

malfunction of critical machinery at sensitive sites; failure of the National Grid; dock-closure or other causes of import restriction; insufficient gas supply; and space weather.

5. In relation to the handling of civil emergencies as they occurred, I was involved in managing the government's response to a succession of events between 2011 and 2016. These included: threatened tanker-driver strikes, winter-pressures in the National Health Service ("NHS"), winter-floods, and the Ebola outbreak in West Africa.

### **Preparations for handling pandemic influenza and other pandemics**

6. During this period, 2011-2016, I was not directly involved in planning for the government's response to pandemic influenza in the UK. In retrospect, it may seem surprising that my resilience-reviews did not cover this issue, given the fact that pandemic influenza was ranked high (both in terms of impact and in terms of likelihood in the national risk register). The reason was that I was informed by Cabinet Office officials (when I initiated the resilience-review process in 2012) that an unusually large amount of attention had already been focussed on this particular threat because of its position in the national risk register, that (as a result) the UK was particularly well prepared to deal with pandemic influenza, that the Department of Health was preparing to carry out a major exercise to test our national capabilities in the face of pandemic influenza, and that my time would therefore be better spent examining other whole-system risks for which line departments might be much less well prepared. As the documents exhibited to this statement demonstrate, my junior ministerial colleague, Chloe Smith, did meet colleagues and officials from the Department of Health to look at preparedness for pandemic influenza (**OL/1 - INQ000013404, OL/2 - INQ000013415, OL/3 - INQ000136766, OL/4 - INQ000136765**). Also, initially, and from time to time thereafter, I checked with the Chief Scientific Adviser and the Chief Medical Officer, who confirmed that we were — in their view — as well prepared to deal with a pandemic 'flu as any country; and I therefore continued to review our preparedness for other whole-system risks. In the event, the exercise led by the Department of Health to test our preparedness for a 'flu pandemic took place after I had left office; so I was not involved in it.
7. I now believe, however, that it might have been helpful if I had delved into the pandemic influenza risk for myself, notwithstanding the amount of attention being focussed on this issue by the line department and the consequently high level of preparations for responding to it. This is *not* because I believe such a review would have been likely to lead to any significant improvements in our preparedness for a pandemic 'flu itself, but rather

because it might have led me to question whether we were adequately prepared to deal with the risks of forms of respiratory disease *other* than pandemic influenza.

8. As we all now know, in the event we were much better prepared to deal with the pandemic influenza that we did not face, than we were to deal with the Covid-19 that we did face. This was at least partly because of what the then Chief Medical Officer, Dame Sally Davies, has subsequently and rightly called the 'groupthink' that led Whitehall to focus on the response to pandemic 'flu rather than on the response to other forms of pandemic respiratory disease.
9. I believe that the first lesson we should learn from this institutional focus on what turned out to be the 'wrong' disease is that, somewhere within the UK government system, there needs to be a 'red team' whose sole job is to challenge the accepted orthodoxies about what the serious risks are. The work of this 'red team' should clearly range far beyond just health risks — but, equally clearly, it should include challenging the orthodoxies about which health risks (and, in particular, which pandemics) we should be most worried about. In order to create an appropriate distance from Whitehall, the 'red team' role could best be performed by a new, statutory Resilience Institute wholly independent of government. However, in the absence of such an independent statutory body, the role could be performed by a dedicated team within the new Resilience Directorate that the present Government is intending to establish, provided that the members of the 'red team' are rigorously separated from the rest of the Directorate and report to a senior official outside the Directorate, so that their careers are enhanced rather than blighted if they issue 'annoying' challenges to the prevailing orthodoxy. (I shall have more to say about both of these aspects of the institutional architecture later in my statement.)

### **Horizon scanning**

10. The second lesson I believe we should learn is that it is necessary to establish a permanent function of 'horizon-scanning', to ensure that all relevant UK authorities and services are alerted in a timely way to any viruses that may be heading our way from other parts of the world. It is more likely that the UK will be properly prepared to deal with a particular virus if those at the centre of government have early warning that the virus is or may be heading our way — and the international systems for providing such warnings are often cumbrous and slow; so we need our own, permanent early warning system.