated to pandemic planning. Part of the period of contraction in CCS was 2012, the period where the CCS was in a strong position with regard to pandemic planning and was able to reduce efforts.”⁴⁸⁵

⁴⁸² Ibid. Paragraph 3.24

⁴⁸³ Department of Health and the Devolved Administrations (2012). *UK Pandemic Influenza Communications Strategy 2012*

⁴⁸⁴ Cabinet Office (2013f). *Preparing for Pandemic Influenza: Guidance for Local Planners*

⁴⁸⁵ INQ000145912. Corporate Witness Statement of Roger Hargreaves. Paragraph 9.134 and 9.136

485. We have not been able on the evidence available to establish whether the relevant teams in the Department of Health, and in the devolved administrations, also experienced significant budget and staff reductions.

486. A further factor will have been the **need to manage external events**. Those will have included, understandably, the commitment of resources to ensuring the safety and security of the **London 2012 Olympics**. They will also have included the need to manage the UK response to the **Ebola outbreak** in 2014-2016 and the **Zika virus epidemic** in 2015-2016, which led to the establishment of the High Consequence Infectious Disease (HCID) programme. Significant associated activities included:

- An **Ebola preparedness exercise in December 2014**, involving or addressing the devolved administrations⁴⁸⁶ and an **Ebola surge capacity exercise in March 2015**.
- **Exercise Valverde**, an international exercise held in **May 2015**, which simulated the **outbreak of novel coronavirus** in a fictional South American country
- **Exercise Alice**, which considered the planning and resilience arrangements required to respond to an outbreak of **Middle East Respiratory Syndrome Coronavirus (MERS-CoV)**, held in **February 2016**
- **Exercise Northern Light**, again covering **Ebola**, in **May 2016**.

487. A third factor which will have particularly affected the health and social care sectors will have been the significant changes in organisations and responsibilities following passage of the **Health and Social Care Act 2012**⁴⁸⁷ in March 2012. These included:

- a. **The establishment of Public Health England (PHE)** as an Executive Agency of the Department of Health to be, amongst other things, the **principal route for discharging the duty on the Health Secretary in the Act to take such steps as he/she considers necessary to protect the public in England from diseases or other dangers to health**. On 1 April 2013, the previous Health Protection Agency (HPA) was abolished, with its functions transferring to the Secretary of State, to be delivered by PHE.
- b. The creation of a **duty on unitary / upper-tier local authorities to take such steps as they considered appropriate for improving the health of people in their areas**. The Act gave them (with PHE, on behalf of the Secretary of State) responsibility for appointing Directors of Public Health.
- c. The abolition of Strategic Health Authorities and Primary Care Trusts, and the creation of the **NHS Commissioning Board (later renamed as NHS England (NHSE)) and Clinical Commissioning Groups (CCGs)**. NHS England, an executive non-departmental public body of the Department of Health, took on its statutory responsibilities to lead and oversee the NHS from 1 April 2013. Also

⁴⁸⁶ INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 354

⁴⁸⁷ UK Parliament (2012b). *Health and Social Care Act 2012*

from 1 April 2013, **responsibility for some elements of the Pandemic Influenza Preparedness Programme (PIPP) transferred to NHS England and Public Health England**⁴⁸⁸.

488. The changes required the development and publication of a significant volume of new guidance of relevance to resilience and preparedness, including especially:

- a. Guidance on the new **Arrangements for Health Emergency Preparedness, Resilience and Response from April 2013**⁴⁸⁹, published in March 2012.
- b. The **NHS Commissioning Board Command and Control Framework for the NHS during significant incidents and emergencies**⁴⁹⁰, published in January 2013.
- c. The **NHS Commissioning Board Emergency Preparedness Framework 2013**⁴⁹¹, published in March 2013.

These were subsequently superseded, in November 2015, by **NHS England Emergency Preparedness, Resilience and Response Framework Version 2**⁴⁹².

489. Finally, the task of validating whole system preparedness for a pandemic will have been significantly impeded by **the cancellation and two-year postponement of the UK-wide influenza pandemic Exercise Cygnus** from its planned date of October 2014⁴⁹³ to October 2016 as a result of “[the Department of Health] *needing to refocus efforts due to the ongoing Ebola outbreak*”⁴⁹⁴.

Actions In The Devolved Administrations

490. By contrast, it is notable that the devolved administrations did pursue pandemic preparedness during that period.

Wales

491. Preparedness activity in Wales was more sustained throughout. Key elements were:

- a. The publication in March 2011 of the **Communicable Disease Outbreak Plan for Wales** which was used as a template for managing all communicable disease outbreaks with public health implications. This was updated in 2014⁴⁹⁵.

⁴⁸⁸ INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 235

⁴⁸⁹ Department of Health (2012a). *Arrangements for Health Emergency Preparedness, Resilience and Response from April 2013*

⁴⁹⁰ NHS Commissioning Board (2013a). *NHS Commissioning Board Command and Control Framework for the NHS during significant incidents and emergencies*

⁴⁹¹ NHS Commissioning Board (2013b). *NHS Commissioning Board Emergency Preparedness Framework 2013*

⁴⁹² NHS England (2015). *NHS England Emergency Preparedness, Resilience and Response Framework. Version 2*

⁴⁹³ INQ000144793. Witness Statement of Sam Lister. Paragraph 2.28

⁴⁹⁴ Ibid. Paragraph 2.29

⁴⁹⁵ INQ000130469. Witness Statement of Dr Andrew Goodall. Paragraph 169

- b. The agreement by the Wales Resilience Partnership Team in November 2011 to establish a **Wales Pandemic Flu Task and Finish Group** to consider the recommendations arising from the H1N1 (Swine Flu) pandemic and to develop an action plan to progress planning for future flu pandemics, culminated in the testing of reviewed plans during Exercise Cygnus in Wales in 2014 (see below).
- c. The dedication of the **annual Health Prepared Wales conference in 2013 to planning for an influenza pandemic**⁴⁹⁶.
- d. The publication in 2014 of **Wales Health and Social Care Influenza Pandemic Preparedness and Response Guidance**⁴⁹⁷, which was aligned to the 2011 UK Strategy and built on the lessons identified from the H1N1 (Swine Flu) pandemic and the emerging scientific evidence at the time.
- e. And, most significantly, the decision of the Welsh Government to proceed with its part of **Exercise Cygnus in 2014**, followed by Welsh Ministerial participation at COBR during the **UK-wide Exercise Cygnus in 2016**.
- f. Following Exercise Cygnus in 2016, and in light of the lessons identified, the **Wales Pandemic Flu Preparedness Group was established to take forward recommendations for enhancements**. During the following two years, the Group worked with LRFs in Wales to implement improvements, reporting regularly to the Wales Resilience Forum on the progress made. The **Group held its last meeting in January 2018 due to EU Exit planning taking priority**⁴⁹⁸.

Scotland

492. As well as participating in UK-wide preparedness activity, following publication of the 2011 Strategy, the **Scottish Government established forums to undertake planning on key practical issues in devolved areas**. This included the Flu Readiness Programme Board which worked to develop preparedness across six workstreams on:

- Health and social care
- Legislation
- Excess deaths
- Sector resilience
- Communications
- Scottish Government preparedness⁴⁹⁹

⁴⁹⁶ Ibid. Paragraph 241

⁴⁹⁷ Ibid. Paragraph 168

⁴⁹⁸ Ibid. Paragraph 224

⁴⁹⁹ INQ000185352. Witness Statement of John Ramsay Swinney MSP. Paragraphs 12 and 15

493. **Guidance for Health Boards in Scotland on Preparing for Emergencies** was published in August 2013⁵⁰⁰. And, as well as taking part in Exercise Cygnus in 2016, the Scottish Government also held its own exercise – **Exercise Silver Swan** – in late 2015. The exercise focused especially on health and social care, excess deaths, business continuity and crisis co-ordination across Scotland. 17 recommendations for further action were identified; and it is notable that a **review exercise was conducted in November 2016**⁵⁰¹ to establish whether they had been implemented.

Conclusions

494. It is, at one level, **unsurprising that the UK government, faced with a combination of austerity, the pressures of NHS and public health re-organisation and real-life events, reduced its commitment to influenza pandemic planning. We do, however, consider that reduced commitment damaging:**
- a. We consider it **naïve to rest on an assumption** that, on the basis of the response to a mild pandemic in 2009-2010, the **UK was in a strong position** to respond effectively to a pandemic closer to the estimated reasonable worst case scenario. Exercise Cygnus in 2016 (see further below) would expose this naivety.
 - b. It is impossible to assess the detailed impact on UK preparedness of what might have been a **very different course of events had Exercise Cygnus gone ahead to its planned date in 2014**. But we believe it unarguable that the issues which the exercise exposed and the jolt it provided to pandemic influenza planning in early 2017 (see further below) would have happened sooner, and as a result the **UK would have been likely to have been in a stronger preparedness position in January 2020**. The **postponement of Exercise Cygnus by as much as two years, with planning not restarting for over a year**⁵⁰², represents in our view a serious missed opportunity.
 - c. Whilst we **recognise the compelling need to respond to the Ebola outbreak in 2014-2016 and can see the considerable value of the HCID programme** and of its associated exercises, in real life nature and hostile actors do not stand still or generate emergencies in an orderly fashion. As we note in Section 1, **resilience and preparedness arrangements need to be resourced for, and to be able to manage, multiple concurrent demands**.

Exercise Cygnus And Renewed Commitment – 2016-2018

Exercise Cygnus Post-Exercise Report

495. As a result, it is **unsurprising that Exercise Cygnus, when it did go ahead in late 2016, exposed a number of significant issues with the quality and depth of pandemic preparedness, cumulatively sufficiently serious to cause the incoming**

⁵⁰⁰ NHS Scotland (2013). *Preparing For Emergencies: Guidance for Health Boards in Scotland*

⁵⁰¹ Audit Scotland (2021): *NHS in Scotland 2020*. Paragraph 43

⁵⁰² Public Health England (2017a). *Exercise Cygnus Report. Tier One Command Post Exercise. Pandemic Influenza. 18 to 20 October 2016*. Page 6

Director of the Civil Contingencies Secretariat to recommend to the Prime Minister through the National Security Adviser the creation of arrangements to provide a significant jolt to building pandemic preparedness.

496. **Exercise Cygnus was held on 18-20 October 2016.** It was designed to provide participants with an opportunity to assess the UK's response to a pandemic influenza **scenario which was close to the reasonable worst case scenario.** It involved almost 1,000 people over three days. During the exercise, participants tested the capacities and capabilities needed to operate at the peak of a pandemic affecting up to 50% of the UK's population which could cause 200,000–400,000 excess deaths across the UK⁵⁰³. The key findings of the post-exercise lessons identified Report were that:

“... the UK's command and control and emergency response structures provide a sound basis for the response to pandemic influenza. However, the UK's preparedness and response, in terms of its plans, policies and capability, is currently not sufficient to cope with the extreme demands of a severe pandemic that will have a nation-wide impact across all sectors.”⁵⁰⁴ (Our emphasis)

and that:

“...the exercise did show that the UK's capability to respond to a worst case pandemic influenza should be critically reviewed.”⁵⁰⁵ (Our emphasis)

497. Key points of learning included some which had been identified in the Hine Review. Some reflected the neglect of the previous five years. **On preparedness planning, Key Learning** covered:

- a. **The need for an overarching 'Concept of Operations'** setting out the role of organisations engaged in the response and how those organisations should interact; and providing key guidance and plans for each of the response elements. Planning for and the conduct of the exercise had exposed the lack of a single authoritative overview of pandemic response plans and procedures, contributing to a lack of understanding or a variable understanding amongst participants of response arrangements.
- b. Because the **2011 UK Influenza Pandemic Preparedness Strategy had not been updated**, not least to reflect the significant changes in health care following the passage of the Health and Social Care Act 2012, in some cases plans or organisations referred to in the Strategy no longer existed, or the description of their roles needed updating.
- c. **In some organisations participating in the exercise, there had been no plans** but rather agreements, procedures or practices which were not documented and which relied on corporate memory for their implementation.

⁵⁰³ Ibid. Page 5

⁵⁰⁴ Ibid. Page 6

⁵⁰⁵ Ibid. Page 28

- d. The **need for greater planning on 'legislative easements' and regulatory changes** which would support the operationalisation of healthcare surge arrangements and keeping essential services running. The exercise had shown the importance of a large number of statutory restrictions which, if lifted, would be of significant assistance to responders at all levels in the response to a pandemic. The resulting draft legislation could be quickly tailored to the actual situation when a pandemic emerged. Such work should be undertaken by both the UK government and the devolved administrations in areas of their devolved competence.
- e. The **need for greater research into the potential public perception of and reaction to a pandemic and proposed response actions**. There had been no evidence in the exercise that the possible reaction of the public had been factored in to some of the key decisions taken and communications strategies used.

498. **On response arrangements, Key Learning** from the exercise covered serious weaknesses in *detailed* planning. A significant lesson was the need for national level planning to be taken down into the 'operationalisation' of local level plans. In our view, easily the most serious of these was the **lack of the required detailed planning in health care, social care and the management of excess deaths, and thus of the capacity and capability effectively to surge resources and undertake effective management of the response in fundamental areas on which the entire 2011 Strategy was based**. Thus:

- a. An **NHS surge plan had not been in place and able to be tested**.
- b. A decision had, however, been made on the first day of the exercise to consider introducing '**population-based triage**' to manage capacity and respond to the "*excessive demand*" for hospital care set out in the exercise scenario. Draft proposals developed by NHS England in conjunction with the devolved administrations had been considered during the exercise but **required further work**.
- c. There had been **little attention paid to the social care sector** during the exercise. Local responders had raised **concerns about the expectation that the social care system would be able to provide the level of support needed were the NHS to implement its proposed 'reverse triage' plans** covering the movement of patients from hospitals into social care facilities. The position had been exacerbated by the inability to produce an accurate picture of social care capacity. An assumption made during the exercise that there would be sufficient **capacity in the voluntary sector** to provide the support required needed to be challenged, and more work undertaken about their capacity to assist and the assurance that could be taken.
- d. Those issues in turn exposed the **lack of joint tactical level plans** bringing local partners together to develop solutions in **circumstances where the demand for services outstripped the capacity of local responders**. The Report noted that planning at a regional rather than local level in England might in key areas assist multi-agency planning.

- e. The **scenario overstretched the resources available to deal with excess deaths locally**, so that responders were forced to seek guidance and support from the UK government level, including on the ethical and moral questions that might arise. The exercise demonstrated that LRFs in England would have difficulty operating their plans and capabilities at the scale set out in the exercise. The Report included a recommendation that a range of UK government departments should work together to review the capabilities for managing excess deaths and make recommendations on the required level of capability and the means to achieve it.

A Re-Energised Pandemic Preparedness Programme – 2017-2018

499. Ms Hammond sets out in her witness statement her perception of the position on taking up appointment as Director of the Civil Contingences Secretariat (CCS) in August 2016:

*“When I arrived in CCS there were differences between the amount of time dedicated to considering threat and hazard risks respectively at the centre of government. In my view that tended to reflect the fact that threats by their nature can seem more alarming and often seem more likely to be preventable ... Accordingly, the most senior relevant Ministerial structure that meets regularly – **the National Security Council – tended to focus on threats over hazards. In 2016 it had a sub-committee titled the NSC(THRC) [National Security Council (Threats, Hazards, Resilience and Contingencies)] which mainly operated on paper ... but which had not met for more than three years.**”⁵⁰⁶*
(Our emphasis)

500. She also summarises what at the time was perceived to be the overall position on pandemic preparedness, especially that Exercise Cygnus:

“... had revealed some of the weaknesses in pandemic flu planning that we expected it to – especially in relation to excess death planning.”⁵⁰⁷

and that CCS agreed with the then Department of Health that:

*“The **big areas needing attention [were] health/social care, business continuity planning in other sectors [and] excess deaths.**”⁵⁰⁸*

but that there was also a need for:

*“... a **‘pick and mix’ Pandemic Bill drafted and sitting on the stocks, so that whatever policy route Ministers were to [take] it could be got out very quickly**”⁵⁰⁹*

⁵⁰⁶ INQ000145733. Witness Statement of Katharine Hammond. Paragraph 3.2

⁵⁰⁷ Ibid. Paragraph 3.5

⁵⁰⁸ Ibid. Paragraph 3.5

⁵⁰⁹ Ibid. Paragraph 3.5

The then Minister for the Cabinet Office (MCO) had also identified a need to “... **draw together experts on moral and ethical issues** in the same way that SAGE draws together scientists.”⁵¹⁰ (Our emphasis)

501. Ms Hammond goes on to describe how she considered with colleagues in CCS and the Department of Health:

*“... **how to galvanise the actions [the exercise] had demonstrated were needed to improve the state of readiness for an influenza pandemic** ... [and] decided to **seek a meeting of NSC(THRC)** with pandemic influenza preparedness on the agenda, to gain cross-departmental commitment to taking the actions needed to improve the state of readiness.”⁵¹¹ (Our emphasis)*

502. The then Prime Minister agreed this proposal and the **meeting of NSC(THRC) was scheduled for 21 February 2017**, chaired by the Prime Minister and with 14 Secretaries of State present together with the Minister for the Cabinet Office, the UK Government Chief Scientific Adviser and UK Chief Medical Officer. Ms Hammond records the overall advice provided to the Prime Minister in his Chair’s brief, that:

“England is reasonably well prepared for a mild to moderate strain of pandemic influenza. Whilst aspects of the response to a moderate strain could be scaled up if faced with a more severe strain, the impacts on the health and social care sectors, and the mortality rate would be challenging, and require more extreme and novel measures.”⁵¹²

503. The presentation to Ministers at the meeting presented what in our view is a more concerning – but, against the findings of Exercise Cygnus, accurate – picture:

*“... [Exercise Cygnus] had identified shortcomings in response planning. Challenges from the potential scale of illness, workforce absences and deaths were illustrated by graphs ... The first indicated the likely extent to which workforces might be depleted in a reasonable worst case pandemic, and the significant impact closed schools would have. Many organisations could cope with the lower planning assumptions, but some could not, and school closures would exacerbate the situation for many. The second graph showed the **extent to which the likely level of demand in this scenario might overwhelm health and social care capacity by the fifth week of a pandemic**; that would require very difficult decisions on the prioritisation of care. The final graph showed the extent to which the various **processes and facilities that made up our national capacity to manage deaths would be overwhelmed.**”⁵¹³ (Our emphasis)*

504. Members of NSC(THRC) agreed that **work should be undertaken on the lines proposed to increase preparedness for an influenza pandemic**, engaging the

⁵¹⁰ Ibid. Paragraph 3.6

⁵¹¹ Ibid. Paragraph 3.28

⁵¹² Ibid. Paragraph 3.30

⁵¹³ Ibid. Paragraph 3.31

devolved administrations. To oversee progress, a **Pandemic Flu Readiness Board (PFRB) was established** and met for the first time on 29 March 2017, co-chaired by the Department of Health and CCS, with membership comprising departments with relevant responsibilities and the devolved administrations. Its workstreams were:

- a. **Workstream 1: Healthcare**, of which, in line with the major lessons from Exercise Cygnus, the major elements were:
 - To finalise and socialise **surge and triage guidance** for the NHS to enable effective reconfiguration of healthcare provision during a severe pandemic
 - To develop a **paper to support decision-making** in the event that it became necessary to move to a state of 'population triage'⁵¹⁴
- b. **Workstream 2: Adult Social Care**, where the goal was to **deliver an appropriate capability to provide adult social care in England** during a severe pandemic. It had two aims:
 - To develop, finalise and communicate **guidance for local authorities to enable them to reconfigure social care services** to respond to an influenza pandemic
 - To **review existing plans for delivering healthcare outside healthcare settings for those patients who would normally receive in-patient care but would be treated in the community** in an extreme pandemic as a result of NHS surge and triage plans being invoked⁵¹⁵
- c. **Workstream 3: Excess Deaths**, where the goal was to **ensure that there were plans in place to manage the number of excess deaths indicated by the reasonable worst case planning assumption which would allow those who died to be treated in a respectful and acceptable manner**. Planning was to be based on an assessment of both the current capacity and maximum surge capacity to manage excess deaths in England. It should be followed by the development of agreed policy options and then the development of plans for augmenting capacity to the required level, including policy options for alternative models for each stage of the death management process⁵¹⁶.
- d. **Workstream 4: Sector Resilience**, intended to ensure that UK government departments were confident that **critical sectors had adequate resilience to anticipated levels of employee absence** during a pandemic. Sectors covered by the programme included health, police and fire, education, criminal justice, food and drink, water, energy and fuel, transport, telecommunications, finance and government services⁵¹⁷.

⁵¹⁴ Ibid. Paragraph 3.34

⁵¹⁵ Ibid. Paragraph 3.35

⁵¹⁶ Ibid. Paragraph 3.43

⁵¹⁷ Ibid. Paragraph 3.37

- e. **Workstream 5: Cross-Cutting**, covering work on the proposed draft '**Pandemic Flu Bill**', **moral and ethical guidance**, and **public communications planning**⁵¹⁸.

505. UK government departments were required to have project plans for their products by mid-May 2017, and to focus on delivering them within a year⁵¹⁹.

506. Between March 2017 and November 2018, the PFRB met 12 times. **Progress at the one-year stage** was set out in a joint submission to the Chancellor of the Duchy of Lancaster and Health Secretary in March 2018 which **sought approval for a second year's work, to cover:**

- a. **Guidance on the NHS response** in the face of a severe pandemic.
- b. **Guidance on the delivery of augmented adult social care and community care** during a pandemic.
- c. Further **guidance on specific aspects of the death management process and possible measures** which central government could take to provide additional support to local responders.
- d. Completing the development of clauses covering both the UK government and the devolved administrations, together with supporting documentation, for the proposed UK-wide draft '**Pandemic Flu Bill**'.
- e. **The development of coherent government communications messages.**
- f. The continuing work on an expert group to enable government decision-making to be informed by **moral and ethical advice.**
- g. **Refreshing the 2011 Influenza Pandemic Preparedness Strategy.**
- h. The development of a **pandemic influenza National Resilience Standard.**
- i. **Exercising pandemic response plans**, including the development and holding of a further major UK-wide exercise in early 2020.⁵²⁰

The advice to Ministers also raised the need to share more information with local planners and to "**deepen**" **collaboration with the devolved administrations**⁵²¹. And plans to **re-procure a pandemic specific vaccine advance purchase agreement** were to be taken forward by the Department of Health.

⁵¹⁸ Ibid. Paragraph 3.38

⁵¹⁹ Ibid. Paragraph 3.40

⁵²⁰ Ibid. Paragraph 3.41

⁵²¹ Ibid. Paragraph 3.42

507. In parallel, we have seen some evidence⁵²² of work to “*challenge*” and test Sector Resilience plans to ensure the continued provision of essential services during a pandemic even in the face of significant staff absences at the height of each pandemic wave.
508. Commitment to, and hence progress on, this work was, however, reduced later in 2018 by the need to focus on EU Exit planning. Advice to the Chancellor of the Duchy of Lancaster in January 2019 was that the “*significant majority*” of programmes would be paused, although work would proceed on the excess deaths workstream and finalisation of the ‘Pandemic Flu Bill’. The pause “*recognised the need to reprioritise CCS effort, and also the fact that teams across other departments were already being re-tasked onto [EU Exit planning] work*”⁵²³

The Position in January 2020

509. By January 2020, our assessment of the evidence we have seen is that:
- a. Both the Hine Review and Exercise Cygnus had provided assurance that **command and control and emergency response structures provided a sound basis for the response** to pandemic influenza.
 - b. A **framework for the management of excess deaths** had been produced, which included coverage on how temporary mortuary capacity would be deployed⁵²⁴.
 - c. Relevant clauses covering excess deaths and other easements which could go into a draft ‘**Pandemic Flu Bill**’ were available⁵²⁵.
510. But a significant range of work would have been only partially completed, and some key products would not have been available to responders throughout the UK, including:
- a. **Guidance for NHS England on managing surges** in the healthcare system – which we judge will be likely to have meant that NHS Trusts and other bodies would not, systematically, have reviewed, tested and validated their own plans against the assessed demands of a severe pandemic⁵²⁶.
 - b. Guidance on **NHS triage arrangements**.
 - c. The **operationalisation of plans for adult social care**⁵²⁷.

⁵²² [Annex D](#) outlines the CCS-led challenge panels which included officials from the Department of Health and GO-Science to review departments’ draft statement of preparedness arising from the programme of work commissioned on 21 February 2017

⁵²³ INQ000145733. Witness Statement of Katharine Hammond. Paragraph 3.53

⁵²⁴ Ibid. Paragraph 3.45

⁵²⁵ Ibid. Paragraph 3.45 and INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 330

⁵²⁶ INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 409

⁵²⁷ Ibid. Paragraph 409

- d. A revised and updated version of the 2011 Influenza Pandemic Strategy⁵²⁸.
- e. Work to build and assess sector resilience.
- f. Moral and ethical guidance.
- g. A revised and updated version of the 2012 Pandemic Influenza Communications Strategy⁵²⁹.

511. The Cabinet sub-Committee overseeing the work – NSC(THRC) – was abolished in July 2019 at the direction of the incoming Prime Minister. Although efforts were made to revitalise the work in November 2019, including the development of a work programme for 2020, this initiative was overtaken by the emergence of the COVID-19 virus, which also meant that the UK-wide exercise planned for early 2020 to test and validate updated plans and capabilities was cancelled.
512. In February 2020, in the relatively early stages of COVID-19, MHCLG commissioned a rapid piece of work to “[raise] local awareness of the likely scale, severity and duration of the pandemic and to understand what stage the LRFs [in England] were at in terms of planning and activating the response”⁵³⁰.
513. The work was informed by a planning survey and self-assessment of LRFs in England, undertaken between 3 and 14 February, when all 38 LRFs were asked to submit information on their preparedness for pandemic influenza as set out in the UK Influenza Pandemic Preparedness Strategy 2011 and the NSRA 2019. Ms Frances confirms in her witness statement that, whilst the survey post-dated the relevant period for Module 1, the results would give a broad indication of LRF readiness as at January 2020⁵³¹.
514. An analysis of LRF survey responses showed that, overall, most LRFs reported good levels of preparedness planning and multi-agency engagement⁵³². In particular:
- a. All 38 LRFs had an overarching pandemic flu plan, 36 of which had been published.
 - b. 37 LRFs reported ‘significant or at least some’ partner engagement on pandemic flu planning.
 - c. 28 areas demonstrated leading practice by working across LRF boundaries on planning and exercising, whilst having independent plans. Nine areas were working across LRF boundaries on planning and exercising and had fully integrated plans.

⁵²⁸ Ibid. Paragraph 409

⁵²⁹ Ibid. Paragraph 409

⁵³⁰ INQ000185186. Witness Statement of Dr Ruth Hussey. Paragraph 55

⁵³¹ INQ000061507. Witness Statement of Catherine Frances. Paragraph 129

⁵³² INQ000185186. Witness Statement of Dr Ruth Hussey. Paragraph 56

- d. 32 LRFs had run exercises testing their pandemic influenza plans, although only 13 of those had done so since 2017 (Cambridgeshire; Cumbria; Devon, Cornwall and Isle of Scilly; Dorset; Gloucestershire; Hampshire and Isle of Wight; Lancashire; Leicestershire; Norfolk; North Yorkshire; Thames Valley; West Mercia; West Midlands).
- e. The **greatest area of concern raised by LRFs** and highlighted by the lower number of LRFs with Excess Deaths plans in place (28) **was preparedness for (and in particular local capacity to manage) the levels of excess deaths assumed in the reasonable worst case scenario**⁵³³.

Preparedness for a Novel and Emerging Disease Pandemic

Risk Assessment

515. As [Annex C](#) sets out, throughout the relevant period, successive **National Risk Assessments**, and the 2019 National Security Risk Assessment, **concluded that the reasonable worst case scenario associated with a novel and emerging infectious disease (NEID) was on a very substantially smaller scale than that of an influenza virus**. The likelihood of such an event was judged as 'High' throughout the period. But the consequences were always consistent with an underlying assumption of an outbreak which was successfully contained, or which 'burnt itself out'. Thus:

- a. The impact assessment in NRAs prepared in 2010-2012 was that there might be up to 100 fatalities and up to 2,000 casualties.
- b. The 2013 NRA had broadly the same impact assessment as in earlier years, but the possible number of fatalities was increased from 100 to 200. That document also contained useful planning assumptions for the containment phase - that, for every single confirmed case of infection, planners should expect 10 potential cases and 100 follow up contacts.
- c. The same impact assessment was made in the 2014 and 2016 NRAs and the 2019 NSRA. The last also noted that coronaviruses were less likely to have pandemic potential due to their mortality rate and transmissibility.

516. In his witness statement, Mr Hargreaves notes that the 2016 National Risk Assessment was subject to review by both the Government Chief Scientific Advisers network, comprising the Government Office for Science and departmental Chief Scientific Advisers, and by 'Expert Challenge Groups', principally academics and specialists with relevant experience who provided independent external scrutiny and challenge of the assessment and, in particular, of the reasonable worst case scenarios. Those individuals, as well as officials in the Department of Health and its agencies, will not only have been experts in their own fields but will also have engaged in debate in a range of international bodies including the WHO, the EU Health Security Committee and Civil Protection Mechanism, and the Global Health Security Initiative.

⁵³³ INQ000061507. Witness Statement of Catherine Frances. Paragraph 129-131

517. The 2021 review by the Royal Academy of Engineering (RAE)⁵³⁴ of the methodology used in the development of the NSRA included two relevant recommendations:

“Opportunities for external expert participation should be identified across the whole process to ensure a robust challenge function and minimise groupthink”⁵³⁵

and:

“for each risk, a range of scenarios should be generated to explore uncertainty and additional planning requirements ... where appropriate, the range of scenarios should be included in the [NSRA].”⁵³⁶

518. The value of the first of these recommendations is self-evident – and was, on the evidence we have seen, in principle being followed. We can see some utility in the second against the goal identified by the RAE of understanding different possible outcomes and enabling ‘least regrets’ strategic decision-making. In the end, however, we suspect that there will be severe limits on the readiness of governments to commit levels of investment to fund higher levels of emergency response capabilities to tackle scenarios more severe than the assessed reasonable worst case.

Planning and Exercising

519. Best practice is that risks which have both a high likelihood and a high (or greater) impact should be the subject of specific, detailed preparedness planning. Given the succession of risk assessments and their associated Planning Assumptions, it is unsurprising that no *specific* whole system preparedness planning was put in place to deal with a potential *pandemic* involving a novel infectious disease. The substantial work described above under the High Consequence Infectious Disease programme will have been valuable, as will the training, and testing and validation, benefits gained from the series of exercises conducted from 2015 onwards. But that work, and those exercises, were based on a scenario of a contained outbreak.

Cascading and Compounding Consequences

520. **Planning for an influenza pandemic took account of the most significant, direct cascading consequences**, especially those triggered by absence from work and the consequential impacts on the continuity of delivery of essential services. Sector resilience was thus a key workstream of the re-energised pandemic preparedness programme, as it had been since 2005.

521. That programme was based on a Strategy which had as one of its aims minimising the potential impact of a pandemic on society and the economy by *“supporting the continuation of everyday activities as far as practicable”⁵³⁷*. The imposition of significant

⁵³⁴ Royal Academy of Engineering (2021). *Building resilience: lessons from the Academy’s review of the National Security Risk Assessment methodology*

⁵³⁵ Ibid. Recommendation 10

⁵³⁶ Ibid. Recommendation 4

⁵³⁷ Department of Health and the Devolved Administrations (2011). *UK Influenza Pandemic Preparedness Strategy*. Paragraph 3.1.ii

restrictions on everyday social and economic activity – including at the extreme a move to ‘lockdown’ – was ruled out both in principle and in the coverage in the 2011 Strategy of the likely policy position against the closure of borders, the imposition of restrictions on public gatherings and use of public transport, and the widescale closure of schools. The very much more severe cascading social and economic consequences of the restrictions that were introduced at varying stages of the response to the COVID-19 pandemic were therefore not addressed in planning.

Our Key Judgements – Preparedness At The Onset Of The COVID-19 Pandemic

522. We draw three key judgements from this picture.

Influenza Pandemic Preparedness Was Poor

523. First, **influenza pandemic preparedness in England, and for areas of planning that were UK-wide in their scope, was poor** – although the evidence suggests that **preparedness will have been stronger in Scotland and, especially, Wales and Northern Ireland** which sustained activity to build pandemic preparedness throughout most of the period. The UK-wide work undertaken from early 2017 to late 2018 to build pandemic preparedness was thorough in its scope. But the fact remains that, **three years later after Exercise Cygnus and almost 10 years after the Hine Review, key areas of weakness in the UK government’s planning had not been fully addressed**. On the evidence we have seen, these included vital measures on capacity and capability in the health and social care sectors, as well as in the management of excess deaths. The containment phase identified in the Hine Review had not been recognised and addressed, including in its resourcing. Key documents which could guide and unify the actions of planners and responders throughout the whole system were not in place. And there was almost no recognition at the centre of government of the value of, and planning for, the full-hearted engagement of the voluntary and community and business sectors, and of communities themselves, in a genuine ‘Whole of Society’ response.

The Response Strategy Should Have Been Tested

524. Second, there is a crucial deeper point exposed in the presentation to Ministers in NSC(THRC) at their meeting in February 2017 and first identified in Exercise Cygnus. As noted above, Ministers were advised at that time that, on the chosen scenario, **health and social care capacity might be overwhelmed in the fifth week of a pandemic, and that processes and facilities to manage deaths would also be overwhelmed**. In our view, that **should have raised fundamental questions about the robustness and validity of the strategy on which all preparedness planning and capability-building was based**. It should also have triggered forensically detailed work to seek assurance that critical elements of the response would indeed have the capacity to cope.

525. **If Ministers could not be given assurance** on those points, then in our view Ministers and officials **had a responsibility to develop and pursue a different strategy – a**

'Plan B' – which had a greater chance of success, if only to be used as a fallback option in the face of a disease with potentially severe consequences. The evidence we have seen suggests that, because key workstreams had not been completed, and hence because relevant sectors and organisations would not, systematically, have reviewed, tested and validated their own plans against the assessed demands of a severe pandemic, **Ministers could not be given that assurance.**

526. To have had a greater chance of succeeding, **so that the emergency was not allowed to move faster than and get ahead of the response, such a strategy would in our view be likely to have needed:**

- a. **Substantially more robust interventions** than those identified under 'Plan A' in the early stages of an incipient pandemic (the containment phase) **to seek to slow the spread of the virus.**
- b. As identified in the Hine Review, the **development of significant capabilities to enable testing and contact tracing during the containment phase**, including the ability to sustain such activity over an extended period if containment proved successful.
- c. Having in place reliable systems for the **more extensive provision of support to those shielding or needing support at home.**
- d. The **full-scale activation from the outset** of UK-wide:
 - **Surveillance, reporting and data and information management arrangements**
 - **Whole system crisis management arrangements**
 - **Arrangements for provision of scientific and technical advice**, covering the full suite of potential epidemiological, behavioural, social and economic impacts
 - **Arrangements for providing public information**, including providing advice on practical actions to be taken by the public to keep themselves, their families and communities safe; to support their neighbours; and to play their part in the containment strategy
- e. The **early engagement of voluntary and community sector organisations, and of businesses**, able to make a contribution to the containment phase and management of the emergency.
- f. A **rapid and forensically detailed audit**, as data on the virus became available, of the **capacities and capabilities needed to provide an effective response compared with those which were available**, followed by:

- The **early alerting and activation of the capabilities which were available**
 - **Urgent work**, engaging all of those involved at all levels, **on innovative solutions in areas where capacities and capabilities were assessed to be insufficient**
- g. The conduct of short, **'table top' discussion / simulation exercises at all levels** to ensure that responders understood the response strategy and its associated plans, and that any gaps and weaknesses were exposed for urgent rectification.

Preparedness For A Novel Infectious Disease Pandemic Was Inadequate

527. Drawing together all of the above, our judgement is that **whole system preparedness in January 2020 for a novel infectious disease pandemic was wholly inadequate**. Strong influenza pandemic preparedness planning across the UK in the period to 2012 had been allowed to lapse at UK government level, although the position was better in Scotland and, especially, Wales and Northern Ireland. The sustained attention which was needed to implement and embed lessons from the Hine Review, and for the continuous development, testing and exercising of plans at all levels, was not provided. And the neglect showed in Exercise Cygnus in 2016.
528. Commendable efforts to reboot preparedness planning from early 2017 had not made the necessary progress by the time the work had to be “paused” in late 2018 to allow resources to be concentrated on planning for EU Exit. The response Strategy was by January 2020 almost a decade old. It did not provide an up-to-date, genuinely whole system Framework for the management of the developing emergency, guiding and unifying the actions of all responding organisations. Policies and guidance had not been followed through by UK government departments, working collaboratively with local organisations and Resilience Partnerships, to make sure that they were picked up and worked through in forensic detail to ensure that they were capable of execution in practice and would actually work. Serious concerns about the robustness of vital elements on which the whole response strategy was based had not been tested and deficiencies addressed.
529. And there was no ‘Plan B’, ready in the event that the Strategy proved unworkable and/or the consequences of its implementation politically unacceptable. Work in 2015-2018 to build preparedness for an outbreak of a High Consequence Infectious Disease will have been valuable in the development of the response to the emerging understanding of the COVID-19 virus. But key elements of the response to an influenza virus which could have been used in that response were weak.
530. **Furthermore preparedness planning reflected the neglect and resulting key weaknesses associated with generic resilience and preparedness** identified in Sections 4-7. Key doctrine had not been updated for almost a decade and did not capture developed good practice in important areas. Knowledge and skills had degraded, especially in UK government departments. Underlying planning did not

recognise or capture the vital contributions of the 'whole of society'. Nor did it have sufficient focus on people, their vulnerabilities and their potential needs in emergencies. Preparedness and response structures had important gaps at regional and combined authority level in England, and re-organisation of the health and social care sectors will for a period have diverted attention and reduced levels of knowledge and skills. Leadership at UK government level was diffuse: having no one person actively and visibly in charge and feeling accountability for whole system pandemic preparedness meant that the whole system had greater potential to drift. The absence of effective internal and external validation and assurance mechanisms meant that there was no routine, continuing, systematic assessment of whole system readiness for a pandemic, provided to senior officials and Ministers, and to Parliaments. And the core elements of the system were under-resourced.

What Would Make A Difference?

531. We set out in Section 5 our view that there is a **need to make a radical shift**, on a scale at least equivalent to that of the early 2000s, **to put in place a single, integrated and professional civil protection system fit for the future we face**. We believe that **the same philosophy and determination needs to be adopted to building preparedness for the most severe identified risks, including – but not only – that of a human infectious disease pandemic**. So, rather than offering a series of individual suggestions for improvements, we set out below the main elements of the fundamental reform which we believe is needed.
532. In our view, the **greatest need for change is to underlying culture, attitudes and approaches**. The key changes needed are:
- a. A **vastly more forensic, data-driven and rigorous approach to planning and capability-building**. It should not be regarded as sufficient or acceptable to issue plans and guidance and move on. **The ability to execute plans and guidance effectively in a way which secures the intended goals should be the subject of detailed testing and validation**.
 - b. **Genuine, whole system leadership from the centre**. Those with leadership responsibilities should regard it as their responsibility to ensure that **strategies, plans and guidance are robust and capable of effective implementation** throughout the system, and especially that the necessary capacities and capabilities "Are There" and "Are Good".
 - c. The adoption of a **genuinely whole system approach to preparedness and response**. **If, after review, it is concluded that for the most severe risks with wide-scale consequences it is not feasible for a Lead Government Department to address the wide range of potential consequences outside its own sector and competence, alternative leadership arrangements should be found**.

- d. The parallel adoption of a **genuinely whole of society approach**, capturing in planning and response the wide range of contributions of the voluntary and community and business sectors, and of communities and individuals.

533. On pandemic preparedness, the key characteristics of such a system would be:

- a. **A clear, whole system understanding of key judgements in national risk assessments, and their associated Planning Assumptions.** People throughout the system need to be able to understand and work through for themselves what would be the consequences for them.
- b. **A whole system, published Strategy which sets out clearly and honestly the underlying aim and objectives, key principles and values, and in broad terms the measures likely to be needed in the execution of that Strategy.** Key guiding points of the Strategy should be brought out clearly: for example, is the overall aim to keep the country running or to move to lockdown, and what might trigger a change from one to the other; what are likely to be the strategic interventions which have the most significant social and economic impacts, and when might they be made?
- c. **A separate, detailed, genuinely whole system Framework for the response, within which sectors, partnerships, organisations, communities and individuals can set their own plans.** This should recognise uncertainty, and the potential range of options for the measures which might be taken. But it should nonetheless be **detailed on the measures which could be implemented, when and why** – in short, a ‘War Book’.
- d. Within the Strategy and Framework, a **clear understanding of which actions are best taken at which level.** For some actions, it may be better to do it once at the centre than having each partnership reinvent the wheel. For other actions, local and regional partnerships who know their areas best may be better placed to develop plans and take forward their implementation.
- e. **Detailed, forensic planning in each affected organisation, partnership and sector,** which takes the principles, objectives and approach set out in the Strategy, Framework and more detailed guidance and couples them with detailed data and analysis on **how implementation would be executed, what would be the operational implications and whether in fact the guidance was actually capable of being implemented effectively.** This work should identify and escalate capacity and capability shortfalls and constraints. It should not be regarded as sufficient to rest on a general plan. **Plans should be worked through, and validated, in fine detail.**
- f. **A rigorous feedback loop between detailed planning work and the validity and robustness of the Strategy and Framework.** The goal should be to seek, and provide, real confidence and assurance that the Framework and Strategy are indeed robust and capable of being executed in a way which achieves their goals. If it turns out from detailed planning work that the Framework and Strategy would not work in practice, they need to be reset.

- g. These **activities being brought together into a single, integrated system that is clearly based on partnership, not command and control, and which welcomes and enables the contributions which all sectors can provide.**
- h. Having **individuals and teams who are properly trained.**
- i. Having **plans and capabilities which are properly exercised, with lessons identified and acted on, and the improvements validated.**
- j. The **adequate resourcing** of the activities above.
- k. **All activities being subject to rigorous validation against defined standards**, with subsequent analysis of gaps and shortfalls and the identification and implementation of potential corrective action where necessary.
- l. And with **the entire system being set within clear, visible, single point accountabilities**, especially of senior leaders to Ministers, and of Ministers to their Parliaments.

SECTION 9: CONCLUSIONS

Question 7: Whether Part I of the Civil Contingencies Act 2004 provides a proper legal and operational platform for the UK's resilience and preparedness systems.

Question 13: Lessons to be learnt in respect of resilience and preparedness structures across the UK.

534. We note in Section 1 that we have adopted a disciplined approach of focusing on those *strategic* improvements which we believe would make *the greatest difference* to building generic resilience and preparedness. On that basis, drawing together all of our suggestions in Sections 2 and 4-8, **we suggest that the Inquiry explores 47 potential strategic improvements.** These are listed below.
535. In each case, **we identify whether the strategic improvement suggested should be captured in law. Our view is that the sheer scale of the improvements needed are such that it would be appropriate to develop a new civil protection law, based on a properly-defined and -debated Resilience Strategy,** which captures the step change which we believe is needed.
536. And we believe that **there is a need to make a radical shift, on a scale at least equivalent to that of the early 2000s, to put in place a single, integrated and professional civil protection system fit for the future we face and capable of providing an effective whole system, whole of society response to emergencies on a catastrophic scale, as well as being able to tackle emergencies at local or regional levels.** It will, however, be important in doing so that the baby is not thrown out with the bathwater. We believe **the Civil Contingencies Act and its supporting arrangements provide in many areas a solid foundation which can be built on rather than demolished.**

Section 2: Strategic Approach

1. This measure (see paragraphs 43-44) would cover all four Administrations. A UK-wide Resilience Strategy should be developed by the UK government, working with the devolved administrations and Resilience Partnerships, as a vital foundation stone to building robust resilience and preparedness across the UK. This should bring together into a cohesive whole:
 - a. The overall Goal of activity to build resilience and preparedness and supporting objectives and the timeframe in which they are to be achieved.
 - b. The courses of action to be pursued to secure the identified Goal and supporting objectives, grouped against the Sendai Priorities for Action, with measures by which progress and success can be assessed; and cross-cutting principles to guide the way in which those activities should be undertaken to ensure coherence and embed important values.

- c. The instruments (eg. law and policies), infrastructure and resources – both financial and, especially, human capability – needed to achieve success.

Such a Strategy could be reinforced by similar Strategies in Scotland, Wales and Northern Ireland.

2. This measure (see paragraph 57a) would cover all four Administrations and should be captured in statutory guidance. As part of the new Resilience Strategy, a revised Integrated Emergency Management Framework should be published to include new phases on 'Validate and Assure' and 'Learn and Improve'. The revised 'Resilience Cycle' should form the strategic foundation for future work to build resilience and preparedness.

Section 4: The Components Of Resilience And Mechanisms For Their Validation And Assurance

3. This measure (see paragraph 247a) would cover all four Administrations and should be captured in law and supported by statutory guidance. The National Resilience Standards should be revised and expanded. They should:
 - a. Cover all phases of the Resilience Cycle.
 - b. Make explicit the requirements for individual organisations and for collective groups of organisations.
 - c. Cover the 'whole system', thus covering the performance of government departments / directorates as well as Resilience Partnerships.
 - d. Be made simpler, crisper and easier to use.
 - e. Be made mandatory.
4. This measure (see paragraph 247b) would cover all four Administrations. The revised National Resilience Standards should be embedded in the inspection regimes used by current and any future inspection and audit bodies for their assessment of the compliance of relevant Category 1 responders.
5. This measure (see paragraph 247c) would cover all four Administrations. New arrangements should be developed for assessing the compliance of Category 2 responders against the revised National Resilience Standards. For Category 2 responders who are already covered by a regulatory regime, such assessments might be carried out by their relevant regulators.
6. This measure (see paragraph 247d) would cover all four Administrations and should be captured in statutory guidance. The Cabinet Office, working in collaboration with the devolved administrations and Resilience Partnerships, should develop a standard approach and methodology for a 'Compliance and Preparedness Review' which Resilience Partnerships and government departments / directorates can use to assess their compliance against the Act and their overall preparedness for identified potential major emergencies.

7. This measure (see paragraph 247e) would cover all four Administrations and should be captured in statutory guidance. After piloting, testing and roll-out, Resilience Partnerships and government departments / directorates should be encouraged to undertake self-assessments of their compliance and preparedness at regular intervals.
8. This measure (see paragraph 247f) would cover all four Administrations and should be captured in law and supported by statutory guidance. A requirement should be placed on Resilience Partnerships and relevant government departments / directorates to undergo regular independent, external assessment of their compliance and preparedness. The focus of reviews should be on learning and improvement, with reviews conducted in a spirit of collaboration. Compliance and Preparedness Reviews should be conducted at the request of and in support of the Chair of a Resilience Partnership or Permanent Secretary / head of department / directorate, subject to their being the subject of a review at least every three years.
9. This measure (see paragraph 247g) would cover all four Administrations. A new 'Compliance and Preparedness Review Team' should be created to undertake Compliance and Preparedness Reviews in England of LRFs and UK government departments. It should be staffed by experienced, knowledgeable practitioners who will carry credibility with those they deal with. Team members should be drawn from a range of backgrounds and be experienced in working on resilience and preparedness in a multi-agency environment. The UK government Team should be located in the Cabinet Office (or, if created, any self-standing UK government resilience and preparedness body – see 21 below). Its culture should be one of supporting learning and improvement. It will be for each devolved administration to decide whether it wished to create its own team or draw on that established by the UK government.
10. This measure (see paragraph 247h) would cover all four Administrations and should be captured in statutory guidance. Government departments / directorates and Resilience Partnerships which have been subject to a Compliance and Preparedness Review should be required to provide an 'Action Plan' on intended improvement actions, their pace and timing, and measures by which their successful conclusion can be assessed. Such Plans should be submitted to the Cabinet Office, the Resilience Division in the Scottish Government, the Resilience Team in the Welsh Government, and the Civil Contingencies Policy Branch of the Executive Office in Northern Ireland, for use in monitoring follow-up action and in compiling overarching assessments of the overall state of resilience and preparedness.
11. This measure (see paragraph 247i) would cover all four Administrations and should be captured in statutory guidance. All Compliance and Preparedness Reviews and their resulting Action Plans should be brought together by the Cabinet Office, the Resilience Division in the Scottish Government, the Resilience Team in the Welsh Government, and the Civil Contingencies Policy Branch of the Executive Office in Northern Ireland with evidence of resilience and preparedness from other sources to provide an overarching assessment, on at least an annual basis, of the overall state of resilience and preparedness for identified major emergencies. The resulting assessments should cover identified strengths and weaknesses, intended improvement actions, their pace and timing, and measures by which their successful conclusion can be assessed. They

should be considered by Ministers collectively in the relevant senior governance committees.

12. This measure (see paragraph 247j) would cover all four Administrations and should be captured in law and supported by statutory guidance. Compliance and Preparedness Reviews should be given backing in law, and an amended Civil Contingencies Act or any new civil protection legislation should have more readily useable powers of intervention and enforcement for organisations or Resilience Partnerships which are consistently non-compliant with their duties under the Act or fail to tackle addressable gaps and weaknesses in preparedness.
13. This measure (see paragraphs 248-249) would cover all four Administrations. The quality of resilience and preparedness in the UK would be greatly reinforced by stronger political oversight and scrutiny by Parliaments, supported by external assurance arrangements wholly independent of, or substantially removed from, government. Our preferred route to this would be through existing Parliamentary audit bodies.

Section 5: Were The Structures Adequate?

14. This measure (see paragraphs 256-258) would cover all four Administrations and should be captured in law and supported by statutory guidance. A single, integrated and professional civil protection system should be put in place which is capable of providing an effective whole system, whole of society response to emergencies on a catastrophic scale, as well as being able to tackle emergencies at local or regional levels. The key characteristics of such a system should be that it:
 - a. Looks and feels integrated.
 - b. Has clear definitions of the roles and responsibilities of organisations within it, expressed where appropriate as duties in law.
 - c. Has clearly defined multi-agency arrangements and structures and ways of working between organisations which are understood.
 - d. Is as simple to understand and operate within as possible.
 - e. Has arrangements which reflect a culture of openness and transparency.
 - f. Has a culture which values quality, professionalism and continuous improvement.
 - g. Has clear and visible leadership.
 - h. Has clear accountabilities.
 - i. Is adequately resourced.
 - j. Operates in a spirit of partnership, with common, shared values and trust and respect for what each organisation can contribute.
 - k. Has an approach based on empowerment and subsidiarity.

This should draw on current foundations at devolved, regional and local levels. But it will need wholesale re-engineering and the sustained commitment of additional resources over an extended period.

15. This measure (see paragraph 274) would cover all four Administrations and should be captured in law and supported by statutory guidance. Category 2 responders should be given the full suite of duties placed on Category 1 responders.
16. This measure (see paragraph 279) would cover all four Administrations and should be captured in law and supported by statutory guidance. The duties to be placed on the UK government, the Scottish Government, the Welsh Government and the Northern Ireland Executive, should be the same as those for local statutory bodies.
17. This measure (see paragraph 288) would be for the UK government, in consultation with the devolved administrations, and should be captured in guidance. The Armed Forces' role in catastrophic emergencies should be fundamentally rethought. If changes are agreed, they should be set out in statutory and non-statutory guidance, trained and exercised.
18. This measure (see paragraph 296) would be for the UK government in respect of LRFs in England and should be captured in statutory guidance. Statutory guidance should set out more fully arrangements for escalation for administrative resolution or, if necessary, intervention, making clear the readiness of governments to support Chairs in tackling under-performing partners.
19. This measure (see paragraph 304) would be for the UK government in respect of England only and should be captured in law and supported by statutory guidance. The valuable role of Metro / Combined Authority Mayors should be recognised in the new single, integrated and professional civil protection system.
20. This measure (see paragraph 308) would be for the UK government in respect of England only and should be captured in law and supported by statutory guidance. The value of regional collaboration between LRFs in England should be recognised, reinforced and incorporated into the new single, integrated and professional civil protection system.
21. This measure (see paragraph 319-321) would be for the UK government, in consultation with the devolved administrations, and should be captured in law and supported by statutory guidance. The UK government should create a single UK government resilience and preparedness body which provides:
 - A single, visible point of focus for resilience and preparedness in the UK, working in partnership with the devolved administrations, and reporting into a dedicated UK government Cabinet sub-Committee covering resilience
 - Clear, credible leadership, visible to those working on resilience and preparedness in all sectors and to the public, both in normal circumstances and in the leadership of a national emergency
 - A clear mandate, with the authority, drive and resources to build resilience and preparedness

It should be a self-standing body with:

- Staff drawn not only from the civil service but also, and vitally, from all sectors – designated local bodies, the voluntary and community sector and business – who are knowledgeable, experienced and credible with their stakeholders
 - The authority, credibility, convening power and leadership and partnership-building skills to join up work across UK government departments and with the devolved administrations
 - Governance mechanisms which allow for the effective engagement of the devolved administrations in the work which is undertaken so that it properly reflects devolution settlements and the circumstances and needs of Scotland, Wales and Northern Ireland
 - The provision of support and challenge via independent non-executive directors with substantial experience in risk and emergency management
 - A culture which captures and reflects the operational imperatives of risk and, especially, emergency management
 - A demonstrable passion for the pursuit of improvement and excellence
 - A culture that reaches out to gather and share wisdom and experience, and to build and sustain with stakeholders a spirit of partnership in a shared enterprise
- 22.** This measure (see paragraphs 325-327) would cover all four Administrations and should be captured in law and supported by statutory guidance. There should be a single, identifiable senior official who cares and is seen to care about the quality of resilience and preparedness in the UK, with equivalents in each of the devolved administrations. These individuals should be designated as the ‘Chief Resilience Officer’ for the UK or their devolved administration, and work together in partnership within the single, integrated civil protection system. The post-holders should have oversight of the quality and effectiveness of the activity undertaken across government departments in their area and also for that of local bodies and Resilience Partnerships. The UK government post-holder should be appointed as head of any new self-standing UK government resilience and preparedness body (see 21 above).
- 23.** This measure (see paragraph 331) would cover all four Administrations and should be captured in statutory guidance. Fuller obligations should be placed on designated bodies to support democratic accountability arrangements at UK, devolved and local levels, especially through the publication of information and analysis for public review and challenge, and to enable political oversight and scrutiny mechanisms to fulfil their role effectively.
- 24.** This measure (see paragraph 333) would cover all four Administrations and should be captured in law and supported by statutory guidance. Obligations on local bodies should be expanded, requiring them to provide such information and analysis as is

necessary to enable local oversight and scrutiny mechanisms to fulfil their role effectively. The reports of Compliance and Preparedness Reviews of Resilience Partnerships, together with the Action Plan agreed by the Partnership, should be published locally, for the information of the public and for use in local political oversight and scrutiny mechanisms.

- 25.** This measure (see paragraph 334) would cover all four Administrations and should be captured in law and supported by statutory guidance. Law and statutory guidance should recognise the role and value of Parliamentary oversight and scrutiny and set out the obligation on the UK government, the Scottish Government, the Welsh Government and the Northern Ireland Executive to provide fuller information and analysis to enable their Parliaments to fulfil their role effectively. In particular:
- a. The reports of the Compliance and Preparedness Reviews of government departments or directorates, and of the Action Plan agreed by the department or directorate to address their findings, should be published to enable scrutiny by relevant Parliamentary Committees.
 - b. The UK Government Chief Resilience Officer should provide a regular assessment to the National Security Council on the current state of UK resilience, gaps and weaknesses and plans to address them. Chief Resilience Officers within the devolved administrations should provide equivalent reports to their senior Committees.
 - c. An obligation should be captured in law that the UK government, the Scottish Government, the Welsh Government and the Northern Ireland Executive should provide an annual 'Resilience Report' to their respective Parliaments. These should bring together:
 - i. A summary assessment of the findings of Compliance and Performance Reviews of Resilience Partnerships conducted in the year.
 - ii. The findings of Compliance and Performance Reviews of government departments / directorates conducted in the year, together with the departmental / directorate Action Plans.
 - iii. A report on the findings of any lessons identified reviews carried out during the year after major emergencies; and progress in the implementation and embedding of lessons of all past reviews.
 - iv. A description of progress on the main resilience and preparedness programmes, including the programmes within individual sectors, and the development of associated strategies, policies, plans and capabilities.
 - v. A summary analysis of the current state of resilience and preparedness.
- 26.** This measure (see paragraph 345) would cover all four Administrations and will be dependent on the Inquiry's conclusions and recommendations. A sustainable long-term funding package for LRFs in England should be put in place. The appropriate level of

funding at all levels, including Barnett consequentials, will depend on the Inquiry's conclusions and recommendations. This should include recognition of the increased financial burden on organisations providing the Chairs of Resilience Partnerships. Funding of the core elements of the single, integrated, professional civil protection system should be sustained and committed in real terms over an extended period and should be ringfenced.

Section 6: Were The Supporting Arrangements Adequate?

27. This measure (see paragraph 351) would cover all four Administrations and should be captured in law and supported by statutory guidance. The definition of emergency to be included in an amended Civil Contingencies Act or any new civil protection legislation needs to incorporate the lessons of the response to the COVID-19 pandemic and other major emergencies over the past decade, and to be wider in scope, especially to cover severe economic and social impacts.
28. This measure (see paragraph 356) would be for the UK government, in consultation with the devolved administrations, and should be captured in guidance. Single- and multi-agency doctrine and guidance which provides coherence to activity to build resilience and preparedness needs urgent – and then regular future – updating to ensure that it reflects developments in policy and operational practice and learning over the relevant period and from more recent emergencies, especially the COVID-19 pandemic.
29. This measure (see paragraph 357) would cover all four Administrations and should be captured in statutory guidance. Consideration should be given as to whether legal and other developments mean that some areas of non-statutory guidance should now be made statutory and, if appropriate, be more fully covered in National Resilience Standards.
30. This measure (see paragraph 358) would be for the UK government. A simple map of the doctrine and guidance available, from whatever authoritative source, should be developed and published, for use in training and to enable rapid access in an emergency.
31. This measure (see paragraph 380) would cover all four Administrations and should be captured in statutory guidance. The UK government, working with the devolved administrations, Resilience Partnerships and other stakeholders, should put in place:
 - a. A Competence Strategy covering everyone with a substantial role in building resilience and preparedness.
 - b. A consistent set of defined competences for *individuals* – brought together into a Resilience Competence Framework – for use as a common spine across all organisations with resilience and preparedness responsibilities. They should be in a form which can be readily used by individuals in their personal development. They should also be capable of being used if wished by organisations in recruitment and promotion processes, depending on the personal attributes of

the candidate being sought, allowing flexibility for some on-the-job training to encourage a wide diversity of candidates. They should underpin the development, over time, of a resilience profession.

- c. A clear definition of the expected *collective* competence of the core members of the command teams who have leadership responsibilities in the management of the response to major emergencies. These too should be added into the Resilience Competence Framework.
- 32.** This measure (see paragraph 383) would cover all four Administrations. The resilience and preparedness training undertaken should:
- a. Be conducted by “*Suitably Qualified, Experienced*” trainers.
 - b. Include content that is compliant with legislation and approved doctrine where relevant.
 - c. Include content which is up-to-date, and captures lessons identified from emergencies and exercises.
 - d. Ensure that participants are given the support they need in obtaining the required Competences, as set out in the Resilience Competence Framework.
 - e. Set out any further requirement for continuous professional development.
- 33.** This measure (see paragraph 384) would cover all four Administrations and should be captured in statutory guidance. Emergency response and recovery training should be provided for staff of individual organisations and also on a multi-agency basis, covering all core members of command teams. Senior personnel in the relevant organisations should participate in multi-agency training so that they are able to lead effectively their organisations and the multi-agency response.
- 34.** This measure (see paragraph 385) would be for the UK government in respect of England only. The training ecosystem in England should be rebooted, led by the UK government, working with the devolved administrations to capture learning from their practice and experience. This should include:
- a. A move to more ‘bite-sized’ training modules, especially on the fundamentals of resilience.
 - b. A big increase in digital delivery, including the use of e-learning modules especially for education and training on the basics of resilience. But the use of digital delivery should be carefully balanced as part of a hybrid training solution which also includes face-to-face training elements for more advanced or critical areas of training, especially command team training which should be face-to-face.
 - c. There should be central provision of accredited core training materials which LRFs can adapt and use locally. These should be developed in conjunction with

LRFs and be kept up-to-date with the latest legislation and guidance, good practice (from operational experience and research in the UK and overseas) and lessons identified from emergencies and exercises. This training material should be delivered by suitably trained trainers.

- d. The introduction of tighter quality assurance arrangements for those firms and individuals who provide relevant resilience training, to ensure that what is delivered is compliant and up-to-date. The UK government, working with the devolved administrations and Resilience Partnerships, should develop and make available a register of those training providers who are recognised for the quality, compliance and currency of their training.
35. This measure (see paragraphs 386 and 388) would cover all four Administrations and should be captured in statutory guidance. Civil servants in government departments / directorates performing resilience and emergency response roles should have the knowledge, skills, attitudes and experience to perform their roles. The Resilience Competence Strategy and Framework should capture these specific training needs.
 36. This measure (see paragraphs 387-388) would cover all four Administrations. Relevant Ministers and their special advisers should have a basic understanding of resilience structures at national and local levels and the basic principles of emergency management. The Resilience Competence Strategy and Framework should capture these specific training needs. Ministers should also undertake a cross-government command team exercise at least once a year.
 37. This measure (see paragraph 391) would cover all four Administrations and should be captured in statutory guidance. All core members of strategic command teams at local level should:
 - Undertake individual emergency management training on appointment or every three years, and suitable CPD each intervening year
 - Undertake at least one formal command team exercise per year

with details of those who have received the necessary training and undertaken the necessary CPD being recorded and used as the basis for drawing up rotas.

38. This measure (see paragraphs 393-394) would cover all four Administrations and should be captured in statutory guidance. Arrangements should be introduced which provide for the external assessment of the collective performance of local command teams in an annual exercise. To ensure consistency, in England the assessment role should be carried out by the Compliance and Preparedness Team. Each devolved administration should decide whether it wishes to create its own team or draw on that established by the UK government. Resilience Partnerships should be required to put in place an improvement plan and to evidence improvement if collective performance is assessed as being seriously weak in any area. The case for introducing formal qualifications and accreditation against those qualifications should be considered in the

medium- to longer-term, once relevant standards have been developed and set out in the Resilience Competence Framework.

- 39.** This measure (see paragraph 395) would cover all four Administrations and should be captured in statutory guidance. The core members of departments' / directorates' emergency management groups, and those who are expected to participate in cross-government emergency management, should be individually and collectively competent to fulfil their leadership role in the management of major emergencies:
- a. All government departments / directorates should have the capability and capacity to deploy trained and approved civil servants for emergencies requiring a single department / directorate or cross-government response.
 - b. The definition of the competences required of civil servants with resilience and preparedness roles should be included in the Resilience Competence Framework.
 - c. Relevant civil servants should undertake individual emergency management training every three years, with suitable CPD each year, set against the defined competences.
 - d. Each government department / directorate should undertake at least one formal command team exercise per year, observed by external assessors.
 - e. At least one formal cross-government command team exercise should be undertaken per year, observed by external assessors.
- 40.** This measure (see paragraphs 396 and 398) would be for the UK government, in consultation with the devolved administrations. The UK government should pursue the creation of a Centre of Resilience Excellence. The Centre could:
- Lead on the development of the Resilience Competence Framework
 - Lead on the fundamental transformation of the resilience training ecosystem in England
 - Oversee the availability of training courses and command team training
 - Act as the point of engagement for higher education institutions on teaching and research
 - Collate a schedule of Areas of Research Interest
 - Lead on learning and improvement, including capturing, disseminating and embedding lessons identified and the findings of relevant UK and international research
 - Create and maintain doctrine and guidance
 - Run or sponsor the running of a Knowledge Hub to collate and maintain an accessible online library of essential reference materials, and documentation from the UK and overseas that illustrates a wide range of good practice.

It should embrace the benefits of co-working with the wide range of government training institutions and with higher education institutions active in the resilience field.

41. This measure (see paragraph 406) would cover all four Administrations and should be captured in law and supported by statutory guidance. A requirement for lessons identified processes, from identification through to embedding to evaluation, should be captured in law and supporting arrangements, including:
- a. Inserting an obligation into an amended Civil Contingencies Act or any new civil protection legislation.
 - b. Its amplification in associated Regulations and statutory guidance.
 - c. The creation of a new dedicated National Resilience Standard.
 - d. The testing of performance in this area through the Compliance and Performance Reviews.

Section 7: A Whole Of Society Response

42. This measure (see paragraph 425) would be for the UK government, in consultation with the devolved administrations, and should be captured in statutory guidance. Statutory guidance should require local bodies and Resilience Partnerships to extend risk assessment and emergency planning into the consequences of emergencies for people and their likely physical, social, psychological, and economic needs, based on an assessment of vulnerabilities embodied in risk assessments. That should form the basis for identifying and capturing the contribution which the full range of local statutory bodies, voluntary and community sector organisations, businesses and communities might make, acting in partnership, to meeting those needs. And material on training and exercising should reflect the value of ensuring that people outside the statutory agencies receive the necessary training to fulfil their identified role effectively, and that plans which involve a wide range of contributors are tested in exercises which involve those organisations.
43. This measure (see paragraphs 429 and 431-432) would be for the UK government, in consultation with the devolved administrations, and should be captured in law and supported by statutory guidance. There should be a fundamental shift in the involvement of the voluntary and community sector, away from the 'have regard to' formula currently in the Act to the recognition in statutory guidance of the principle of voluntary and community sector organisations being *partners from the outset* in the resilience and preparedness activities of local bodies, Resilience Partnerships, the UK government and the devolved administrations. Good practice should be captured in a new National Resilience Standard and should cover:
- a. All aspects of the Resilience Cycle.
 - b. The identification of the capabilities which voluntary and community sector organisations can bring, and their capture in a Capability Matrix or similar planning document.

- c. The engagement of voluntary and community sector organisations in training and exercising.
 - d. Engagement with a much wider range of voluntary and community sector organisations than have typically been engaged in building resilience and preparedness. These include organisations whose primary role goes wider than support in emergencies, especially in addressing wider social and psycho-social needs; faith groups; and groups with the ability to reach particular communities of interest.
44. This measure (see paragraphs 437-438) would be for the UK government, in consultation with the devolved administrations. The UK government should create a Business Sector Resilience Partnership to take forward operationally-focused work on a collaborative basis. The Partnership should address wide-scale and ‘catastrophic’ risks rather than those which can be addressed by individual UK government departments within their sectors or by the devolved administrations, or where businesses judge that they do not need support. By extension, it could also cover common and cross-cutting issues applicable to a wide range of risks, especially the management of severe cascading consequences given the levels of inter-connectedness in society and the economy.
45. This measure (see paragraphs 452-453) would be for the UK government, in consultation with the devolved administrations, and should be captured in statutory guidance. The UK government should produce a single recommended suite of community resilience materials for adaptation and use by all local bodies and Resilience Partnerships and, working in partnership with other bodies as necessary, should ensure there is an effective peer support network to provide practical hands-on support and advice to help LRFs in England successfully to interpret the theory and support the development of community resilience in their areas.
46. This measure (see paragraphs 457-458) would be for the UK government, in consultation with the devolved administrations, and should be captured in law and supported by statutory guidance. A new duty to promote and support community resilience activity should be included in law, with corresponding funding. The new duty should:
- a. Apply to all designated bodies, both locally and nationally, with activity co-ordinated nationally and through Resilience Partnerships at local level.
 - b. Focus on *promoting and supporting* community-led actions rather than *dictating* specific activity.

The key components of the new duty, which would need to be reflected in Regulations, a new dedicated Chapter in statutory guidance and an updated National Resilience Standard, should capture learning and good practice.

Section 8: Pandemic Preparedness

47. This measure (see paragraph 531-533) would cover all four Administrations and should be captured in statutory guidance. Preparedness planning for the most severe identified risks should be fundamentally reformed. The greatest need is to underlying culture, attitudes and approaches. The key changes needed are:
- a. A vastly more forensic, data-driven and rigorous approach to planning and capability-building. The ability to execute plans and guidance effectively in a way which secures the intended goals should be the subject of detailed testing and validation.
 - b. Genuine, whole system leadership from the centre. Those with leadership responsibilities should regard it as their responsibility to ensure that strategies, plans and guidance are robust and capable of effective implementation.
 - c. The adoption of a genuinely whole system approach to preparedness and response. If, after review, it is concluded that for the most severe risks with wide-scale consequences it is not feasible for a Lead Government Department to address the wide range of potential consequences outside its own sector and competence, alternative leadership arrangements should be found.
 - d. The parallel adoption of a genuinely whole of society approach, capturing in planning and response the wide range of contributions of the voluntary and community and business sectors, and of communities and individuals.

On pandemic preparedness, the key characteristics of such a system would be:

- a. A clear, whole system understanding of key judgements in national risk assessments, and their associated Planning Assumptions.
- b. A whole system, published Strategy which sets out clearly and honestly the underlying aim and objectives, key principles and values, and in broad terms the measures likely to be needed in the execution of that Strategy.
- c. A separate, detailed, genuinely whole system Framework for the response, within which sectors, partnerships, organisations, communities and individuals can set their own plans. This should detail the measures which *could* be implemented, when and why.
- d. Within the Strategy and Framework, a clear understanding of which actions are best taken at which level.
- e. Detailed, forensic planning in each affected organisation, partnership and sector, which takes the principles, objectives and approach set out in the Strategy, Framework and more detailed guidance and couples them with detailed data and analysis on *how* implementation would be executed, *what* would be the

operational implications and *whether* in fact the guidance was actually capable of being implemented effectively.

- f. A rigorous feedback loop between detailed planning work and the robustness and validity of the Strategy and Framework. The goal should be to seek, and provide, real confidence and assurance that the Framework and Strategy are indeed robust and capable of being executed in a way which achieves their goals. If it turns out from detailed planning work that the Framework and Strategy would not work in practice, they need to be reset.
- g. These activities being brought together into a single, integrated system that is clearly based on partnership, not command and control, and which welcomes and enables the contributions which all sectors can provide.
- h. Having individuals and teams who are properly trained.
- i. Having plans and capabilities which are properly exercised, with lessons identified and acted on.
- j. The adequate resourcing of the activities above.
- k. All activities being subject to rigorous validation against defined standards, with subsequent analysis of gaps and shortfalls and the identification and implementation of potential corrective action where necessary.
- l. And with the entire system being set within clear, visible, single point accountabilities, especially of senior leaders to Ministers, and of Ministers to their Parliaments.

ANNEXES

ANNEX A: SCOPE OF THIS REPORT

We were asked by the UK COVID-19 Public Inquiry Module 1 Lead Solicitor (Barrister) to address the following matters:

The Overall Approach to Risk and Emergency Management

1. In relation to risk management and resilience, an explanation of any changes in the strategic approach and definition adopted by the UK Government, the Scottish Government, the Welsh Government and the Northern Ireland Executive over the relevant period.
2. The standards by which the efficacy of a resilience and risk management system can be assessed at 'whole system' level.
3. An overall description of the structures of the UK government, the devolved administrations, and Local Resilience Forums and Partnerships relating to resilience and preparedness.
4. A broad description of whether such structures have kept pace with the risks faced by the UK.
5. Whether such structures pre-COVID-19 pandemic, sufficiently enabled the UK government, the devolved administrations, and Local Resilience Forums and Partnerships individually and collectively to prepare for and respond to pandemics and other catastrophic emergencies.
6. Whether the resilience and preparedness arrangements put in place by the UK government and the devolved administrations gave proper effect to the ability of the essential service sectors, the business sector, organisations in the voluntary and community sector and communities themselves to respond to 'whole system' civil emergencies.
7. Whether Part I of the Civil Contingencies Act 2004 provides a proper legal and operational platform for the UK's resilience and preparedness systems.

Pandemic Preparedness

8. Whether, during the relevant period, the UK government, the devolved administrations, and Local Resilience Forums and Partnerships had in place suitable arrangements for identifying and assessing the risk of a non-influenza pandemic, such as a coronavirus pandemic.
9. Whether the UK government and the devolved administrations had an effective approach to building 'whole system' preparedness for an infectious disease pandemic across all sectors of society and the economy which reflected the assessed likelihood of a non-influenza pandemic occurring and the scale of potential consequences.

10. Whether in building preparedness for a non-influenza pandemic, the UK government and the devolved administrations learned from experience in other countries, whether directly (eg. those countries with experience of managing the SARS and MERS outbreaks) or indirectly (eg. from relevant international organisations such as the WHO).
11. Whether, across the UK, overall pandemic preparedness and resilience arrangements properly highlighted, and prepared for, the cascading consequences of a pandemic, including the societal and economic impacts.
12. Resilience and preparedness structures and systems in other comparable countries, and a high-level comparison between them and those of the UK. What, if any, major differences existed prior to the COVID-19 pandemic?

Conclusions

13. Lessons to be learnt in respect of resilience and preparedness structures across the UK.

ANNEX B: DOCUMENTS PROVIDED BY THE INQUIRY TEAM

The following documents were gathered by the Inquiry Team as part of its Rule 9 process and provided to us by our cut-off date of 29 May 2023.

Reference No.	Description	Date Received
INQ000021623	Pandemic Flu Readiness Board. Minutes of meeting held 21 February 2018 (meeting reference PFRB(18)08)	26-May-2023
INQ000023147	Pandemic Influenza Readiness Board meeting 24 January 2018: Local Engagement Paper. Annex A: Questions for Local Resilience Forums	26-May-2023
INQ000023148	Pandemic Influenza Readiness Board meeting 24 January 2018: Local Engagement Paper. Annex B: Summary of results of interviews with Local Resilience Forums during December 2017	26-May-2023
INQ000023149	Pandemic Influenza Readiness Board meeting 24 January 2018: Local Tier Engagement paper	26-May-2023
INQ000023150	Pandemic Influenza – LRF Engagement paper	26-May-2023
INQ000023154	Draft report on LRF Pandemic Flu Preparedness as of February 2020	26-May-2023
INQ000023155	Update paper on DCLG Local Tier Engagement dated December 2017	26-May-2023
INQ000023158	Pandemic Influenza Readiness Board meeting 16 November 2017: Paper 6 on Local Tier Engagement	26-May-2023
INQ000023159	Pandemic Influenza Readiness Board meeting [February 2018?]: Paper 4 on Local Tier Engagement	26-May-2023
INQ000023160	Pandemic Influenza Readiness Board meeting [March 2018?]: Paper 4 on Local Tier Engagement	26-May-2023
INQ000023161	Pandemic Influenza Readiness Board meeting [April 2018?]: Paper 4 Update on the LRF Engagement Forum	26-May-2023
INQ000023162	Pandemic Influenza Readiness Board meeting [November 2018?]: Paper on LRF Engagement	26-May-2023
INQ000023163	Pandemic Influenza Readiness Board meeting [November 2018?]: Paper on LRF Preparedness	26-May-2023
INQ000023179	Pandemic Influenza Readiness Board: Pandemic Flu Update paper from MHCLG November 2019	26-May-2023
INQ000061507	Witness Statement of Catherine Frances. Director General for Local Government, Resilience and Communities at the Department for Levelling Up, Housing and Communities (DLUHC)	3-May-2023
INQ000061508	Witness Statement of Sir Christopher Steven Wormald, Permanent Secretary of the Department of Health and Social Care (DHSC)	18-Apr-2023
INQ000066063	Memorandum of Understanding and Supplementary Agreements Between the UK Government, the Scottish Ministers, the Welsh Ministers, and the Northern Ireland Executive Committee dated October 2013	16-May-2023

Reference No.	Description	Date Received
INQ000068397	Pandemic Flu Readiness Board. Minutes of meeting held 26 July 2018 (meeting reference PFRB(18)11)	26-May-2023
INQ000068403	Royal Academy of Engineering External Review of the National Security Risk Assessment (NSRA) Methodology: Recommendations for Greater Resilience	15-May-2023
INQ000068520	Department for Communities and Local Government (and successor departments) Organograms covering the period 2009 to 2020	3-May-2023
INQ000068521	Department for Communities and Local Government (and successor departments) Ministers and Special Advisers covering the period 2009 to 2020	3-May-2023
INQ000068522	Department for Communities and Local Government (and successor departments) RED Team Organograms covering the period 2011 to 2022	3-May-2023
INQ000082829	Partnership Council for Wales. Minutes of Meeting held on 18 March 2019	16-May-2023
INQ000089549	Chronological List of Key Departmental Meetings Relating To Pandemic Preparedness	3-May-2023
INQ000089824	Annex A to INQ000099517: Cabinet Office Organograms covering the period 2010 to 2019	18-Apr-2023
INQ000089825	Annex B to INQ000099517: Table of Key Personnel	18-Apr-2023
INQ000099517	Witness Statement of Alex Chisholm. Chief Operating Officer for the Civil Service and Permanent Secretary for the Cabinet Office	18-Apr-2023
INQ000102936	Paper for the Cabinet Sub-Committee on Scottish Government Resilience on Influenza A (H1N1) Pandemic – Review of the Scottish Government Response. For consideration at their 14 April 2010 meeting	15-May-2023
INQ000102954	Are we ready? Guidance for Scotland's Regional Resilience Partnerships on Risk and Preparedness Assessments dated December 2017	23-May-2023
INQ000102955	Are we ready? Guidance for Scotland's Regional Resilience Partnerships (RRPs) on Risk and Preparedness Assessments (RPAs). Version 1 dated December 2013	23-May-2023
INQ000102958	Building Resilient Communities: Scottish Guidance on Community Resilience dated May 2019	23-May-2023
INQ000103012	Overall Exercise Report on Exercise Silver Swan by the Scottish Government dated April 2016	15-May-2023
INQ000103013	Report on Exercise Iris by the Scottish Government dated 12 March 2018	15-May-2023
INQ000107106	Civil Contingencies Act 2004: Concordat Between the UK Government and the Welsh Assembly Government	23-May-2023
INQ000107113	Wales Audit Office Report on Civil Emergencies in Wales dated 6 December 2012	18-May-2023
INQ000107116	Wales Resilience Forum Terms of Reference	16-May-2023
INQ000107119	Pan-Wales Response Plan. Working Document 2019	16-May-2023
INQ000107144	Wales Resilience Forum Business Plan 2016-2019. Draft Version 1.1 dated June 2015	16-May-2023
INQ000116450	Wales Resilience Group Structure	16-May-2023

Reference No.	Description	Date Received
INQ000128966	Letter from the First Minister of Wales to the Minister for the Cabinet Office on Devolving Executive Powers Under Function Under Part 1 of the Civil Contingencies Act 2004 dated 23 June 2017	16-May-2023
INQ000128972	Report by Internal Audit Services in the Welsh Government on Emergency Planning, Preparedness and Response dated May 2018	16-May-2023
INQ000128973	Paper (Agenda Item 5.5) for the Welsh Government Audit and Risk Committee (ARC) Meeting on 19 October 2017 on Emergency/Disaster Response	16-May-2023
INQ000128980	Exercise Wales Gold 2019 Debrief Report dated July 2019	16-May-2023
INQ000128981	Details from Wales Resilience on the Strategic Co-ordinating Group (SCG) Chairs Courses	16-May-2023
INQ000128990	Ministerial Advice to the First Minister on Welsh Government Sector Security and Resilience Plans 2018/19 dated December 2018	16-May-2023
INQ000128993	National Assembly for Wales Public Accounts Committee report on Civil Emergencies in Wales dated July 2013	23-May-2023
INQ000128995	Ministerial Advice to the First Minister on a Review of Civil Contingencies Structures and Governance in Wales dated 2 November 2021	16-May-2023
INQ000130469	Witness Statement Number 1 of Dr Andrew Goodall. Permanent Secretary, Welsh Government	18-Apr-2023
INQ000144793	Witness Statement of Sam Lister. Director General for Strategy and Operations at the Department for Culture, Media and Sport (DCMS)	18-Apr-2023
INQ000145733	Witness Statement of Katharine Hammond. Formerly Director of the Civil Contingencies Secretariat (CCS) in the Cabinet Office	18-Apr-2023
INQ000145912	Corporate Witness Statement of Roger Hargreaves. Director of the COBR Unit in the Cabinet Office	18-Apr-2023
INQ000147705	Witness Statement of Nicola Dickie. Convention of Scottish Local Authorities (COSLA) Witness Statement	18-Apr-2023
INQ000147709	Witness Statement of Sarah Vibert, Chief Executive Officer, on behalf of National Council for Voluntary Organisations (NCVO)	10-May-2023
INQ000148402	Witness Statement of Gus O'Donnell. Formerly Cabinet Secretary	18-Apr-2023
INQ000148411	Witness Statement of David Peter Williams CB, Permanent Under-Secretary, Minister of Defence	26-May-2023
INQ000148412	Corporate Witness Statement on behalf of the National Police Chiefs' Council. Annex B: Matters Pertaining to Welsh Police Forces	18-Apr-2023
INQ000148413	Corporate Witness Statement on behalf of the National Police Chiefs' Council. Annex A: Matters Pertaining to Police Scotland	18-Apr-2023
INQ000148414	Corporate Witness Statement on behalf of the National Police Chiefs' Council. Annex C: Matters Pertaining to Police Service Northern Ireland	18-Apr-2023

Reference No.	Description	Date Received
INQ000148415	Corporate Witness Statement on behalf of the National Police Chiefs' Council	18-Apr-2023
INQ000148427	Witness Statement of Catherine Elizabeth Johnstone, CBE, Chief Executive Officer of Royal Voluntary Service	10-May-2023
INQ000148463	Witness Statement Number 2 of Tony Simpson, Director of Strategic Policy and Reform, Department of Finance, The Executive Office, Northern Ireland	18-May-2023
INQ000148480	Witness Statement of Brenda Doherty. NI Covid Bereaved Families for Justice (NICBFFJ)	3-May-2023
INQ000149097	Witness Statement of Seamus McAleavey. Northern Ireland Council for Voluntary Action (NICVA)	15-May-2023
INQ000177801	Joint Witness Statement of Chris Llewelyn, Chief Executive, on behalf of the Welsh Local Government Association (WLGA) and Mark Lloyd, Chief Executive, on behalf of the Local Government Association (LGA) Concerning the Survey of All Member Category 1 Responder Local Authorities in England and Wales	3-May-2023
INQ000177802	Witness Statement of Chris Llewelyn, Chief Executive, on behalf of the Welsh Local Government Association (WLGA)	3-May-2023
INQ000177803	Witness Statement of Mark Lloyd, Chief Executive, on behalf of the Local Government Association (LGA)	3-May-2023
INQ000177804	Witness Statement of The Right Honourable Mark Drakeford M.S.	10-May-2023
INQ000177808	Witness Statement of David Cameron. Formerly Prime Minister of the United Kingdom	3-May-2023
INQ000177810	Witness Statement of Rt Hon Sir Oliver Letwin	10-May-2023
INQ000177812	Witness Statement of Alison Allen. The Association of Local Authorities of Northern Ireland (ALANI)	3-May-2023
INQ000177813	Witness Statement of Ruth Marks. Wales Council for Voluntary Action (WCVA)	10-May-2023
INQ000181684	Witness Statement of Mike Brennan, Permanent Secretary, Department for the Economy, Northern Ireland	18-May-2023
INQ000182606	Witness Statement of Nicola Sturgeon	10-May-2023
INQ000182611	Corporate Witness Statement of Gareth Rhys Williams on behalf of the Government Commercial Function	26-May-2023
INQ000182613	Witness Statement of Michael John Adamson, Chief Executive of the British Red Cross	10-May-2023
INQ000182708	Witness Statement of Andrew Burnham, Mayor of Greater Manchester, of the Greater Manchester Combined Authority	10-May-2023
INQ000183407	Witness Statement of the Jeannie Barr in behalf of the Emergency Planning Society	10-May-2023
INQ000183408	Witness Statement of Lord Sedwill	10-May-2023
INQ000183409	Witness Statement of Michelle O'Neill MLA	10-May-2023
INQ000183425	Witness Statement of Anna Fowlie, Chief Executive, Scottish Council for Voluntary Organisations (SCVO)	15-May-2023
INQ000183427	Witness Statement of Beverley Wall, Department for Communities, Northern Ireland	18-May-2023

Reference No.	Description	Date Received
INQ000184642	Witness Statement of Northern Ireland Emergency Preparedness Group Prior Joint Chairs: Assistant Chief Constable Alan Todd, Police Service of Northern Ireland, and Stephen Reid, Chief Executive of Ards and North Down Borough Council	18-May-2023
INQ000184653	Witness Statement of Katrina Godfrey, Permanent Secretary, Department of Agriculture, Environment and Rural Affairs (DAERA), Northern Ireland	18-May-2023
INQ000184894	Witness Statement of Ken Thomson, Director General for Strategy and External Affairs in the Scottish Government	15-May-2023
INQ000184895	Witness Statement of Lesley Fraser, Director General Corporate in the Scottish Government	15-May-2023
INQ000184896	Witness Statement of Gregor Irwin, Director General Economy in the Scottish Government	15-May-2023
INQ000184897	Witness Statement Number 1 of Caroline Lamb, Director General for Health and Social Care in the Scottish Government	15-May-2023
INQ000184898	Witness Statement Number 2 of Caroline Lamb, Director General for Health in the Scottish Government. Includes contributions from the Chief Medical Officer (CMO) for Scotland, the Chief Scientist Office (Health), and the Chief Nursing Officer (CNO) for Scotland	15-May-2023
INQ000184900	Witness Statement of Roy Brannen, Director General Net Zero in the Scottish Government	15-May-2023
INQ000184901	Witness Statement Number 2 of Dr Andrew Goodall on behalf of the Health and Social Services Group in the Welsh Government	15-May-2023
INQ000185185	Witness Statement of Martin Swain. Formerly Deputy Director, Community Safety Division in the Welsh Government	15-May-2023
INQ000185186	Witness Statement of Dr Ruth Hussey	18-May-2023
INQ000185338	Witness Statement of Sir Jim McDonald FREng on behalf of the Royal Academy of Engineering	15-May-2023
INQ000185343	Witness Statement of Gillian Russell. Formerly Director of Safer Communities in the Scottish Government	15-May-2023
INQ000185350	Witness Statement of Sir David Sterling. Formerly Head of the Northern Ireland Civil Service	18-May-2023
INQ000185352	Witness Statement of John Ramsay Swinney MSP	18-May-2023
INQ000185354	Witness Statement of Rt. Hon. Michael Gove	18-May-2023
INQ000187305	Witness Statement of Sarah Schubert, Chair, The Institute of Civil Protection and Emergency Management (ICPEM)	18-May-2023
INQ000187620	Witness Statement of Denis Michael McMahon, Permanent Secretary, The Executive Office, Northern Ireland	18-May-2023
INQ000190662	Witness Statement of Reg Kilpatrick. Formerly Director for Local Government, Welsh Government	26-May-2023

ANNEX C: PANDEMIC PREPAREDNESS – RISK ANTICIPATION AND ASSESSMENT PHASES

The Key Components Of These Phases

537. The key components which we believe should be addressed in the Risk Anticipation and Assessment phase are as follows:

Component	Description
Anticipate and Assess	
Risk Identification and Assessment	<p>Consistent mechanisms and processes should be in place to identify the risks to a geographic area and its population (eg. the whole of the UK, one of the devolved administrations, or a locality) and to assess accurately the likelihood of their occurring and their potential impact if they were to occur. These processes need to involve all those who may be party to relevant information, including those outside government. Assessments should be subject to challenge, including independent external challenge.</p> <p>Risk identification and assessment should be conducted over a number of different time frames – from identifying and assessing those risks which are likely to occur over the very near term (eg. the next six months) for which effective emergency response plans and capabilities need to be in place, through those risks which might arise in the medium-term (eg. the next five years) for which capabilities can progressively be built, to those risk trends which may be seen over 20 years or more where policy action may be the most suitable vehicle for risk mitigation.</p> <p>Short- and medium-term risk assessments should ideally be kept under almost continuous (‘dynamic’) review for changes in the likelihood or impact of individual risks, and changes shared. Long-term risk assessments and the risk trends they identify can be reviewed less frequently.</p> <p>Risk assessments should be shared with all those who need to act, or would benefit from acting, on their contents, including potentially affected communities and members of the public, with appropriate mechanisms in place to protect truly sensitive information.</p>
Impact Planning Assumptions	<p>Impact planning assumptions should be prepared which summarise the assessment of the potential impact of a range of risks in a particular functional area (eg. the potential number of fatalities; the scale, intensity and duration of disruption to the supply of a particular essential service). They should be used to inform and support the building of emergency plans and capabilities by designated responders as well as by businesses, the voluntary sector</p>

Component	Description
	<p>and communities. They should, therefore, be shared in parallel with the sharing of risk assessments.</p> <p>The impacts of particular risks used in planning and capability-building are customarily determined on the basis of the reasonable worst case scenario for that risk. The reasonable worst case scenario represents a challenging manifestation of the scenario after highly implausible (very low likelihood) scenarios are excluded.</p>

The Assessments Made And Published

538. During the relevant period, the Civil Contingencies Secretariat (CCS) produced two types of risk assessment:

- The **classified National Risk Assessment (NRA)** which focused on domestic emergencies over a five-year timescale
- The classified **National Security Risk Assessment** for identifying and assessing the most serious risks facing the UK or its interests overseas over a much longer time period

In 2019, these were **combined into one assessment**, which continued to be labelled as **the National Security Risk Assessment (NSRA)**. Mr Hargreaves' witness statement describes the risk assessment process and the products in more detail⁵³⁸.

539. From 2008 onwards, successive UK governments published a **public-facing National Risk Register (NRR)** which was based on the findings of the NRA / NSRA and "*is particularly useful to local emergency planners, resilience professionals and businesses. It helps them to make decisions about which risks to plan for and what the consequences of these risks are likely to be*"⁵³⁹.

540. The CCS worked with other UK government departments, agencies and devolved administrations to co-ordinate the production of the NRA / NSRA and the NRR. **For each risk identified within the NRA / NSRA, there was a UK government department or agency which acted as the designated risk owner.** For each update of the NRA / NSRA, **designated risk owners were required to update the risks that they owned, identify new risks that fell within their remit, and co-ordinate the relevant evidence necessary to carry out the assessment of those risks**, including by consulting internal and external experts. This **included producing a reasonable worst case scenario (RWCS)**, a tool used for planning purposes to illustrate the worst manifestation of a risk that can reasonably be expected potentially to occur based on available information and data, and then in **assessing the potential impacts of that scenario and the likelihood of it occurring over the assessment timescale**⁵⁴⁰.

⁵³⁸ Ibid. Section 3

⁵³⁹ INQ000145912. Corporate Witness Statement of Roger Hargreaves. Paragraph 6.12

⁵⁴⁰ Ibid. Paragraph 6.5-6.7

541. The NRA / NSRA is not designed to capture every risk; it is primarily a tool to inform understanding of the common consequences that the UK could face as a result of emergencies. By preparing for these common consequences, rather than for every individual risk and scenario, the UK is able to be more flexible in responding to emergencies. The RWCS is, therefore, used to derive information on, for example, the number of people who may be killed or injured, or the level of disruption to the transport system, which is then compared against similar data from other risks to create **National Resilience Planning Assumptions (NRPAs)**, for example on the maximum requirement for hospital and mortuary capacity. The NRPAs, derived from the NRA / NSRA, were shared with local and national responders to enable their own planning and are used to drive the UK government's programme to build resilience capabilities. Data on likelihood and impact is used to determine the risk's relative significance, especially whether it warrants specific planning and capability building or can largely be managed by using generic plans and capabilities⁵⁴¹.

Pandemic Influenza

542. An influenza pandemic was identified as one of the top risks facing the UK in 2004⁵⁴². This was formalised in 2005 in the **first edition of the National Risk Assessment (NRA)**, when "**pandemic influenza came out top in that risk assessment**"⁵⁴³. This was **repeated in the 2007 and 2008 editions, with the overall impact assessed as 'very high'**⁵⁴⁴.

543. The **first public-facing National Risk Register (NRR)**⁵⁴⁵ published in **March 2008** also confirmed that pandemic influenza had been identified as the highest impact natural hazard risk to the UK, and **set out advice to individuals, communities and families on preparing for human disease and reducing the risk of viruses spreading**.

544. The **2009 NRA** found that, based on understanding of previous pandemics:

- a. As with the 2007 and 2008 assessments, the **overall impact was assessed as 'very high'**⁵⁴⁶.
- b. A **pandemic was likely to occur in one or more waves, possibly weeks or months apart, and that each wave might last between 12 to 15 weeks**.
- c. Up to half the population could be affected.

and that, in respect of specific assumptions:

⁵⁴¹ INQ000145733. Witness Statement of Katharine Hammond. Paragraph 2.22-2.23

⁵⁴² INQ000148402. Witness Statement of Gus O'Donnell. Paragraph 28

⁵⁴³ Ibid. Paragraph 28

⁵⁴⁴ INQ000145912. Corporate Witness Statement of Roger Hargreaves. Paragraph 6.22

⁵⁴⁵ Cabinet Office (2008c). *National Risk Register*

⁵⁴⁶ INQ000145912. Corporate Witness Statement of Roger Hargreaves. Paragraph 6.22

- The case fatality rate could be up to 2.5% which meant that, at the upper end of assumptions, **there might be 750,000 excess deaths in the UK across the whole period of the pandemic and over 10,000 healthcare contacts per 100,000 population per week at its peak**
- The peak was expected to be in weeks 6 to 8 following the first case, with 22% of total cases occurring during this time⁵⁴⁷

545. The **assessment for pandemic influenza in the 2010 NRA was the same as set out in 2009**⁵⁴⁸.

546. The **National Risk Register of Civil Emergencies 2010**⁵⁴⁹, published in March 2010, **also confirmed that the risk of human pandemic influenza remained the highest risk on the risk matrix**. It noted that, whilst the outbreak of H1N1 (Swine Flu) in 2009 had not matched the severity of the worst-case scenario used in planning, that was not indicative of future outbreaks. Experts agreed that there was a high probability of another pandemic occurring and that the probability of a pandemic was unchanged⁵⁵⁰.

547. The **assessment for pandemic influenza in the 2011 NRA was the same as set out in 2009 and 2010**, but also amplified that:

- a. The case fatality rate would be up to 2.5% in a reasonable worst case scenario and that there would be a corresponding case hospitalisation demand ratio of 4%, 25% of which would require level 3 critical care.
- b. The peak illness rates would be around 10-12% (measured in new clinical cases per week as a proportion of the population) in each of the weeks in the peak fortnight.
- c. Absence rates for illness would reach 15-20% in the peak weeks⁵⁵¹.

548. The **assessment in the 2012 NRA was the same as that in the 2011 edition**⁵⁵².

549. The **National Risk Register of Civil Emergencies 2012**⁵⁵³ published in February 2012 contained the **same assessment** of pandemic influenza **as in 2010**⁵⁵⁴.

550. It is **unclear** from the witness statement made by Mr Hargreaves **whether the overall assessment for pandemic influenza in the 2013 NRA was the same as that in the 2011 and 2012 editions or whether it had increased**. It states in **paragraph 6.50** that the 2013 NRA found "*pandemic influenza's overall impact to be 'very high'*" (as in previous years), but it states in **paragraph 6.52** that the 2013 NRA "*gave pandemic*

⁵⁴⁷ Ibid. Paragraph 6.23

⁵⁴⁸ Ibid. Paragraph 6.28

⁵⁴⁹ Cabinet Office (2010a). *National Risk Register of Civil Emergencies 2010 edition*

⁵⁵⁰ INQ000145912. Corporate Witness Statement of Roger Hargreaves. Paragraph 6.33-6.34

⁵⁵¹ Ibid. Paragraph 6.40-6.41

⁵⁵² Ibid. Paragraph 6.43

⁵⁵³ Cabinet Office (2012b). *National Risk Register of Civil Emergencies 2012 edition*

⁵⁵⁴ INQ000145912. Corporate Witness Statement of Roger Hargreaves. Paragraph 6.45

influenza an overall impact score of (5) Catastrophic". The **underlying assumptions appear to be the same as in previous years**, including that the assessment of the case fatality rate continued to be up to 2.5% resulting in around 750,000 excess deaths. But **local planners were advised to prepare for up to 300,000 additional deaths across the UK over a 15-week period**⁵⁵⁵.

551. The **National Risk Register for Civil Emergencies 2013**⁵⁵⁶ published in July 2013 contained the **same assessment** of pandemic influenza **as in 2012**⁵⁵⁷.
552. The pandemic influenza assessment in the **2014 NRA** was the **same as that in 2013**: the lack of clarity in Mr Hargreaves' witness statement as to the overall impact assessment (as highlighted above) also applies here⁵⁵⁸.
553. The pandemic influenza assessment in the **National Risk Register of Civil Emergencies 2015**⁵⁵⁹, published in March 2015, was the **same as that in 2013**, with the document noting that, if half of the UK population were to be infected, 20,000 – 750,000 deaths could be expected⁵⁶⁰.
554. The Cabinet Office published **National Business Resilience Planning Assumptions**⁵⁶¹ in November 2015. These summarised the Government's assessment of the potential impact of a range of national hazards and were intended as a reference tool to support and inform resilience planning by businesses. They specifically identified a number of assumptions related to a possible pandemic, including:
- a. Businesses were advised to plan for 15 – 20% absence rates in the peak fortnight of a pandemic. SMEs and businesses with small specialised teams were advised to plan for a 30% staff absence.
 - b. UK borders would not close in response to a flu pandemic, but other countries' might which could have an impact on international supply chains. Service provision from suppliers was also likely to be affected by staff shortages.
 - c. There could also be possible wide-ranging social impacts such as school closures, access to health care and transport.
555. The **2016 NRA** found that the **likelihood** of an influenza pandemic was **'high'**⁵⁶² and that, if it occurred, its **impact would be 'catastrophic'** – an influenza pandemic was judged to have maximum impact scores for fatalities, casualties, economic impact, transport, education, healthcare and criminal justice. In **addition to previous specific assumptions**, it set out that:

⁵⁵⁵ Ibid. Paragraph 6.50-6.52

⁵⁵⁶ Cabinet Office (2013d). *National Risk Register for Civil Emergencies 2013 edition*

⁵⁵⁷ INQ000145912. Corporate Witness Statement of Roger Hargreaves. Paragraph 6.55

⁵⁵⁸ Ibid. Paragraph 6.62-6.63

⁵⁵⁹ Cabinet Office (2015a). *National Risk Register of Civil Emergencies 2015 edition*

⁵⁶⁰ INQ000145912. Corporate Witness Statement of Roger Hargreaves. Paragraph 6.66

⁵⁶¹ Cabinet Office (2015b). *National Business Resilience Planning Assumptions*

⁵⁶² The 'High' assessment is contained in Mr Hargreaves' witness statement. It is given as 'medium' in Ms Hammond's statement

- a. **People of all ages might be affected**, although it was not possible to know until the virus emerged which groups would be most at risk.
- b. There was no known evidence of association between the rate of transmissibility and severity of infection, meaning it would be **possible that a new influenza virus could be both highly transmissible and cause severe symptoms**.
- c. **Pandemics significantly more serious than the reasonable worst case scenario identified in the 2016 NRA were therefore possible**. The impact of the countermeasures in any given pandemic was difficult to predict and would depend on the nature of the virus.
- d. Pandemic influenza would be likely to compound the effects of the vast majority of risks in the NRA as all sectors would experience staffing pressures⁵⁶³.

556. The pandemic influenza assessment in the **National Risk Register of Civil Emergencies 2017**⁵⁶⁴, published in September 2017, was the **same as in 2015**, with the document noting that there could be high levels of absence from work due to a lack of immunity in the population⁵⁶⁵.

557. The **2019 NSRA**⁵⁶⁶ contained two pandemic relevant risks – Pandemic Influenza and Emerging Infectious Diseases – with the scientific consensus at the time being that, of the two, an influenza pandemic was the most likely and highest impact risk. It reconfirmed that pandemics significantly more serious than the reasonable worst case scenario were possible, and described the Pandemic Influenza risk as follows:

- a. *“Influenza-type pandemic remains the highest assessed natural hazard scenario in the NSRA with potentially catastrophic impacts across a wide range of sectors, including hundreds of thousands of fatalities and millions of casualties. The impacts from an influenza pandemic would be felt on a national scale, with local capacity to manage its impacts likely to be overwhelmed as the number of cases starts to reach its peak and for several weeks thereafter. Each pandemic is different: the nature of the virus, where and the time of year it will emerge and its impacts, cannot be known in advance. Historical evidence indicates that the timing, severity and duration of influenza pandemics is variable and unpredictable ...”*

and that:

“After the end of an influenza-type pandemic it is likely that it would take months, or even years, for the health and social care services to recover. It is likely that the economic impact of the reasonable worst case scenario would be felt for years following the pandemic.”

⁵⁶³ INQ000145912. Corporate Witness Statement of Roger Hargreaves. Paragraph 6.71-6.72 and INQ000145733. Witness Statement of Katharine Hammond. Paragraph 3.7

⁵⁶⁴ Cabinet Office (2017b). *National Risk Register of Civil Emergencies 2017 edition*

⁵⁶⁵ INQ000145912. Corporate Witness Statement of Roger Hargreaves. Paragraph 6.74

⁵⁶⁶ INQ000061507. Witness Statement of Catherine Frances. Paragraph 43

- b. **Impact and likelihood scores:** Impact (5/5), Likelihood (3/5), Overall (5/5) = Red risk.
- c. **Staff absences:** Up to 50% of the UK population may fall ill with up to 20% of people off work during the peak weeks causing a significant impact on business continuity.⁵⁶⁷

558. In 2019, **Planning Assumptions** based on an **influenza-type pandemic** were for **32.8 million excess casualties and 820,000 excess fatalities alongside “a range of other planning assumptions including mental health impacts; disruption to the NHS and education; and public outrage and behaviour change. These assumptions reflected consequences which were common to a coronavirus pandemic”**⁵⁶⁸.

559. The **National Risk Register 2020**⁵⁶⁹, published in December 2020, was predicated on the 2019 NSRA. It listed pandemic influenza in the highest bracket of concern⁵⁷⁰.

New And Emerging Infectious Diseases

560. The **National Risk Register (NRR) in March 2008**⁵⁷¹ noted that, although it was unlikely that a new infectious disease would originate in the UK, it was possible that one could emerge in another country, which could travel quickly around the world. It also identified Severe Acute Respiratory Syndrome (SARS) as a recent example of a newly emerged infectious disease, and the potential impact of a SARS-like outbreak on British nationals living abroad⁵⁷².

561. The **2009 NRA’s overall assessment in respect of new and emerging infectious diseases was ‘High’, with SARS being identified as being the primary cause of concern** (it also noted the potential of smallpox to reappear, although this was deemed to be ‘unlikely’). Based on the spread of a SARS-like illness, the specific assumption was that, **if such an illness was transmitted, it would be likely to cause up to 100 fatalities and up to 2,000 casualties**. It also stated that, for a SARS-like illness, there would potentially be no warning time if the outbreak was first identified in the UK, and that global travel made this a possibility⁵⁷³.

562. The **assessment in the 2010 NRA was also ‘High’, with SARS being the primary cause of concern**. The virus **H5N1 was also identified**. The 2010 NRA noted that, **as with the 2009 NRA, a SARS-like illness might cause up to 100 fatalities and up to 2,000 casualties**, and that:

⁵⁶⁷ INQ000145912. Corporate Witness Statement of Roger Hargreaves. Paragraph 6.82-6.83 and 6.85-6.86 and INQ000145733. Witness Statement of Katharine Hammond. Paragraph 3.23

⁵⁶⁸ INQ000145912. Corporate Witness Statement of Roger Hargreaves. Paragraph 6.11

⁵⁶⁹ HM Government (2020b). *National Risk Register 2020 Edition*

⁵⁷⁰ INQ000145912. Corporate Witness Statement of Roger Hargreaves. Paragraph 6.87

⁵⁷¹ Cabinet Office (2008c). *National Risk Register*

⁵⁷² INQ000145912. Corporate Witness Statement of Roger Hargreaves. Paragraph 6.19-6.20

⁵⁷³ Ibid. Paragraph 6.25-6.27

- a. The precise impact would depend upon the effectiveness of antibiotics and antivirals in fighting infection. Based upon the experience of SARS outbreak in 2003, the worst-case likely impact of such an outbreak originating outside the UK would be cases occurring amongst returning travellers and their families and close contacts, with spread to health care workers within a hospital setting.
- b. There would be short term disruption to local hospital intensive care facilities.
- c. There would be possible disruption of several weeks to elective procedures.
- d. The public would be concerned about travel, within and beyond the UK, and there might be a need for international travel restriction advice.

and that, in relation to **specific assumptions**:

- The new infection could spread rapidly from person to person and could have done so before the first case was identified
- The new infection would not originate within the UK but could spread rapidly to the UK via air travel
- It might be a viral infection for which there was no effective treatment other than patient management although there might be some benefit from antivirals
- There was the possibility of spread within a hospital setting, prior to the infection being identified in the patient⁵⁷⁴

563. The 2010 NRR⁵⁷⁵ noted the **emergence of H1N1 influenza. An emerging infectious disease, likely to be a High Consequence Infectious Disease (HCID), was also included**⁵⁷⁶ – a new haemorrhagic fever-associated arenavirus, **Lujo virus**. As with its previous iteration, the 2010 NRR noted that, **whilst the likelihood of an outbreak in the UK was low, there would be a global threat if counter measures were not put in place quickly**⁵⁷⁷.

564. The assessment in the 2011 and 2012 NRAs was the **same as that in 2010**⁵⁷⁸.

565. The 2012 NRR⁵⁷⁹ contained, for the first time, a **separate entry in respect of the risk of new and emerging infectious diseases**. It noted recent examples of newly emerged infectious diseases, such as H5N1 and the H1N1 virus that had caused the Swine Flu pandemic. It stated that the containment of the SARS outbreak globally reconfirmed that public health and infection control measures could be successful in containing a new infectious disease⁵⁸⁰.

⁵⁷⁴ Ibid. Paragraph 6.29-6.30

⁵⁷⁵ Cabinet Office (2010a). *National Risk Register of Civil Emergencies 2010 edition*

⁵⁷⁶ INQ00061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 44

⁵⁷⁷ INQ000145912. Corporate Witness Statement of Roger Hargreaves. Paragraph 6.37-6.39

⁵⁷⁸ Ibid. Paragraph 6.42 and 6.44

⁵⁷⁹ Cabinet Office (2012b). *National Risk Register of Civil Emergencies 2012 edition*

⁵⁸⁰ INQ000145912. Corporate Witness Statement of Roger Hargreaves. Paragraph 6.45 and 6.47

566. The assessment in the **2013 NRA was broadly the same as that in previous years**, but the possible number of **fatalities was increased from 100 to 200**, whilst the possible number of **casualties remained as up to 2,000**. It was confirmed that, for every single confirmed case of infection, planners should expect 10 potential cases and 100 follow up contacts. The **specific assumptions were also broadly the same** as in previous years, although it was confirmed that:
- a. The likelihood of an existing antimicrobial agent being effective was remote.
 - b. No vaccine would be available.
 - c. An outbreak of a new infection such as H5N1 avian influenza, which does not spread rapidly from person to person, would be likely to yield a lower level of casualties due to lesser person to person transmission, but could have a higher fatality rate amongst cases of around 50%. Such an infection provides a longer period in which to put effective control measures in place to prevent spread⁵⁸¹.
567. The **2013 NRR⁵⁸²** maintained the separate risk entry for newly emerged infectious diseases and provided the **same overall assessment as in 2012**. It stated that recent global experience with the **small number of new coronavirus respiratory infections had demonstrated a need for maintaining vigilance**. The role of the devolved administrations and the newly created Public Health England in dealing with new and emerging infectious diseases was noted⁵⁸³.
568. The assessment in the **2014 NRA was the same as that in 2013⁵⁸⁴**.
569. There was no change in the assessment⁵⁸⁵ in the **2015 NRR⁵⁸⁶**.
570. The assessment in the **2016 NRA was the same as that in 2014**, with the **overall assessment remaining as ‘high’⁵⁸⁷**.
571. The **2017 NRR⁵⁸⁸** **classified Ebola, Zika and Middle East Respiratory Syndrome (MERS) as high consequence infectious diseases**. The document placed **emerging infectious diseases in the same high-likelihood category as pandemic influenza, having increased the likelihood from the assessment made in 2015 in light of evidence from recent emerging infectious diseases such as Ebola and Zika**. It cited climate change, international travel, greater movement and displacement of people resulting from war, and the global transport of food as factors in its assessment that the risk of the spread of new infectious diseases had increased. However, it stated that **these were less likely to spread within the UK than an influenza pandemic and to be less impactful, possibly leading up to 100 fatalities**

⁵⁸¹ Ibid. Paragraph 6.53-6.54

⁵⁸² Cabinet Office (2013d). *National Risk Register for Civil Emergencies 2013 edition*

⁵⁸³ INQ000145912. Corporate Witness Statement of Roger Hargreaves. Paragraph 6.58-6.60

⁵⁸⁴ Ibid. Paragraph 6.64-6.65

⁵⁸⁵ Ibid. Paragraph 6.69

⁵⁸⁶ Cabinet Office (2015a). *National Risk Register of Civil Emergencies 2015 edition*

⁵⁸⁷ INQ000145912. Corporate Witness Statement of Roger Hargreaves. Paragraph 6.73

⁵⁸⁸ Cabinet Office (2017b). *National Risk Register of Civil Emergencies 2017 edition*

and several thousand people experiencing symptoms. It anticipated that, based on scientific and expert advice, diseases such as Ebola were expected to burn themselves out quickly, as had been the case on previous occasions⁵⁸⁹.

572. The 2017 NRR was the **first time that a National Risk Register** had:

- a. **Predicted the potential impact of an emerging infectious disease on the UK.**
- b. Highlighted the role of the World Health Organisation.
- c. Referenced personal protective equipment (PPE).

Advice targeted at the public was reintroduced, including on **what they could do to prepare** for risks, including getting vaccinated and basic hygiene measures, and on **what they could do to assist**, linked to resources for public information on influenza, including providing a snapshot of the 'Catch it, Kill it, Bin it' messaging and imagery⁵⁹⁰.

573. The **2019 NSRA** described the Emerging Infectious Diseases risk as follows:

- a. **Risk description:** A new or newly recognised outbreak of a high consequence infectious disease, which is airborne, spreading rapidly from person-to-person, and making contact tracing difficult. An emerging respiratory coronavirus infection in the UK may be similar to the outbreak of MERS seen in South Korea in 2015 or could be part of a global outbreak such as the outbreak of SARS in 2003.
- b. **Impact and likelihood scores:** Impact (3/5), Likelihood (3/5), Overall (3/5) = Amber risk.
- c. **Casualties:** 2,000.
- d. **Fatalities:** 200.

Whilst coronaviruses were mentioned, the expert advice was that they were less likely to have pandemic potential due to their mortality rate and transmissibility. The caveats given for the Pandemic Influenza risk above were also cited for the Emerging Infectious Diseases risk, including that pandemics significantly more serious than the reasonable worst case scenario were possible⁵⁹¹.

574. The **2020 NRR**⁵⁹², predicated on the 2019 NSRA, was published following the **emergence of COVID-19** and, as such, "**provides a case study of the virus, a summary of the [UK] government's response to the pandemic, and information on how the [UK] government is now better prepared for future pandemics**". It noted that the risk of a new infectious disease other than COVID-19 spreading across the UK was

⁵⁸⁹ INQ000145912. Corporate Witness Statement of Roger Hargreaves. Paragraph 6.76-6.77

⁵⁹⁰ Ibid. Paragraph 6.78-6.81

⁵⁹¹ Ibid. Paragraph 6.84-6.86

⁵⁹² HM Government (2020b). *National Risk Register 2020 Edition*

assessed to be lower than that of a flu pandemic, but explained that it was **possible that more than one pandemic could occur at the same time** (for example, a new flu strain could emerge during the COVID-19 pandemic). The **NRR noted flu as the most common cause of respiratory pandemics in the last 100 years, but also noted that other respiratory diseases such as SARS have spread significantly**⁵⁹³.

575. **Possible consequences of the spread and impact of a new disease** in relation to pandemics were noted as:

- a. Up to half of the population falling ill during a flu pandemic.
- b. Potentially hundreds of thousands of deaths across the UK.
- c. **Significant numbers of deaths across multiple waves** during a future pandemic caused by another novel virus, with **significant disruption to all sectors of society. The consequence for High Consequence Infectious Diseases was noted to be thousands of people experiencing symptoms, potentially leading to hundreds of deaths and some disruption to essential services**, including health and education.⁵⁹⁴

Expert Advice and Challenge

576. The Cabinet Office and designated risk owners involved expert partners in the risk assessment process to both challenge and support government planning. For example, Ms Hammond confirms in her witness statement that, *“at the start of the NRA review cycle for 2016 (as in 2019), CCS commissioned the risk owner to develop a risk scenario in consultation with experts and stakeholders. I would expect that [the Department of Health] consulted experts from at least the following groups: Public Health England ... the NHS, the New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG), the Scientific Pandemic Influenza group on Modelling (SPI-M) ... and the Chief Medical Officer (CMO). The experts assessed the risk and worked on the risk scenarios, working with the CCS team on the final form and product for the assessment”*⁵⁹⁵.

577. Once the reasonable worst case scenario (RWCS) had been identified by the designated risk owners, the 2016 NRA was subject to a rigorous scrutiny and clearance process. This involved:

- a. Review by the Risk Assessment Steering Group, an official level group, comprising of risk owning teams in government departments. It assessed the robustness of each RWCS and its scores. For new risks, it considered:
 - Whether the scenario had unique consequences not captured by other risks

⁵⁹³ INQ000145912. Corporate Witness Statement of Roger Hargreaves. Paragraph 6.88 and 6.90

⁵⁹⁴ Ibid. Paragraph 6.89

⁵⁹⁵ INQ000145733. Witness Statement of Katharine Hammond. Paragraph 3.10

- Whether the scenario was significantly more likely to occur than other risks with similar consequence
 - Where the scenario was likely to be positioned on the NRA matrix and consequently its implications for contingency planning
- b. Review by Expert Challenge Groups, principally academics and specialists with relevant experience, which assessed the reasonable worst case scenarios and the scores allotted to them, and provided comments.
 - c. Review by the Government Chief Scientific Advisers network, consisting of the Government Office for Science and departmental Chief Scientific Advisers.
 - d. Cross-Whitehall clearance from senior Civil Servants, firstly by the Government Chief Scientific Adviser and the Deputy National Security Adviser, before it was presented to a meeting of the National Security Council (Officials).
 - e. Ministerial clearance by the Prime Minister (as Chair) and the members of the National Security Council (Threats, Hazards, Resilience and Contingencies) (NSC(THRC)) sub-Committee⁵⁹⁶.

⁵⁹⁶ Ibid. Paragraph 3.11-3.15

ANNEX D: PANDEMIC PREPAREDNESS – PREPARATION PHASE

The Key Components Of This Phase

578. The key components which we believe should be addressed in the Preparation phase are as follows:

Component	Description
Prepare	
Specific Legislation and Guidance	Risks which require a specialist response (eg. risks affecting nuclear sites; risks requiring control of animal movements), may need specific legislation and guidance in addition to the Civil Contingencies Act 2004, and its associated Regulations and supporting guidance.
International Guidance	Risks which have a global footprint if they occur (eg. human infectious disease pandemics) customarily have in place global agreements, protocols and procedures setting out how governments will work together on preparedness and response. A robust risk and emergency management system would reflect global agreements in plans and processes; and recognise the value of making a contribution to the development of global agreements.
Early Warning and Detection	A robust risk and emergency management system will have in place mechanisms for detection and early warning that a risk event may be about to occur, or is occurring, to enable individuals, communities, businesses and others to take timely action to secure their own safety and wellbeing. Detection, monitoring, analysis and forecasting of risks and their possible consequences can take many forms. They need to be accompanied by arrangements for the effective dissemination and communication, by a trusted source, of authoritative, timely, accurate and actionable warnings and associated information on likelihood and impact, accompanied by advice on how best recipients should respond to the warnings received.
Specific Plans and Procedures	Specific plans and procedures should be in place where necessary to augment generic plans in cases where dealing with particular risks or their consequences, or specific sites, may require a more specialised response. As with generic plans, specific plans may be produced by a single agency or on a multi-agency basis.

Component	Description
<p>Scientific Advice and Modelling</p>	<p>In most emergencies, decision-makers will need to have access to technical and scientific advice. This could, for example, be in relation to the public health implications of a human or animal disease outbreak, or advice on the environmental impacts of a chemical leak. Relevant experts need to be able to be brought together quickly to debate the evidence, commission modelling and analysis, identify and assess potential response options, reach (ideally) a consensus conclusion and provide advice to decision-makers.</p>
<p>Ethics Guidance</p>	<p>Ethics guidance will be needed as part of planning for some specific emergencies (eg. those with significant consequences for people’s health and wellbeing). In addition, ethics guidance should be available for those emergencies which are likely to have very severe consequences which could exceed the capabilities available to responding organisations. At times of restricted resources, responders may need to make difficult decisions on the prioritisation of support to individuals and communities.</p>
<p>Equipment and Supplies</p>	<p>As part of planning for emergencies, responders should consider what equipment (capital items) and supplies (consumable items) would be needed to enable an effective response. The costs of having equipment and supplies quickly accessible in storage will need to be balanced against issues such as their likely level of usage, the ability to purchase additional stocks at short notice and any ‘use by’ dates. But it should be clear to all involved in building emergency plans and capabilities whether sufficient equipment and supplies will be available at the onset of an emergency or whether rapid sourcing action will be needed.</p> <p>Equipment should be tested regularly and stored where it can be located quickly, ideally close where it is most likely to be needed.</p>
<p>Specific Training</p>	<p>Specific-to-risk or specific-to-task training and exercising should be arranged to supplement generic training and exercising for identified higher impact / higher likelihood potential emergencies, those potential emergencies requiring a specialised response or for significant emergency response tasks. This could include, for example, training on nuclear incidents or rescuing people from fast-moving water.</p>
<p>Specific Exercising</p>	<p>Where specific plans are produced, training and exercising for everyone with a role set out in the plan should be carried out.</p>

Plans, Guidance And Exercises

UK-Wide And England

579. Planning for an infectious disease outbreak has been undertaken over many decades within health departments across the UK. For example, the UK had four confirmed cases of Severe Acute Respiratory Syndrome (SARS) to investigate and treat during the outbreaks of 2003⁵⁹⁷. Following this, a Department of Health-led contingency plan for dealing with SARS was drafted⁵⁹⁸ to provide the basis for dealing with any future SARS outbreaks, building on generic responses to outbreaks of infectious diseases and the lessons learned during the 2003 SARS outbreak.
580. Planning for an influenza pandemic in the UK was triggered by the development in 2004 of the first National Risk Assessment, which identified an **influenza pandemic as one of the top risks facing the UK**⁵⁹⁹. After early preparatory activity in spring / summer 2005, this led, in **October 2005**, to the **UK Health Departments publishing the first UK Influenza Pandemic Contingency Plan**.
581. In **November 2005**, concerns were discussed between the then Director of the Civil Contingencies Secretariat and the then Security and Intelligence Co-ordinator **that the Department of Health did not have in place a sufficient command and control structure to handle an influenza pandemic**⁶⁰⁰. These concerns were escalated to the then Cabinet Secretary who wrote to Secretary of State for Health in November 2005 informing her of the **Prime Minister's agreement** that she should chair a **new Ministerial Cabinet Committee on Influenza Pandemic Planning**⁶⁰¹. The **MISC 32 Committee**, as it was known, **met monthly and involved the devolved administrations** as well as the Local Government Association.
582. **MISC 32 oversaw UK government departments' planning for a flu pandemic**. As an illustration of this work, the Department for Culture, Media and Sport (DCMS) set up an internal Flu Pandemic Steering Board, which met monthly, to look at how a pandemic would affect wider sectors, sponsored bodies and DCMS as a whole. It oversaw preparation of departmental contingency plans and considered contingency planning, an external communication strategy, working from home options, school closures and vaccinations. DCMS also set up an Influenza Project Board to progress preparations for pandemic influenza and develop a pandemic response plan⁶⁰².

⁵⁹⁷ This was a coronavirus with significant mortality that emerged in China, probably in 2002, and was reported to the WHO in 2003. It caused a widespread epidemic affecting east Asia and Canada among others with some spill-over cases including in the UK. In 2004, a smaller SARS outbreak occurred linked to a medical laboratory in China

⁵⁹⁸ UK Health Departments (2005). *(Draft) Contingency Plan for Severe Acute Respiratory Syndrome (SARS)*. This document was the subject of a Freedom of Information Act request in 2021-2022; details can be found at <https://ico.org.uk/media/action-weve-taken/decision-notice/2022/4019392/ico-110954-c615.pdf>

⁵⁹⁹ INQ000148402. Witness Statement of Gus O'Donnell. Paragraph 28

⁶⁰⁰ Ibid. Paragraph 33

⁶⁰¹ Ibid. Paragraph 34

⁶⁰² INQ000144793. Witness Statement of Sam Lister. Paragraphs 2.36-2.38. In 2007, when the DCMS Pandemic Response Plan was in place, DCMS moved to 'standby mode' with the Influenza

583. Guidance was provided for Category 1 and 2 responders to support their planning, with **Contingency planning for a possible influenza pandemic** published by the Cabinet Office in consultation with the Health Departments in 2006⁶⁰³.
584. Wider stakeholder engagement also began in 2005, with the **Business Forum on Pandemic Flu Planning** being created by the Civil Contingencies Secretariat (CCS) to widen engagement with the business community on pandemic issues and encourage a mutual exchange of views and best practice on flu pandemic planning. This was superseded in 2008 by the **Business Advisory Group in Civil Protection (BAGCP)**. This was also convened by the CCS and worked to support an open, constructive and representative relationship between government and business in the area of civil protection⁶⁰⁴.
585. An escalating series of exercises took place in 2006-2007 to test plans developed in the UK government, the devolved administrations and in Resilience Partnerships:
- a. **Exercise Shared Goal** took place in June 2006 to **test response plans at World Health Organisation (WHO) Pandemic Phases 4 and 5**⁶⁰⁵. The devolved administrations were involved in this exercise⁶⁰⁶.
 - b. This was followed in 2007 with **Exercise Iris** which took place to **test public communications**; the devolved administrations were also involved in this exercise⁶⁰⁷.
 - c. **Exercise Winter Willow 1** (January 2007) and 2 (February 2007) then **tested the capability to respond to an influenza pandemic at local, regional and national levels**. The aim of the exercise was to enhance the UK's ability to manage the effects of an influenza pandemic by practising and validating response policies and decision-making processes. The scenario looked at a pandemic which could affect up to 25 million people in the UK with up to 563,000 deaths. The exercise was led by the Department of Health with over 5,000 participants from government (including the Regional Resilience Teams), Category 1 and 2 responders, industry and the voluntary sector⁶⁰⁸.
586. In November 2007, the **National Framework for Responding to an Influenza Pandemic**⁶⁰⁹ was published jointly by the Department of Health and the Cabinet Office. It superseded the UK health departments' UK Influenza Pandemic Contingency Plan 2005. Key features of the 2007 Framework included:

Project Board becoming virtual. The Pandemic Response Plan was subsequently updated in 2008 and then in 2018.

⁶⁰³ INQ000148402. Witness Statement of Gus O'Donnell. Paragraph 57

⁶⁰⁴ Ibid. Paragraph 59

⁶⁰⁵ INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 334

⁶⁰⁶ INQ000130469. Witness Statement of Dr Andrew Goodall. Paragraph 223

⁶⁰⁷ Ibid. Paragraph 223

⁶⁰⁸ INQ000061507. Witness Statement of Catherine Frances. Paragraphs 85-88

⁶⁰⁹ Cabinet Office and Department of Health (2007). *Pandemic Flu – A national framework for responding to an influenza pandemic*

- a. Plans for a National Pandemic Flu Service (NPFS) to enable symptomatic people to stay at home and have their symptoms assessed and antivirals authorised.
- b. Sleeping contracts with vaccine manufacturers to purchase enough vaccine to immunise up to 100% of the population, to be triggered by the World Health Organisation declaring a pandemic.
- c. A stockpile of antivirals sufficient to treat up to 50% of the population.
- d. Clear policies on maintaining open borders and allowing mass gatherings to continue.⁶¹⁰

587. Alongside the 2007 Framework, the Cabinet Office also published pandemic-specific guidance:

- a. **Preparing for pandemic flu: 2007 guidance for local planners**⁶¹¹ in December 2007. This provided local and regional planners with additional guidance and information to support the development of local and regional level multi-agency plans. It also offered guidance on the content and scope of LRF pandemic plans⁶¹².
- b. **Preparing for Pandemic Flu: Supplementary Guidance for Local Resilience Forum Planners**⁶¹³ in April 2008.

and supporting generic guidance, including:

- c. **Identifying People who are Vulnerable in a Crisis: Guidance for Emergency Planners and Responders**⁶¹⁴ in February 2008.
- d. **Logistic Operations for Emergency Supplies. Guidance for Emergency Planners**⁶¹⁵ in April 2009.

and the Home Office produced guidance on:

- e. **Planning for a Possible Influenza Pandemic: A Framework for Planners Preparing to Manage Deaths**⁶¹⁶, in November 2007.

⁶¹⁰ INQ000061507. Witness Statement of Catherine Frances. Paragraph 89

⁶¹¹ Cabinet Office (2007). *Preparing for pandemic flu: 2007 guidance for local planners*

⁶¹² INQ000061507. Witness Statement of Catherine Frances. Paragraph 90

⁶¹³ Cabinet Office (2008d). *Preparing for Pandemic Flu: Supplementary Guidance for Local Resilience Forum Planners*.

⁶¹⁴ Cabinet Office (2008a). *Identifying People who are Vulnerable in a Crisis: Guidance for Emergency Planners and Responders*

⁶¹⁵ Cabinet Office (2009b). *Logistic Operations for Emergency Supplies. Guidance for Emergency Planners*

⁶¹⁶ Home Office (2007). *Planning for a Possible Influenza Pandemic: A Framework for Planners Preparing to Manage Deaths*

588. In 2008, the Department of Health founded the **Pandemic Influenza Preparedness Programme (PIPP)**, the umbrella programme for all activity to prepare to respond to a future influenza pandemic in England. **The role of the PIPP Board was to champion pandemic influenza preparedness, provide overall direction and visible leadership for the programme within the health and social care system and Department of Health.** The Board engaged with the governance arrangements for cross-government emergency planning through liaison with CCS⁶¹⁷.
589. The PIPP Board met for the first time on 1 October 2007, chaired by the Department of Health with a CCS representative in attendance. Membership also included the Department for Communities and Local Government (DCLG), the Local Government Association (LGA) and the Directors of Adult Social Services. The PIPP Board oversaw the tripartite work delegated to the Department of Health, the then Health Protection Agency (HPA) and the NHS, through the then Strategic Health Authorities and Primary Care Trusts⁶¹⁸.
590. The H1N1 (Swine Flu) virus was first identified in Mexico in April 2009, with the **WHO declaring it a pandemic on 11 June 2009.** **The Civil Contingencies Committee sat at Ministerial and Official level** during the pandemic, and **Health Ministers from England, Scotland, Wales and Northern Ireland also met regularly in a '4 Nations' meeting.** The Regional Resilience Teams supported the local, regional and national response in England, including leading **Regional Co-ordination Groups** made up of partners including senior Regional Government Office officials, SCG chairs from across the region, regional health leads and other key regional partners. This **allowed the UK government to understand the local impacts**, including where the UK government needed to consider changes to national policy. It also allowed the UK government to **obtain feedback on good practice**, for example the 'Flu Friends' concept (the idea of identifying friends, relatives, neighbours and local volunteers who might assist if an individual falls ill). These meetings also allowed the UK government to **update local areas on national policy development.** Regional Government Office staff were also in some cases deployed to SCGs to undertake the Government Liaison Officer (GLO) role⁶¹⁹.
591. The **Scientific Group on Emergencies (SAGE)** was activated to provide advice during the pandemic, and a **Business Advisory Network for Flu (BANF)** was established by the CCS to assist in the collation of situational awareness and to support delivery of co-ordinated advice to employers⁶²⁰. In October 2009, the Cabinet Office and Department of Health published **Swine Flu: Guidance for Planners** to update responders on the projections for the predicted second wave, including revising downwards the worst-case planning assumptions.

⁶¹⁷ INQ000061507. Witness Statement of Catherine Frances. Paragraph 91-92

⁶¹⁸ INQ000148402. Witness Statement of Gus O'Donnell. Paragraph 38 and INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 104, 200 and 234

⁶¹⁹ INQ000061507. Witness Statement of Catherine Frances. Paragraph 94

⁶²⁰ INQ000148402. Witness Statement of Gus O'Donnell. Paragraph 59

592. The **UK government's actions during the pandemic did not include closing borders, quarantine or the restriction of mass gatherings**⁶²¹. In the UK, most cases were relatively mild, but the virus caused 457 deaths and 795,000 people were infected⁶²². The **WHO declared the pandemic over on 10 August 2010**.
593. In March 2010, **Dame Deidre Hine** was jointly commissioned and appointed by the four UK Health Ministers to **Chair an Independent Review of the UK Response to the 2009 Influenza Pandemic**. The independent review was set up with a remit to review the appropriateness and effectiveness of the UK strategy for responding domestically to the H1N1 (Swine Flu) pandemic, and make recommendations for any future influenza pandemic. The review was not asked to comment on operational matters. She **published her report in July 2010**⁶²³. The Review concluded that **the government's handling of the pandemic was 'highly satisfactory'**. More details on the findings from the Review can be found in Section 8.
594. Exercising continued during the H1N1 (Swine Flu) Pandemic. **Exercise Peak Practice** in September 2009 involved multiple regional flu exercises designed by the Health Protection Agency (HPA) and delivered by the Strategic Health Authorities on behalf of the Department of Health⁶²⁴.
595. Following the H1N1 (Swine Flu) pandemic in 2010, the Business Advisory Network for Flu (BANF) was replaced by the **Civil Contingencies Network for Business**⁶²⁵. The Network supported the development of a **Pandemic Flu Checklist for Businesses** which was published in January 2011⁶²⁶.
596. A **Pandemic Flu: National Planning Assumptions Assessment Tool**⁶²⁷ was published by the Cabinet Office in March 2011 to assist local planners in applying the National Planning Assumptions set out in the 2011 Overarching Government Strategy to respond to an Influenza Pandemic – Analysis of the scientific evidence base (see below) to the local setting.
597. On 31 March 2011, the Government Offices for the Regions were closed, and **the Regional Resilience Teams (RRTs)** – who provided the UK government first point of contact with all LRFs in England, acted as a conduit for information between the local and national levels, and supported them in planning for, responding to, and recovering from emergencies – **and the regional machinery they supported, were abolished**. From April 2011, the role was absorbed into the Resilience and Emergencies Directorate (RED) in the then Department for Communities and Local Government (DCLG; MHCLG from January 2018; DLUHC from September 2021) operating through a network of regional 'Resilience Advisers'.

⁶²¹ Ibid. Paragraph 44

⁶²² INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 356

⁶²³ Hine, Dame D. (2010). *The 2009 Influenza Pandemic: An independent review of the UK response to the 2009 influenza pandemic*

⁶²⁴ INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 354

⁶²⁵ INQ000148402. Witness Statement of Gus O'Donnell. Paragraph 59

⁶²⁶ Cabinet Office (2011b). *Pandemic Flu Checklist for Businesses*

⁶²⁷ Cabinet Office (2011e). *Pandemic Flu: National Planning Assumptions Assessments Tool*

598. In November 2011, the **UK Influenza Pandemic Preparedness Strategy**⁶²⁸ was published to replace the 2007 Framework. This described a UK-wide strategic approach to planning for and responding to the demands of an influenza pandemic and was published by the Department of Health and devolved administrations. Voluntary sector organisations were engaged as part of the development⁶²⁹. The Hine Review recommendations on the planning and response to future pandemics were reflected in the revised 2011 Strategy, as well as the latest scientific evidence. This Strategy was intended to inform the development of updated operational plans by local organisations and emergency planners. **Other sector-specific guidance to help essential areas of the economy sustain their services was available online**, including for energy, food and water, telecommunications and postal services, finance and sewage treatment⁶³⁰.
599. To accompany the 2011 Strategy, a **UK Pandemic Influenza Communications Strategy 2012**⁶³¹ was also published by the Department of Health and devolved administrations in December 2012.
600. In April 2012, the Department of Health and NHS published guidance on **Health and Social Care Influenza Pandemic Preparedness and Response**⁶³². This document focused on the operational aspects of a pandemic response in the health and social care sectors, and incorporated lessons identified from the H1N1 (Swine Flu) pandemic. It reflected key changes set out in the 2011 Strategy, namely the need to:
- a. Develop improved plans for the initial response to a new pandemic.
 - b. Ensure a response that is proportionate to a range of scenarios.
 - c. Allow for differences in the rate and pattern of spread of the disease across the country and internationally.
 - d. Further explore statistical population-based surveillance, such as serology to measure the severity of a pandemic in its early stages.
 - e. Take better account of information from behavioural scientists about how people are likely to think, feel and behave during an influenza pandemic.
 - f. Develop improved plans for managing the end of an influenza pandemic (the recovery phase).

Whilst this guidance was aimed primarily at the healthcare sector, it was brought to the attention of LRFs in England to assist them with their pandemic influenza planning⁶³³.

⁶²⁸ Department of Health and the Devolved Administrations (2011). *UK Influenza Pandemic Preparedness Strategy*

⁶²⁹ INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 204

⁶³⁰ Ibid. Paragraph 316 and 320 and INQ000061507. Witness Statement of Catherine Frances. Paragraph 96

⁶³¹ Department of Health and the Devolved Administrations (2012). *UK Pandemic Influenza Communications Strategy 2012*

⁶³² Department of Health and the NHS (2012). *Health and Social Care Influenza Pandemic Preparedness and Response*

⁶³³ INQ000061507. Witness Statement of Catherine Frances. Paragraph 96

601. **Pandemic Influenza: Guidance on the Management of Death Certification and Cremation Certification**⁶³⁴ was published in March 2012. In addition, further **guidance for local planners on preparing for Pandemic Influenza** was published in July 2013⁶³⁵, with DCLG supporting the engagement with LRFs in England as well as contributing to the guidance to ensure it addressed the LRF needs⁶³⁶.
602. The **Middle East Respiratory Syndrome (MERS)**, a viral respiratory disease caused by a coronavirus, **was first identified** in the Kingdom of Saudi Arabia **in 2012**. MERS has been reported in 27 countries since 2012, with approximately 80% of human cases reported by Saudi Arabia. An outbreak in South Korea in 2015 demonstrated sustained person-to-person spread was possible, especially in healthcare settings from symptomatic cases. Since 2012, there have been **three cases of MERS imported into the UK**, with 1,500 possible imported cases tested⁶³⁷. There was transmission to a further two cases in the UK in 2013 resulting in a total of five MERS cases in the UK, one of whom died. The most recent case was identified in August 2018. The impact of the disease has, therefore, been relatively limited in scope in the UK with the response largely confined to health partners, although information on cases has been shared with LRFs in England and learning informed the design of Exercise Alice in 2016⁶³⁸.
603. The **Health and Social Care Act 2012**⁶³⁹ was made in March 2012. It **created a duty on the Secretary of State for Health to take such steps as he/she thinks appropriate to protect the public in England from diseases or other dangers to health. Public Health England (PHE) was established** as an Executive Agency of the Department of Health to be, amongst other things, the **principal route for discharging the Secretary of State's duty**. It also created a **duty for unitary / upper-tier local authorities to take such steps as each considered appropriate for improving the health of people in its area** and gave them (with PHE, on behalf of the Secretary of State) responsibility for appointing Directors of Public Health (DPH)⁶⁴⁰.
604. On 1 April 2013, the Health Protection Agency (HPA) was abolished, with its functions transferring to the Secretary of State and delivered by PHE. The 10 Strategic Health Authorities (SHAs) and 152 Primary Care Trusts (PCTs) who looked after services at a local level were abolished, and the **NHS Commissioning Board (later renamed as NHS England) and more than 200 Clinical Commissioning Groups (CCGs)**⁶⁴¹ were created. **NHS England**, an executive non-departmental public body of the Department of Health, **took on its statutory responsibilities to lead and oversee the NHS from 1 April 2013**. It is accountable to the Secretary of State and holds local commissioning organisations and NHS providers (such as hospitals and trusts) to account⁶⁴².

⁶³⁴ Department of Health (2012b). *Pandemic Influenza: Guidance on the management of death certification and cremation certification*

⁶³⁵ Cabinet Office (2013f). *Preparing for Pandemic Influenza: Guidance for Local Planners*

⁶³⁶ INQ000061507. Witness Statement of Catherine Frances. Paragraph 101

⁶³⁷ INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 51-52

⁶³⁸ INQ000061507. Witness Statement of Catherine Frances. Paragraph 100 and 360

⁶³⁹ UK Parliament (2012b). *Health and Social Care Act 2012*

⁶⁴⁰ INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 422

⁶⁴¹ In July 2022, following the passing of the Health and Care Act 2022, 42 Integrated Case Systems (ICs) were established across England and the CCGs were abolished

⁶⁴² INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 108 and 422-423

605. Guidance on the new **Arrangements for Health Emergency Preparedness, Resilience and Response from April 2013**⁶⁴³, the **NHS Commissioning Board Command and Control Framework for the NHS during significant incidents and emergencies**⁶⁴⁴, and the **NHS Commissioning Board Emergency Preparedness Framework 2013**⁶⁴⁵ were published between March 2012 and March 2013 reflecting the changes. These were superseded, in November 2015, by **NHS England Emergency Preparedness, Resilience and Response Framework Version 2**⁶⁴⁶.
606. From 1 April 2013, **responsibility for some elements of the Pandemic Influenza Preparedness Programme (PIPP) transferred to NHS England (NHSE) and Public Health England (PHE)** following the implementation of changes set out in the Health and Social Care Act 2012. Responsibilities of PHE included management of stockpiles of clinical countermeasures. PHE also had responsibility for ongoing surveillance of pathogens with pandemic potential, including risk assessments of emerging threats.
607. In October 2013, NHS England published its **Operating Framework for Managing the Response to Pandemic Influenza**⁶⁴⁷ and **Pandemic Influenza - NHS Guidance on current and future preparedness in support of an outbreak**⁶⁴⁸. PHE published a **Pandemic Influenza Strategic Framework**⁶⁴⁹ and **Pandemic Influenza Response Plan**⁶⁵⁰ in August 2014 which clarified PHE's role, responsibilities and response arrangements in each phase of a pandemic.
608. The **Ebola outbreak in West Africa in 2014-2016 was the largest Ebola outbreak since the virus was first discovered in 1976 and, on 8 August 2014, the World Health Organisation declared the outbreak a PHEIC**. The outbreak was declared over in June 2016, although the **PHEIC ended on 29 March 2016**. It was of such a scale that there was a risk that infected individuals could travel to the UK; the three UK cases were all cases where infection had occurred outside the UK with no onward spread. Multi-agency planning was led by the Department of Health, supported by DCLG, to ensure LRFs in England were able to support the health sector in the event of a local outbreak. In **October and November 2014, LRFs engaged in exercises (also involving or addressing the devolved administrations) aimed at reviewing local preparedness and response arrangements to a suspected / confirmed Ebola case**⁶⁵¹. A report on the 38 (health and non-health) issues identified from the exercises was produced⁶⁵².

⁶⁴³ Department of Health (2012a). *Arrangements for Health Emergency Preparedness, Resilience and Response from April 2013*

⁶⁴⁴ NHS Commissioning Board (2013a). *NHS Commissioning Board Command and Control Framework for the NHS during significant incidents and emergencies*

⁶⁴⁵ NHS Commissioning Board (2013b). *NHS Commissioning Board Emergency Preparedness Framework 2013*

⁶⁴⁶ NHS England (2015). *NHS England Emergency Preparedness, Resilience and Response Framework. Version 2*

⁶⁴⁷ NHS England (2013b). *Operating Framework for Managing the Response to Pandemic Influenza*

⁶⁴⁸ NHS England (2013a). *Pandemic Influenza - NHS Guidance on current and future preparedness in support of an outbreak*

⁶⁴⁹ Public Health England (2014a). *Pandemic Influenza Strategic Framework*

⁶⁵⁰ Public Health England (2014b). *Pandemic Influenza Response Plan*

⁶⁵¹ INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraphs 362-363 and 374

⁶⁵² INQ000061507. Witness Statement of Catherine Frances. Paragraph 102-103

609. Thereafter, DCLG ran two **Ebola workshops with LRFs** in England in **February 2015**. The workshops provided an update on the UK's efforts in Sierra Leone and what that meant in terms of returning workers; an update on domestic Ebola preparedness; a walk-through of COBR and national command, control and co-ordination arrangements; as well as sharing and discussing the key findings from the LRF Ebola exercises in 2014⁶⁵³.

610. Further **Ebola-specific exercises** undertaken during 2015-2016 included:

- An **Ebola Surge Capacity exercise** in March 2015. This was a discussion-based exercise which considered the arrangements and capabilities of the four designated NHS surge centres in England to respond to multiple positive cases of Ebola in England. The Department of Health observed the exercise, and the devolved administrations were involved or addressed in this exercise⁶⁵⁴.
- **Exercise Northern Light**, covering Ebola, in May 2016. This was primarily focused on the health response rather than broader multi-agency planning⁶⁵⁵.

611. In 2015, a **High Consequence Infectious Disease (HCID) programme** was initiated to consolidate learning from the Ebola outbreak in 2014 and incorporate it into a long-term resilience plan to enable NHS England to deliver care safely and effectively for a wider range of known and unknown HCIDs⁶⁵⁶.

612. The **Zika virus epidemic** in 2015-2016 was **declared a PHEIC by the World Health Organisation on 1 February 2016**. The UK was assessed as being at very low risk and the impact in the UK was relatively limited in scope so that the response was largely confined to health partners. Information on the virus was shared with LRFs in England by DCLG⁶⁵⁷. The **PHEIC ended on 18 November 2016**.

613. In addition to the Ebola-specific exercises outlined above, a number of further **exercises were held from May 2015 to September 2016**:

- **Exercise Valverde** was held in May 2015. This was an international exercise which simulated the **outbreak of novel coronavirus** in a fictional South American country (Valverde). The exercise was commissioned and supported by member countries (including the UK) and organisations of the Global Health Security Initiative (GHSI) to test the then draft arrangements of member countries for the rapid sharing of laboratory samples of non-influenza pathogens and related specimens during a public health emergency (the Pandemic Influenza Preparedness Framework already existed to share influenza viruses of pandemic potential)⁶⁵⁸

⁶⁵³ Ibid. Paragraph 104

⁶⁵⁴ INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 354

⁶⁵⁵ INQ000061507. Witness Statement of Catherine Frances. Paragraph 110 and 354

⁶⁵⁶ INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 373 and 378-379

⁶⁵⁷ INQ000061507. Witness Statement of Catherine Frances. Paragraph 109 and INQ000061508.

Witness Statement of Sir Christopher Steven Wormald. Paragraph 382-383

⁶⁵⁸ INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 336

- **Exercise Alice** was held in February 2016 to consider the planning and resilience arrangements required to respond to an outbreak of Middle East Respiratory Syndrome Coronavirus (MERS-CoV). It was primarily focused on the health response and was commissioned by the Department of Health in response to concerns raised by the Chief Medical Officer about the ability to respond to a large-scale outbreak of MERS in England. The exercise was an opportunity to explore the policies, response and issues associated with the outbreak by the NHS and PHE. The devolved administrations were involved or addressed in this exercise. PHE produced a **report⁶⁵⁹ on the exercise**. Recommendations included the development of a set of guidelines for the health and social care system on the treatment of patients and the production of updated PPE guidance for frontline health practitioners⁶⁶⁰.
- **Exercise Cygnet**, a discussion-based exercise on Pandemic Influenza, was held in August 2016 as part of the build-up to Exercise Cygnus, the Tier One pandemic influenza exercise held in October 2016 (see below). The exercise was delivered by PHE with participation from the Department of Health, DCLG, NHS England, PHE, the social care sector and the voluntary sector. The exercise **focussed on hospital surge and social care capacity**. The learning from the exercise supported the design of Exercise Cygnus⁶⁶¹.

614. In September 2016, the **Department of Health Departmental Board reviewed the work on infectious diseases and pandemic preparedness** as part of its deep dives into topics on the Department's High Level Risk Register (pandemic influenza was one of the top risks on the Register for all of the relevant period). The meeting was chaired by the Permanent Secretary in the absence of the Secretary of State⁶⁶². Between December 2017 and November 2019, **monthly Department of Health Permanent Secretary briefings on pandemic preparedness** were established to ensure greater visibility and momentum of key workstreams. In total, the Permanent Secretary was briefed on 15 occasions, either orally or in writing. This reflected the status of the risk in the National Security Risk Assessment and the associated risk in the Register⁶⁶³.

615. **Exercise Cygnus**, a Tier One (national level) Command Post Exercise on Pandemic Influenza was held on 18-20 October 2016. This UK-wide exercise was originally due to take place in October 2014 but was cancelled at short notice due to the Department of Health needing to refocus efforts on the ongoing Ebola outbreak⁶⁶⁴. Over 950 representatives attended the rescheduled exercise, including the Health Secretary, Minister for the Cabinet Office, the Department of Health and 12 other UK government departments, NHS England, NHS Wales, PHE, local public services, several prisons, and Ministers and staff from the Scottish, Welsh and Northern Ireland Governments⁶⁶⁵.

⁶⁵⁹ Public Health England (2016). *Report: Exercise Alice. Middle East Respiratory Syndrome Coronavirus (MERS-CoV)*

⁶⁶⁰ INQ000061507. Witness Statement of Catherine Frances. Paragraph 110 and INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 351-353

⁶⁶¹ INQ000061507. Witness Statement of Catherine Frances. Paragraph 112

⁶⁶² INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 239

⁶⁶³ *Ibid.* Paragraphs 238 and 326

⁶⁶⁴ INQ000144793. Witness Statement of Sam Lister. Paragraph 2.29

⁶⁶⁵ INQ000145733. Witness Statement of Katharine Hammond. Paragraph 3.3 and INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 346

616. The aim of the exercise was to test systems, to identify strengths and weaknesses in the UK's response plans, which would then inform improvements in resilience. Exercise Cygnus used as its core scenario an influenza pandemic that was in line with the reasonable worst case scenario set out in the 2016 version of the National Risk Assessment. This resulted in participants considering the capacity and capability of their organisations to operate at the peak of a pandemic affecting up to 50% of the UK's population and which could cause between 200,000 and 400,000 excess deaths in the UK, and with a staff absence rate of approximately 3% and a case fatality rate of around 1.5% across the UK population⁶⁶⁶.
617. The exercise was based around four simulated COBR meetings, supported by information from a simulated SAGE meeting, Chief Medical Officer meetings and local Strategic Co-ordinating Groups (SCGs). The MHCLG RED team participated in the exercise, including deploying GLOs to the eight participating SCGs. The main focus for LRFs was to exercise their local pandemic influenza plans, local co-ordination arrangements and consider how excess deaths could be managed locally. LRFs were expected to develop their own local public communication arrangements⁶⁶⁷.
618. Following the exercise, Ms Hammond's reflections, included in her witness statement, were that:
- a. "...we should have a **'pick and mix' Pandemic Bill drafted and sitting on the stocks, so that whatever policy route ministers were to [take] it could be got out very quickly.** [Department of Health] implied they have some of this, but I bet it's not [Parliamentary] Counsel proof, and we should add other possible measures.
 - b. [The exercise] had **revealed some of the weaknesses in pandemic flu planning that we had expected it to – especially in relation to excess death planning.**
 - c. **The big areas needing attention [were] health / social care, business continuity in other sectors [and] excess deaths.**⁶⁶⁸ (Our emphasis)
619. Ms Hammond also confirms that "one of the lessons identified by the then Minister for the Cabinet Office was that **making a good policy decision on some of the most difficult health questions required moral judgement as well as evidence.** Exercise Cygnus showed that some elements of pandemic responses could really get to the heart of matters of conscience for the medical profession and into areas that are affected by faith (eg. burial practice). The MCO wanted to **draw together experts on ethical and moral issues in the same way that SAGE draws together scientists.** This led to the Moral and Ethical workstrand of the Pandemic Flu Programme which in turn led to the creation of the Moral and Ethical Advisory Group (MEAG).⁶⁶⁹ (Our emphasis)

⁶⁶⁶ INQ000145733. Witness Statement of Katharine Hammond. Paragraph 3.3-3.4 and INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 346

⁶⁶⁷ INQ000061507. Witness Statement of Catherine Frances. Paragraph 115

⁶⁶⁸ INQ000145733. Witness Statement of Katharine Hammond. Paragraph 3.5

⁶⁶⁹ Ibid. Paragraph 3.6

620. Based on the findings from Exercise Cygnus, **CCS and the Department of Health sought a meeting of the National Security Council (Threats, Hazards, Resilience and Contingencies) (NSC(THRC)) sub-Committee** to present the **learning from Exercise Cygnus and recommendations for how these should be taken forward** as part of the government's pandemic preparedness planning, in order to gain cross-departmental commitment to taking the actions needed to improve the state of readiness. This was agreed, and a **meeting of NSC(THRC) was scheduled for 21 February 2017**. The **meeting was chaired by the Prime Minister**, with 14 Secretaries of State and the Minister for the Cabinet Office in attendance, along with the Chief Medical Officer to provide medical input and the Government Chief Scientific Adviser because of his involvement in the risk assessment process⁶⁷⁰.
621. Members of the **NSC(THRC) agreed that work should be done to increase preparedness for an influenza pandemic**. The importance of **co-ordinating planning across the UK** by engaging the devolved administrations was noted in the discussion. It **commissioned a programme of work** (co-ordinated by CCS) to **deliver improved plans and capabilities to manage the wider consequences of an influenza pandemic**. The aim was to ensure that lead departments were confident that their critical sectors had adequate resilience to anticipated levels of employee absence during a pandemic, based on the reasonable worst case scenario for staff absence rates from planning assumptions developed by GO-Science⁶⁷¹.
622. One of the recommendations was for the establishment of a new cross-government pandemic planning oversight group, which **led to the formation of the Pandemic Flu Readiness Board (PFRB)** which met for the first time on 29 March 2017. The PFRB was co-chaired by the Department of Health and CCS and included membership from other government departments and all devolved administrations; DCLG attended to represent the interests of LRFs in England⁶⁷². The Department of Health particularly focused on the health response, with CCS focused on galvanising the wider response (eg. on sector resilience). The Public Health England **Exercise Cygnus Report**, published in July 2017⁶⁷³ with **22 recommendations**, was **taken forward by the PFRB between 2017 and 2019**.
623. The **workstreams that the PFRB oversaw**⁶⁷⁴ were:
- a. **Workstream 1: Healthcare**. Designed to deliver an appropriate capability to provide health care in England during a severe influenza pandemic. Its objectives were to:
 - Finalise and socialise **surge and triage guidance for the NHS** to enable effective reconfiguration of health care provision during a severe influenza pandemic

⁶⁷⁰ Ibid. Paragraph 3.28-3.30

⁶⁷¹ INQ000145912. Corporate Witness Statement of Roger Hargreaves. Paragraph 8.53

⁶⁷² INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 178 and 193 and INQ000061507. Witness Statement of Catherine Frances. Paragraph 33

⁶⁷³ Public Health England (2017a). *Exercise Cygnus Report. Tier One Command Post Exercise. Pandemic Influenza. 18 to 20 October 2016*

⁶⁷⁴ INQ000145733. Witness Statement of Katharine Hammond. Paragraph 3.34-3.38 and 3.43

- Develop an analytical **triage paper to support decision-making in the event that it became necessary to move to a state of population triage** across the country in response to severe, sustained and unusual pressures across the NHS
- b. **Workstream 2: Adult Social Care.** Designed to deliver an appropriate capability to provide adult social care in England during a severe influenza pandemic. Recognising the pressures that would be experienced across the social care system and system partners in that situation, it was to:
- Work with the Directors of Adult Social Services (DASS), the Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS) to develop, finalise and communicate **guidance for local authorities to enable them to reconfigure social care services to respond to an influenza pandemic**
 - **Review existing plans for delivering healthcare outside a healthcare setting** for those patients who would ordinarily receive in-patient care, but would be treated in the community during an extreme pandemic as a result of NHS surge and triage plans being invoked
- c. **Workstream 3: Excess Deaths.** where the goal was to **ensure that there were plans in place to manage the number of excess deaths indicated by the reasonable worst case planning assumption which would allow those who died to be treated in a respectful and acceptable manner.** Planning was to be based on an assessment of both the current capacity and maximum surge capacity to manage excess deaths in England; the development of agreed policy options; and then the development of plans for augmenting capacity to the required level, including policy options for alternative models for each stage of the death management process.

Because a number of different departments' responsibilities are engaged once an individual dies, without a "*natural home in government*", "*CCS stepped in to provide a lead on excess deaths planning when no department felt it was their role*"⁶⁷⁵.

The first year of the excess deaths workstream was focused on identifying the gaps which needed to be filled in a pandemic, for example in mortuary capacity. It drew on workshops with local planners, UK government departments and the devolved administrations and on the results of the Resilience Capability Survey (described in Section 4) which showed a very mixed picture across the country. As a result, the framework for the management of excess deaths during a pandemic was produced. This set out how temporary mortuary capacity would be deployed⁶⁷⁶.

⁶⁷⁵ Ibid. Paragraph 3.44 and 4.9

⁶⁷⁶ Ibid. Paragraph 3.45

- d. **Workstream 4: Sector Resilience.** Intended to ensure that departments were confident that critical sectors had adequate resilience to anticipated levels of employee absence during a pandemic. Sectors covered by the programme included health, police and fire, education, criminal justice, food and drink, water, energy and fuel, transport, telecommunications, finance and government services.
- e. **Workstream 5: Cross-Cutting.** This covered preparing a proposed **draft 'Pandemic Flu Bill'**, ensuring the government could access **moral and ethical advice**, and **public communications planning**.

624. **UK government departments were required to have project plans for their products by mid-May 2017, and to focus on delivering them within a year.** Project plans were collated into a **'Cross-Government Readiness Work Programme'** that was sent to the Health Secretary and the Minister for the Cabinet Office setting out the proposed programme of work to deliver the plans and capabilities agreed upon in the NSC(THRC) meeting in February 2017⁶⁷⁷.

625. Between March 2017 and November 2018, the PFRB met 12 times. **Progress at the one-year stage** was set out in a joint submission to the Chancellor of the Duchy of Lancaster and Health Secretary in March 2018 which **sought approval for a second year's work**⁶⁷⁸. The proposed work programme included:

- a. **Service-facing guidance on the NHS response** in the face of a severe pandemic.
- b. **Updated service-facing guidance on the delivery of augmented adult social care and community care** during a pandemic.
- c. Further **guidance on specific aspects of the death management process and possible measures** which central government could take to provide additional support to local responders.
- d. Completing the development of clauses covering both the UK government and the devolved administrations, together with supporting documentation, for the proposed UK-wide draft **'Pandemic Flu Bill'**.
- e. **The development of coherent government communications messages.**
- f. The continuing work on an expert group to enable government decision-making to be informed by **moral and ethical advice**.
- g. **Refreshing the UK-wide 2011 Influenza Pandemic Preparedness Strategy.**
- h. The development of a **pandemic influenza National Resilience Standard**, against which local capabilities and readiness can be better assessed.

⁶⁷⁷ Ibid. Paragraph 3.40

⁶⁷⁸ Ibid. Paragraph 3.41

- i. **Exercising pandemic response plans**, including the development and holding of a further UK-wide 'Tier 1' exercise in 2020.
- j. An updated **Pandemic Influenza Business Checklist** in conjunction with business representative groups.⁶⁷⁹

626. The submission also **raised the need to share more information with local planners and to deepen collaboration with the devolved administrations**. A DCLG paper to the PFRB meeting on 16 November 2017 on **Local Tier Engagement**⁶⁸⁰ noted that **work to date on the pandemic influenza programme had been mainly undertaken at the national level**, although local insight and data had informed workstreams where available, in particular, through the National Resilience Capability Survey in April / May 2017⁶⁸¹. **Direct engagement with LRFs had so far been restricted to dissemination of the Exercise Cygnus Evaluation report and a verbal update on the pandemic influenza work programme at the LRF Chair's Conference in September 2017**. DCLG acknowledged that, from their discussions with LRFs, ***"we know there is a range of work underway locally, and appetite to engage which would be extremely valuable to capture as part of this programme"***⁶⁸².

627. DCLG proposed **seeking LRF input in three ways**:

- a. **One-to-one interviews with LRFs in December 2017**. These would be conducted by the DCLG RED team using an agreed set of questions which would *"be our opportunity to gather any essential information required from all [PFRB workstreams] to give the local perspective"*.
- b. **Workshops with LRFs and any wider local agencies in January / February 2018**. These would be opportunities to discuss specific issues in more detail: social and community care, local government / LRF sector resilience and excess deaths were suggested as the priority topics.
- c. **Input into workstream deliverables in February / March 2018**, where it was recognised that, *"as we are two-thirds of the way through the current work programme, more detailed consideration is being given to final outputs ... a number of which are likely to have a local facing element. It would be helpful to get LRF input ahead of finalising outputs, particularly concerning pitch, language, etc"*.

628. **DCLG reported back to the PFRB following the interviews with LRFs in England in December 2017**⁶⁸³. They confirmed that:

⁶⁷⁹ Ibid. Paragraph 3.41

⁶⁸⁰ INQ000023158. Pandemic Influenza Readiness Board meeting 16 November 2017: Paper 6 on Local Tier Engagement

⁶⁸¹ 100% of LRFs in England responded to the Survey. The questions in the Survey on pandemic flu focused primarily on excess deaths. INQ000023158. Pandemic Influenza Readiness Board meeting 16 November 2017: Paper 6 on Local Tier Engagement

⁶⁸² INQ000023158. Pandemic Influenza Readiness Board meeting 16 November 2017: Paper 6 on Local Tier Engagement

⁶⁸³ INQ000023149. Pandemic Influenza Readiness Board meeting 24 January 2018: Local Tier Engagement paper and INQ000023148, Pandemic Influenza Readiness Board meeting 24 January

- a. *"In general the responses showed a **high level of local planning for a pan flu event**. This was in contrast to the analysis of response to the Resilience Capability Survey which indicated only about two thirds of areas had plans.*
- b. *Local areas use a variety of central guidance and there is a **clear desire for up to date, consistent guidance from the centre** not only on the planning process but on [public] communications issues.*
- c. ***Swift sharing of accurate information at a local level and from the centre is seen as key to effective response to a pan flu event.***
- d. *There are generally good **links** between local partners but these **need strengthening with some sectors, eg. schools and colleges, private care providers**"⁶⁸⁴.*

629. In January 2017, LRFs in England and voluntary sector stakeholders were consulted on the **development of guidance for the health and social care sector in England for pandemic preparedness**⁶⁸⁵. And the DCLG RED team led **four pandemic workshops for LRFs in England in February 2018** that brought together over 70 representatives from a cross-section of LRF organisations. The MHCLG RED team led **two further LRF engagement meetings in 2018** covering the national pandemic work programme. These meetings looked in more detail at **excess deaths, the Pandemic Resilience Standard** (see [Annex E](#)), **education, pandemic content on GOV.UK and pandemic exercises**. These meetings were facilitated by MHCLG, and the Cabinet Office, DHSC and the Department for Education also took part⁶⁸⁶. MHCLG provided updates on the outcomes from these workshops and subsequent LRF engagement⁶⁸⁷.

630. In February 2017, **Exercise Typhon** (for Lassa) was held, a command post exercise to review the effectiveness of PHE's National Incident and Emergency Response Plan during two concurrent enhanced incidents⁶⁸⁸.

631. The **NHS England Incident Response Plan (National)**⁶⁸⁹ was published in July 2017.

632. In December 2017, an updated **Operating Framework for Managing the Response to Pandemic Influenza**⁶⁹⁰ was published by NHS England.

2018: Local Engagement Paper. Annex B: Summary of results of interviews with Local Resilience Forums during December 2017

⁶⁸⁴ INQ000023149. Pandemic Influenza Readiness Board meeting 24 January 2018: Local Tier Engagement paper

⁶⁸⁵ INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 202

⁶⁸⁶ INQ000061507. Witness Statement of Catherine Frances. Paragraph 1250-126

⁶⁸⁷ INQ000023159. Pandemic Influenza Readiness Board meeting [February 2018?]: Paper 4 on Local Tier Engagement; INQ000023160. Pandemic Influenza Readiness Board meeting [March 2018?]: Paper 4 on Local Tier Engagement; INQ000023161. Pandemic Influenza Readiness Board meeting [April 2018?]: Paper 4 Update on the LRF Engagement Forum; INQ000023162. Pandemic Influenza Readiness Board meeting [November 2018?]: Paper on LRF Engagement; INQ000023163. Pandemic Influenza Readiness Board meeting [November 2018?]: Paper on LRF Preparedness

⁶⁸⁸ INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 354

⁶⁸⁹ NHS England (2017a). *NHS England Incident Response Plan (National)*

⁶⁹⁰ NHS England (2017b). *Operating Framework for Managing the Response to Pandemic Influenza*

633. In December 2017, **CCS led challenge panels** which included officials from the Department of Health and GO-Science to review departments' draft statement of preparedness arising from the programme of work commissioned on 21 February 2017. For example, the panel focusing on DCMS' sectors tested the maturity of plans within the broadcast and telecoms sectors and, following the panel, DCMS submitted to CCS in February 2018 a final statement of preparedness for pandemic flu covering the telecoms, broadcast and internet sectors. This pandemic flu-specific exercise built on the CCS commission in 2010 of **annual 'sector resilience plans' from Critical National Infrastructure** teams across government. These became **Sector Security and Resilience Plans** in 2016 and aided the UK government's understanding of preparedness across sectors that have a role in the UK's Critical National Infrastructure⁶⁹¹. A **summary of Sector Security and Resilience Plans 2018** was published in March 2019⁶⁹².
634. In January 2018, as part of a Cabinet reshuffle, the **Department of Health became the Department of Health and Social Care (DHSC)**, and the **Department for Communities and Local Government (DCLG) was renamed the Ministry of Housing, Communities and Local Government (MHCLG)**.
635. In January 2018, **Exercise Broad Street** (Lassa and H7N9 Influenza) considered the approach to managing the end-to-end patient pathway for known High Consequence Infectious Disease (HCID) cases to ensure an appropriate response was in place⁶⁹³.
636. This was followed, in February 2018, by **Exercise Cerberus** (for Avian Influenza), designed to assess PHE's draft revised National Incident and Emergency Response Plan, enabling the organisation to respond to public health emergencies⁶⁹⁴.
637. In early 2018, following a recommendation from Exercise Cygnus that plans be made for **mapping capacity in the voluntary sector during a pandemic and giving strategic national direction for how that resource should be used**, DHSC approached DCMS on what could be done on voluntary and community sector support to social care in a pandemic scenario. DCMS signposted DHSC to NHS England's voluntary partnerships team, the ambulance service volunteering programme and CCS to take this forward. DCMS was not involved further⁶⁹⁵.
638. Following a finding from Exercise Cygnus that the scenario had overstretched the resources available to deal with excess deaths locally, work commenced in 2018 at the UK level to **update the 2012 Pandemic Influenza: Guidance on the Management of Death Certification and Cremation Certification but this was delayed** because those involved were re-deployed to EU Exit planning⁶⁹⁶. **Publication of an updated document took place in March 2020**⁶⁹⁷.

⁶⁹¹ INQ000144793. Witness Statement of Sam Lister. Paragraph 1.64 and 1.28

⁶⁹² Cabinet Office (2019a). *Sector Security and Resilience Plans 2018: Summary*

⁶⁹³ INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 354

⁶⁹⁴ Ibid. Paragraph 354

⁶⁹⁵ Ibid. Paragraph 205 and INQ000144793. Witness Statement of Sam Lister. Paragraph 1.37

⁶⁹⁶ INQ000130469. Witness Statement of Dr Andrew Goodall. Paragraph 175

⁶⁹⁷ HM Government (2020a). *Managing the Deceased During a Pandemic. Guidance to Planners in England*

639. The **High Consequence Infectious Disease (HCID) service was operational** from April 2018. NHS England maintained the HCID network ready for activation in scenarios agreed with PHE. This network is responsible for co-ordinating the safe transfer (with the National Ambulance Resilience Unit), isolation and clinical management of cases⁶⁹⁸.
640. **Exercise Pica** was held in September 2018. This **reviewed and assessed pandemic influenza preparedness and response within primary care** by providing an opportunity to review and explore the existing processes and arrangements⁶⁹⁹.
641. On 15 September 2018, the Chief Medical Officer (CMO) and the DHSC Permanent Secretary gave a **presentation to Permanent Secretaries from other government departments on pandemic preparedness**⁷⁰⁰.
642. In October 2018, the **Pandemic Influenza Preparedness Programme (PIPP) Board was notified of DHSC's decision to scale back some work related to pandemic preparedness and High Consequence Infectious Diseases (HCID) due to the scale up of EU Exit related work**. Work was paused on:
- a. The **development of guidance for NHSE on managing surges** in the healthcare system.
 - b. **Operationalising plans for adult social care**.
 - c. **A refresh of the 2011 Influenza Pandemic Strategy**.
 - d. **A refresh of the 2012 Communications Strategy**.

DHSC continued to progress work on:

- e. **The development of the draft Pandemic Flu Bill**.
- f. **Plans to re-procure a pandemic specific vaccine advance purchase agreement (APA)** (see later).
- g. **Plans to establish a programme of Tier 1 pandemic flu exercises** to test improvements made since Exercise Cygnus.

The **PIPP Board met again in October 2019**⁷⁰¹.

643. In November 2018, the **Pandemic Flu Readiness Board (PFRB)**⁷⁰² met and was also notified of DHSC's decision to scale back work. It **agreed to pause meeting until February 2020** (although the Board met in January 2020)⁷⁰³.

⁶⁹⁸ INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 373

⁶⁹⁹ Ibid. Paragraph 354

⁷⁰⁰ Ibid. Paragraph 186

⁷⁰¹ Ibid. Paragraph 409-410

⁷⁰² In 2021, PFRB was replaced by the Pandemic Diseases Capability Board (PDCB)

⁷⁰³ INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 409

644. An **MHCLG paper**⁷⁰⁴ in **November 2019** provided an **update on the pandemic influenza work they had taken forward since the last PFRB meeting in November 2018**. It confirmed that MHCLG had **“continued to support LRFs with pandemic flu preparatory work, including Resilience Advisers:**

- a. *Attending local pandemic flu and excess deaths training and exercising events.*
- b. *Contributing to and guiding LRF pandemic flu and excess death plan development.*
- c. *Development of an LRF pandemic flu resource on ResilienceDirect to support practitioners by making collaboration more effective, reducing workloads and creating a common information source....*

However, in line with MHCLG Brexit prioritisation, the following pandemic flu preparedness work was paused in December 2018:

- *LRF engagement group meetings*
- *LRF briefing document*
- *Exercising paper*
- *Guidance gap analysis*⁷⁰⁵

645. A cross-government **Counter Disinformation Cell (CDC)** was formed in January / February 2019 to provide the most comprehensive picture of the level, scope and impact of disinformation during times of heightened risk. Key members were DCMS, the Foreign and Commonwealth Office (FCO), Cabinet Office, Home Office and the UK Intelligence Community. During 2019, a **Disinformation Crisis Plan** was developed⁷⁰⁶.

646. Generic guidance on **Planning the co-ordination of spontaneous volunteers in emergencies** was published in August 2019⁷⁰⁷.

647. **Public Health England published a new Infectious Diseases Strategy** in September 2019⁷⁰⁸. The Strategy outlined its work to combat infectious diseases and set out its strategic priorities for the 5-year period 2020 to 2025.

⁷⁰⁴ INQ000023179. Pandemic Influenza Readiness Board: Pandemic Flu Update paper from MHCLG November 2019

⁷⁰⁵ INQ000023179. Pandemic Influenza Readiness Board: Pandemic Flu Update paper from MHCLG November 2019

⁷⁰⁶ INQ000144793. Witness Statement of Sam Lister. Paragraph 1.10-1.11

⁷⁰⁷ HM Government (2019). *Planning the co-ordination of spontaneous volunteers in emergencies*. Document dated June 2019; published on GOV.UK 30 August 2019

⁷⁰⁸ Public Health England (2019). *Public Health England Infectious Diseases Strategy*

Scotland

648. The Scottish Government published **Pandemic Flu: A Scottish framework for responding to an influenza pandemic**⁷⁰⁹ in **November 2007**. This was **superseded by the UK Influenza Preparedness Strategy 2011**.
649. As well as participating in UK-wide preparedness activity, the **Scottish Government established forums to undertake planning on key practical issues in devolved areas** such as excess deaths planning, critical services infrastructure sustainability and Scottish Government business continuity. This included the Flu Readiness Programme Board which worked to develop preparedness across six workstreams on:
- Health and social care
 - Legislation
 - Excess deaths
 - Sector resilience
 - Communications
 - Scottish Government preparedness⁷¹⁰
650. **Guidance for Health Boards in Scotland on Preparing for Emergencies** was published in August 2013⁷¹¹ and **Guidance on Dealing with Mass Fatalities in Scotland**⁷¹² was revised in October 2017. **Local and regional pandemic response plans** have been kept under review and updated at various points since 2015⁷¹³.
651. **Exercise Silver Swan** was held in Scotland in late 2015, involving a range of partners including the Scottish Government, NHS Boards, councils and Health and Social Care Partnerships (HSCPs). It comprised a series of four separate desk-based exercises focused on health and social care, excess deaths, business continuity and overall co-ordination nationally. 17 recommendations for further action were identified and “a *Pandemic Flu Short Life Working Group was established which agreed priority actions around the following themes:*
- *Governance / management of response*
 - *Development of a Scottish Health and Social Care Influenza Pandemic Preparedness and Response document*

⁷⁰⁹ Scottish Government (2007). *Pandemic Flu: A Scottish framework for responding to an influenza pandemic*

⁷¹⁰ INQ000185352. Witness Statement of John Ramsay Swinney MSP. Paragraphs 12 and 15

⁷¹¹ NHS Scotland (2013). *Preparing For Emergencies: Guidance for Health Boards in Scotland*

⁷¹² Scottish Government (2017c). *Guidance on Dealing with Mass Fatalities in Scotland*

⁷¹³ INQ000185352. Witness Statement of John Ramsay Swinney MSP. Paragraph 36

- *Local planning ([including the] role of Health and Social Care Partnerships)*
- *Responding to increases in demands for services*
- *Antiviral distribution*
- *PPE (including fit-testing)*⁷¹⁴

A review exercise was conducted in November 2016⁷¹⁵.

652. The Scottish Government took part in the UK-wide **Exercise Cygnus in 2016**.

653. **Exercise Iris**, a table-top exercise, was held in Scotland in March 2018 to assess NHS Scotland's response to a suspected outbreak of Middle Eastern Respiratory Syndrome (MERS-CoV). It involved NHS boards, NHS 24, Health Protection Scotland and the Scottish Ambulance Service. Exercise Iris identified 13 action points which covered areas including guidance, specialist facilities, provision of PPE and contract tracing, with the Scottish Health Protection Network leading on their follow up. Recommendations on taking forward the issues were reported to the Scottish Government in November 2019, but progress on implementing them was paused due to the impacts of the COVID-19 pandemic⁷¹⁶.

Wales

654. **Since 2005, pandemic planning work undertaken in Wales**, as in the UK as a whole, was **based on the National Risk Assessment** produced by the Cabinet Office. The more detailed work of assessing the impact of the risk at local level, along with the associated and contingent risk arising from that work for communities in Wales, was undertaken at the LRF level using the assessments and planning assumptions produced by the Cabinet Office⁷¹⁷.

655. In 2005, the Welsh Government published the **Wales Framework for Managing Major Infectious Diseases Emergencies**⁷¹⁸. This was subsequently updated in 2009⁷¹⁹ and 2012⁷²⁰.

656. The Welsh Government and Welsh LRFs were **involved in the UK-wide Tier 1 exercises** – Exercise Shared Goal in 2006, Exercise Iris in 2007 and Exercise Winter Willow in 2007 – followed by the Welsh Government running **Exercise Taliesin** in 2009 to test the Pan-Wales Response Plan and local pandemic flu plans across the four LRFs in Wales⁷²¹.

⁷¹⁴ Ibid. Paragraph 37

⁷¹⁵ Audit Scotland (2021): *NHS in Scotland 2020*. Paragraph 43

⁷¹⁶ INQ000185352. Witness Statement of John Ramsay Swinney MSP. Paragraph 34 and 38-39

⁷¹⁷ INQ000130469. Witness Statement of Dr Andrew Goodall. Paragraph 154 and 156

⁷¹⁸ Ibid. Paragraph 168

⁷¹⁹ Ibid. Paragraph 168

⁷²⁰ Ibid. Paragraph 168

⁷²¹ Ibid. Paragraph 223

657. In February 2011, following a review into Exercise Taliesin and the response to the H1N1 (Swine Flu) pandemic, it was concluded that the Wales Pandemic Influenza Response Arrangements and the Pan-Wales Response Plan (PWRP) covered virtually the same ground, with the former building on the latter by adding flu-specific detail taken from the Wales Framework for Managing Major Infectious Disease Emergencies (WFMIDE). It was therefore **decided to dispense with the pandemic influenza plan and instead rely on the PWRP and WFMIDE for future responses at the all-Wales level**. These would then integrate with the UK Framework at the national level, and the LRF Major Infectious Disease Emergency Plans. Both the WFMIDE and the PWRP were reviewed and updated before Exercise Cygnus in Wales in 2014 and both tested during the exercise⁷²².
658. In March 2011, the Welsh Government and Public Health Wales published a **Communicable Disease Outbreak Plan for Wales**⁷²³. This was a model outbreak plan which was used as a template for managing all communicable disease outbreaks with public health implications across Wales. This was updated in 2014⁷²⁴, July 2020 and July 2022⁷²⁵.
659. In November 2011, the Wales Resilience Partnership Team (WRPT) agreed to establish a **Wales Pandemic Flu Task and Finish Group** to consider the recommendations arising from the H1N1 (Swine Flu) pandemic and develop an action plan to progress planning for future flu pandemics. The group was led and chaired by the Welsh Government's Health Department, with the Welsh Government's Resilience Team, LRFs, NHS Wales, Public Health Wales, the Police and Joint Emergency Services Group as members. The work of the Group culminated in the testing of plans during Exercise Cygnus in Wales in 2014⁷²⁶.
660. The **annual Health Prepared Wales conference in 2013** was dedicated to **planning for an influenza pandemic**⁷²⁷.
661. **Wales Health and Social Care Influenza Pandemic Preparedness and Response Guidance** was published by the Welsh Government in 2014. This built on the lessons identified from the H1N1 (Swine Flu) pandemic and the emerging scientific evidence at the time, and was aligned closely to the 2011 UK Strategy⁷²⁸.
662. Although the planned UK level Exercise Cygnus was postponed, Wales continued with a **local level Exercise Cygnus** in 2014. This included meetings of the four SCGs and the Wales Civil Contingencies Committee⁷²⁹.

⁷²² Ibid. Paragraph 210

⁷²³ Ibid. Paragraph 169

⁷²⁴ Ibid. Paragraph 169

⁷²⁵ Ibid. Paragraph 169

⁷²⁶ Ibid. Paragraph 189

⁷²⁷ Ibid. Paragraph 241

⁷²⁸ Ibid. Paragraph 168

⁷²⁹ Ibid. Paragraph 224

663. There was subsequently Welsh Ministerial participation at COBR during the **UK-wide Exercise Cygnus in 2016**, as well as the Chief Medical Officer leading the Welsh Government's participation on the COBR Officials meetings. As Dr Goodall confirms in his witness statement, *"...in the absence of testing the four Nations Health Ministers meetings, these COBR meetings determined the course of action adopted by all four Nations in response to a pandemic situation, ensuring a joined-up approach in minimising the risk to the health of the UK"*. As the response of the Welsh Government and the four Welsh SCGs had already been tested in 2014, these elements of the exercise were omitted in 2016 and replaced by workshops. Only the UK government response and the links between the Welsh Government and COBR were tested in the main exercise on 19 and 20 October⁷³⁰.
664. **Following Exercise Cygnus in 2016**, and in light of the lessons identified, the **WRPT delegated overall responsibility to the Wales Pandemic Flu Preparedness Group for taking forward the recommendations** and for liaison with the appropriate groups charged with specific tasks. This group reported to the WRPT and WRF on progress made against the recommendations. During the following two years, the Group continued to work with the LRFs to implement the recommendations of the report on Exercise Cygnus in local and all-Wales plans. **The last meeting of the Wales Pandemic Flu Preparedness Group was held in January 2018 due to EU Exit planning taking priority**⁷³¹.
665. When the UK government published the Managing the Deceased During a Pandemic. Guidance to Planners in England in March 2020, Wales published its own equivalent guidance⁷³².

Northern Ireland

666. The **Department of Health, Social Services and Public Safety (DHSSPS, now known as DoH) takes the lead on planning for health service demand surge, health service disruption and the response to infectious diseases** and is represented in UK-wide pandemic planning structures by its senior medical officer.
667. **The Executive Office (TEO), through its Civil Contingencies Policy Branch (CCPB), is responsible for co-ordinating the non-health preparedness of the Northern Ireland departments and their associated sectors for an influenza pandemic.** The focus of these preparations is to ensure that all public service organisations and utilities have business continuity arrangements in place to help enable them to maintain essential services during an influenza pandemic and to provide for the effective management of supply lines and the operations of government. This work is overseen by the Civil Contingencies Group (NI) (CCG(NI))⁷³³.

⁷³⁰ Ibid. Paragraph 224-226

⁷³¹ Ibid. Paragraph 189 and 191

⁷³² Ibid. Paragraph 175

⁷³³ INQ000181684. Witness Statement of Mike Brennan. Paragraph 27

668. **Operational guidance** on the implementation in Northern Ireland of the 2011 UK Influenza Pandemic Preparedness Strategy was published in **January 2013**. The **Northern Ireland Health and Social Care Influenza Pandemic Preparedness and Response Guidance**⁷³⁴ superseded the Northern Ireland Contingency Plan For Health Response For An Influenza Pandemic published in December 2008⁷³⁵ and was intended to support health and social care workers with local preparedness and response planning. The 2013 guidance reflected learning from the H1N1 (Swine Flu) pandemic which had been captured in a debrief report⁷³⁶ by DHSSPS in November 2010. In addition, The **Northern Ireland Influenza Pandemic Non-Health Preparedness and Response Guidance** was published in 2012⁷³⁷.
669. These documents were supported by **health-focussed pandemic plans across the health service at regional level** (DoH, Public Health Agency, Health and Social Care Board and Business Services Organisation) **and at local level** (Health and Social Care trusts, Northern Ireland Ambulance Service), and **PSNI had its own pandemic plan**⁷³⁸. The **focus of pandemic planning in local government was on business continuity**, with a pandemic being one potential cause of disruption to staffing and the ability to continue to deliver frontline services⁷³⁹.
670. The Department of Justice (DoJ) led a Northern Ireland (Excess Deaths) Working Group which included representatives from local government and which developed **A Framework for Managing Excess (Pandemic) Deaths in Northern Ireland**⁷⁴⁰.
671. TEO, DoH and DoJ were the lead departments on Northern Ireland's contribution to the **draft Pandemic Flu Bill**, with TEO co-ordinating the Northern Ireland legislative requirements for all NI Civil Service departments⁷⁴¹.
672. Northern Ireland departments and responders were involved in a number of pandemic-related exercises, including **Exercise Cygnus in 2016**, and an MoD-led **Exercise Shamrock Responder in 2018**⁷⁴².
673. In **April 2018, a Pandemic Flu Sub-Group was established** by the CCG(NI). It was chaired by the DoH and included core membership of representative from DoH, DoJ, and TEO. Its aim was to provide oversight of a programme of work to deliver the plans

⁷³⁴ Department of Health, Social Services and Public Safety (Northern Ireland) (2013). *Northern Ireland Health and Social Care Influenza Pandemic Preparedness and Response Guidance*

⁷³⁵ See <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hss-md-41-2008.pdf>

⁷³⁶ Department of Health, Social Services and Public Safety (Northern Ireland) (2010). *The 2009 pandemic -Learning from Experience. A report of the Northern Ireland response to the 2009 influenza pandemic*

⁷³⁷ INQ000187620. Witness Statement of Denis Michael McMahon. Paragraph 172 and INQ000092700

⁷³⁸ INQ000148414. Corporate Witness Statement on behalf of the National Police Chiefs' Council. Annex C: Matters Pertaining to Police Service Northern Ireland. Paragraph 12

⁷³⁹ INQ000177812. Witness Statement of Alison Allen. Paragraph 11.2

⁷⁴⁰ INQ000148414. Corporate Witness Statement on behalf of the National Police Chiefs' Council. Annex C: Matters Pertaining to Police Service Northern Ireland. Paragraph 33; INQ000177812. Witness Statement of Alison Allen. Paragraph 9.4; INQ000187620. Witness Statement of Denis Michael McMahon. Paragraph 173 and INQ000092703

⁷⁴¹ INQ000181684. Witness Statement of Mike Brennan. Paragraph 43

⁷⁴² INQ000177812. Witness Statement of Alison Allen. Paragraph 10.2

and capabilities needed to manage the health and wider consequences of pandemic flu in Northern Ireland, working collaboratively with Northern Ireland and UK partners. It oversaw delivery of work to improve Northern Ireland's resilience in four areas:

- a. Health and community care.
- b. Excess deaths.
- c. Sector resilience.
- d. Cross-cutting enablers: legislation, communication, moral and ethical issues⁷⁴³.

Scientific And Technical Advice

UK-Wide And England

674. The **National Expert Panel on New and Emerging Infections (NEPNEI)** was established in 2003 and met twice a year. Its purpose was to provide independent expert advice to the Chief Medical Officer on the public health risk from new and emerging infections⁷⁴⁴. The **Scientific Advisory Group (SAG) on Pandemic Influenza** was also established by the Department of Health in 2005 to give advice to the UK health departments on the scientific evidence base for health-related pandemic influenza policies⁷⁴⁵. Both were disbanded in 2008 and succeeded by the **Scientific Pandemic Influenza Advisory Committee (SPI)**⁷⁴⁶.
675. The **SAG had a modelling sub-group** which first met in September 2005. This was the predecessor of the **Scientific Pandemic Infections Group on Modelling (SPI-M)** which provided expert advice to the Department of Health and wider UK government on scientific matters relating to the UK's response to a pandemic based on infectious disease analysis, modelling and epidemiology. Advice provided by SPI-M represented a consensus view of the group, with the co-chairs responsible for reporting the scientific advice to the Department of Health and ensuring the scientific integrity of the group's discussion and outputs. SPI-M participants were typically drawn from the academic community and public health agencies and contributed as experts in the field of epidemiological modelling and statistics. The Department of Health had sponsorship of SPI-M and determined its work programme **which, until 2018 (see later), focused on pandemic influenza**⁷⁴⁷.
676. Under the auspices of the SAG, **five scientific papers were developed** in 2006 dealing with the **risk of a pandemic originating from an H5N1 virus**, and **clinical countermeasures** (antivirals, vaccines, antibiotics and facemasks)⁷⁴⁸.

⁷⁴³ INQ000187620. Witness Statement of Denis Michael McMahon. Paragraph 175

⁷⁴⁴ INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 123

⁷⁴⁵ INQ000148402. Witness Statement of Gus O'Donnell. Paragraph 35

⁷⁴⁶ INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 144

⁷⁴⁷ Ibid. Paragraph 146 and 149-152

⁷⁴⁸ INQ000148402. Witness Statement of Gus O'Donnell. Paragraph 35

677. In 2007, the **Overarching Government Strategy to respond to an Influenza Pandemic – Analysis of the scientific evidence base** was published by the Cabinet Office. This formed the basis for the H1N1 (Swine Flu) Pandemic response that occurred in 2009⁷⁴⁹. It was subsequently updated by the Department of Health Pandemic Influenza Preparedness Team, jointly with the Devolved Administrations, in January 2011⁷⁵⁰.
678. From June 2009 to January 2020, the **National Institute of Health Research (NIHR)** invested in **pandemic preparedness research** (from 2014, this was through the Health Protection Research Unit (HPRU) in Emergency Preparedness and Response, a partnership between universities and PHE, funded by NIHR), clinical research infrastructure, and 'sleeping' research projects ready to respond to a new health threat⁷⁵¹.
679. **Enhanced SAGE Guidance: A strategic framework for the Scientific Advisory Group for Emergencies (SAGE)**⁷⁵² was published in October 2012. SAGE was subsequently activated for a number of incidents, including the Ebola outbreak in West Africa in 2014 and, in precautionary mode (known as Pre-SAGE) to advise on the Zika virus outbreaks in 2016⁷⁵³.
680. The Scientific Pandemic Influenza Advisory Committee (SPI) was disbanded in 2014 and a new threat-agnostic committee, the **New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG)**, was created. It met for the first time on 19 December 2014 and provided scientific risk assessment and mitigation advice to the Chief Medical Officer (CMO) (and through the CMO, to Ministers and UK government departments) on the threat posed by new and emerging respiratory viral pathogens and options for their management. It held its first meeting on 19 December and drew on the expertise of scientists and health care professionals, including clinicians, microbiologists and public health practitioners, and colleagues in related disciplines⁷⁵⁴.
681. In 2018, the **role of SPI-M**, which previously focused on pandemic influenza, was **expanded to provide advice on other areas of infectious disease modelling and epidemiology**⁷⁵⁵. A **SPI-M modelling summary** was published in November 2018 which outlined the key insights from the available evidence on the **possible progression of an influenza pandemic from its country of origin to, and then within, the UK**. It also discussed the **potential severity and impact of an influenza pandemic**, and the **effectiveness of pharmaceutical countermeasures and social distancing**. This also included the advised **Reasonable Worst Case Scenario (RWCS) for an influenza pandemic**. The last meeting of SPI-M prior to the COVID-19 pandemic was July 2019⁷⁵⁶.

⁷⁴⁹ Ibid. Paragraph 37

⁷⁵⁰ Cabinet Office (2011a). *Overarching government strategy to respond to a flu pandemic: analysis of the scientific evidence base*

⁷⁵¹ INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraphs 277 and 279

⁷⁵² Cabinet Office (2012n). *Enhanced SAGE Guidance. A strategic framework for the Scientific Advisory Group for Emergencies (SAGE)*

⁷⁵³ INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraphs 175-176

⁷⁵⁴ Ibid. Paragraph 121-122, 124-125, 145 and 321

⁷⁵⁵ Ibid. Paragraph 155

⁷⁵⁶ Ibid. Paragraph 156, 266 and 271

682. The **Moral and Ethical Advisory Group (MEAG)** was set up in October 2019 as a successor to the Committee for Ethical Aspects of Pandemic Influenza (CEAPI) to ensure that the government could receive independent advice on the moral, ethical and faith considerations on health and social care-related issues during incidents. It had one meeting before the end of the relevant period⁷⁵⁷.

Scotland

683. Guidance on the **Scientific and Technical Advice Cell (STAC)** in Scotland was published in December 2012⁷⁵⁸. The STAC was designed to provide public health, environmental, scientific and technical advice to Strategic Co-ordinating Groups in Scotland. It was updated in October 2022⁷⁵⁹.

Wales

684. Guidance on **The Provision of Scientific and Technical Advice in Wales** was published in April 2010 and updated in July 2019. These documents were aligned with the principles set out in the Scientific and Technical Advice Cell (STAC) guidance developed by the UK government in 2007. The 2010 arrangements set out that where emergencies had national impact such as a flu pandemic, the required scientific and technical advice could be provided to the Welsh Government from SAGE. This could be augmented by groups established by the Welsh Government to provide specific advice in areas of devolved responsibility. In the 2019 document, the interaction between STAC and SAGE was more clearly defined, with the concept of a Wales STAC for wide-impact emergencies being introduced⁷⁶⁰.

Northern Ireland

685. The Protocol for the Northern Ireland Central Crisis Management Arrangements (NICCMA)⁷⁶¹, published in September 2016, described the arrangements for the provision of scientific and technical advice to the Civil Contingencies Group (Northern Ireland) (CCG(NI)) and the Executive. The CCG may **establish a Scientific and Technical Advice Cell (STAC) to provide specialist analysis and advice** to the CCG and local level responders if required⁷⁶².

Stockpiles, Supply Chains And Advance Purchase Agreements

686. **Antiviral stockpiling started** in 2006-2007, with the lessons learned from Exercise Winter Willow informing the approach taken. This stockpile was increased during the

⁷⁵⁷ Ibid. Paragraph 163 and 331

⁷⁵⁸ Scottish Government (2012). *Scientific and Technical Advice Cell (STAC) Guidance*

⁷⁵⁹ Scottish Government (2022). *Scientific and Technical Advice Cell (STAC) Guidance*

⁷⁶⁰ INQ000130469. Witness Statement of Dr Andrew Goodall. Paragraph 170-172

⁷⁶¹ The Executive Office, Northern Ireland (2016a). *Protocol for the Northern Ireland Central Crisis Management Arrangements (NICCMA)*

⁷⁶² INQ000187620. Witness Statement of Denis Michael McMahon. Paragraph 125

H1N1 pandemic to treat up to 80% of the population. Also, in July 2007, an **Advance Purchase Agreement** was put in place to secure access to an **influenza vaccine**⁷⁶³.

687. The economic case to support procurement of the **pandemic influenza clinical countermeasures stockpile** was developed in 2008 to support the 'Defence in Depth' approach to pandemic preparedness. Clinical countermeasures held or contracted for included: antivirals; antibiotics; a pandemic-specific influenza vaccine contract; clinical consumables; and PPE⁷⁶⁴. Antibiotic stockpiling was subsequently started in 2009-2010⁷⁶⁵.
688. The first contract for the **National Pandemic Flu Service**, to enable symptomatic people to stay at home and have their symptoms assessed and antivirals authorised, was signed in December 2008. The NPFS was designed to supplement the response provided by primary care during an influenza pandemic. If the pressures meant that it was no longer practical for all those with symptoms to be individually assessed by a doctor or other health care professionals, patients could triage themselves via an online and telephony service in order to access antiviral medicines. It was used for the first time in July 2009⁷⁶⁶.
689. The **UK Vaccine Network Project (UKVN)** was established in June 2015 in the wake of the West African Ebola outbreak. Following its inception, the UKVN **funded research into vaccine development against emerging epidemic threats**. This was pivoted to COVID-19 and enabled the rapid development of the Oxford/AstraZeneca COVID-19 vaccine. In 2016, the UKVN **provided advice to the UK government including on a review of UK vaccine manufacturing capacity**, which contributed to the industrial strategy decision to fund the Vaccine Manufacturing and Innovation Centre; and **production of policy tools to increase policy makers' understanding of the vaccine development process**. And in 2018, the UKVN **helped to build the UK government's relationship with the Coalition for Epidemic Preparedness Innovations (CEPI)**, an alliance to finance and co-ordinate the development of new vaccines to prevent and contain infectious disease epidemics. CEPI became a key international organisation in the international COVID-19 vaccine response⁷⁶⁷.
690. The PHE-chaired **Pandemic Flu CCMB provided governance and oversight of the necessary maintenance and management of the clinical countermeasure UK stockpiles and the agreements** required to ensure that the UK was well prepared to respond effectively to a pandemic. The CCMB held the advanced purchase agreement (APA) contract to enable procurement of a Pandemic Specific Vaccine (PSV) for influenza. In October 2018, it **pro-actively managed the risk of a 'No Deal' exit from the EU by bringing forward delivery of pandemic stockpile supplies to before**

⁷⁶³ INQ000148402. Witness Statement of Gus O'Donnell. Paragraph 53 and INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 308 and 335

⁷⁶⁴ INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 386-387 and 390

⁷⁶⁵ INQ000148402. Witness Statement of Gus O'Donnell. Paragraph 53

⁷⁶⁶ INQ000148402. Witness Statement of Gus O'Donnell. Paragraph 53 and INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 253

⁷⁶⁷ INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 220, 286-291 and 380

March 2019. In October 2019, the CCMB met for the last time before the COVID-19 pandemic (it was scheduled to re-convene in March 2020 for their next meeting). The levels within the pandemic stockpiles were reviewed as part of this meeting⁷⁶⁸.

691. From 2018, the Department of Health and Social Care (DHSC) developed an extensive programme of activity as part of the government's planning and preparation for the risks of a 'no deal' EU Exit. In March 2019, the **National Supply Disruption Response (NSDR)** was established by DHSC. Its purpose was to respond to supply disruptions for medicines and medical products. The NSDR provided benefits to DHSC that were realised during the COVID-19 response, including a better understanding of supply chains and impacts of supply chain disruption⁷⁶⁹.

Draft Pandemic Flu Bill

692. Under Workstream 5 of the Pandemic Flu Readiness Board (PFRB), between 2017 and 2019 the Department of Health and the Civil Contingencies Secretariat led a cross-government work programme (which included the devolved administrations) to review its legislative options to assist with the response to a pandemic, which might include relaxations to legislative requirements and/or regulatory changes, and to scope provisions to be included in a free-standing **Pandemic Flu Bill. The draft Bill was intended to be held in readiness should it need to be rapidly introduced into Parliament if the need arose**⁷⁷⁰.

693. The draft Bill contained temporary provisions to either amend existing legislative provisions or introduce new statutory powers to help manage and mitigate the impacts of a severe pandemic, such as a reduced workforce, increased pressure on health services, and death management processes. The purpose behind the draft Bill was broadly to streamline systems, increase capacity in the healthcare system, and mitigate infection. **It formed the initial basis of the Coronavirus Act 2020**⁷⁷¹.

694. Through the **Excess Deaths** workstream, CCS, working with other departments, identified the need for some clauses which ultimately became part of the Coronavirus Act 2020. These clauses made temporary changes / flexibilities to the processes of death certification, registration, notification to the Coroner and cremation which were intended to allow the system to manage a higher than normal level of mortality by operating more rapidly or at higher capacity⁷⁷².

695. Other examples of legislative easements taken from the draft Bill that were then used for the Coronavirus Act included:

- a. Emergency registration of healthcare professionals – barriers were removed to bring back suitably experienced people to the health and social care workforce, such as recently retired NHS staff.

⁷⁶⁸ Ibid. Paragraph 237, 249-252 and 308

⁷⁶⁹ Ibid. Paragraphs 94, 412-413 and 416

⁷⁷⁰ Ibid. Paragraph 193, 303 and 330 and INQ000145912. Corporate Witness Statement of Roger Hargreaves. Paragraph 8.18

⁷⁷¹ INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 193 and 304

⁷⁷² INQ000145733. Witness Statement of Katharine Hammond. Paragraph 3.46

- b. Indemnity for healthcare workers – this enabled ministers to provide indemnity for clinical negligence liabilities arising from health service activities.⁷⁷³

International Legislation And Engagement

696. Since 2001, the UK has been a member of the **Global Health Security Initiative (GHSI)**, an informal network of countries and organisations that came together following the 9/11 attacks to exchange information and co-ordinate practices within the health sector for confronting new threats and risks to global health⁷⁷⁴. Also in 2001, the **EU Health Security Committee** was set up at the request of EU Health Ministers as an informal advisory group on health security at European level. The UK attended Committee meetings⁷⁷⁵.
697. The **International Health Regulations (2005)**, or IHR (2005), were adopted at the Fifty-eighth World Health Assembly on 23 May 2005 and entered into force on 15 June 2007⁷⁷⁶. They represented a **binding international legal agreement** involving 196 countries, including all the Member States of the World Health Organisation. Their aim was to help the international community prevent and respond to acute public health risks that had the potential to cross borders and threaten people worldwide. They **created rights and obligations for countries, including the requirement to report public health events**. The Regulations also outlined the criteria to determine whether or not a particular event constituted a **“public health emergency of international concern”**.
698. In May 2007, the UK began a three-year term, to May 2010, as **a member of the WHO Executive Board**. This was subsequently repeated from May 2014 to May 2017⁷⁷⁷.
699. During the relevant period, most of the **international liaison on pandemic planning was led by the Department of Health / DHSC and Public Health England** because of their expertise and links to the scientific and medical community⁷⁷⁸.
700. The **EU Health Security Committee role was formalised and strengthened in 2013**. The Committee was mandated to reinforce co-ordination and sharing of best practice and information on national preparedness activities. Member States also consulted each other within the Committee with a view to co-ordinating national responses to senior cross-border threats to health, including events declared a Public Health Emergency of International Concern (PHEIC) by the WHO in accordance with the International Health Regulations (IHR)⁷⁷⁹.
701. In 2016, the Department of Health established the **Global Health Security programme** (a joint programme with the Department for International Development

⁷⁷³ <https://www.gov.uk/government/publications/uk-pandemic-preparedness/uk-pandemic-preparedness>

⁷⁷⁴ INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 215

⁷⁷⁵ Ibid. Paragraph 222

⁷⁷⁶ World Health Organisation (2005). *International Health Regulations (IHR) 2005*

⁷⁷⁷ INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 209

⁷⁷⁸ INQ000145733. Witness Statement of Katharine Hammond. Paragraph 3.54

⁷⁷⁹ INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 222

(DfID)), drawing on UK public health and research expertise, to target Official Development Aid (ODA) investments and technical assistance to support low and middle income countries to be better prepared for health threats, including infectious disease outbreaks⁷⁸⁰.

702. In 2017, the UK participated in a **simulation exercise focusing specifically on health emergency planning** conducted by the German G20 Presidency⁷⁸¹.

703. In 2018, the **UK hosted the Global Health Security Initiative (GHSI) to discuss emerging health security events**, and to explore joint actions across sectors to protect populations, and strengthen health security globally⁷⁸².

⁷⁸⁰ Ibid. Paragraph 218

⁷⁸¹ Ibid. Paragraph 221

⁷⁸² Ibid. Paragraph 221

ANNEX E: PANDEMIC PREPAREDNESS – VALIDATION AND ASSURANCE PHASE

The Key Components Of This Phase

704. The key components which we believe should be addressed in the Validation and Assurance phase are as follows:

Component	Description
Validate and Assure	
Resilience and Preparedness Standards	<p>Performance Standards should be in place, with legal backing, which clearly set performance requirements on organisations (individually and collectively) with a significant role in any stage of the Resilience Cycle. Standards should identify those things that designated organisations must deliver and/or be able to do (mandatory requirements) and should ideally also set out a 'ladder' of activities that could be undertaken to achieve good and leading practice. Standards should cover both what should be in place (eg. structures, processes, equipment), as well as the expected quality of those things.</p>
Assessment and Validation Mechanisms	<p>Standards should be accompanied by rigorous arrangements to validate whether those Standards are being met and to report the outcome to senior leaders for action as necessary. Such assessments should be made available to auditors and audit bodies. The results should also be available to external scrutiny bodies at all levels, as well as to the public (if necessary, in summary form to protect sensitive information).</p> <p>Validation arrangements should include mechanisms for both self-assessment and for peer and/or external independent assessment.</p> <p>The validation of performance should be carried out regularly. Recognising the time needed to implement improvements, this might be every 2-3 years.</p>
Resilience and Preparedness Assessments	<p>Senior leaders – Ministers and local elected representatives, and senior officers and officials – should understand whether (individually and collectively) responder organisations are ready to deal with identified risks. This assessment of preparedness should be conducted both at a generic level – 'are we ready generally for the risks identified?' – and, at a deeper level, on a risk-specific basis for those risks seen as being most likely and with the potential to have the greatest impact – eg. 'are we ready to respond to a pandemic?'.</p> <p>Where gaps and weaknesses are identified, these should be clearly described. Follow-up work should establish the measures needed</p>

Component	Description
	<p>to address them and their cost, and their relative priority for being actioned. Preparedness assessments should be repeated at regular intervals, to reflect any increase in preparedness from improvement and investment programmes and to ensure that capabilities do not degrade over time.</p>

National Resilience Standard On Pandemic Influenza Preparedness

705. Section 4 describes the **National Resilience Standards for Local Resilience Forums (LRFs)**, with Version 3 published in August 2020⁷⁸³. This suite of Standards was intended to provide LRFs and their constituent local responder organisations with a consistent basis for self-assessing their capabilities and overall level of readiness, and to guide continuous improvement against mandatory requirements and in light of good and leading practice.

706. One of the actions arising from Exercise Cygnus and incorporated into the Year 2 Cross-Government Readiness Work Programme was to develop a **pandemic influenza National Resilience Standard**, against which local capabilities and readiness could be better assessed.

707. Following consultation through a number of engagement meetings with LRFs in 2018, **NRS 15: Pandemic Influenza Preparedness** was first published in December 2019. As Ms Hammond explains in her witness statement, as with the other National Resilience Standards:

“...this set out good, leading and best practice in order to support local planning decisions.”

however,

“The impact of this was dependent on the ability of local planners to devote time and resources to their own readiness.”⁷⁸⁴

Assessment Of Pandemic Influenza Preparedness In LRFs In England

708. In February 2020, in the relatively early stages of COVID-19, MHCLG commissioned two external advisers, Mr Battle and Dr Hussey CB OBE⁷⁸⁵, to undertake a rapid piece of work to “[raise] local awareness of the likely scale, severity and duration of the pandemic and to understand what stage the LRFs were at in terms of planning and activating the response”⁷⁸⁶.

⁷⁸³ Cabinet Office (2020a). *National Resilience Standards for Local Resilience Forums (LRFs): Version 3.0*

⁷⁸⁴ INQ000145733. Witness Statement of Katharine Hammond. Paragraph 4.3

⁷⁸⁵ Dr Hussey’s involvement was for three weeks from 9 March 2020 when she joined Mr Battle who had already commenced

⁷⁸⁶ INQ000185186. Witness Statement of Dr Ruth Hussey. Paragraph 55

709. The work was informed by a rapid planning survey and self-assessment of LRFs, undertaken between 3 and 14 February, when all 38 LRFs were asked to submit information on their preparedness for pandemic influenza as set out in the UK Influenza Pandemic Preparedness Strategy 2011 and the NSRA 2019. Ms Frances confirms in her witness statement that, whilst the survey post-dated the relevant period for Module 1, the results would give a broad indication of LRF readiness as at January 2020⁷⁸⁷.

710. An analysis of LRF survey responses showed that, overall, most LRFs reported good levels of preparedness planning and multi-agency engagement⁷⁸⁸. In particular:

- a. All 38 LRFs had an overarching pandemic flu plan, 36 of which had been published.
- b. 37 LRFs reported 'significant or at least some' partner engagement on pandemic flu planning.
- c. 28 areas demonstrated leading practice by working across LRF boundaries on planning and exercising, whilst having independent plans. Nine areas were working across LRF boundaries on planning and exercising and had fully integrated plans.
- d. 32 LRFs had run exercises testing their pandemic influenza plans, although only 13 of those had done so since 2017 (Cambridgeshire; Cumbria; Devon, Cornwall and Isle of Scilly; Dorset; Gloucestershire; Hampshire and Isle of Wight; Lancashire; Leicestershire; Norfolk; North Yorkshire; Thames Valley; West Mercia; West Midlands).
- e. The greatest area of concern raised by LRFs and highlighted by the lower number of LRFs with Excess Deaths plans in place (28) was preparedness for (and in particular local capacity to manage) the levels of excess deaths assumed in the reasonable worst case scenario⁷⁸⁹.

711. The survey was followed up by meetings, attendance at LRF planning events, table-top exercises and attending live meetings of Strategic Co-ordinating Groups either in person or virtually. In total, contact was made with 14 of the 38 LRFs in England⁷⁹⁰.

712. Dr Hussey in her witness statement confirms that:

*"Short weekly summaries were provided to MHCLG to provide 'live feedback' from local systems. We **highlighted the key issues that were being raised by LRFs. These included adult social care, business continuity and organisational resilience, excess deaths planning, availability of central guidance, PPE, links between NHS and LRFs, communication and***

⁷⁸⁷ INQ000061507. Witness Statement of Catherine Frances. Paragraph 129

⁷⁸⁸ INQ000185186. Witness Statement of Dr Ruth Hussey. Paragraph 56

⁷⁸⁹ INQ000061507. Witness Statement of Catherine Frances. Paragraph 129-131. The draft report on LRF Pandemic Flu Preparedness (INQ000023154) provides a detailed breakdown of the findings

⁷⁹⁰ INQ000185186. Witness Statement of Dr Ruth Hussey. Paragraph 57

information flows and volunteer co-ordination. We also advised ways in which national co-ordination could be enhanced to support local areas."⁷⁹¹

Assessment Of Pandemic Influenza Preparedness In LRFs In Wales

713. During 2017-2018⁷⁹², LRF pandemic influenza plans were validated against a checklist prepared by the Welsh Government which was circulated to LRFs to inform their planning⁷⁹³.

Parliamentary Scrutiny

714. In 2005, the **House of Lords Science and Technology Committee** undertook an **Inquiry into Pandemic Influenza preparedness**, publishing their **report in December 2005**⁷⁹⁴, with the **UK government publishing its Response in February 2006**⁷⁹⁵. The **Committee published a follow-up report on Pandemic Influenza in July 2009**⁷⁹⁶, with the **UK government publishing its Response in October 2009**⁷⁹⁷.

715. In **Scotland**, the lessons learned from exercises Silver Swan in 2015, Cygnus in 2016 and Iris in 2018, and **the preparations put in place by the Scottish Government to deal with a pandemic** were the subject of review by Audit Scotland in their report **NHS in Scotland 2020**, published in February 2021⁷⁹⁸.

International Assessment

716. The **Global Health Security Index** is a comprehensive **assessment and benchmarking of health security and related capabilities** across the 195 countries that make up the Member States subject to the International Health Regulations. The Global Health Security Index exercise was completed in **October 2019** and found that the **UK scored second overall in the world**, with a score of 77.9/100, behind only the USA. It **ranked the UK number 1 in the world** with a score of 91.9/100 **for its ability to provide a rapid response and mitigation to the spread of an epidemic**⁷⁹⁹.

⁷⁹¹ Ibid. Paragraph 58

⁷⁹² Audit Scotland (2021): *NHS in Scotland 2020*.

⁷⁹³ INQ000130469. Witness Statement of Dr Andrew Goodall. Paragraph 190

⁷⁹⁴ House of Lords (2005). *Science and Technology Committee: Pandemic Influenza: Report with Evidence*.

⁷⁹⁵ HM Government (2006a). *The Government's response to the House of Lords Science and Technology Committee's Fourth Report of Session 2005-06 on Pandemic Influenza*

⁷⁹⁶ House of Lords (2009). *Science and Technology Committee: Pandemic Influenza - Follow-Up: Report with Evidence*

⁷⁹⁷ HM Government (2009b). *Government Response to the House of Lords Science and Technology Committee Report on Pandemic Influenza*

⁷⁹⁸ INQ000185352. Witness Statement of John Ramsay Swinney MSP. Paragraph 40

⁷⁹⁹ INQ000061508. Witness Statement of Sir Christopher Steven Wormald. Paragraph 403-404

ANNEX F: ABBREVIATIONS AND COMMONLY USED TERMS

Abbreviations and commonly used terms in this report include:

Abbreviation / Term	Expansion
ACDP	Advisory Committee on Dangerous Pathogens
APHA	Animal and Plant Health Agency
BCM	Business Continuity Management
BEIS	Department for Business, Energy and Industrial Strategy
Category 1	Category 1 responders designated under the Civil Contingencies Act 2005 (Schedule 1)
Category 2	Category 2 responders designated under the Civil Contingencies Act 2005 (Schedule 1)
CCA	Civil Contingencies Act 2004 <i>[known in this report as 'the Act']</i>
CCC	(Previously) Civil Contingencies Committee. The Committee was replaced in the COBR structure by the National Security Council (Threats, Hazards, Resilience and Contingencies) (NSC(THRC)), a sub-Committee of the National Security Council (NSC), from 2010 until NSC(THRC) was disbanded in 2019 when NSC took on the role
CCG	Civil Contingencies Group (in Wales)
CCG(NI)	Civil Contingencies Group (Northern Ireland) sets the strategic direction for civil contingencies in Northern Ireland. During an emergency, it can meet at two levels, Officials, CCG (O) and Ministers, CCG (M).
CCGs	Clinical Commissioning Groups (in England)
CCPB	Civil Contingencies Policy Branch (in Northern Ireland)
CCS	The Civil Contingencies Secretariat in the Cabinet Office was established in July 2001 to make the UK more effective in planning for, dealing with, and learning lessons from emergencies. In July 2022 (and formally announced on 15 August 2022), the UK Government split CCS into two parts: <ul style="list-style-type: none"> ● COBR Unit (see separate entry on their role) ● Resilience Directorate (see separate entry on their role)

Abbreviation / Term	Expansion
CDC	Counter Disinformation Cell, intended to provide the most comprehensive picture of the level, scope and impact of disinformation during times of heightened risk
CDU	Counter Disinformation Unit which leads the operational implementation of the government's domestic counter disinformation policy
CEAPI	Committee for Ethical Aspects of Pandemic Influenza
CEPI	Coalition for Epidemic Preparedness Innovations
Civil Protection	Organisation and measures, under governmental or other authority, aimed at preventing, abating or otherwise countering the effects of emergencies for the protection of the civilian population and property. <i>[Definition from Cabinet Office (2013b). Emergency Responder Interoperability: Lexicon of UK civil protection terminology. Version 2.1.1]</i>
CMO	Chief Medical Officer
CNI	Critical National Infrastructure
CNO	Chief Nursing Officer
CO	Cabinet Office
COBR	Cabinet Office Briefing Rooms
COBR Unit	The COBR Unit in the Cabinet Office was formed following the split of the Civil Contingencies Secretariat (see above). It leads the government's response to acute emergencies
CONOPs	Concept of Operations
COSLA	Convention of Scottish Local Authorities
COVID-19	Coronavirus disease
CPD	Continuous / Continual Professional Development
CQC	Care Quality Commission
CRIP	Common (or Commonly) Recognised Information Picture
CRO	Chief Resilience Officer
CRR	Community Risk Register
CSA	Chief Scientific Adviser

Abbreviation / Term	Expansion
CSC(SGoR)	Scottish Government Resilience Cabinet Sub-Committee
CSY	Civil Society and Youth Directorate in DCMS (previously the Office for Civil Society). Responsible for policy relating to charities, volunteering, social action, social enterprises, voluntary and community sector organisations and a range of functions including charity law, dormant asset legislation and the local authority statutory duty for youth services.
DCLG	(Previously) Department for Communities and Local Government (the predecessor to the Ministry of Housing, Communities and Local Government, now the Department for Levelling Up, Housing and Communities)
DCMS	Department for Culture, Media and Sport (also known as the Department for Digital, Culture, Media and Sport during the Relevant Period)
Defra	Department for Environment, Food and Rural Affairs
DfE	Department for Education
DfID	Department for International Development (combined with the Foreign and Commonwealth Office (FCO) in September 2020 to form the Foreign, Commonwealth and Development Office (FCDO))
DfT	Department for Transport
DH	(Previously) Department of Health (the predecessor to the Department of Health and Social Care (DHSC))
DHSC	Department of Health and Social Care (formed in January 2018; its predecessor was the Department of Health)
Disinformation	The deliberate creation and dissemination of false and/or manipulated information that is intended to deceive and mislead audiences, either for the purposes of causing harm, or for political, personal or financial gain
DLUHC	Department for Levelling Up, Housing and Communities (formed in September 2021; its predecessors included the Ministry of Housing, Communities and Local Government (MHCLG) and the Department for Communities and Local Government (DCLG))
DNSA (ISR)	Deputy National Security Adviser (Intelligence, Security and Resilience)

Abbreviation / Term	Expansion
Doctrine	Doctrine in this context is the accepted and common basis for how organisations prepare for and work together to respond to and recover from civil emergencies. It breaks down into three principal components: guidance, standards and good practice. Guidance sets out how things should be done, when a defined and consistent approach is required. Standards define progressive expectations to meet mandatory requirements and demonstrate good and leading practice. Good and leading practice describes arrangements or ways of working that demonstrates improved outcomes or efficiencies which are transferrable between contexts.
DWP	Department for Work and Pensions
EC	Emergency Co-ordinators. There would be separate ECs for Scotland, Wales and Northern Ireland under Part 2: Emergency Powers of the Civil Contingencies Act 2004
ECC(W)	Emergency Co-ordination Centre (Wales)
ECDC	European Centre for Disease Prevention and Control
Emerging Infectious Disease	Infectious diseases that have newly appeared in a population (eg. from animals) or have existed in humans but are rapidly increasing in incidence or geographic range
EP	Emergency Preparedness, statutory guidance accompanying the Civil Contingencies Act 2004
EPC	Emergency Planning College
EPG	Emergency Preparedness Groups (in Northern Ireland)
Epidemic	The epidemiological definition of an epidemic is an increase in the frequency of occurrence of a disease in a population significantly above its baseline level for a specified period of time. An epidemic may cause substantial mortality but on a smaller geographical basis than a pandemic
EPRR	Emergency Preparedness, Resilience and Response (term as used in the NHS / health bodies)
ERR	Emergency Response and Recovery, non-statutory guidance accompanying the Civil Contingencies Act 2004
EU	European Union

Abbreviation / Term	Expansion
FCDO	Foreign, Commonwealth and Development Office (formed in September 2020; previously the Department for International Development (DfID) and the Foreign and Commonwealth Office (FCO))
FCO	Foreign and Commonwealth Office (combined with the Department for International Development (DfID) in September 2020 to form the Foreign, Commonwealth and Development Office (FCDO))
GLO	Government Liaison Officer
GO Science	Government Office for Science
HCID	<p>High Consequence Infectious Disease. In the UK, a HCID is a disease which requires very high-level isolation in specialist centres and is defined according to the following criteria:</p> <ul style="list-style-type: none"> i. Acute infectious disease ii. Typically has a high case-fatality rate iii. May not have effective prophylaxis or treatment iv. Often difficult to recognise and detect rapidly v. Ability to spread in the community and within healthcare settings vi. Requires an enhanced individual, population and system response to ensure it is managed effectively, efficiently and safely
HEI	Higher Education Institute
HMICFRS	His Majesty's Inspectorate of Constabulary and Fire and Rescue Services
HMRC	His Majesty's Revenue and Customs
HMT	His Majesty's Treasury
HO	Home Office
HPA	Health Protection Agency
HSCA	Health and Social Care Act
HSE	Health and Safety Executive
(NI) HUB	Central Operations Room in Northern Ireland
ICB	Integrated Care Board
IEM	Integrated Emergency Management

Abbreviation / Term	Expansion
IHR	International Health Regulations
JCVI	Joint Committee on Vaccines and Immunisations
JESG	Joint Emergency Services Group (in Wales)
JESIP	Joint Emergency Services Interoperability Principles. JESIP is guidance aimed at improving the interoperability of emergency services
JOL	Joint Organisational Learning. A system for recording and disseminating lessons learned. The core part is an online database which acts as a single repository for the capture and collation of multi-agency lessons arising from incident, training, testing, and other external sources.
JMC	(Previously) Joint Ministerial Committee between the UK government and the devolved administrations. This was superseded in January 2022 by a Prime Minister and Heads of Devolved Governments Council
LHRP	Local Health Resilience Partnership
LGA	Local Government Association
LGD	Lead Government Department
(Designated) Local Bodies	Refers to those organisations listed in Schedule 1 of the Civil Contingencies Act 2004 ⁸⁰⁰ (and subsequent amendments)
LRF	Local Resilience Forum (in England and Wales)
LRP	Local Resilience Partnership (in Scotland)
MACA	Military Aid to the Civil Authorities
MAGIC	Multi-Agency Gold Incident Command (training course run by the College of Policing)
MEAG	The Moral and Ethical Advisory Group
MERS	Middle East Respiratory Syndrome
MHCLG	(Previously) Ministry of Housing, Communities and Local Government (formed in January 2018; the predecessor to the Department for Levelling Up, Housing and Communities)
MHRA	Medicines and Healthcare Products Regulatory Agency

⁸⁰⁰ UK Parliament (2004). *Civil Contingencies Act 2004*. Schedule 1

Abbreviation / Term	Expansion
Misinformation	Inadvertently spreading false information
MOD	Ministry of Defence
MoJ	Ministry of Justice
MOU	Memorandum of Understanding
NAO	National Audit Office
NCR	National Centre for Resilience (in Scotland)
NERVTAG	New and Emerging Respiratory Virus Threats Advisory Group
NHS	National Health Service
NHSE	NHS England. It leads and oversees the NHS and is accountable to the DHSC Secretary of State. It holds local commissioning organisations (Integrated Care Boards) and NHS providers (such as hospitals and trusts) to account. It is an executive non-departmental public body of DHSC
NI	Northern Ireland
NIBSC	National Institute for Biological Standards and Control
NICCMA	Northern Ireland Central Crisis Management Arrangements
NIEPG	Northern Ireland Emergency Preparedness Group, a sub-group of the CCG(NI)
NIHR	National Institute for Health Research
NIO	Northern Ireland Office
NIOBR	Northern Ireland Office Briefing Room
NPCC	National Police Chiefs' Council
NPIs	Non-Pharmaceutical Interventions
NPFS	National Pandemic Flu Service
NRR	National Risk Register
NRS	National Resilience Standards
NSA	National Security Adviser
NSRA	National Security Risk Assessment

Abbreviation / Term	Expansion
NSC	National Security Council
NSC(THRC)	(Previously) National Security Council (Threats, Hazards, Resilience and Contingencies)
NSMC	North South Ministerial Council (between Northern Ireland and Ireland)
NSRA	National Security Risk Assessment
NSS	National Security Secretariat (based in the Cabinet Office)
Oflog	Office for Local Government
OGDs	Other Government Departments
Operation Yellowhammer	The programme of work established to prepare for the potential disruption a 'no deal' EU Exit could cause
Pandemic	An epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people. It may be a new infection (eg. COVID-19) or a known infection (eg. influenza) of humans. The WHO usually declares a pandemic
PFRB	Pandemic Flu Readiness Board, the cross-government group on management of pandemic preparedness activity.
Pandemic Influenza	A new strain of influenza sufficiently different from existing seasonal influenza to cause a pandemic, and usually when an expectation is that it will lead to considerably higher than usual mortality
PHE	Public Health England
PHEIC	Public Health Emergency of International Concern
PIPP	Pandemic Influenza Preparedness Programme, the DHSC-led programme for the health and social care system's planning and preparedness for any potential future influenza pandemic in England.
PPE	Personal Protective Equipment
PSNI	Police Service of Northern Ireland
PSV	Pandemic Specific Vaccine
RWRP	Pan-Wales Response Plan

Abbreviation / Term	Expansion
RCG	Recovery Co-ordinating Group
(DLUHC) RED Team	Resilience and Recovery Directorate (formerly known as Resilience and Emergencies Division, RED), based in the Department for Levelling Up, Housing and Communities
ResCG	Multi-SCG Response Co-ordinating Group
Resilience Directorate	The Resilience Directorate in the Cabinet Office was formed following the split of the Civil Contingencies Secretariat (see above). It has been established to take a more strategic approach to national resilience and drive work across the system to strengthen it
Resilience Partnerships	Term used in this report to cover: <ul style="list-style-type: none"> ● Local Resilience Forums (LRFs) in England and Wales ● Regional Resilience Partnerships (RRPs) and Local Resilience Partnerships (LRPs) in Scotland ● Emergency Preparedness Groups (EPGs) in Northern Ireland
RNC	Regional Nominated Co-ordinator in England (under Part 2: Emergency Powers of the Civil Contingencies Act 2004)
RRF	(Previously) Regional Resilience Forum (in England)
RRP	Regional Resilience Partnership (in Scotland)
RRT	(Previously) Regional Resilience Team (in England)
RWCS	Reasonable Worst-Case Scenario
SAGE	Scientific Advisory Group for Emergencies
SARS	Severe Acute Respiratory Syndrome
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SCC	Strategic Co-ordination Centre
SCEPGs	(Previously) Sub-Regional Civil Emergencies Preparedness Groups (in Northern Ireland). These were superseded by the Emergency Preparedness Groups (EPGs) in January 2018
SCG	Strategic Co-ordinating Group
ScoRDS	Scottish Government Development Service
SGLO	Scottish Government Liaison Officer

Abbreviation / Term	Expansion
SCoR(M)	Scottish Government Resilience (Ministerial) meeting
SCoR(O)	Scottish Government Resilience (Officials) meeting
SGoRR	Scottish Government Resilience Room
Seasonal Influenza	Occurs every year with seasonal peaks usually during the winter in temperate countries
SMARTEU	Scottish Multi-Agency Resilience Training and Exercising Unit
SPI	Scientific Pandemic Influenza Advisory Committee
SPI-B	The Independent Scientific Pandemic Insights Group on Behaviours
SPI-M	Scientific Pandemic Infections Group on Modelling
SRP	Scottish Resilience Partnership
SSR	Scottish Situation Report
SSRP	Sector Security and Resilience Plan
STAC	Scientific and Technical Advice Cell
TCG	Tactical Co-ordinating Group
TEO	The Executive Office (in Northern Ireland)
UK HSA	UK Health Security Agency
UNDRR	United Nations Office for Disaster Risk Reduction
VCS	Voluntary and Community Sector
VCSEP	Voluntary and Community Sector Emergencies Partnership
WCCC	Wales Civil Contingencies Committee
WFMIDE	Wales Framework for Managing Major Infectious Disease Emergencies
WHO	World Health Organisation
WRF	Wales Resilience Forum
WRPT	Wales Resilience Partnership Team

ANNEX G: REFERENCES

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