Witness Name: Katharine Hammond
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Exhibits: 20
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UK COVID-19 INQUIRY

WITNESS STATEMENT OF
KATHARINE HAMMOND

I, Katharine Hammond, will say as follows: -

1.1 I make this statement in response to the Inquiry's request for evidence dated 8 February 2023 to address matters of relevance to the Cabinet Office's role in pandemic planning, preparedness and resilience in the years running up to the Covid-19 pandemic.

1.2 I would like to offer my sincere condolences and sympathy to all those affected by the Covid-19 pandemic.

1.3 I have been assisted in drafting this statement by the Government Legal Department and Pinsent Masons LLP. I would be happy to clarify or expand upon any aspects of the statement if that would assist the Inquiry.

2 SECTION 1 - INTRODUCTION

2.1 In August 2016, I became Director of the Civil Contingencies Secretariat in the Cabinet Office ("CCS"). Prior to this, I was Deputy Secretary to the Iraq Inquiry, following a career spent mostly in the Home Office with periods in the Ministry of Justice and Foreign and Commonwealth Office. I left the post of Director of CCS in August 2020 to join another government department. This statement will therefore cover the period during which I held the role of Director of CCS.

2.2 CCS was the unit within the Cabinet Office charged with preparing for, responding to, recovering from, and learning lessons from major civil emergencies. A 'civil' emergency is one generated by a hazard (a risk with a non-malicious cause, for example flooding) as opposed to one generated by a threat (a risk with a malicious cause, for example terrorism or cyber crime). CCS sat within the National Security Secretariat ("the NSS"), headed by the National Security Adviser ("the NSA"), the Prime Minister's senior adviser on national security issues. The NSS in turn supported the National Security Council ("the NSC"), the main forum for ministerial discussion of the government's objectives for national security and about how best to deliver them. Below the NSC sat the ministerial sub-committee on Threats, Hazards, Resilience and Contingencies ("the NSC(THRC)"). As well as reporting to Cabinet Office Ministers, including the Minister for Implementation whose responsibilities included resilience, CCS provided advice directly to the Prime Minister on civil contingencies issues and supported a wide range of Secretaries of State and other Ministers, either when acting as Chair of COBR (the central government crisis management machinery) or in planning led by their department.

2.3 As Director of CCS, I reported to the Deputy NSA for Intelligence, Security and Resilience - in turn, this was Paddy McGuinness until January 2018, Madeleine Alessandri until the end of January 2020, and after a short period in which the post was vacant, Beth Sizeland from March 2020 until the end of my time at CCS.

2.4 CCS was organised into five Deputy-Director-led teams under my overall leadership, covering:

a. National Risks and Infrastructure: produced the National Risk Assessment ("the NRA"), and worked closely with stakeholders to ensure that work was carried out in advance to prevent or mitigate the highest priority risks. The team also coordinated policy and assurance across government on the security and resilience of critical national infrastructure and had a role in coordinating the Government's response to Foreign Direct Investment.

b. Resilience Capabilities: oversaw the operation of the Civil Contingencies Act, managed the National Capabilities Programme, supported joint working between the emergency services, and delivered the Communities Prepared programme and ResilienceDirect.

c. National Crisis Management Capability: managed the national crisis management facilities, including a major upgrade programme, along with associated training, briefings and exercises. The team also included the NSS Watchkeepers, who provided 24/7 situational awareness and alerting.
d. Readiness and Response: worked with departments to identify and, where possible, prevent or mitigate, short-term disruptive challenges to the UK. Leads on engagement with the European Union ("the EU"), United Nations (the "UN"), and the North Atlantic Treaty Organisation ("NATO") on civil protection issues. This team comprised the secretariat to COBR when activated in respect of a civil emergency.
e. Training, Doctrine and Standards: directed, supported and assured the work of the Emergency Planning College; delivered resilience and crisis training to His Majesty's Government ("HMG"); worked to bring coherence to UK Resilience doctrine and good practice; collaborated with partners to establish performance standards and to design and implement appropriate validation arrangements.

2.5 The Readiness and Response team usually led on any CCS response to an emergency, but any of the Deputy Directors could and would be expected to perform a crisis management role if needed in a large and sustained response. The same was also true of more junior staff from across CCS, and this ability to surge in to augment relatively small standing teams is the model on which CCS was built.

2.6 Emergency planning and response arrangements in the UK are based upon the concept of subsidiarity - i.e., that in most cases local responders are best placed to identify the risks in their areas, and to put appropriate plans and capability in place to respond to these risks within the framework provided by the Civil Contingencies Act 2004 ("the Act").

2.7 The response to an emergency is therefore usually carried out first and foremost by local organisations. In some instances, however, the scale or complexity of an emergency means that some degree of central government support or coordination is necessary. Where this is the case, a government department takes the lead for the overall management of the central government response. Where necessary, for example because of the scale or complexity of the support

needed, the central government crisis management machinery (often referred to by the shorthand COBR) is activated to coordinate the cross-government response in the aftermath of a major emergency. The document "Responding to emergencies: The UK central government response (concept of operations) ("ConOps") sets out the arrangements for responding to and recovering from emergencies, irrespective of cause or location, requiring coordinated central government action **(KH/1 - INQ000145722).**

2.8 Paragraph 1.8 of ConOps sets out three broad levels of emergency, numbered 1 to 3 in order of increasing severity, that are "likely to require direct central government engagement". Paragraph 2.2 of ConOps provides that in the event of a Level 2 or 3, COBR would be activated to facilitate rapid co-ordination of the central government response. There is no formal declaration of the level at which an emergency is classified, which allows for judgment to be applied about where an emergency lies on the scale at any time. The levels provide a guide to activity needed to help inform decisions about when to activate different types of response (for example, calling a Ministerial COBR meeting), rather than setting hard boundaries at which a specific set of actions are taken or resources deployed. This allows for a flexible and tailored approach depending on the specific circumstances of an event. This is part of the strength of the mechanism, in my view.

2.9 Paragraphs 3.10 to 3.15 of ConOps explain how Commonly Recognised Information Pictures ("CRIPs") are created and used. A CRIP is a document which is displayed in COBR meetings, or Ad Hoc Ministerial meetings convened to manage a crisis. The purpose of a CRIP is to ensure that everyone who is part of the decision-making process has access to consistent information about the situation. The contents of a CRIP therefore vary according to the specific circumstances of an event - it contains the available information needed to inform decisions. A CRIP therefore can consist of information relating to both the scene of the emergency and significant wider impacts. It will tend to include facts and figures, images, the main developments and decisions, trends, and upcoming decision points.

2.10 To ensure accurate and timely information was available in the CRIP, CCS requested situation reports ("SitReps") from other Government Departments

and agencies as appropriate. All departments and agencies involved in the emergencies are responsible for ensuring that they can access relevant, timely, information on their areas of responsibility, and can provide a prompt read-out of the impact including the views of key stakeholders. Information from local responders is normally routed through the relevant Government Department (for example, Department for Health and Social Care ("DHSC") for the NHS) to avoid duplication and minimise the burden on local responders.

2.11 The CRIP is based on the best information available at the time, as provided by other Government Departments. Ultimately, CCS would determine what went into the CRIP based on the criteria set out above, with the key consideration being whether information is pertinent to decisions that need to be made by central government. The CRIP was usually signed off by the Deputy Director for Readiness and Response, and sometimes by the Director of CCS, who would be working very closely in tandem.

2.12 CCS was responsible more generally for managing the central government crisis management facilities to ensure their readiness and functionality was fit for purpose. When COBR was activated for any reason, CCS was responsible for the smooth operation of the facilities hosting the meeting and (in civil emergencies) acted as Secretariat to COBR, liaising with departments to understand and resolve issues, maintaining cross-government situational awareness, and briefing the chair on issues to be addressed and progress made against previous actions.

2.13 'Recovery' is the process of rebuilding, restoring, and rehabilitating a community or population following an emergency. As with response, it would be led locally, although often by different agencies to those involved in the response. It can be a complex and long-running process. The government might decide to support and/or coordinate recovery activity depending on its scale and complexity. CCS would usually provide the first secretariat to the cross-government recovery effort, handing over to the Lead Government Department which could be different to the lead department for the response phase (for example, in a flooding event the Department for Environment, Food and Rural Affairs ("DEFRA") would lead the response, the Ministry for Housing, Communities and Local Government ("MHCLG") the recovery). Response and recovery can, and

often do, happen in parallel. That recognises that the process of rebuilding can often begin or be prepared whilst the active phase of a crisis is still being managed to a conclusion (for example, before the flood waters have receded fully).

2.14 The work of CCS was underpinned by the concept of 'Integrated Emergency Management'. This recognises that many types of incidents require broadly similar capabilities irrespective of their cause, for example the police or the Fire and Rescue Service. Those capabilities, which are for the most part locally delivered, should be supported when necessary by specialist assets that it would not be effective or efficient to maintain in every local area. These are provided through mutual aid arrangements or on a national basis, for example the Government Decontamination Service.

2.15 Together with the Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005 (the "Regulations") and statutory and non-statutory guidance entitled 'Emergency Preparedness' and 'Emergency Response and Recovery', the Act established a single, coherent, and consistent framework for civil protection in the UK. The Act is separated into two substantive parts **(KH/2 - INQ000145723)**.

2.16 Part 1 focuses on local arrangements for civil protection, establishing a statutory framework of roles and responsibilities for local responders, defining different categories of responder and the duties that apply to them. The Act divides local responders into two categories, imposing a different set of duties on each. Category 1 responders are those organisations at the core of emergency response (e.g. the police, local authorities, National Health Service ("NHS") bodies, the Environment Agency). Category 1 responders are subject to the full set of civil protection duties in the Act, most importantly they must assess the risk of emergencies occurring and put in place emergency plans. Category 2 organisations (for example, the Health and Safety Executive, transport and utility companies) are 'co-operating bodies'. They are less likely to be involved in the heart of planning work but will be heavily involved in incidents that affect their own sector. Category 2 responders have a lesser set of duties. Under the Act, category 2 responders are required to co-operate and share information with other category 1 and 2 responders to ensure that they are well integrated

within wider emergency planning frameworks. The Cabinet Office is not a category 1 or 2 responder.

2.17 The Act also established Local Resilience Forums ("LRFs") as the principal mechanisms for multi-agency planning co-operation between local responders. LRFs are organised around police force areas in England. While the LRF does not have a legal personality, nor powers to direct its members, it must meet at least every six months. The main purpose of the LRF is to ensure effective delivery of those duties under the Act and the associated Regulations that need to be delivered in a multi-agency environment, such as the production and update of a Community Risk Register, the production of multi-agency plans, or arrangements to warn and inform the public during emergencies. Although not category 1 or 2 responders, the voluntary sector, the armed forces, and a number of other sectors not covered by the Act often work with LRFs.

2.18 Part 2 of the Act makes provision for emergency powers, i.e., special legislative measures that might be necessary to deal with the effects of the most extreme or unexpected emergencies. Emergency powers under the Act were not required or used in the response to the Covid-19 pandemic and have not to date been used in response to any crisis or disaster.

2.19 CCS was responsible for producing guidance to accompany the Act. It did not, however, have an 'inspectorate' role - that is to say, it was not the role of CCS to make sure that local responders fulfilled their duties under the Act. Instead, CCS, together with what was then the Department for Communities and Local Government Resilience and Emergencies Division ("DCLG RED"), played a non-statutory 'assurance' role. CCS and DCLG RED drew together a picture of the level of resilience capabilities in place across England and Wales through the Resilience Capabilities Survey. CCS also developed Resilience Standards and piloted an approach which allowed LRFs to assess themselves against them (see further, below).

2.20 DCLG RED's role was to interact directly with LRFs and to provide central government representation at LRF meetings during the planning phase and staff the Government Liaison Officer role during emergencies to provide Ministers, Government Departments and the local area with situational awareness, act as

a critical friend and to help identify and resolve any issues arising. Communication with the local response was therefore usually via DCLG RED who would join the Strategic Coordinating Group (this is the LRF in operational model – in effect a 'local COBR') to provide advice and support to the Gold Commander and to alert central government of emerging issues on which assistance might be needed.

2.21 The combination of legislation, guidance and ConOps had the effect of creating a crisis system whose working was familiar and predictable in its operation for both central government departments and local responders. That means that in response to any crisis it provides an immediate starting point which allows complex activity to happen at pace. Rather than spending time and effort deciding on how to set up the decision-making mechanisms for a response and communicating them to everyone who needs to understand them (often a very wide community), their basis is well understood and then tailored for the circumstances (for example, by deciding who needs to attend a COBR, or what its agenda needs to cover). In my experience, this has the effect of allowing those involved to focus all their energies on what they need to do to manage the crisis. The common understanding of structures and operations helps people at all levels to stay calm and think clearly and in my view results in more creative solutions, a joined-up approach and better outcomes.

Understanding Risk

2.22 CCS produced, every two years, the National Security Risk Assessment (named the National Risk Assessment before 2019), ("the NSRA"), to inform planning and capability development locally and nationally. This is an assessment of the top risks facing the United Kingdom, which then forms the basis for the public-facing National Risk Register. It does not seek to cover every possible risk, rather it groups similar risks together (such as the possibilities of terrorist attacks on a nightclub, shopping centre, or stadium into one risk covering crowded places) and determines a Reasonable Worst Case Scenario ("RWCS") which is then assessed in terms of likelihood and impact. The RWCS is 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 the National Resilience Planning

Assumptions ("NRPAs"), for example, on the maximum requirement for hospital and mortuary capacity. Data on likelihood and impact is used to determine the risk's relative significance and whether it warrants specific planning and provision of capabilities or could largely be managed by using existing capabilities.

2.23 The NRPAs derived from the NSRA are shared with local and national responders to enable their own planning and are used to drive the Resilience Capabilities Programme ("RCP").

2.24 The RCP considers how prepared the UK is to respond to emergencies by mapping the expected performance of different capabilities against a representative sample of risks from the NSRA (known as Capability Mapping). The RCP focusses on 22 capabilities, each overseen by a Government Department, including functional capabilities (e.g., ability to handle mass casualties), essential services (e.g., the resilience of transport or utility services), structural (central and local capability) and supporting (e.g., humanitarian assistance and interoperability) capabilities. CCS used to oversee the RCP.

2.25 CCS led work on the following capability workstreams, of relevance to Covid-19:

i. Human Aspects (i.e., the humanitarian response to any crisis), in relation to which CCS maintained the non-statutory guidance entitled 'Human Aspects in Emergency Management' to support local responders' planning and co-ordination of human aspects activities through both the response and recovery phases of an emergency, and the 'National Recovery Guidance' to help manage the longer-term recovery from any major incident, including the needs of individuals.

ii. Community and Business Resilience, in relation to which CCS maintained the non-statutory guidance entitled 'Community resilience framework for practitioners' to help category 1 and 2 responders develop personal and business resilience within their regions including a community-led approach to emergency planning. Many LRFs in fact include local business communities in their planning and some businesses are category 2 responders under the terms of the Act (e.g.,

utilities companies). CCS engaged with Critical National Infrastructure companies regularly to ensure they understood the full risk picture and therefore could prepare for it.

2.26 Ultimately, category 1 and 2 responders need to assure themselves that their arrangements and plans are robust and that they are meeting their legal responsibilities under the Act. Regulations require that plans drawn up by category 1 organisations include provisions to test and exercise those plans. All category 1 responders, as members of an LRF, are expected to take ownership and responsibility for their performance, and to support their partners by ensuring that members fulfil their roles within the civil contingencies framework and that issues are escalated as appropriate.

2.27 CCS was primarily a coordinating body in the planning, response and recovery phases and had no direct operational delivery role in the local response to an emergency. Through the Emergency Planning College ("EPC"), which is operated by Serco, CCS provided training and support to local responders both at the College, based just outside York, or at responders' own premises.

2.28 Whereas category 1 and 2 responders had statutory duties to assess the risk of emergencies occurring and to prepare for them, no similar legislative duties are placed on government departments. Rather, each risk is addressed through the Lead Government Department. CCS helped to promote the awareness of each risk, to push for commitment and action, and to provide a sense of overall progress in addressing each risk.

2.29 Following the Grenfell Tower fire and the difficulties which the local authority encountered in its response, MHCLG (the Ministry for Housing Communities and Local Government – formerly the DCLG and since re-named the Department for Levelling Up, Housing and Communities) boosted the numbers of people in RED working with local areas and trained them to look for signs of strain. The MHCLG also carried out work on how to assess which of the LRFs was in a good position and which was not. This proved to be useful groundwork for the LRF map on the Covid dashboard (see further, below).

3 SECTION TWO – the role of CCS in pandemic preparedness

3.1 During my time as Director of CCS, part of my role was to ensure that hazard risks got the right amount of attention and focus from all government departments. As set out at paragraph 2.2 above, the government prepares for two types of risks: threats, which have a malicious cause, for example terrorism and cybercrime, and hazards, which have a non-malicious cause, for example flooding or infectious diseases. CCS' responsibilities for planning and response related to hazard risks, though it was responsible for providing the crisis facilities that would be used for threat responses as well and would often have a role in the recovery phase whatever the cause.

3.2 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 can by their nature seem more alarming and often seem more likely to be preventable (for example by arresting someone with the intent to commit a terror attack). 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) which mainly operated on paper (for example to oversee the release of National Risk Assessments) but which had not met for more than three years.

Exercise Cygnus

3.3 Exercise Cygnus was a cross-government exercise to test the UK's response to a serious influenza pandemic. The exercise took place over three days in October 2016 and involved more than 950 people. The then-Department of Health and 12 other government departments, as well as NHS Wales, NHS England (NHSE), Public Health England (PHE), local public services, several prisons, and staff from the Scottish, Welsh and Northern Ireland governments took part in the exercise. The aim was to test systems to the extreme, to identify strengths and weaknesses in the UK's response plans, which would then inform improvements in our resilience.

3.4 Soon after I became Director, CCS began briefing the then-Minister for the Cabinet Office, the Rt Hon Ben Gummer MP, on the risk of pandemic influenza

in preparation for Exercise Cygnus, which took place two months after I became Director **(KH/3 - INQ000145712).** Exercise Cygnus was using as its core scenario an influenza pandemic in line with the 2016 version of the National Security Risk Assessment (see below), which reflected the expert consensus on the RWCS for an infectious disease leading to a pandemic.

3.5 As I indicated in an email to a member of the CCS team collecting reflections from attendees after the conclusion of the exercise: *"my big reflection* [from the exercise was] *that 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. DoH implied they have some of this, but I bet it's not* [Parliamentary] *Counsel proof, and we should add the other possible measures.*" **(KH/4 - INQ000145713).** By email to Paddy McGuinness, the Deputy NSA, at the same time, I stated that the exercise *"had revealed some of the weaknesses in pandemic flu planning that we expected it to – especially in relation to excess death planning.*" **(KH/5 - INQ000145714)** CCS agreed with the Department of Health ("DH") that "*The big areas needing attention* [were] *health/social care, business continuity in other sectors* [and] *excess deaths.*" **(KH/6 - INQ000006229).**

3.6 One of the lessons from Exercise Cygnus identified by the then-Minister for the Cabinet Office ("MCO") 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 (e.g. 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).

National Risk Assessment 2016

3.7 When NSC(THRC) commissioned the Pandemic Flu Readiness Programme ("PFRP") following Exercise Cygnus, the most up-to-date understanding of the risk to the UK from a pandemic was contained in the 2016 version of the NRA,

released in February 2017. It said that the RWCS was that the likelihood of a flu pandemic in the next five years was 'medium' and that if it occurred its impact (without intervention) would be 'catastrophic' with up to 750,000 fatalities in the UK. An influenza pandemic was judged to have maximum impact scores for fatalities, casualties, economic impact, transport, education, healthcare and criminal justice, The narrative description of the outcomes from a pandemic occurring was as follows:

"*A worldwide outbreak of influenza occurs when a novel flu virus emerges with sustained human to human transmission. Up to 50% of the population may experience symptoms, which could lead to up to 750,000 fatalities in total in the UK. Absenteeism would be significant and could reach 20% for 2-3 weeks at the height of the pandemic, either because people are personally ill or caring for someone who is ill, causing significant impact on business continuity. Each pandemic is different and the nature of the virus and its impacts cannot be known in detail in advance. Based on understanding of previous pandemics, a pandemic is likely to occur in one or more waves, possibly weeks and months apart. Each wave may last between 12-15 weeks.*

All ages may be affected, but we cannot know until the virus emerges which groups will be most at risk. There is no known evidence of association between the rate of transmissibility and severity of infection, meaning it is possible that a new influenza virus could be both highly transmissible and cause severe symptoms. Pandemics significantly more serious than the RWCS are therefore possible. The impact of the countermeasures in any given pandemic is difficult to predict as it will depend on the nature of the virus and the RWCS assumes countermeasures are not effective. Whilst not explicitly stated in every case, H23 [an influenza pandemic] would likely compound the effects of the vast majority of risks in the NRA as all sectors would experience staffing pressures."

3.8 There was also a second risk group recorded in the NRA in relation to new and emerging infectious diseases, which captured the 'high' likelihood of one reaching the United Kingdom with a lower likelihood of presenting a wider threat to the UK through sustained spread.

3.9 The content of the 2016 version of the NRA was reflected in the public-facing National Risk Register ("NRR") 2017. The NRR was not primarily aimed at individual households, but rather community groups who together can plan to help mitigate the impacts, but in the 2017 edition CCS added in chapter 2 ('Be Prepared') which listed simple ways to improve an individual household's readiness to respond to an emergency.

3.10 The detailed work on the 2016 version of the NRA had been done by the time I arrived in CCS. CCS was the owner of the risk assessment process and document. Each risk in the assessment has a department or body which leads on its assessment with DH being the Lead Government Department and risk owner for infectious diseases. 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 DH consulted experts from at least the following groups: Public Health England (as it then was), the NHS, the New and Emerging Respiratory Virus Threats Advisory Group ("NERVTAG"), the Scientific Pandemic Influenza group on Modelling ("SPI-M") (as it then was), 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.

3.11 Once the RWCSs had been identified by the designated risk owners, the NRA was subject to a rigorous scrutiny and clearance process. In summary, this involved:

- review by the Risk Assessment Steering Group ("RASG");
- review by "Expert Challenge Groups";
- review by the Government Chief Scientific Advisers network;
- cross-Whitehall clearance from Senior Civil Servants; and
- finally, ministerial clearance by NSC(THRC).

3.12 Taking each step above in turn: the RASG was an official level group, consisting of risk owning teams in government departments. It assesses the robustness of each RWCS and its scores. For new risks, it considers:

- whether the scenario has unique consequences not captured by other risks;
- whether the scenario is significantly more likely to occur than other risks with similar consequences; and

- where the scenario is likely to be positioned on the NRA grid and consequently its implications for contingency planning.

3.13 The Expert Challenge Groups, principally academics and specialists with relevant experience, assessed the RWCSs and the scores allotted to them, and provided comments. The NRA was also reviewed by the Government Chief Scientific Advisers network, consisting of the Government Office for Science, and departmental Chief Scientific Advisers. CCS also used its own internal expertise and experience in risk management, as well as its understanding of cross-Government risk to review and consider the RWCSs and their scores. The feedback from these processes was passed back to the designated risk owners for comments.

3.14 Following this process of challenge, CCS produced updated versions of the risk scenario initially submitted by the designated risk owner. CCS proposed amendments where they were proposed by the Chief Scientific Adviser network and/or other subject matter experts as relevant, and where the process of challenging the initial scenario appeared to justify them. The RWCS was then shared back with the designated risk owner for review, with the Chief Scientific Adviser for the relevant department also reviewing the assessment. The RWCS was then agreed bilaterally between CCS and the designated risk owner. The NPRAs were then extracted by CCS and explained according to the levels of impact defined by the agreed RWCSs.

3.15 The final document was circulated for Ministerial agreement by the members of NSC(THRC) through a write-round process, allowing any additional concerns and points to be considered right up until the end of the formal assessment process. Before submission to Ministers, the Government Chief Scientific Adviser and the Deputy NSA co-cleared the document for presentation to a meeting of the NSC (Officials) ("NSC(O)") which provided further challenge and clearance from an Officials' perspective. I along with a member of the risk team attended this meeting in 2016, when it was chaired by the NSA Mark Lyall Grant. The NRA was then agreed by the then Prime Minister (as Chair) and other members of the NSC(THRC). For the 2016 version, clearance was received in February 2017.

3.16 From the meeting of NSC(O) at which the 2016 version of the NRA was cleared we took away some useful steers for the next iteration – the most important being a desire to have threat and hazard risks on the same matrix so that they were directly comparable (in 2016 they were in two separate products – the NRA and the NSRA - explained further below - which went through the same clearance processes in parallel). CCS was very supportive of that, especially because we thought it would help to raise the profile of hazard risks, expose them to a wider audience and help us pose some questions about whether the balance of effort was right as between hazards and threats.

3.17 A key part of the post-NRA release was a series of engagement workshops with representatives from LRFs to update them on key methodological and presentational changes within the NRA; new risks and Planning Assumptions included since the previous iteration; and to provide the opportunity for a detailed question and answer session for local planners so that they effectively incorporate changes to the national risk picture into their own planning activities. These workshops were held around the country to maximise reach.

3.18 CCS then drafted the Local Risk Management Guidance ("LRMG") (non-statutory guidance) aimed at category 1 and 2 responders responsible for risk assessment and planning within LRFs. This was intended to help them fulfil their local risk assessment duty under the Civil Contingencies Act 2004 and Contingency Planning Regulations 2005. For the 2016 iteration, advisory content for local planners that had previously been included in the NRA and NRPA (when they were separate documents) was moved into the LRMG so as to make the documents distinct in their purpose, with the 2016 NRA providing evidence and information and the 2016 LRMG providing advice on how best to use 2016 NRA information in a local context. The commonly used structure for developing local risk assessments is the Risk Assessment Working Group ("RAWG"). This encouraged the inclusion of a wider range of participants to ensure that the local risk assessment was comprehensive. It recommended that the RAWG included representation from: (a) all local category 1 responders; (b) category 2 responders; (c) risk leads, being someone from the local organisation with the greatest interest in a particular risk; and (4) DCLG RED (as was).

National Security Risk Assessment 2019

3.19 Based on lessons learned from the 2016 version and steers from the NSC(O) meeting mentioned above, CCS improved the methodology in the run-up to the 2019 risk assessment. Most significantly, prior to 2019, CCS had produced two separate products: one, the NRA, focussed on domestic emergencies over a 5-year timescale; the other, the NSRA, focussed on broader national security risks over a 20-year timescale. CCS combined these documents to deliver a unified risk assessment framework that for the first time enabled the direct comparison of malicious and non-malicious, and domestic and international risks.

3.20 A number of detailed changes to the methodology were required in order to create a unified NSRA. For example, the risk team created 'likelihood' and 'impact' scoring scales that worked for a very wide range of risk and allowed comparison of different types of impact (for example, the level of casualties caused and instability of the international order).

3.21 The then-Government Chief Scientific Adviser, Sir Mark Walport, contributed towards the change in methodology, and the risk team in CCS also appointed a mathematician as an adviser. CCS used learning from other teams which looked at risk and likelihood (e.g. the Joint Intelligence Organisation) to reduce the 'time horizon' to one in which we had more confidence (from 5 to 2 years). We also improved the usability of the document, specifically with concise one page risk summaries, graphic display of impacts and at Official Sensitive classification so it was easy to share on the platform available to all LRFs and with government departments. I chaired the cross-government Directors group that agreed these methodological changes.

3.22 As a result of these changes, both hazard and threat risks had to be read together. This helped to raise the profile of hazard risks and expose them to a wider audience. We pressed government departments to use the NSRA as the basis for their contingency planning, and MCO encouraged this with his colleagues.

3.23 The 2019 NSRA judged an 'influenza-type pandemic' to be the most serious hazard risk, with catastrophic impact and a likelihood of between 1% and 5% of it occurring within two years. The NSRA said:

"*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. There have been four recorded pandemics of influenza during the past 100 years (1918, 1957, 1968 and 2009) – the 1918/19 Spanish flu outbreak was the most serious event.*"

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.*"

National Security Capability Review

3.24 Between the 2016 and 2019 iterations of the NSRA and prompted by the lessons learned from the Grenfell Tower fire, CCS undertook a National Resilience project as part of the National Security Capability Review. There were four workstreams each led by a CCS Deputy Director. In my covering submission to Mark Sedwill **(KH/7 - INQ000145718)** which accompanied the detailed findings of each workstream I set out three key recommendations arising from the project.

3.25 The first of these was a proposal to build on the capability of ResilienceDirect (an online platform available to the resilience community) to solve some important practical issues in supporting victims in crisis, around which people often perceive barriers which do not exist, such as restrictions on data sharing.

3.26 The second of these was to move from local self-assessment of resilience capabilities to local assurance, underpinned by rigorous peer review and central

support for performance review. CCS introduced twelve National Resilience Standards, the purpose of which was to facilitate the assurance process. The first element of each standard is the 'desired outcome' which sets out what the LRF should be aiming to achieve. They then set out three levels of expectations: mandatory legal requirements (what must be done); good practice (what should be done); and leading practice (what could be done to improve on good practice). The standards provided guidance for continuous improvement and a yardstick for assessment and assurance. During 2018-19, eighteen English LRFs participated in a voluntary pilot scheme to evaluate the National Resilience Standards. The consensus was that they were effective in improving the detail and reliability of the evidence used to demonstrate LRF capability and readiness. The intention was that this work would be used to move the system from local self-assessment of resilience capabilities to local assurance but no substantial policy work could be done and no additional resources allocated to assurance in the remainder of my time at CCS, in part because work on withdrawal from the EU and the pandemic was prioritised.

3.27 The third recommendation was that the process for escalating concerns about local capability be systematised and backed up by strengthened local authority mutual aid and a module-based system for deploying the resource most likely to be overwhelmed. This recommendation has been implemented through a variety of different measures. CCS worked with MHCLG to develop guidance for MHCLG's Government Liaison Officers ("GLOs") on how to spot potential issues, and how to raise concerns within the relevant organisations, with peers, or with central government as appropriate. MHCLG incorporated this into its training for GLOs. MHCLG is the owner of this process and the documentation that relates to it. Work on mutual aid has been progressed through MHCLG's network of Resilience Advisers who support LRFs to develop local response plans. They connect LRFs to each other regionally and nationally.

NSC(THRC)

3.28 Following Exercise Cygnus in 2016, together with colleagues in CCS and DH, I considered how to galvanise the actions it had demonstrated were needed to improve the state of readiness for an influenza pandemic. We concluded that, since this was the most severe hazard risk it was important that members of

NSC(THRC) (some of whom had participated in the exercise, but not all) understood the challenges that Cygnus had brought into sharper relief. We therefore 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.

3.29 The NSA put this proposal to the Prime Minister through the normal process for planning the NSC's agenda. The Prime Minister agreed and a meeting was scheduled to take place on 21 February 2017 **(KH/8 - INQ000145715).** DH and CCS agreed that the then-Chief Medical Officer, Professor Dame Sally Davies, should attend to provide medical input **(KH/9 - INQ000145716)** and the Government Chief Scientific Adviser was also present because of his involvement in the risk assessment process.

3.30 NSC(THRC) was chaired by the Prime Minister, with fourteen Secretaries of State present plus the Minister for the Cabinet Office. CCS and DH prepared a Chair's brief for the Prime Minister, which contained the following judgement:

"*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.*" **(KH/10 - INQ000145717)**

3.31 A slide deck was also prepared for the meeting **(KH/11 - INQ000006349)**, which I presented, as recorded in the minutes:

"… *the recent exercise* [Cygnus] *had identified shortcomings in response planning. Challenges from the potential scale of illness, workforce absences and deaths were illustrated by the graphs on Slide 2. 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."
(KH/12 - INQ000006357)

3.32 Members of NSC(THRC) agreed that work should be done to increase preparedness for an influenza pandemic, focused on the issues set out above. The importance of coordinating planning across the UK, by engaging the Devolved Adminstrations, was noted in the discussion, as was the suggestion that consideration should be given to asking those not delivering essential services to stay at home in order to limit transmission.

3.33 To oversee progress, the Pandemic Flu Readiness Board (PFRB) was established. It met for the first time on 29 March 2017 and was co-chaired by DH and CCS officials – in practice myself and my counterpart. Its attendees included all of the departments with relevant responsibilities for the actions agreed in the programme, and officials from the Devolved Administrations who were accountable for the equivalent in their own area, with the aim of preparing in as joined-up a way as possible. The worksteams it oversaw are set out below.

3.34 Workstream 1: Healthcare was 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 – in severe circumstances, it will not be possible to continue 'business as usual' activities and an escalating series of actions to reduce non-essential activity will be required in order to prevent service failures and minimise avoidable patient harm. This should be aligned with the existing model for NHS provision during periods of excessive demand, and should establish how to prioritise access to services in an ethically appropriate way.

- Develop an analytical triage paper to support decision-making in the event that it becomes necessary to move to a state of population triage across the

country in response to severe, sustained and unusual pressures across the NHS.

3.35 Workstream 2: Adult Social Care was designed to deliver an appropriate capability to provide adult social care in England during a severe influenza pandemic. It had two aims:

- In the event of an influenza pandemic, the social care system will come under increasing pressure, as will its system partners, including the independent care sector which provides services not only to those eligible for financial support from local authorities but also to those who fund their own care, as well as the NHS, and the voluntary sector. Local authorities will also experience pressure in the delivery of their broader responsibilities to deliver public services. At a local level, difficult decisions will need to be made in the context of national government strategy about maintaining access to social care, planning for the care of those who may not necessarily be 'known' to social services before a pandemic (e.g. self-funders or people being supported by informal carers), managing increased acuity and responding to increased demand.
    - Working with the Director of Adult Social Services ("DASS") and local government through the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS), this work stream will develop, finalise and communicate guidance for local authorities to enable them to reconfigure social care services to respond to an influenza pandemic.

- This workstream will also include a review of existing plans for delivering healthcare outside of 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.

3.36 Workstream 3: Excess Deaths. This is covered in more detail below.

3.37 Workstream 4: Sector Resilience was intended to ensure that Departments were confident that critical sectors have adequate resilience to anticipated levels

of employee absence during a pandemic. The following objectives were identified:

- Undertake a review of those planning assumptions relevant to workforce absence.

- Review individual critical sectors' resilience to RWC scenario absence rates, including:
    - Energy and fuel sector
    - Health sector
    - Criminal justice sector
    - Education sector
    - Transport sector
    - Food and drink sector
    - Water sector
    - Defence sector
    - Safety and security sectors (police and fire)
    - Telecoms sector
    - Government services
    - Finance sector
    - International interests
- Understand the impact of concurrent risks and how to manage them effectively.

3.38 Workstream 5: Crossing cutting. This drew together three different strands of activity on preparing a draft Bill, ensuring the government could access moral and ethical advice and on communications planning.

3.39 Work to prepare a set of pre-drafted Bill clauses relating to powers that might be needed if a pandemic occurred, that could be introduced quickly into Parliament, was one area on which CCS and DHSC worked closely together and combined resources in order to ensure progress.

3.40 The work was to have three stages: first, government departments would prepare plans to deliver their respective products by mid-May, these plans would be collated, and the departments would then focus on delivering the

agreed products within a year. CCS drafted a submission to the Secretary of State for Health and the Minister for the Cabinet Office on pandemic influenza ('the Cross-Government Readiness Work Programme') **(KH/13 - INQ000020381)** which set out the work that had been undertaken in this area with an outline of a proposed programme of work to deliver the plans and capabilities agreed upon in the NSC(THRC) meeting of 21 February 2017.

3.41 Between March 2017 and November 2018, the PFRB met 12 times, roughly once every 8 weeks. One year in to the programme, in March 2018, CCS and DH sent a joint submission to the Chancellor of the Duchy of Lancaster ("CDL") and the Health Secretary **(KH/14 - INQ000007253)** setting out progress over the past year and seeking approval for a second phase of work. That second phase was to include:

"*finalising national arrangements, including the delivery of:*

- *service-facing guidance to be deployed in a severe and sustained pandemic to support the NHS response pandemic;*
- *updated service-facing guidance for the delivery of augmented adult social and community care during a pandemic;*
- *an updated Pandemic Influenza Business Checklist, in conjunction with business representative bodies;*
- *further guidance on specific aspects of the death management process and possible measures central government could take to provide additional support to local responders;*
- *completed internally-held clauses covering both the UK Government and Devolved Administration content and supporting documentation to finalise the UK-wide draft Pandemic Influenza Bill;*
- *coherent and planned wider Government communications messages; and*
- *an expert group to enable Government decision-making to be informed by moral and ethical advice (further advice to be sent to Cabinet Office and DHSC Ministers shortly).'*

preparing products to support the continued enhancement of local arrangements including:

- *refreshing the four nation UK Influenza Pandemic Preparedness Strategy 2011 (DHSC led);*

- *developing a pandemic influenza Resilience Standard, against which local capabilities and readiness can be better assessed (CCS/DHSC led); and*
- *exercising pandemic response plans."*

3.42 The advice raised the need to share more information with local planners, and to deepen collaboration with Devolved Administrations.

Excess death planning

3.43 The Readiness and Response team in CCS took the lead for workstream 3: excess deaths. Work was intended to ensure that there were plans in place to manage the number of excess deaths (i.e., deaths above the normal societal level) that the pandemic influenza scenario said might occur which would allow those who died to be treated in a respectful and acceptable manner. Its objectives were defined as follows:

i. Undertake an assessment of both the current capacity and maximum surge capacity to manage excess deaths in England.
ii. Undertake a review of current local and central government doctrine for managing excess deaths.
iii. Develop agreed policy options (including to agree to underlying planning assumptions).
iv. Develop a comprehensive plan(s) for augmenting capacity to the required level including options for alternative models for each component of the death management process, such as body storage and disposal. **(KH/15 - INQ000006505**)

3.44 Planning for higher than normal levels of mortality is an area which touches on both practical issues of public health and deeply emotional ones of family bereavement and faith. CCS led this workstream because it did not have another natural home in government. Instead, a number of different departments' responsibilities are engaged once an individual dies, for example the Home Office in relation to registration, the Ministry of Justice on Coronial process, MHCLG and DHSC in relation to provision of mortuaries and crematoriums.

3.45 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, departments and Devolved Administrations and on the results of the Resilience Capability Survey, which showed a very mixed picture across the country. As a result, the framework for management of excess deaths during a pandemic was produced. This set out how temporary mortuary capacity would be deployed which was the basis for its successful use during the Covid-19 pandemic.

3.46 Through the Excess Deaths workstream CCS, working with other departments, also identified the need for some clauses that 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 capacity.

Operation Yellowhammer

3.47 Operation Yellowhammer was the name for contingency planning coordinated by CCS for a potential 'No Deal' exit from the EU. This work had both positive and negative impacts on pandemic readiness. On the positive side it had prompted training in crisis management at scale, accelerated thinking about crisis management as a profession and had caused some innovations which proved to be very useful in the pandemic response.

3.48 As part of Operation Yellowhammer, around 15,000 civil servants were trained and exercised in crisis management as part of the preparations for a 'No Deal' withdrawal from the European Union. These people became a useful resource to draw upon in the response to Covid-19. Through 2019 and 2020, CCS developed the Crisis Management Excellence Programme, which sought to consolidate and develop these gains, by putting in place formal structures and standards, to foster a cohesive community for Crisis Management practitioners.

3.49 As part of Operation Yellowhammer planning, the COBR operations team came up with the idea of a data dashboard to present and filter the huge amount of information that would be relevant to a response dealing with a very wide range of impacts. This idea built on the experience of the NSS Watchkeepers, created

by CCS in 2016 in using data from high-volume open-source feeds (e.g., from Twitter) in order to provide early alerts of crisis events unfolding. This had proved to be very effective in giving us crucial early information about some significant events. The dashboard was an extension of both that and of the well-established concept of the CRIP (see above), which is the usual way of making sure everyone has the same understanding of the current situation in a COBR meeting.

3.50 The idea of the dashboard was to have a single, easily navigable, source of all the latest relevant data. The platform which was produced was the foundation of what became the Covid-19 dashboard. It was not put into use as part of Operation Yellowhammer because a 'No Deal' exit was avoided and therefore it was not needed. Obviously, for each different kind of response different data would be required. One of things the COBR operations and Readiness and Response teams intended to do after Operation Yellowhammer closed down in December 2019 was to develop that 'day one' version for each of the big risks, so we had a starting point dashboard for each of them. Before that could happen, however, the Covid-19 response began. Because of that, what we had perhaps not appreciated was how difficult acquiring the right high quality data would be for a pandemic dashboard given the breadth of the impacts.

3.51 Operation Yellowhammer also fostered stronger ties between CCS and its counterparts in the Devolved Administrations which were drawn on heavily during the pandemic and led to much greater understanding of supply chains.

3.52 Because the start of the Covid-19 response was so close to the end of Operation Yellowhammer – a matter of weeks – one significant positive for CCS was that some of the additional staff who had joined the team in order to staff Yellowhammer response structures had not yet moved on to their next roles, but had been fully trained. They were deployed to both the response team managing the COBR process and to the Excess Deaths team and were invaluable.

3.53 On the negative side, some pandemic specific work begun as part of the readiness programme had to be set aside in order to focus on Operation Yellowhammer. In January 2019 CCS wrote to CDL **(KH/16 - INQ000145721)** to describe what that meant in practice. Although focus was to be maintained

on a small number of core activities that could be completed alongside other work and/or were too critical to pause, the significant majority of programmes would be paused. That recognised both the need to repriotitise CCS effort, and also the fact that teams across other departments were already being re-tasked onto Yellowhammer work. The work to be protected was finalising the Bill and the Excess Deaths workstream.

International work

3.54 Most of the international liaison on pandemic planning was led by DHSC and PHE. That made sense because of their expertise and links to the scientific and medical community. There are pandemic teams globally – usually affiliated in some way to a ministry of health. CCS tended to be in forums which dealt with multiple different types of risk, for example the EU Civil Protection Mechanism. Pandemic influenza did come up there, along with other risks (for example, wildfires) but it was not a particular focus. I always had the impression that DHSC took its international engagement role very seriously, had good networks and brought back a lot of learning from it.

4 SECTION 3 – WHAT WAS DONE WELL BY CCS

4.1 The risk of an influenza pandemic had consistently been identified as a top risk to the UK over many years. Although the planning scenario was not identical to Covid-19, there were many similarities. The existence of that risk information did create the opportunity to plan. CCS had been active in sharing the risk information with departments, LRFs, business and the public and had continued to evolve its accessibility and utility. It was given to senior officials at NSC(O), to Ministers who were members of NSC(THRC) and was also taken to Cabinet in 2016. In advocating for the need to plan for an influenza pandemic, CCS had tried to be very clear that if the risk materialised, pandemic management would be part of everyone's job.

4.2 Even though the scenario used in the NSRA was a pandemic generated by influenza not coronavirus, the NRPAs generated had identified many of the impacts seen in the Covid-19 pandemic. Using the information generated by that process should have given the UK the ability to be ready for many of the impacts seen (e.g. workforce absence rates in most sectors stayed below 25%).

Those assumptions of course did not build in the impacts of policy decisions taken in relation to the Covid-19 pandemic. In addition, across crisis teams in departments there was a well-established discipline of CCS sharing and maintaining a set of planning assumptions for a major event – this was used, for example, to guide the Operation Yellowhammer planning. This work proved particularly helpful in the early stages of the Covid-19 pandemic, to align planning across departmental boundaries.

4.3 For local planners, CCS created a pandemic influenza standard which set out good, leading and best practice in order to support local planning decisions. The impact of this was dependent on the ability of local planners to devote time and resources to their own readiness.

4.4 One of the core functions of CCS was to ensure that the government had the ability to respond to crises when they happened. In the run up to 2020, this crisis response mechanism, including COBR and its sub-committee SAGE, was well used, well understood and effective. The connection between COBR and SAGE in particular had been honed into a very effective system of ensuring that decision-makers had top quality scientific advice as quickly as possible.

4.5 CCS had implemented the lessons learned in earlier pandemics. The Swine Flu outbreak of 2009 is a good example – the Hine Review published in 2010 found that the response to swine flu was "proportionate and effective" and that preparations were soundly based. It included recommendations for further improvements which were acted on by CCS and others. In some cases, the impact of these improvements could be seen very directly during the Covid-19 pandemic, for example the work undertaken to sharpen the effectiveness of SAGE and its relationship to its sub-groups. Between 2016 and 2020 there were a small number of staff still in CCS who had been part of the 2009 Swine Flu response, and whose experience continued to inform planning activity.

4.6 CCS also took the lessons learned in Exercise Cygnus seriously and used them to generate activity to improve readiness. CCS used NSC(THRC) to ensure cross-government focus on the risk of pandemic influenza by commissioning the PFRP and built a strong partnership with DHSC and CMO throughout. The

two departments played to their strengths: DHSC focused on health response, CCS on galvanising the wider response (e.g. on sector resilience).

4.7 CCS had recognised the importance of consistent approaches in all four nations and had made efforts to develop pandemic influenza planning on a cross-UK basis with the Devolved Adminstrations. Devolved Administration representatives were welcomed into the PFRB and CCS made concerted efforts to build relationships (which are crucial to effective operation in any crisis), including by travelling to Scotland, Wales and Northern Ireland during 2017 and 2018 specifically in order to progress pandemic planning.

4.8 Within CCS, a risk-led approach to the team's own planning meant it had prioritised pandemic influenza work after Exercise Cygnus had demonstrated the gaps. Some of the progress made in that period was directly used in the Covid-19 response, for example, the Bill preparations formed the basis for the Coronavirus Act.

4.9 CCS stepped in to provide a lead on excess deaths planning when no department felt it was their role. This, alongside the Bill, continued to be progressed even when 'No Deal' planning became a priority, and that proved to be a good decision when the need to use those plans arose in 2020.

5 SECTION 4 - WHAT COULD CCS HAVE DONE BETTER

5.1 I think there are two areas in which CCS could have done better. Firstly, there are steps we could have taken (or which we could have ensured others had taken) to improve our preparations for an influenza pandemic which would have helped in the response to Covid-19. And secondly, we could have planned for a scenario closer to the pandemic which actually happened in 2020.

5.2 Under the first of those categories, I think CCS could have pushed harder for focus on pandemic readiness. Although the profile of the risk had grown, awareness was not consistent or universal and levels of investment in planning were varied. We knew that the public-facing NRR received little attention. In short, although the planning information was out there we knew it had not got through to everyone.

5.3 Where we had made progress in drawing focus onto pandemic readiness, nonetheless there remained work to be completed. Specifically, CCS could have finished the elements of the PFRP which were incomplete or had been depriortiised (including designing some bespoke central response structures, refreshing the Pandemic Flu strategy document to reflect the improvements in one place). It is very likely that in the course of doing so we would have identified a further set of actions which needed to be taken, and the programme would have continued to test, exercise and evolve capabilities to respond.

5.4 The reasons why that work could not be completed are set out above in my statement and were in my view rational at the time. CCS made a switch in focus onto 'No Deal' planning in line with a very clear and legitimate direction from the Prime Minister to prioritise it. That switch of itself brought benefits to the Covid-19 response, and I think it is arguable that on balance Operation Yellowhammer was a net positive for the Covid-19 response not just for CCS but across government.

5.5 However, having completed the Pandemic Flu Readiness Programme, I think on balance, would have added to that readiness. Before the arrival of Covid-19 there were three specific elements of the PFRP that I would have identified as needing more focus and work.

5.6 The first is that CCS could have forced the point about emergency funding to a better conclusion. The PFRP had discussed a number of times the need for a pre-agreed means to ensure rapid release of additional funding in a pandemic. By way of explanation, if, for example, a conflict happens there is an agreed mechanism by which you can access the Treasury Reserve to fund additional costs. That allows planning confidence. For a pandemic there is no such mechanism. HM Treasury had been sympathetic to the point, and gave some general assurances that funding would be released but no mechanism was set up. I think this probably inhibited departments' ambition in their planning, and it failed to recognise the scale of what would be needed in the moment.

5.7 Secondly, I think we knew in CCS that the Department for Education ("DfE") had very little capacity to address pandemic planning. In the PFRP we saw that it

took longer than expected to make progress on things like the powers that might be needed (e.g. to close schools). CCS could have called this out more clearly and put more pressure on DfE specifically to invest more in this work **(KH/17 - INQ000145720).**

5.8 Thirdly, we were aware of gaps in CCS' own readiness to adapt its structures to a pandemic response. Although it was able to draw on both lessons from previous pandemics (e.g., Swine Flu) and the expertise of staff who had worked on them and who remained in the team, the absence of detailed design work on how to scale the central response was definitely an area in which more progress would have brought benefits, as proposals for how to augment and evolve structures had to be developed alongside running the response.

5.9 Records of the PFRP I think also show that advance planning for the use of police **(KH/18 - INQ000068397)** and military resources **(KH/19 - INQ000021623** and **KH/20 - INQ000145719)** had not progressed as far as hoped. There had been challenges in agreeing assumptions about what assets would be requested and what could be made available in such a pandemic, given the unknown context and level of impact on personnel.

5.10 Turning to the second area in which CCS could have done better, it is clear that CCS would have been better prepared if the RWCS for a pandemic had been closer to the realities of Covid-19.

5.11 I understand that the two main differences between the influenza scenario we were using and Covid-19 were:

(a) for influenza there are treatments which are known to be effective in treating symptoms and which the UK had stockpiled in large quantities; and
(b) the rate at which Covid-19 was transmitted between individuals was somewhat higher, and in some cases took place without symptoms manifesting.[1]

5.12 Had we assumed a scenario in which there were no available treatment options, that might have led to more of a focus on rapid development of therapies –

[1]On this factual issue alone I needed further clarification from my former Deputy Director for Readiness and Response. I raised the point by email and this contact was overseen by a GLD lawyer.

although I would defer to the expert opinion of DHSC and the CMO on that. Had we assumed a higher transmission rate or asymptomatic transmission, then it is possible that planning would have focused on some of the higher end infection control measures that came to be used (e.g., lockdowns). Among the PFRP workstreams, we might have focused more on economic effects as a consequence of those measures.

5.13 Another option would have been to prepare for multiple varieties of a pandemic rather than base plans on one RWCS judged to be most likely. My view is that in my time as Director, CCS did not realistically have the capacity to do this, and therefore focused on the scenario which reflected the consensus from the scientific community, both nationally and internationally.

5.14 Planning to a different, or multiple scenarios, may well have helped. But in my experience crisis response plans always need to be flexible in order to respond to the exact situation you are faced with. It is not reasonable to anticipate and plan for everything that could happen, so the UK's system is built on the idea of using good risk assessment to identify the nature and amount of capabilities that might be needed and then having systems that can configure them rapidly in the face of events.

5.15 Lastly, on a more specific point, CCS could have been further along the process of developing its dashboard. In early 2020 there had not been time to follow through the intention to create a 'first version' dashboard for each major risk, the process of compilation was not practised enough and departments were not ready to plug in data. This meant that governance and process had to be designed at pace and there were not enough people with data science skills in CCS when Covid-19 began.

6 SECTION 5 – WHAT CENTRAL SYSTEMS, STRUCTURES AND PROCESSES COULD BE IMPROVED TO MAKE THE UK BETTER PREPARED FOR A PANDEMIC IN THE FUTURE

6.1 In offering views on this question, I note the fact that I left CCS in August 2020, and have not been working in a role which has meant I have kept pace with events and developments since that time. So some of what follows may already

be the case, or may no longer be relevant. I have therefore tried to draw out three principled points without prejudice to whether they are already sewn into systems, structures and process, and one point that I considered would have been a valid systems improvement when I left CCS.

6.2 Building into departmental plans a stronger focus on pandemic preparedness, ensuring that appropriate resources are allocated to it and agreeing in advance how effort can be scaled up are the three things I think could improve preparedness in the future if that was the agreed objective.

6.3 Resilience in the face of a pandemic could be made a priority for all departments, and, at senior levels, there could be more routine review of these plans. A Ministerial forum which is able to devote attention to assuring itself that readiness is at the right level, and iron out any issues, would support this more systematic focus on preparing. It could be supported by a senior officials forum. Both could helpfully consider planning for recovery from a pandemic as well as the immediate response to it.

6.4 In order for increased focus to deliver benefit, resources to support it need to be ringfenced and committed over the long term. This I think would need to be the case consistently across government – centrally and locally – in order to avoid creating a weak link in the chain. I think it would need to be closely linked to teams delivering crisis response routinely, in order to benefit from lessons learned, and also protected to some extent from re-prioritisation in the face of other events.

6.5 One of the areas on which those resources could usefully be focused is on designing how to escalate the scale of response and recovery machinery rapidly. This could usefully include some form of blueprint for how to activate and staff large scale delivery mechanisms at pace in the event that the form of a pandemic creates demands that are novel (like the need to support shielding individuals did) or do not fit with existing responsibilities.

6.6 Based on my own experience of pandemic planning, I was of the view that a systemic approach to how the state responds to the death of citizens is needed,

not just in relation to pandemics. There is no single point of accountability for ensuring that anyone coping with the aftermath of a death experiences a joined-up system. The different elements of the role of the state understandably sit in different departments, but need to operate to a shared objective and in coordination with one another. For a future pandemic, this would create a system which could scale up effectively and speak with a consistent voice about the support it needed.

Statement of Truth

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

Signed. **Personal Data**

Name … Katharine Hammond

Dated… 3/4/2023