Witness Name: Roger Hargreaves
Statement No.: First
Exhibits: RH/1 – RH/94
Dated: 1 February 2023

UK COVID-19 INQUIRY

CORPORATE WITNESS STATEMENT OF ROGER HARGREAVES

I, Roger Hargreaves, Director of the COBR Unit, 70 Whitehall, London, SW1A 2AS, will state as follows:

1. I make this corporate statement in response to the Inquiry's request for evidence dated 5 September 2022, in order to address matters of relevance to the Cabinet Office's role in resilience and preparedness in the years prior to the COVID-19 pandemic.

2. I can clarify or expand upon the evidence contained within this corporate statement if that would be of assistance to the Inquiry.

3. This corporate statement should be read alongside that of my colleague, Alex Chisholm, Permanent Secretary for the Cabinet Office, in which he provides a high-level overview of the Cabinet Office's structures, role, people and processes, insofar as these are relevant to the matters and period covered by the Inquiry's request.

4. SECTION 1 - INTRODUCTION

4.1 I am a senior civil servant and serve as the Director of the Cabinet Office Briefing Rooms Unit (COBR Unit), a directorate within the Cabinet Office. I have held this position since July 2022. Prior to occupying this role, I was the Director of the Civil Contingencies Secretariat from October 2020.

4.2 I have been a civil servant for 25 years, and a senior civil servant for 17 years. I have worked in seven different departments and agencies, in a mixture of policy, operational and delivery roles. This includes working in the Civil Contingencies Secretariat from 2002 to 2006, when I led the team delivering the Civil Contingencies Act 2004 and associated frameworks, and again from 2007 to 2008, when I led the team supporting Sir Michael Pitt's Independent Review of the 2007 Summer Floods.

4.3 I did not work substantively on pandemic preparedness in previous roles in the Civil Contingencies Secretariat, and did not work in that team during the period covered by the scope of Module 1 (i.e., 11 June 2009 to 21 January 2020). I have, however, had extensive exposure to, and involvement in, the development and maintenance of the UK's frameworks for preparing for and responding to emergencies. I assumed responsibility for the Civil Contingencies Secretariat after the Covid Taskforce was established, but the Civil Contingencies Secretariat was still involved periodically in the response work. At the start of the COVID-19 pandemic, I was the Maritime Director in the Department for Transport and, thus, was involved from an early stage in work on the impact on cruise ships and international freight.

4.4 Due to the size of the Cabinet Office and the diversity of its operations, it is not possible for one individual to speak from personal experience to each of the matters covered by the Inquiry's request for evidence of 5 September 2022. This corporate statement has, accordingly, been drafted with the assistance of the Government Legal Department, Pinsent Masons LLP and my colleagues within the Cabinet Office, including those who worked within the Civil Contingencies Secretariat during the period covered by the Inquiry's request.

4.5 This corporate statement is arranged in the following sections:

4.5.1 Section 1 – Introduction

4.5.2 Section 2 – Brief Overview of Key Teams

4.5.3 Section 3 – The Cabinet Office's Role In Risk Assessment

(a) Part 1 – the National Security Risk Assessment and the National Risk Register

(b) Part 2 – Summary of the National Security Risk Assessment and National Risk Register from 2008-2020 (Pandemic Risk)

4.5.4 Section 4 – The Cabinet Office's Use and Dissemination of Data

4.5.5 Section 5 – The Cabinet Office's Role In Emergency Planning and Preparedness and Response

(a) Part 1 – Planning and Preparedness

(b) Part 2 – Emergency Response

(c) Part 3 – Assessing and planning for inequalities and vulnerabilities

4.5.6 Section 6 – Preparedness for a Pandemic

(a) Part 1 – Pandemic Preparedness and Planning

(b) Part 2 – Forecasting

(c) Part 3 – Exercises and Simulations

(d) Part 4 – Public Health Services and Resources

(e) Part 5 – Economic Planning in the context of Emergency Planning

4.5.7 Section 7 – Lessons Learned

5. SECTION 2 - CABINET OFFICE: BRIEF OVERVIEW OF KEY TEAMS

Key Departments

5.1 A full description of the main business units, directorates, secretariats and other operational bodies within the Cabinet Office, and information on their respective roles and responsibilities, is set out in Alex Chisholm's corporate statement, as referenced at paragraph 3 above. As such, what follows is a very brief explanation of these teams, in order to provide the Inquiry with context when they are referenced later in this document:

5.1.1 the **Cabinet Office** – the Cabinet Office is a department of His Majesty's Government, responsible for supporting the Prime Minister and the Cabinet and the functioning of government more widely. It has many roles and responsibilities, including supporting collective government decision making through cabinet and the committee system, promoting efficiency and reform across government, and monitoring and driving the delivery of priorities by other departments;

5.1.2 the **Cabinet Secretariat** – the role of the Cabinet Secretariat is to support the cabinet committee system and the collective agreement of policy between departments across government. The Cabinet Secretariat's teams report to the Cabinet Secretary, who has overall responsibility for supporting the effective functioning of collective decision-making. The Cabinet Secretariat's precise configuration has changed over time, but in general, and during the period covered by the scope of Module 1 (i.e., 11 June 2009 to 21 January 2020) (the "**Relevant Period**") it has included two teams with remits in relation to agreement across different areas of policy:

(a) the **Economic and Domestic Secretariat ("EDS")**, which has responsibility for supporting collective agreement across domestic and economic policy; and

(b) the **National Security Secretariat ("NSS")**, which has responsibility for co-ordination and collective agreement of national security and foreign policy issues. One of NSS's main responsibilities is to improve the UK's resilience to respond to and recover from emergencies, and maintaining facilities for the effective co-ordination of government response to crises;

5.1.3 the **Civil Contingencies Secretariat ("CCS")** – founded in 2001 following a number of crises faced by the government, including fuel protests and widespread flooding, the CCS was the unit within the Cabinet Office responsible for preparing for, responding to and learning lessons from major emergencies during the Relevant Period. Between 2010 and 2022, the CCS sat as part of the NSS, which is headed by the National Security Adviser and which supports the National Security Council:

(a) the **National Security Adviser ("NSA")** is the central co-ordinator and adviser to the Prime Minister and cabinet on security, intelligence, defence, and certain foreign policy matters; and

(b) the **National Security Council ("NSC")** is the main forum for ministerial discussion of the government's objectives for national security and about how best to deliver them.

5.1.4 The **Joint Intelligence Organisation** sits within the Cabinet Office and leads on intelligence assessment and development of the UK intelligence community's analytical capability, supporting the work of the **Joint Intelligence Committee** and the NSC. The Joint Intelligence Committee is the meeting forum where senior representatives from across government come together to review and endorse assessments on national security issues, usually written by the Joint Intelligence Organisation.

5.2 As described in further detail in Alex Chisholm's statement, in July 2022, the CCS was split into two separate functions:

5.2.1 the **COBR Unit**, which has remained in NSS and will continue to lead the government's horizon-scanning unit for and response to acute emergencies - domestic and international, malicious and non-malicious. Further information on this unit is set out at paragraph 8.111 below; and

5.2.2 the **Resilience Directorate**, which has moved to the EDS and which will lead the government's efforts to bolster the UK's longer-term resilience through capability-building and planning (which includes preparedness for future pandemics).

The Wider Emergency Preparedness Network

5.3 Beyond the CCS, there is a wider network of teams, bodies and organisations that have various roles and functions in relation to emergency preparedness and response. These are set out in Annex A, including:

5.3.1 Table A – which contains a description of the supporting business units and functions which sit within Cabinet Office;

5.3.2 Table B – which sets out a list of the expert advisory groups and advisors with which the Cabinet Office has cooperated in respect of risk management and emergency preparedness; and

5.3.3 Table C – which sets out a list of the other public sector bodies with which the Cabinet Office has cooperated in respect of risk management and emergency preparedness;

5.3.4 Table D – which sets out a list of resilience policy and planning working groups and committees.

5.4 The terms "exclusive competence" and "shared competence" are not usually used within the Cabinet Office to describe degrees of shared responsibility. The Cabinet Office instead would typically refer to the level of oversight which it holds over an entity or body. Where relevant, the tables at Annex A explain the governance of each entity and body described therein.

5.5 In addition to the bodies, organisations and networks described in Annex A, the Cabinet Office also collaborates with other entities in relation to emergency preparedness, planning and response including the devolved administrations, local and regional government, business, industry and unions, voluntary, community and social enterprises and international partners. Where relevant, I provide further details of these collaborations below.

6. SECTION 3 – THE CABINET OFFICE'S ROLE IN ASSESSING RISK FOR CIVIL CONTINGENCIES

6.1 This section has been prepared with support from my colleagues within the COBR Unit and Resilience Directorate, including those who were part of the CCS during the Relevant Period. It is divided into two parts, as follows:

6.1.1 *Part 1* describes how the Cabinet Office assesses risk for civil contingencies across the Relevant Period and now, including two documents which are end products of that process:

(a) the classified National Security Risk Assessment; and

(b) the public-facing National Risk Register;

6.1.2 *Part 2* summarises the contents of the National Security Risk Assessment (and its predecessor) and the National Risk Register from 2008 to 2020 that relate to pandemic risk.

Part 1 – the National Security Risk Assessment and the National Risk Register

6.2 The **National Security Risk Assessment ("NSRA")** is the government's main tool for identifying and assessing the most serious risks facing the UK or its interests overseas over a multi-year period. It supports operational risk management, planning and responses in all tiers of the UK resilience system and also serves as a common framework for understanding risk. As such, the NSRA is part of a wider process by which the government drives preparedness, which is set out in detail in this statement.

6.3 The NSRA is a classified assessment which addresses domestic, international, malicious and non-malicious risks. Historically, the **Civil Contingencies Secretariat** (**CCS**) produced a National Risk Assessment (NRA) and a NSRA separately. The NRA focused on domestic emergencies over a five-year timescale and the NSRA focused on broader national security risks (including international risks) over a 20 year timescale. During the Relevant Period, the CCS was responsible for regularly updating the NSRA and NRA, which were combined from the 2019 NSRA onwards [RH/69/CABP00049273]. The subsequent and current iteration – the 2022 NSRA – was recently circulated to government departments and Local Resilience Forums, (which are described at paragraphs 8.16 and 8.38, below).

6.4 The NSRA does not anticipate every possible risk that might occur across the UK. Rather, it brings together groups of risks of a similar nature in order to determine the planning required to respond to those risks. This is done by identifying the 'reasonable worst-case scenarios' and then using those scenarios to develop national resilience 'planning assumptions', which are then shared with local and national responders to assist them in their planning to deal with major national, and more localised, emergencies.

6.5 For each risk identified within the NSRA, there is a government department or agency that acts as the designated risk owner. The process of producing the next version of the NSRA requires the designated risk owners to update the risks that they own, identify new risks that fall within their remit, and coordinate the relevant evidence necessary to carry out the assessment of those risks. The CCS worked with other government departments, agencies, and devolved administrations to coordinate the production of the NSRA and the National Risk Register.

6.6 The NSRA is produced using a rigorous and tested methodology that incorporates best practice from within and outside of government. This methodology is reviewed before each iteration is finalised, although there has historically been a high degree of consistency between iterations. For clarity, the description of the process and methodology below refers to the 2016 and 2019 iterations, as the latest versions of the NSRA during the Relevant Period. This methodology has been subsequently revised for the 2022 iteration based on extensive internal review and external challenge. In order to allow the review to be concluded and its recommendations implemented, the most recent NSRA was finalised in 2022, rather than in 2021.

6.7 There are three stages to the NSRA process:

Stage 1: Identification

6.7.1 To begin the process of risk assessment, the Cabinet Office commissions departments to identify national security risks related to their policy areas. Departments take a variety of approaches to identifying risks, but would normally consult a wide range of internal and external experts.

6.7.2 The Cabinet Office convenes two governance boards to ensure oversight and to bring further interested parties into the risk identification process including the devolved administrations. The Risk Assessment Steering Group comprises working level stakeholders, while the Risk Assessment Steering Board is principally composed of departmental directors and provides oversight of NSRA delivery.

6.7.3 As stated above, the NSRA does not intend to capture every risk that the UK could face. A risk is considered for inclusion if it meets the pre-defined criteria for an emergency under the Civil Contingencies Act 2004, could credibly occur in the next

two years, and has the potential to cause significant harm and pose a major response challenge.

Stage 2: Assessment

6.7.4 Once the NSRA risks have been identified and agreed, responsibility for each is assigned to a government department or an arm's length body (the "**Risk Owner**").

6.7.5 Risk Owners produce a reasonable worst-case scenario ("**RWCS**") for each risk. A RWCS is neither a prediction of what will happen, nor the most likely scenario, but is a tool used for planning purposes to illustrate the worst manifestation of a risk that can reasonably be expected potentially to occur based on current information and data. Risk Owners produce the RWCS in consultation with experts, for example their Chief Scientific Adviser, other departments and agencies, the intelligence community, industry and sector stakeholders, and external scientific, academic and policy subject experts.

6.7.6 Risk Owners then provide information on the **impacts** of the scenario, following a common methodology. The NSRA assesses impact across multiple dimensions (with each dimension being allocated an impact score from 0 to 5).

6.7.7 The 2019 NSRA assesses risks against the seven impact dimensions listed below:

(a) human welfare: including fatalities, casualties and evacuation and shelter requirements;

(b) behavioural: including changes in individuals' behaviour or public outrage;

(c) economic damage: including lost tourism and reduced working hours;

(d) essential services: including disruption to transport, healthcare, education, food, water, energy, emergency services and telecommunications;

(e) environmental damage;

(f) security: including on law enforcement and the criminal justice system; and

(g) international, including damage to the UK's international relations.

6.7.8 The 2016 NRA assessed risks against the five impact dimensions listed below:

(a) fatalities;

(b) casualties;

(c) economic;

(d) social disruption; and

(e) psychological impact.

6.7.9 Risk Owners also assess the **likelihood** of the risk occurring over the assessment timescale. For the 2019 NSRA, this timescale was two years for both malicious and non-malicious risks. Similar to the impact scoring, overall risk likelihood is scored on a scale from 0 to 5.

6.7.10 Uncertainty is an inherent part of risk analysis. Risk owners also specify their **confidence** that the impact or likelihood of each risk has been assessed correctly. This is intended to highlight opportunities to reduce uncertainty by improving the evidence base, and avoid decisions being made on the basis of false confidence.

Stage 3: Visualisation and Comparison

6.7.11 Based on the overall scores for the impacts and likelihood of each risk, the risk is plotted onto a 5 x 5 matrix, allowing for comparison of the NSRA risks.

6.7.12 The Cabinet Office compiles the high-level risk information into a final document. This includes a short description of the methodology; the risk matrices; and summaries of each risk. Different parts of this document and its annexes are held variously at OFFICIAL (or equivalent) or SECRET level, depending on the sensitivity of the information.

6.8 As stated above, each risk is owned by one or more government department or agency. The risk information provided to the Cabinet Office to produce the NSRA is cleared by a senior official (at Director General level) within the department or agency. This clearance is provided on behalf of the Secretary of State and Accounting Officer, who are ultimately accountable to Parliament for management of this risk.

6.9 As well as the clearance of the individual risks, the NSRA as a whole is reviewed by senior officials and Ministers. For example, the 2019 NSRA was discussed at a meeting of the

National Security Council (Officials). Both the 2016 NRA and the 2019 NSRA were cleared from a science perspective by the Government Chief Scientific Adviser and collectively agreed by Ministers. In addition, the 2019 NSRA was collectively agreed and approved for distribution via a "write round" of members of the National Security Council (Threats, Hazards, Resilience and Contingencies) sub-committee.

6.10 As I have explained, the 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. To support this, **National Resilience Planning Assumptions ("NRPAs")** are produced and included as "Part B" of the NSRA (where "Part A" refers to the summaries of each risk). These provide information across a wide variety of common consequences ranging from the number of fatalities and casualties that may arise in a civil emergency to the scale of disruption that such events could have on essential services such as transport and health. NRPAs are based on one or more driver risks, defined as the risks that cause the most severe manifestation of that consequence. For example, despite many risks causing high numbers of fatalities, in 2016 and 2019 an influenza-type pandemic was assessed as likely to cause the highest number, and was therefore the driver risk for that particular planning assumption. The driver risks are identified by ranking risks by the relevant data fields within the risk returns for the NSRA and then consulting with departments to ensure this was contextually accurate.

6.11 This is highly relevant to the treatment of pandemics in the 2019 NSRA and 2016 NRA. In 2019, the planning assumptions based on an influenza-type pandemic included 32.8m 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. In 2016, the planning assumptions based on an influenza-type pandemic included 32m excess casualties and 750,000 excess fatalities.

6.12 The Cabinet Office also produces a **National Risk Register**. The National Risk Register is the public-facing version of the NSRA. It was first created in 2008 and has been updated every two years, with the latest iteration having been released in 2020. The National Risk Register 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.

6.13 To assist the Inquiry in understanding these documents and the type of information they contain, extracts from various principal NSRAs and National Risk Registers are exhibited to this statement.

6.14 The next part of this section summarises the contents of principal internal risk assessment documents that focused on human health risks – namely the National Risk Assessment (NRA) from 2009 to 2016, and then the National Security Risk Assessment (NSRA) in 2019 following its merger with the NRA. It also summarises the contents of the unclassified National Risk Registers from 2008 to 2020.

Part 2 - Summary of the contents of the NSRA (and its Predecessor) and the National Risk Register (in Relation to Pandemic Risk and New and Emerging Infectious Diseases)

The 2008 National Risk Register [RH/27/CABP00045319]

Pandemic Risk

6.15 The 2008 National Risk Register identified pandemic influenza as the risk on the matrix with the highest impact. While this was the first publication of the National Risk Register and, thus, the first-time pandemic flu had appeared, it had, of course, been recognised by the government as a serious risk prior to this publication.

6.16 The 2008 National Risk Register noted that experts agreed another flu pandemic would happen, but that it was impossible to know when. Based on modelling, the World Health Organisation ("**WHO**") predicted at the time that between 2 and 7.4 million deaths could occur globally.

6.17 Measures noted to have been implemented included the following:

6.17.1 government collaboration on prevention, detection and research;

6.17.2 government maintained a stockpile of the antiviral oseltamivir ("**Tamiflu**") to treat up to 25% of the population. Level of stock was kept under review in light of the scientific evidence;

6.17.3 advanced supply agreements for the supply of pandemic specific vaccines would allow for the purchase of vaccines for the entire population; and

6.17.4 the government published the National Framework for Responding to an Influenza Pandemic in November 2007 [RH/2/CABP00028244], providing information and guidance to assist and support public and private organisations across all sectors.

6.18 Chapter 4 of the 2008 National Risk Register set out advice to individuals, communities and families on preparing for human disease and reducing the risk of viruses spreading, including:

6.18.1 staying at home when ill;

6.18.2 washing hands frequently;

6.18.3 cleaning surfaces; and

6.18.4 covering your nose and mouth when coughing or sneezing.

New and Emerging Infectious Diseases

6.19 The 2008 National Risk Register 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.

6.20 The document 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 abroad.

6.21 Measures noted to have been put in place to deal with new and emerging infectious diseases included the following:

6.21.1 the creation of a Department of Health and Social Care ("**DHSC**")-led contingency plan for dealing with SARS which would provide the basis for dealing with any future SARS outbreaks, building on generic responses to outbreaks of infectious diseases, and lessons learned during the SARS outbreak;

6.21.2 infectious disease surveillance, detection and diagnosis, and the provision of specialist services, by way of the Health Protection Agency's Centre of Infections; and

6.21.3 the provision of information on pandemic influenza for British nationals living overseas, as well as travel advice by country, on the Foreign and Commonwealth Office's ("**FCO**") website (since September 2020, this department is known as the Foreign, Commonwealth and Development Office).

The 2009 National Risk Assessment [RH/58/CABP00045698]

Pandemic Risk

6.22 While the 2009 edition of the National Risk Assessment - like the previous iterations in 2007 and 2008 respectively - also assessed pandemic influenza's overall impact to be 'very high', the document deals with the fact that, under its own methodology, the overall risk should have been scored lower. I repeat this section of the 2009 National Risk Assessment in full as it highlights just how seriously government, the experts and the Cabinet Office took the threat of pandemic influenza:

'Following the 2009 methodology to the letter, especially in the assessment of Social Disruption, which has changed significantly from that used in 2008, gives [pandemic influenza] an Overall impact score of '4'. However, [pandemic influenza] is a unique case in the [National Risk Assessment] due to the unprecedented length of the hazard (up to three waves of 15 weeks), the huge potential loss of life (up 750,000 excess deaths), the impact on the health care system (half the population are likely to be affected) and the resulting consequences on other areas of life. Although [pandemic influenza] scores a '0' for Communications, Evacuation and Environment and does not score a '5' in any of the Essential services, in the areas that it does score, these are off the scale in terms of impact.

Therefore, whilst the [National Risk Assessment] scoring methodology, which is designed to ensure the assessment of risk remains objective, works perfectly for the majority of risks, in this instance the methodology fails to capture the scale of the impact. In light of this, the decision has been taken with experts to increase the Overall impact beyond what the 'scoring' would suggest, to a '5'. These exceptional circumstances are not applied to any other [National Risk Assessment] hazard or threat.'

6.23 The 2009 National Risk Assessment noted that, based on understanding of previous pandemics, a pandemic was likely to occur in one or more waves, possibly weeks or months apart, and that each wave may last between 12 to 15 weeks. It further stated that up to half the population could be affected.

6.24 In respect of specific assumptions, the 2009 National Risk Assessment noted that case fatality of pandemic influenza could be up to 2.5%. That meant, at the upper end of assumptions, there may 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 weeks 6 to 8 following the first case, with 22% of total cases occurring during this time.

New and Emerging Infectious Diseases

6.25 In respect of new and emerging infectious diseases, the 2009 National Risk Assessment's overall assessment was 'High', and it identified SARS as being the primary cause of concern (it also noted the potential of smallpox to reappear, although this was deemed to be 'unlikely').

6.26 The 'specific assumption' in the 2009 National Risk Assessment was the spread of a SARS-like illness, and the document noted that, if such an illness was transmitted, it would likely cause up to 100 fatalities and up to 2000 casualties.

6.27 The 2009 National Risk Assessment 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 possibility.

The 2010 National Risk Assessment [RH/59/CABP00045699]

Pandemic Risk

6.28 As with the 2009 National Risk Assessment, the 2010 National Risk Assessment found that:

6.28.1 pandemic influenza's overall impact would be 'very high';

6.28.2 a pandemic would likely occur in one or more waves, possibly weeks or months apart, and that each wave may last between 12 to 15 weeks. It further stated that up to half the population could be affected;

6.28.3 case fatality of pandemic influenza could be up to 2.5%;

6.28.4 there may be 750,000 excess deaths and over 10,000 healthcare contacts per 100,000 population per week at its peak; and

6.28.5 the peak was expected to be weeks 6 to 8 following the first case, with 22% of total cases occurring during this time.

New and Emerging Infectious Diseases

6.29 As with the 2009 National Risk Assessment, the 2010 iteration's overall assessment was 'High', and SARS was the primary cause of concern. The virus H5N1 was also identified in the document.

6.30 In respect of the spread of a SARS-like illness, the 2010 National Risk Assessment noted the following:

6.30.1 the precise impact would depend upon the effectiveness of antibiotics and antivirals in fighting infection. Based upon the experience of the outbreak of SARS in 2002, 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;

6.30.2 there would be short term disruption to local hospital intensive care facilities;

6.30.3 there would be possible disruption of several weeks to elective procedures; and

6.30.4 the public would be concerned about travel, within and beyond the UK, and there may be a need for international travel restriction advice.

6.31 In relation to 'specific assumptions' - i.e., what characteristics were expected of the new infection - the 2010 National Risk Assessment noted that:

6.31.1 the new infection could spread rapidly from person to person and could have done so before the first case was identified;

6.31.2 the new infection would not originate within the UK but could spread rapidly to the UK via air travel;

6.31.3 it may be a viral infection for which there is no effective treatment other than patient management though some effect from antivirals if given swiftly; and

6.31.4 there was the possibility of spreading within a hospital setting, prior to the infection being identified in the patient.

6.32 As with the 2009 National Risk Assessment, the 2010 iteration noted that there may be up to 100 fatalities and up to 2000 casualties.

The 2010 National Risk Register [Exhibit RH/4/CABP00011219]

Pandemic Risk

6.33 The risk of human pandemic influenza remained the highest risk on the risk matrix in the 2010 National Risk Register. The document noted that while the outbreak of Swine Flu in 2009 did not match the severity of the worst-case scenario planned for, it was not indicative of future outbreaks.

6.34 Experts agreed that there was a high probability of another pandemic occurring, and this probability was unchanged regardless of the timing of the Swine Flu Pandemic. The estimate of 2 – 7.4 million deaths globally was retained.

6.35 Measures noted to have been implemented included the following:

6.35.1 government collaboration on prevention, detection and research;

6.35.2 the stockpile of Tamiflu had been increased to a level which would allow treatment of up to 80% of the population. The stockpile had been increased during the Swine Flu Pandemic;

6.35.3 advanced supply agreements to allow purchase of vaccines for the entire population remained in place;

6.35.4 the 2010 National Risk Register also noted that the National Framework for Responding to an Influenza Pandemic published in 2007 would be updated in 2010 based on learnings from the Swine Flu Pandemic.

6.36 The 2010 National Risk Register again set out advice to individuals, communities and families on preparation for human disease and risk reduction.

New and Emerging Infectious Diseases

6.37 The 2010 National Risk Register noted a recent example of a newly emerged infectious disease – H1N1 influenza – that had spread widely since its emergence in Mexico in 2009. The document also noted the emergence of a new haemorrhagic fever-associated arenavirus, Lujo virus.

6.38 As with its previous iteration, the 2010 National Risk Register noted that, while 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.

6.39 As identified in the National Risk Register 2008, per paragraph 6.21 above, measures identified as being in place to deal with new and emerging infectious diseases included the following:

6.39.1 the DHSC-led contingency plan for dealing with SARS which would provide the basis for dealing with any future SARS outbreaks, building on generic responses to outbreaks of infectious diseases, and lessons learned during the SARS outbreak;

6.39.2 infectious disease surveillance, detection and diagnosis, and the provision of specialist services, by way of the Health Protection Agency's Centre of Infections; and

6.39.3 the provision of information on pandemic influenza for British nationals living overseas, as well as travel advice by country, on the FCO's website.

The 2011 National Risk Assessment [RH/60/CABP00045700]

Pandemic Risk

6.40 As with the 2010 National Risk Assessment, the 2011 National Risk Assessment found pandemic influenza's overall impact to be 'very high', and that a pandemic would likely occur in one or more waves, possibly weeks or months apart, and that each wave may last between 12 to 15 weeks.

6.41 The 2011 National Risk Assessment further stated that:

6.41.1 up to half the population could be affected;

6.41.2 the case fatality ratio 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;

6.41.3 excess deaths were expected to be 750,000;

6.41.4 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; and

6.41.5 absence rates for illness would reach 15-20% in the peak weeks.

New and Emerging Infectious Diseases

6.42 As with the 2010 National Risk Assessment, the 2011 iteration's overall assessment was 'High', and SARS was the primary cause of concern. The virus H5N1 was also mentioned in the document. Similarly, the 2011 National Risk Assessment noted that there may be up to 100 fatalities and up to 2000 casualties.

The 2012 National Risk Assessment [RH/61/CABP00045701]

Pandemic Risk

6.43 The 2012 National Risk Assessment reiterated several of the outcome descriptions and specific assumptions in the 2011 National Risk Assessment, as set out at paragraphs 6.40 to 6.41 above.

New and Emerging Infectious Diseases

6.44 In respect of New and Emerging Infectious Diseases, the 2012 National Risk Assessment concluded that the overall risk was 'High'. As with previous iterations, SARS was a focal point of concern. As was the case in the 2011 National Risk Assessment, the 2012 iteration noted that there may be up to 100 fatalities and up to 2000 casualties.

The 2012 National Risk Register [RH/11/CABP00011960]

Pandemic Risk

6.45 The risk of human pandemic disease remained the most significant civil emergency risk in the 2012 National Risk Register. The document further noted that the Swine Flu Pandemic was not indicative of how future pandemics might unfold. The estimate of 2 – 7.4 million deaths globally was retained.

6.46 Measures noted to have been implemented included the following:

6.46.1 government collaboration on prevention, detection and research;

6.46.2 the stockpile of antivirals, including Tamiflu and zanamivir, was sufficient to treat 50% of the population;

6.46.3 the procurement of advance purchase agreements for the supply of pandemic-specific vaccines. The 2012 National Risk Register further noted that the government also held limited supplies of licensed H5N1 vaccine 11 which could offer some protection against an H5N1 virus;

6.46.4 publication of the **2011 UK Influenza Preparedness Strategy (the "2011 Preparedness Strategy")** which replaced the 2007 National Framework for responding to an influenza pandemic (further information in respect of the 2011 Preparedness Strategy is provided at paragraph 9.12 below); and

6.46.5 for the first time, the 2012 National Risk Register contained a separate entry in respect of the risk of new and emerging infectious diseases. It noted that the DHSC had plans in place for dealing with new and emerging infections including its SARS contingency plan. The containment of the SARS outbreak globally reconfirmed that public health and infection control measures could be successful in containing a new infectious disease.

New and Emerging Infectious Diseases

6.47 The 2012 National Risk Register noted recent examples of newly emerged infectious diseases, such as H5N1 and the H1N1 virus that was identified in the 2010 National Risk Register. The document states that the H1N1 had caused the latest influenza pandemic.

6.48 As with previous iterations, the 2012 National Risk Register noted the global threat of an emerging infectious disease.

6.49 Measures identified as being in place to deal with new and emerging infectious diseases included the following:

6.49.1 the DHSC-led contingency plans in place for dealing with New and Emerging Infectious Diseases, along with its SARS contingency plan (identified in the 2008 and 2010 National Risk Register). The 2012 National Risk Register noted that the containment of the SARS outbreak on a global level reconfirmed that traditional public health and infection control measures could be successful in containing a new infectious disease;

6.49.2 infectious disease surveillance, detection and diagnosis, and the provision of specialist services, by way of the Health Protection Agency's Centre of Infections; and

6.49.3 the provision of information on pandemic influenza for British nationals living overseas, as well as travel advice by country, on the FCO's website.

The 2013 National Risk Assessment [RH/67/CABP00045702]

Pandemic Risk

6.50 The 2013 National Risk Assessment found pandemic influenza's overall impact to be 'very high', and that a pandemic would likely occur in one or more waves, possibly weeks or months apart, and that each wave may last between 12 to 15 weeks.

6.51 The 2013 National Risk Assessment further stated that:

6.51.1 up to 50% of the population could experience symptoms of pandemic influenza during one or more waves lasting 15 weeks;

6.51.2 up to 4% of symptomatic patients could require hospital care if the virus resulted in severe illness, 25% of whom could require level 3 critical care;

6.51.3 up to 2.5% of those with symptoms could die as a result of the pandemic; and

6.51.4 death rates resulting in around 750,000 excessive deaths. Local planners, however, were advised to prepare for up to 300,000 additional deaths across the UK over a 15-week period. This would mean an LRF planning for a population of 700,000 should consider planning for around 3,000 additional deaths, and an LRF planning for a population of around 7 million in the order of 30,000 additional deaths.

6.52 The 2013 National Risk Assessment gave pandemic influenza an overall impact score of '(5) Catastrophic'.

New and Emerging Infectious Diseases

6.53 As with the 2012 National Risk Assessment, the 2013 iteration's overall assessment was 'High', and was based upon the experience of the outbreak of SARS in 2002.

6.54 The 2013 National Risk Assessment noted that there may be up to 200 fatalities and up to 2000 casualties. The expectation was that, for every single confirmed case of infection as seen in past SARS outbreaks, planners should expect 10 potential cases and 100 follow up contacts. The 2013 National Risk Assessment also set out a series of 'specific assumptions', including that:

6.54.1 a new infection could spread rapidly from person to person and could do so before the first case was identified;

6.54.2 a new infection would not originate within the UK but could rapidly spread across the globe via air travel;

6.54.3 it may be a viral infection for which there is no effective treatment other than patient management;

6.54.4 the likelihood of an existing antimicrobial agent being effective is remote. No vaccine would be available;

6.54.5 there would be a possibility of the spreading within a hospital setting, prior to the infection being identified in the patient; and

6.54.6 for an outbreak of a new infection such as H5N1 avian influenza, which does not spread readily from person to person, the above points are equally valid though 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 gives a longer period in which to put effective control measures in place to prevent spread.

The 2013 National Risk Register [RH/13/CABP00012171]

Pandemic Risk

6.55 The risk of pandemic influenza remained the most significant civil emergency risk in the 2013 National Risk Register. The estimate of 2 – 7.4 million deaths globally was retained.

6.56 Measures noted to have been implemented included the following:

6.56.1 government collaboration on prevention, detection and research;

6.56.2 the government planned to maintain a stockpile of antivirals sufficient to treat 50% of the population, including Tamiflu and zanamivir;

6.56.3 advanced purchase agreements for the supply of pandemic-specific vaccines remained in place, including limited supplies of the licensed H5N1 vaccine; and

6.56.4 publication of the 2011 Preparedness Strategy.

6.57 Newly emerged infectious diseases were retained as a separate risk entry in the 2013 National Risk Register. The National Risk Register noted the DHSC's contingency plans in place for dealing with new and emerging infections, SARS and pandemic influenza which would provide the basis for dealing with future outbreaks.

6.58 The role of the newly created Public Health England ("**PHE**") in leading the response to infectious disease was noted.

New and Emerging Infectious Diseases

6.59 The 2013 National Risk Register was the first to mention the role of the devolved administrations in dealing with new and emerging infectious diseases.

6.60 The document noted recent examples of newly emerged infectious diseases, such as H5N1. It also stated that recent global experience with the small number of new coronavirus respiratory infections demonstrated a need for maintaining vigilance.

6.61 Measures identified as being in place to deal with new and emerging infectious diseases included the following:

6.61.1 DHSC-led contingency plans in place for dealing with new and emerging infections, alongside SARS and pandemic influenza contingency plans. The document noted that these plans would provide the basis for dealing with any future outbreaks;

6.61.2 infectious disease surveillance, detection and diagnosis, and the provision of specialist services, by way of the PHE, Public Health Wales, and Health Scotland;

6.61.3 PHE had plans in place for dealing with an outbreak of a new or emerging infection and would co-ordinate the investigation and management of any such an outbreak, advising government and the NHS commissioning board; and

6.61.4 the provision of information on pandemic influenza for British nationals living overseas, as well as travel advice by country, on the FCO's website.

The 2014 National Risk Assessment [RH/63/CABP00045703]

Pandemic Risk

6.62 As in previous iterations of the National Risk Assessment, the 2014 National Risk Assessment found pandemic influenza's overall impact to be 'very high'. Further, it stated that:

6.62.1 each wave may last between 12-15 weeks;

6.62.2 up to 50% of the population could experience symptoms of pandemic influenza during one or more waves lasting 15 weeks;

6.62.3 up to 4% of symptomatic patients could require hospital care if the virus results in severe illness, 25% of whom require level 3 critical care;

6.62.4 up to 2.5% of those with symptoms could die as a result of the pandemic; and

6.62.5 death rates resulting in around 750,000 excessive deaths. Local planners, however, were advised to prepare for up to 300,000 additional deaths across the UK over a 15-week period. This would mean an LRF planning for a population of 700,000 should consider planning for around 3,000 additional deaths, and an LRF planning for a population of around 7 million in the order of 30,000 additional deaths.

6.63 The 2014 National Risk Assessment gave pandemic influenza an overall impact score of '(5) Catastrophic'.

New and Emerging Infectious Diseases

6.64 As with the 2013 National Risk Assessment, the 2014 iteration's overall assessment was 'High', and SARS was the primary cause of concern.

6.65 The 2014 National Risk Assessment noted that there may be up to 200 fatalities and up to 2000 casualties. As with the 2013 National Risk Assessment, the document also sets out a series of 'specific assumptions', including that:

6.65.1 a new infection could spread rapidly from person to person and could do so before the first case is identified;

6.65.2 a new infection may not originate within the UK but rapidly spread across the globe via air travel, as was the case in 2009 with the introduction of the pandemic H1N1 virus from Mexico and North America;

6.65.3 it may be a viral infection for which there is no effective treatment other than patient management;

6.65.4 the likelihood of an existing antimicrobial agent being effective is remote. No vaccine would be available;

6.65.5 there would be a possibility of spread within a hospital setting, prior to the infection being identified in the patient; and

6.65.6 for an outbreak of a new infection such as H5N1 avian influenza, which does not spread readily from person to person, these points are equally valid though 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 gives a longer period in which to put effective control measures in place to prevent spread.

The 2015 National Risk Register [RH/15/CABP00038514]

Pandemic Risk

6.66 Pandemic influenza continued to represent the most significant civil emergency risk in the 2015 National Risk Register. The document noted that if half of the UK population were to be infected, 20,000 – 750,000 additional deaths could be expected.

6.67 Measures noted to have been implemented included the following:

6.67.1 government collaboration on prevention, detection and research;

6.67.2 publication of the 2011 Preparedness Strategy; and

6.67.3 arrangements put in place for vaccines to be developed and supplied in the event of a pandemic.

6.68 Newly emerged infectious diseases again appeared as a separate risk on the 2015 National Risk Register, which noted that the DHSC, the NHS and PHE had plans in place to deal with emerging infections. PHE was noted to be the lead for the UK on the International Health Regulations, which extended to protecting the UK from international health hazards.

New and Emerging Infectious Diseases

6.69 The 2015 National Risk Register noted a recent example of a newly emerged infectious disease was SARS.

6.70 Measures identified as being in place to deal with new and emerging infectious diseases included the following:

6.70.1 DHSC-led contingency plans were in place for dealing with new and emerging infections, alongside SARS and pandemic influenza contingency plans. The 2015 National Risk Register further noted that devolved administrations also had their own contingency plans to combat new and emerging infectious diseases;

6.70.2 the NHS and PHE had plans in place for dealing with both the emergence of an existing disease, such as Ebola, or the development of a new emerging infection, whether arising abroad or in the UK; and

6.70.3 PHE was the lead for the UK on the International Health Regulations, and this extended to protecting the UK from international health hazards.

The 2016 National Risk Assessment [RH/64/CABP00045704]

Pandemic Risk

6.71 The 2016 National Risk Assessment found that the likelihood of an influenza pandemic was 'high' and that, if it occurred, its impact would be 'catastrophic'. Similar to previous iterations of the National Risk Assessment, the 2016 National Risk Assessment stated that, if such a pandemic happened:

6.71.1 50% of the population may experience symptoms, which could lead to up to 750,000 fatalities in total in the UK;

6.71.2 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;

6.71.3 each wave may last between 12-15 weeks; and

6.71.4 all ages may be affected.

6.72 The 2016 National Risk Assessment further noted that:

6.72.1 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;

6.72.2 pandemics significantly more serious than the 'reasonable worst-case scenario' identified in the 2016 National Risk Assessment are 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 'reasonable worst-case scenario' assumes countermeasures are not effective; and

6.72.3 pandemic influenza would likely compound the effects of the vast majority of risks in the National Risk Assessment as all sectors would experience staffing pressures.

New and Emerging Infectious Diseases

6.73 As with previous iterations, the 2016 National Risk Assessment's overall assessment was 'high'. The document states that, based upon the experience of the outbreaks of SARS and Ebola, the worst-case likely impact of a new / emerging infectious disease 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. However, the 2016 National Risk Assessment found that such an outbreak was unlikely to present a wider threat to the UK through sustained spread.

The 2017 National Risk Register [RH/19/CABP00045313]

Pandemic Risk

6.74 The 2017 National Risk Register identified pandemic influenza as the most significant non-malicious-attack risk that was likely to materialise by 2022. It estimated that up to half of the UK population could experience symptoms, leading to between 20,000 and 750,000 fatalities, and high levels of absence from work due to a lack of immunity in the population.

6.75 It noted that:

6.75.1 the 2011 Preparedness Strategy covered strategic planning, response and scientific evidence. Contingency plans existed for many emerging infectious diseases;

6.75.2 the WHO collated global influenza preparedness plans to support and coordinate activity;

6.75.3 government departments, devolved administrations, public health agencies and devolved NHS branches shared plans and information;

6.75.4 the government collaborated with others to undertake work on prevention, detection and research;

6.75.5 specialist epidemiology and microbiology capabilities existed within the UK;

6.75.6 government stockpiled enough antiviral medicines to help treat people showing symptoms during an influenza pandemic;

6.75.7 vaccines would be developed as soon as possible when new influenza strains were identified; and

6.75.8 emergency responders had PPE for severe pandemics and infectious diseases.

New and Emerging Infectious Diseases

6.76 The 2017 National Risk Register classified Ebola, Zika and Middle East Respiratory Syndrome ("**MERS**") as high-consequence infectious diseases.

6.77 The document placed emerging infectious diseases in the same high-likelihood category as pandemic influenza, having increased the likelihood from 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 to up to 100 fatalities 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 occasions.

6.78 The 2017 National Risk Register was the first time that a National Risk Register had:

6.78.1 predicted the potential impact of an emerging infectious disease on the UK:

6.78.2 highlighted the role of the WHO; and

6.78.3 referenced personal protective equipment ("**PPE**").

6.79 In the 2017 National Risk Register key measures in place to combat pandemic influenza and new and emerging infectious diseases were split into pre-event and response, and are no longer specific to each.

6.80 Advice targeted at the public is reintroduced to the National Risk Register, with the introductory pages providing advice targeted at individuals, families and businesses to prepare for risks, including getting vaccinated and basic hygiene measures.

6.81 The summary contained in the 2017 National Risk Register ends with a section on what the public can do to assist, linking to resources for public information on influenza, and provides a snapshot of the 'Catch it, Kill it, Bin it' messaging and imagery.

The 2019 NSRA [RH/69/CABP00049273]

6.82 The 2019 NSRA contained two pandemic relevant risks, *Pandemic Influenza* and *Emerging Infectious* Diseases. The descriptions, impact and likelihood scores and planning assumptions for these risks in the 2019 NSRA were:

6.83 Pandemic Influenza:

6.83.1 *Risk description*: A worldwide outbreak of influenza, which occurs when a flu virus emerges that is different from current or recently circulating seasonal influenza strains with sustained human-to-human transmission. There would be little or no immunity in the population, which would allow the virus to spread rapidly and make it likely to be more virulent than seasonal influenza;

6.83.2 *Impact and likelihood scores:* Impact (5/5), Likelihood (3/5). Overall (5/5) = Red risk;

6.83.3 *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.

6.84 Emerging Infectious Diseases:

6.84.1 *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;

6.84.2 *Impact and likelihood scores:* Impact (3/5), Likelihood (3/5). Overall (3/5) = Amber risk;

6.84.3 *Casualties*: 2000; and

6.84.4 *Fatalities*: 200.

6.85 At the time the 2019 NSRA was produced, the scientific consensus was that, of the two, an influenza pandemic was the most likely and highest impact risk. Whilst coronaviruses are mentioned in the NSRA as part of the *Emerging Infectious Diseases* risk (see SARS / MERS above), the expert advice was that coronaviruses were less likely to have pandemic potential, due to their mortality rate and transmissibility. I will turn to this in some more detail, below.

6.86 The 2019 NSRA noted that each pandemic is different. It is not possible to anticipate the nature of the virus, when and where it will emerge and its impacts. Pandemics significantly more serious than the reasonable worst-case scenario are possible. The 2019 NSRA set out similar caveats for emerging infectious diseases.

The 2020 National Risk Register [RH/26/CABP00045318]

6.87 The 2020 National Risk Register – which is predicated on the 2019 NSRA – lists a pandemic influenza in the highest bracket of concern, alongside a larger chemical, biological, radiological and nuclear attack.

6.88 The 2020 National Risk Register notes that the risk of a new infectious disease other than COVID-19 spreading across the UK was assessed to be lower than that of a flu pandemic. However, the National Risk Register also explained it is 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 National Risk Register noted flu as the most common cause of respiratory pandemics in the last 100 years, however, it also noted that other respiratory diseases such as SARS have spread significantly.

6.89 Possible consequences of the spread and impact of a new disease in relation to pandemics were noted as:

6.89.1 up to half of the population falling ill during a flu pandemic;

6.89.2 potentially hundreds of thousands of deaths across the UK; and

6.89.3 significant numbers of deaths across multiple waves during a future pandemic caused by another novel virus, and significant disruption to all sectors of society. The 2020 National Risk Register noted the consequence for High Consequence Infectious Diseases to be thousands of people experiencing symptoms, potentially leading to hundreds of deaths and some disruption to essential services including health and education.

6.90 The 2020 National Risk Register was published following the emergence of COVID-19 and, as such, provides a case study of the virus, a summary of the government's response to the pandemic, and information on how the government is now better prepared for future pandemics.

7. SECTION 4 – THE CABINET OFFICE'S USE AND DISSEMINATION OF DATA

7.1 In the event of a dynamic event, such as a terrorist attack or a pandemic, the Cabinet Office acquires, processes and disseminates data relating to the event's impacts, especially when the event has cross-cutting impacts, predominantly within government. The impacts include, but are not limited to, those detailed in the relevant section of the NSRA, including fatalities, economic cost to the UK, disruption to essential services, environmental damage, security impacts, damage to the international order, and public perception.

7.2 The responsibility for capturing and holding the large amounts of information and data that are required to monitor a dynamic event, rests predominantly with the Risk Owners. The role of the CCS, and its successor bodies, is to deliver overall situational awareness and maintain a 'bigger picture' perspective. During the course of the COVID-19 pandemic, the data and information provided by the Risk Owners was displayed, assessed and interrogated centrally via a dashboard operated by the Cabinet Office (the "**Dashboard**"), and which is accessible to other departments.

7.3 The Dashboard is a relatively new innovation, having been launched prior to the pandemic in November 2019 and has rapidly evolved since then. This innovation stemmed from Operation Yellowhammer, the government's contingency planning for its response to the most severe, potential, short-term disruption under a 'no deal' Brexit – the reasonable worst-case scenario. The Dashboard was developed by CCS and the Cabinet Office's Digital and Information Office to share data and analysis with ministers and officials across government as part of that contingency planning as part of a CCS drive to improve data visualisation and data sharing across government.

7.4 The creation of the Dashboard was prompted by a recommendation in the Operation Yellowhammer 'lessons learned' report [RH/62/CABP00049288], which included feedback on the more basic, less dynamic Operation Yellowhammer Dashboard, which found that:

7.4.1 while information sharing processes across government were, in general, fit for purpose and effective, there were certain challenges: for example, the flow of information was better when it flowed upwards, and several departments reported challenges with the information flow from, for example, the CCS to the operations centres within departments. Further, it was also suggested that communication between those operations centres could be improved, as they often simply relied

on interactions at certain forums (such as meetings known as 'Impact Group' meetings) and they did not necessarily communicate directly with one another;

7.4.2 while the development of the Dashboard was viewed as a positive step, it was not always kept as swiftly up to date as it could have been; and

7.4.3 there was a need for better provision of data visualisation in the 'situation reports' provided by individual departments (these reports set out the events that are currently unfolding in the area for which a department is responsible ("**SitReps**")).

7.5 The feedback received on the Operation Yellowhammer Dashboard helped shape the development of the Dashboard used for the COVID-19 response, which I provide further information on below.

Dissemination of Data in General

7.6 In respect of the dissemination of data, there are three parts to this:

7.6.1 the data which the Cabinet Office disseminates on a regular basis, such as the NSRA and the National Risk Register;

7.6.2 the data which the Cabinet Office disseminates during a dynamic event, such as a terrorist attack or a pandemic; and

7.6.3 routine reporting on civil contingency and national security-related developments, conducted by the COBR Unit's Readiness and Response Team and National Security Watchkeepers.

7.7 In respect of the former, the NSRA and National Risk Register are disseminated (one confidentially and one publicly) every two years and they contain information and data in relation to risk.

7.8 In relation to a dynamic event, the lead government department would, more often than not, be responsible for developing and disseminating data to the public, where that is required. If, however, there is a cross-cutting picture then the Cabinet Office may play more of an active role. For example, during the 2002 Firefighter Dispute, the Cabinet Office released relevant data on the number of fires and responses that were occurring during the industrial strike. As stated above, however, the CCS's role is focused predominantly on disseminating data across government, as opposed to the public, even during a dynamic event.

7.9 Routine reporting on civil contingency and national security-related developments is conducted by the COBR Unit Readiness and Response Team and National Security Watchkeepers (both of which formerly sat within CCS). The Readiness and Response Team issues updates, briefings, short-range horizon scanning and 'We Are Aware' notices, as part of their wider crisis management role, covering any emerging issues. Since 2016, the Watchkeepers have produced a daily, early morning briefing document which is circulated to senior civil servants and ministers, and sent notifications of civil contingency and national security developments requiring an urgent response. This is compiled exclusively from the internet and other open sources and is an official-sensitive summary of developments affecting UK civil contingencies, national security and diplomacy across the world. Its coverage is global, and the subjects covered are wide in range.

Dissemination of Data During the COVID-19 Pandemic

7.10 The first reference to the virus in Wuhan, China (which would become COVID-19) in the daily morning briefing document was on 4 January 2020. I have set out in the paragraphs below an overview of how the dissemination of data specifically relating to COVID-19 developed from that point onwards.

7.11 Between 13 January 2020 and the establishment of dedicated cross-department SitReps on the novel coronavirus on 4 February 2020, the CCS produced internal updates for senior civil servants and ministers in No.10 and the Cabinet Office on the emerging risk. Ministers and officials were also updated via ongoing correspondence, cabinet meetings, officials' briefings, and the circulation of scientific advice from the Government Office for Science.

7.12 On 4 February 2020, as referred to above, the CCS produced the first cross-department SitRep on the novel coronavirus. The first edition of the cross-department SitRep was produced by the CCS with contributions from relevant government departments and organisations, which were given a deadline to provide cleared returns. It included information on the current domestic and international situations and response, the latest scientific advice and communications. The SitRep was produced daily and shared with other government departments, No.10 and the devolved administrations. Its contributors and circulation across government changed over time in line with the situation and government response.

7.13 From 16 March 2020, the cross-department SitRep was replaced by a specific COVID-19 dashboard ("**C19 Dashboard**"). Departments and public bodies were commissioned to

return a range of COVID-19-related data including mortality, infection, health, restrictions and mobility, the economy and public sector, which was curated and quality checked by the CCS. The C19 Dashboard's interactive charts were downloaded and shared daily via a PDF from 16 to 23 March 2020 to a large cross-government and devolved administration distribution list. On 24 March 2020, the CCS launched the interactive version of the C19 Dashboard on its dedicated Cabinet Office-hosted website, which was available across government. The C19 Dashboard was updated at close of play each day. Once it was updated, an e-mail alert was sent to users along with a PDF version of the C19 Dashboard. The interactive C19 Dashboard was used to brief the Prime Minister and senior members of cabinet.

7.14 The C19 Dashboard's content was based on themes, risks and impacts identified in the NSRA and reasonable worst case scenario planning, as well as the C19 Dashboard team's systematic assessments and requests from ministers and civil servants in the Cabinet Office, No.10 and other government departments. Throughout, an editorial board made up of senior civil servants within the Cabinet Office, other government departments, the devolved administrations and No.10 ensured the veracity and quality of data presented in the C19 Dashboard and considered requests for new metrics. The C19 Dashboard established data and analysis as an integral part of decision-making, during the pandemic. For example, the Spring 2021 'Roadmap' was explicit that decisions on unlocking the national lockdown that was in place at the time would be guided by data, not dates.

7.15 Although the Cabinet Office coordinated certain other materials in respect of risk (for example, in relation to the UK's exit from the European Union), it is the Risk Owners in the NSRA (such as the DHSC in relation to public health risks, and the Met Office in respect of severe weather) that are expected to disseminate data beyond government.

Communication with the Public and Generation of Awareness of Risk

7.16 As well as the Dashboard being used as a visual tool to brief the Prime Minister and the cabinet, specific visualisations and data received for the Dashboard were also provided to a Public Data Team staffed from the Office of National Statistics and the Cabinet Office for use in ministerial press briefings.

7.17 Systems are in place for communication with the public in respect of emergency preparedness, and there is guidance in relation to this, as set out in Chapter 7 of

'Emergency Preparedness'. This statutory guidance is described in greater detail at paragraphs 8.27 to 8.32 below.

8. SECTION 5 - THE CABINET OFFICE'S ROLE IN EMERGENCY PLANNING AND PREPAREDNESS AND RESPONSE

8.1 This section has been prepared with support from my colleagues across the Cabinet Office, including those who were part of the CCS during the Relevant Period, and other relevant business units.

PART 1 – Planning and Preparedness

The Civil Contingencies Act 2004

8.2 As I have explained above, events which took place around 2000 prompted the creation of the CCS and the enactment of the **Civil Contingencies Act 2004 ("CCA 2004")**. This included the 11 September 2001 terrorist attacks in New York and Washington, as well as a number of substantial domestic events, including severe flooding in the Winter of 2000, the spread of Foot and Mouth Disease in 2001, and the Fire Service strikes in 2002. Prior to this, there had been a recognition that emergency planning needed to be more joined-up; the previous comprehensive architecture around civil defence having been dismantled after the end of the Cold War. There was a clear desire on the government's part to improve the UK's resilience to disruptive challenges. The abovementioned events were the catalyst for changes to be made.

8.3 The predecessors to the CCA 2004 were the Emergency Powers Act 1920, Emergency Powers Act (Northern Ireland) 1926, the Civil Defence Act 1948, and the Civil Protection in Peacetime Act 1986, but none were suitable for use in a more developed and connected society.

8.4 I led the work on the **Civil Contingencies Bill ("CC Bill")** for two years, looking at best practice across the system of emergency local preparedness and identifying examples of best practice across the country and internationally, in the preparation and implementation of emergency plans, response and recovery. Public consultations were carried out from June to September 2003 as part of this process. Following these consultations, and after pre-legislative scrutiny by a Joint Parliamentary Committee, the CC Bill was introduced to Parliament on 7 January 2004. Its development was informed from the start by close consultation with key stakeholders in what was an open and inclusive policy making

process. The CC Bill received Royal Assent on 18 November 2004 and, henceforth, became known as the CCA 2004.

8.5 The **CCA 2004 & CCA 2004 (Contingency Planning) Regulations 2005 ("CCA Regulations**") set out a framework for emergency preparedness across the UK. Together, they provide a basis for a spectrum of local responders in the UK to cooperate and jointly prepare for emergencies. They also give scope for the government to utilise emergency powers in the event that existing powers are insufficient.

8.6 The CCA 2004 sets out the definition of an emergency as:

8.6.1 An event or situation which threatens serious damage to human welfare in a place in the United Kingdom – defined as loss of human life, human illness or injury, homelessness, damage to property, disruption of a supply of money, food, water, energy or fuel, disruption of a system of communication, disruption of facilities for transport, or disruption of services relating to health.

8.6.2 An event or situation which threatens serious damage to the environment of a place in the United Kingdom – defines as contamination of land, water or air with biological, chemical or radio-active matter, or disruption or destruction of plant life or animal life; or

8.6.3 War, or terrorism, which threatens serious damage to the security of the United Kingdom.

8.7 These criteria for defining an emergency are used by local responders, government and other organisations throughout the full risk life cycle. In practice, this is interpreted as acute events or manifestations of chronic risks that require some degree of multi-agency working, from those that are routinely dealt with by the emergency services and other local responders (eg a serious road crash) to those significant, serious and catastrophic emergencies that are more likely to require direct central government engagement (as set out at 8.115). This is explained in the UK Central Government Concept of Operations (see 8.35). Annex B in the Concept of Operations sets out the likely form of central government engagement based on the impact and geographic spread. Emergencies may sometimes be referred to at a local level as a 'major incident' defined under JESIP as 'an event or situation with a range of serious consequences which requires special arrangements to be implemented by one or more emergency responder agency.'

8.8 The NSRA (as set out at 6.7.3) will consider a risk if it meets the pre-defined criteria for an emergency under the CCA 2004, could credibly occur in the next two years, and has the potential to cause significant harm and pose a major response challenge. As the NSRA supports operational risk management, planning and responses in all tiers of the UK resilience system, the definition of an emergency used in the NSRA is intrinsically linked to the full resilience framework, and the readiness and response work that underpins it.

8.9 The CCA 2004 is separated into two substantive parts:

8.9.1 local arrangements for civil protection (Part 1); and

8.9.2 emergency powers (Part 2).

8.10 Part 1 of the CCA 2004 focuses on local arrangements for civil protection, establishing a statutory framework of roles and responsibilities for local responders. It provides structure and consistency for emergency preparedness activity. It also defines two different categories of responder and the duties that they are required to perform; the details of those duties are described in the associated CCA Regulations.

8.11 The CCA 2004 requires Category 1 responders to fulfil a full set of duties around assessing risk and planning for civil emergencies. Category 1 organisations include blue light services (such as Ambulance, Police and Fire & Rescue) which are likely to be involved in most emergencies. Category 1 responder duties are to do as follows:

8.11.1 assess the risk of emergencies occurring and use this to inform contingency planning;

8.11.2 put in place emergency plans;

8.11.3 put in place business continuity management arrangements;

8.11.4 put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency;

8.11.5 share information with other local responders to enhance co-ordination;

8.11.6 co-operate with other local responders to enhance co-ordination and efficiency; and

8.11.7 provide advice and assistance to businesses and voluntary organisations about business continuity management (local authorities only).

8.12 Category 2 responders, such as the Health and Safety Executive, utility companies and transport operators, are known as '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.

8.13 Collectively, the duties in the CCA 2004 facilitate emergency preparedness between organisations at a local level by:

8.13.1 ensuring access to shared knowledge and plans;

8.13.2 opening communication channels both between the organisations and with the public, and

8.13.3 placing clear legal responsibility upon organisations to assess risk and plan for the outcomes of the risks that have been assessed.

8.14 The CCA 2004 provides a basic framework: defining what tasks should be performed and how cooperation should be conducted. Local responders work to this common framework but make their own decisions (under the principle of subsidiarity) in light of local circumstances, risk profiles and priorities about the appropriate planning arrangements for their areas.

8.15 Without Part 1 of the CCA 2004, collaboration between local responders would be optional and highly inconsistent. Through the categorisation of responders, and the duties placed upon them, clear responsibility is placed on organisations to prepare for the consequences of emergencies and, wherever possible, ensure that impacts are kept to a minimum.

8.16 Category 1 and 2 organisations come together to form Local Resilience Forums ("**LRFs**") in England and Wales, with equivalent local resilience arrangements in Scotland and Northern Ireland. These forums aid with the co-ordination and co-operation between responders at the local level. The LRF model reflects long-standing best practice prior to the CCA 2004. Further information on such forums is provided below.

8.17 Part 2 of the CCA 2004 updates the 1920 Emergency Powers Act and the 1926 Emergency Powers Act (NI) to reflect the developments in the intervening years and the current and future risk profile. It allows for the making of temporary special legislation (emergency

regulations) to help deal with the most serious of emergencies. The use of emergency powers is a last resort option and planning arrangements at the local level should not assume that emergency powers will be made available. Their use is subject to a robust set of safeguards, and they can only be deployed in exceptional circumstances. To date, the emergency powers in Part 2 of the CCA 2004 have never been used.

8.18 CCA 2004, Part 2 provides the ability to make temporary special legislation and is intended to be used only as a last report, where it is not possible to take conventional or accelerated primary legislation through Parliament, and thereby to allow Parliamentary scrutiny before measures pass into law. In preparing for a pandemic, the Civil Contingencies Secretariat and DHSC led a cross-government work programme scoping provisions to be included in a free-standing Pandemic Flu Bill; this work formed the basis of the Coronavirus Act.

8.19 Existing powers (such as the Health Act 1984) were initially used to respond to Covid-19, but it was recognised that additional measures were needed to respond to the pandemic. Whilst these could, potentially, have been taken using Part two of the Civil Contingencies Act 2004 (CCA), the Government considered there was time to introduce the Coronavirus Bill, appropriately providing the opportunity for parliamentary scrutiny of legislation before it came into force.

8.20 Therefore, in this instance, although the measures in the Coronavirus Act were urgent, the Government believed it was both important and possible in the timeframe to provide an opportunity for prior Parliamentary scrutiny for the Coronavirus Bill. That was thought to be preferable to making regulations under the CCA, where parliamentary debate would take place after the legislation had come into force.

8.21 This approach also provided greater legal certainty for the government and other agencies who were responding to the pandemic as CCA regulations would have required parliamentary approval within seven days (if Parliament was still sitting), and could have been amended at that point; could have been struck down in the court as secondary legislation; and would have had to be renewed every 30 days.

8.22 The Cabinet Office regularly reviews the CCA 2004 and assesses whether there is a need for reform of the legislation. In 2012, the CCA 2004 Enhancement Programme [RH/6/CABP00045672] assessed whether the CCA 2004 was working as intended.

8.23 It found that, on balance, emergency planning might not have been carried out as effectively as possible and subsequent changes were made to the CCA Regulations to clarify expectations of responders' duty to cooperate. As part of these changes, and in accordance with standard practice at the time, a clause was also inserted (Regulation 59) requiring a review of the operation and effectiveness of the CCA Regulations, with a report to be laid before parliament within five years, i.e., by April 2017 (the "**2017 CCA 2004 Review**") [RH/17/CABP00045675].

8.24 The review of the CCA 2004 now occurs routinely every 5 years, with the most recent review occurring in 2022 (the "**2022 CCA 2004 Review**") [RH/45/CABP00045327]. The review considers whether the CCA Regulations have met the intended objectives and assesses whether there is a need for reform of the legislation.

8.25 The 2017 CCA 2004 Review did not call for major legislative change. Following the review, the legislative framework was not altered.

8.26 The 2022 CCA 2004 Review found that:

8.26.1 based on the evidence collected, it is clear that the CCA 2004 still broadly achieves the objectives envisaged when it was created - with no impacts or consequences from its creation and continued operation that were unintended;

8.26.2 the CCA 2004 clearly defines an emergency and establishes a consistent basis for civil protection across the UK with 21 clear responsibilities for categorised responders.

8.26.3 without the CCA 2004, the UK would lack the organisation, clear designation of responsibility and multi-agency cooperation required to prepare for emergencies;

8.26.4 this does not mean that the CCA 2004 cannot be improved. Adjustments to the CCA 2004 on the assurance of responders will help to strengthen consistency and use of best practice across the UK, as will a duty to publicly report how they have fulfilled their obligations under the CCA 2004;

8.26.5 the principle of subsidiarity remains the cornerstone of the CCA 2004 and the 2022 Review demonstrated that local responder organisations remain best placed to make decisions in response to local circumstances and priorities. The CCA 2004 continues to give them this freedom, whilst updates such as the categorisation of

new organisations essential to emergency planning, and updates to supporting guidance, hold promise in strengthening multi-agency cooperation and the ability of local resilience arrangements to make informed decisions; and

8.26.6 the provisions to create special temporary legislation, as set out in Part 2 of the CCA 2004, continue to provide government with the capability needed to respond to emergencies in a timely but proportionate manner. Part 2 of the CCA 2004, therefore, remains a suitable option of last resort.

Statutory and Non-statutory Guidance

8.27 After the CCA 2004 obtained Royal Assent, there was a series of events to promote and explain its requirements. Further, a range of guidance was prepared and published, including statutory guidance by way of *'Emergency Preparedness'*, and non-statutory guidance by way of *'Preparation and Planning for Emergencies: Responsibilities of responder agencies and others was developed to support implementation of the CCA 2004'* and '*Emergency Response and Recovery'*.

8.28 The CCS published *Emergency Preparedness* guidance in 2006 and revised the contents in 2012. This guidance sets out what is expected from local resilience forums in respect of planning for emergencies [RH/50/CABP00045331]. It contains extensive detail on the mechanisms of co-operation, information sharing, risk assessment and emergency planning, amongst other things.

8.29 *'Emergency Preparedness'* runs to several hundred pages and describes in detail the mechanisms put in place for emergency planning at a national and local level. The information set out in this corporate statement cannot repeat all of this in detail, but is given instead as a summary of the position as described in the '*Emergency Preparedness'* guidance.

8.30 The CCS also published '*Emergency Response and Recovery*' in 2013 [RH/53/CABP00045693] to complement *'Emergency Preparedness'*. *'Emergency Response and Recovery'* is non-statutory guidance, focusing on guiding principles, practical considerations, operational doctrine and examples of good practice for the emergency response and recovery phases.

8.31 The CCS also published '*Preparation and Planning for Emergencies: Responsibilities of responder agencies and others'* in 2013. This non-statutory guidance was developed to

support implementation of the CCA 2004. The guidance was published online at gov.uk and a PDF copy of what is published online is exhibited at [RH/81/CABP00049274].

8.32 The non-statutory guidance sets out how the government prepares and plans for emergencies, working nationally, locally, and co-operatively to ensure civil protection in the UK. As with the *'Emergency Preparedness'* guidance, the information set out in this corporate statement cannot repeat all of this in detail, but is given instead as a summary of the position as described in the non-statutory guidance.

8.33 There is also non-statutory guidance on training and exercises in relation to preparedness. Published in 2013, *'Emergency Planning: Exercises and Training'* provides information on how to run exercises and training for emergency planning and preparedness, with an introduction to the Central Government Emergency Response Training ("**CGERT**") Course. This is published online at gov.uk and a PDF copy of what is published online is exhibited at [RH/80/CABP00049272]. As stated in the guidance, training is about raising the awareness of key staff in respect of emergencies they may face, giving them confidence in the procedures an organisation uses, and giving them confidence in their abilities to carry out their roles successfully. It is also about developing competencies and skill sets so that staff can fulfil key roles. In relation to training:

8.33.1 the CCA Regulations require Category 1 responders to include provision for the carrying out of exercises and for the training of staff in emergency plans. The same or similar requirements for exercising and training also apply to business continuity plans and arrangements to warn, inform and advise the public. The Emergency Planning College is the leading provider of training for emergency preparedness. It is the only permanent national forum for representatives of local and central government, the emergency services, the private sector and volunteer groups to network and share good practice. The EPC is situated at the heart of government and, during the Relevant Period, sat within the CCS. It runs courses on risk assessment, business continuity management and emergency planning, and on emergency management (response) and a range of specialist courses which cover specific aspects of emergency management (for example, warning and informing, care of people and severe weather); and

8.33.2 the CGERT programme is designed for all emergency response personnel from across departments, agencies and other response organisations who will work in

or with COBR during times of national emergencies. The CGERT programme has 3 overarching objectives:

(a) provide delegates with a good knowledge of the processes, procedures and allocation of responsibilities in crisis management;

(b) help delegates consider the skills and techniques required to enable effective and timely pan-government crisis decision making; and

(c) illustrate the unique working styles and leadership qualities necessary when working in or with COBR.

The CGERT is modular in nature and individual objectives vary according to audience groups. All participants are expected to undertake modules 1 and 2, then one further module appropriate to grade and role.

Decision Making and Co-operation with Others

8.34 The UK adopts a bottom-up approach to managing emergencies, based on the principle that decisions should be taken at the lowest appropriate level with coordination at the highest necessary level. Most emergencies, such as flooding, industrial incidents and major road crashes, only affect local areas. Local responders manage them without the direct involvement of central government. In some instances, the scale or complexity of an emergency means that some degree of central government support or coordination becomes necessary. A designated lead government department or, when appropriate, a devolved administration, is made responsible for the overall management of the central government response. In the most serious cases, the central government response is coordinated through COBR, as set out at paragraph 8.111 below.

8.35 In March 2010, the Cabinet Office published 'Responding to Emergencies: The UK Central Government Response - Concept Of Operations' [RH/12/CABP00034156]. The document sets out arrangements for responding to and recovering from emergencies, irrespective of cause or location, requiring coordinated central government action which could include direction, coordination, expertise, or specialised equipment and financial support. The aim of the document was to outline the general framework and UK-approach in responding to a disruptive challenge. To the extent that the information provided in this corporate statement deviates from the document's content, this is due to changes over the years.

Emergency Planning Within the Cabinet Office

8.36 The mechanisms for, and bodies tasked with, emergency preparedness and assessment of risk are set out at paragraphs 5.1 and 5.2 above.

Emergency Planning at the Local Level

8.37 As stated above, emergency planning is at the heart of the civil protection duty on Category 1 responders under the CCA 2004. Category 1 responders also have a statutory duty to publish their emergency plans, to the extent necessary or desirable for the purpose of dealing with an emergency.

8.38 LRFs are a key part of the framework established under the CCA 2004 to ensure collaborative delivery of emergency preparedness at the local level. There are 38 LRFs in England and 4 in Wales based on each Police Area (with the exception of London, where one area covers both the Metropolitan and City Police Area). The arrangements in Scotland and Northern Ireland are somewhat different and are discussed at paragraphs 8.54 and 8.64 below.

8.39 An LRF is not a corporate or legal entity, nor does it have powers to direct members. It is a forum to encourage collaboration between those organisations which may need to come together in response to an emergency affecting their community. The purpose of the LRF process is to ensure effective delivery of those duties under the CCA 2004 that need to be developed in a multi-agency environment.

8.40 The Cabinet Office holds the policy responsibility for the CCA 2004 and, therefore, the local arrangements set out in part 1 of the CCA 2004, and each relevant government department has responsibility for supporting and monitoring its respective agencies (Category 1 and 2 responders). Throughout the Relevant Period, the CCS and the Department for Communities and Local Government ("**DCLG**") (and subsequently the Ministry for Housing, Communities and Local Government ("**MHCLG**") – see paragraph 8.44 below for further information in this regard) jointly shared responsibility for the local response capability.

8.41 DCLG acted as the key government interface with the LRFs. Its continuous role was to help LRFs plan for risks, threats and hazards and share best practice, as well as by utilising communications systems, including the Cabinet Office-run system 'ResilienceDirect', to cascade information.

8.42 During the relevant period, Cabinet Office and DCLG co-operated in a number of ways to ensure best practice was shared between LRFs and that LRFs were updated on key strategies, plans and events. For example, an LRF Chairs' Conference was held, usually twice annually, which was co-produced between DCLG and Cabinet Office. Other government departments would be asked to contribute where relevant, and LRFs shared experience of good practice and lessons learned.

8.43 Documents evidencing the sharing of best practice with LRFs are published online at gov.uk and can be found at exhibits [RH/88/CABP00045676], [RH/90/CABP00049279] and [RH/94/CABP00049285].

Emergency Planning in England

8.44 From 2006 to 2018, the DCLG Resilience and Emergencies Division (DCLG-RED) supported multi-LRF co-operation and planning in emergency preparedness by improving co-ordination between local and central response. In 2018, DCLG changed its name to MHCLG. A further departmental name change took place in 2021, with the creation of Department for Levelling Up, Housing and Communities ("**DLUHC**"). Responsibilities remained the same throughout the Relevant Period, however.

8.45 The function of this sub-national tier is to improve co-ordination and communication between central government, local responders and other organisations, and to ensure that areas are prepared to respond to events which would affect most, or all of, the area, or which could overwhelm any locality. The successful delivery of the sub-national resilience capability rests critically on local responders, other organisations and central government working together in partnership to ensure effective and co-ordinated planning and response.

8.46 Planning for and responding to large-scale emergencies cannot be done in isolation in each LRF. Mechanisms for cross-boundary working and relationship building are essential as some emergencies may overwhelm a locality's resources and/or boundaries.

8.47 Collaboration between localities in England is a well-established and critical way of working in civil contingencies. It is a mechanism:

8.47.1 for enabling pooling of resources to achieve agreed mutual aims and outcomes;

8.47.2 for avoiding duplication of work between neighbouring LRFs or avoiding activity by an LRF that may be counter-productive to a neighbouring LRF;

8.47.3 to support planning and exercising for emergencies that cross local resilience areas or which could overwhelm a locality; and

8.47.4 that enables individual responders, local forums and central government to work together to address large-scale civil protection issues.

8.48 During the Relevant Period, DCLG-RED (and subsequently MHCLG-RED) worked directly with LRFs, supporting collaboration and co-operation in planning for wide-area high-impact events affecting more than one locality. DCLG-RED (and subsequently MHCLG-RED) allocated Resilience Advisors to each LRF so that LRFs had named contacts with which to build working relationships. Resilience Advisors supported and challenged the LRF in a constructive, proportionate manner through:

8.48.1 simplifying and reducing duplication of central government interaction with local responders;

8.48.2 facilitating the co-operation and sharing of information between responders and LRFs to ensure risks are fully understood;

8.48.3 identifying good practice and facilitating its sharing;

8.48.4 facilitating opportunities for peer reviews;

8.48.5 actively participating in training and exercises alongside LRFs, when appropriate (i.e., for wide area of high impact incidents where government is part of the response machinery); and

8.48.6 facilitating discussions around mutual aid arrangements.

8.49 The Resilience Advisors played an important role in ensuring two-way communication between the national and local tier. This included regular calls bringing together LRF strategic leads to discuss priorities, issues of concern and common themes. The Resilience Advisors acted as a bridge between local and central government activities. They brought local intelligence and insights to the planning, response and recovery processes.

8.50 More information about collaboration between LRFs in England can be found in Chapter 16 of the Emergency Preparedness guidance [RH/50/CABP00045331].

Emergency Planning in the Devolved Administrations

8.51 The government works closely with the devolved administrations in Scotland, Wales, and Northern Ireland to promote effective emergency planning that is, as far as possible, consistent with that of the rest of the UK, whilst respecting devolved choices.

8.52 The Cabinet Office cooperates with the devolved administrations to inform emergency planning by way of regular working-level discussions, core membership of certain working groups (for example, on risk assessment) and ad-hoc membership in others, as appropriate (for example, the cabinet committee subgroups with responsibility for resilience). The Cabinet Office and the devolved administrations mutually recognise the value of cooperation, sharing good practice and collaboration on risks which cross borders, while respecting devolution settlements. Devolved administrations are, of course, not part of the UK collective government decision making on England only, or reserved matters, but the Cabinet Office looks to share information on issues which could affect their jurisdiction and reach a common view, where practical.

8.53 The devolved administrations have historically been, and remain, closely involved with all aspects of emergency planning. For example, they were represented on the **Pandemic Flu Readiness Board ("PFR Board")**, contributed to the drafting of the Pandemic Influenza Bill, participated in Exercise Cygnus, and joined meetings of the four nations health ministers during public health incidents including the Ebola outbreak and the swine flu pandemic.

Emergency Preparedness in Scotland - Working With the Scottish Government on Emergency Preparedness

8.54 Civil contingencies in Scotland are largely a devolved matter, and the responsibility of the Scottish government. In reserved areas, the Scottish government works closely with the UK government to ensure that Scottish needs are catered for.

8.55 Overall responsibility for civil protection policy in Scotland sits with the Resilience Division of the Scottish government.

8.56 At the local level in Scotland, three Regional Resilience Partnerships are supported by Local Resilience Partnerships. These promote effective planning for all types of incidents in their area, involving risk assessment, making generic and specific emergency plans, engaging with the community, training, testing, exercising and reviewing.

8.57 The powers set out in the CCA 2004 which apply to Scotland reside with Scottish ministers in line with the devolution settlement. While civil protection in Scotland is largely a devolved matter and, therefore, the responsibility of the Scottish government, certain responders in Scotland are subject to Part 1 of the CCA 2004, the CCA Regulations and guidance issued by UK ministers - the Health and Safety Executive, the Maritime and Coastguard Agency and the British Transport Police.

8.58 Further information is set out in *Emergency Preparedness* [RH/50/CABP00045331]. Further, the Scottish government has published a suite of guidance: *'Preparing Scotland: Scottish Guidance on Resilience'* [RH/8/CABP00045673]. This guidance assists Scotland in planning, responding and recovering from emergencies. It is made up of a 'Hub' which sets out the philosophy, principles and good practice for emergency response in Scotland.

Emergency Preparedness in Wales – Working With the Welsh Government / Wales Office on Emergency Preparedness

8.59 The Welsh government or 'Wales Office', depending on whether the subject matter is devolved or reserved, is represented on relevant committees and forums within the UK government relating to civil protection. They work closely with UK government departments to ensure that UK civil protection policy and planning is tailored to Welsh needs. A dedicated team in the Welsh government supports multi-agency co-operation in Wales and engagement with the UK government on issues relating to civil protection and emergency preparedness.

8.60 As in England, LRFs are the principal mechanism for multi-agency co-operation on civil protection issues. The respective Chief Constables presently chair the LRFs in the South Wales, North Wales, Dyfed-Powys and Gwent areas. The Welsh Resilience Forum ("**WRF**"), a non-statutory advisory body, provides a national forum for multi-agency strategic advice on civil protection and emergency planning. The WRF meets quarterly and is chaired by the First Minister or the Minister for Social Justice and Regeneration, and a representative from the Cabinet Office attends these meetings. Risk assessment at a pan-Wales level is undertaken by the Wales Risk Assessment Group reporting to the WRF.

8.61 A number of other groups provide forums for discussion and co-ordination of civil protection in Wales, including: the Joint Emergency Services Group; the Wales Media Emergency Forum; and the Welsh Borders Resilience Group.

8.62 The arrangements set out in Part 1 of the CCA 2004 apply in Wales. However, there are some differences in the requirements which the CCA Regulations place on Category 1 and 2 responders in Wales because of the unique administrative arrangements in the country.

8.63 Further information is set out in Emergency Preparedness [RH/50/CABP00045331].

Emergency Preparedness in Northern Ireland - Working With the Northern Irish Government on Emergency Preparedness

8.64 Civil contingencies in Northern Ireland are largely a devolved matter. The Northern Ireland Office in the UK Government is, however, responsible for, amongst other things, national security in Northern Ireland.

8.65 The Northern Ireland Executive ("**NIE**") is responsible for civil contingencies arrangements for transferred functions. The Civil Contingencies Policy Branch in the Executive Office promotes and provides policy strategy co-ordination of civil protection arrangements in Northern Ireland. The 'lead government department' principle applies to Northern Ireland departments as at the UK level. The Executive Office is a devolved Northern Ireland government department in the NIE with overall responsibility for the running of the NIE. The overall aim of the Executive Office, previously the Office of the First Minister and Deputy First Minister, is to contribute to and oversee the co-ordination of NIE policies and programmes to deliver a peaceful, fair, equal and prosperous society.

8.66 Northern Ireland has its own unique constitutional and organisational structures. Unlike in Great Britain, many services are delivered on a Northern Ireland-wide (regional) basis, either by government departments or by their agencies and non-departmental public bodies.

8.67 The Civil Contingencies Group, Northern Ireland ("**CCG(NI)**") is the strategic level multi-agency forum for the development, discussion and agreement of civil contingencies, preparedness and resilience policy for the Northern Ireland public sector. The Northern Ireland Emergency Preparedness Group, as a sub-group of CCG(NI), oversees the work of the three Emergency Preparedness Groups at the local level, and also acts as a conduit to escalate issues to the strategic level. These preparedness groups are the equivalent of LRFs.

8.68 Civil contingencies guidance and the principles underpinning preparing for, responding to, and recovering from emergencies, are provided in the Northern Ireland Civil Contingencies Framework.

8.69 The duties of the CCA 2004 apply only to a limited number of organisations which deliver functions that are not transferred. These organisations are: the Police Service of Northern Ireland; the Maritime and Coastguard Agency; and telecommunications operators. As these organisations do not represent the full spectrum of response agencies in Northern Ireland, they are treated in a slightly different way. In practice, it is anticipated that the Police Service of Northern Ireland, Maritime and Coastguard Agency and telecommunications operators in Northern Ireland will undertake their duties under the CCA 2004, but will relate to the other public service bodies listed in the CCA Regulations in line with the arrangements in the Northern Ireland Civil Contingencies Framework, and by participating in Northern Ireland co-operation, co-ordination and crisis management machinery.

8.70 Further information on historical structures is set out in Emergency Preparedness [RH/50/CABP00045331]. Current structures can be found in the refreshed Northern Ireland Civil Contingencies Framework - Building Resilience Together [RH/30/CABP00045322].

International

8.71 In respect of co-operation with international organisations in the round, the main government leads have always been the Foreign, Commonwealth and Development Office and, until 2020, the Department for International Development.

8.72 The CCS had an 'international team' that looked at the relevant legislative and guidance frameworks from multilateral organisations that focus on resilience, in particular the EU, NATO and the UN. The team worked with cross-government partners to strengthen these frameworks in line with the UK resilience approach, support neighbours and partners resilience, and understand the areas in which the UK could improve its own approach and learn from others. This includes representation at relevant meetings and drawing on cross-government expertise as required.

8.73 The Cabinet Office has a substantial amount of involvement with NATO's Civil Emergency Planning Committee. Initially, this related to civil support of the military effort in times of war, but the Civil Emergency Planning Committee then began to focus on how civil preparedness can contribute to NATO's overall deterrent posture. NATO Civil Preparedness work focuses on facilitating and supporting NATO allies to achieve baseline requirements for national resilience.

8.74 The Civil Emergency Planning Committee was subsumed into the Resilience Committee, established in 2022. The Resilience Committee is now responsible for the strategic and policy direction, planning guidance, and general coordination of resilience activities at NATO. The work of the Resilience Committee is supported by six specialised planning groups composed of subject-matter experts nominated by NATO allies. Each planning group is responsible for providing advice on resilience matters in their respective fields of expertise to support NATO allies' civil preparedness aligned to the baseline requirements for National Resilience.

8.75 Similarly, in the EU, joint working on civil protection was conducted through the Civil Protection Mechanism ("**CPM**"). The CPM is the legal framework for participating European states to provide assistance to each other and to countries not part of the CPM in disaster situations. The CPM's scope includes the Commission's Emergency Response Coordination Centre which receives and circulates calls for disaster assistance and responses to these. In addition, the CPM funds research, training, exercises, equipment, and can co-fund transport of assistance to where it is needed. The competence evolved over time from being member state-focused to more of a 'shared competence' within the EU, with pooled resources.

8.76 In respect of the Cabinet Office's involvement with the EU, the position fundamentally changed once the UK withdrew from the EU and subsequently chose to leave the CPM. The key international forum for the UK to engage with neighbours and partners on resilience, therefore, is NATO.

8.77 The United Nations ("**UN**") also focuses on elements of resilience, through the Sendai Framework for Disaster Risk Reduction. The framework provides member states with concrete actions to protect development gains from the risk of disaster. The Cabinet Office worked primarily with the Department for International Development to demonstrate UK work overseas in these areas. The Sendai Framework works hand in hand with the other 2030 Agenda agreements, including The Paris Agreement on Climate Change, The Addis Ababa Action Agenda on Financing for Development, the New Urban Agenda, and ultimately the Sustainable Development Goals. It recognises that member states have the primary role to reduce disaster risk, but that responsibility should be shared with others including local government, the private sector and other stakeholders.

8.78 Prior to the Swine Flu pandemic in 2009/10, the CCS had a very detailed and systematic programme of international engagement to encourage and support pandemic

preparedness. The Swine Flu Pandemic forced the international community to accelerate their own initiatives, so that the CCS' objective of getting the international community to engage with this issue was thereby met. The CCS thereafter shifted its focus to the CPM, which addressed cost-cutting issues, and the CCS's involvement with international organisations in respect of pandemic flu preparedness for the period 2009-2020 reduced so that it did little in the way of such direct, international preparedness work.

8.79 Further, in respect of health-related risks, such as pandemic flu, the CCS expected lead government departments – such as the DHSC – to be engaging with international organisations on a far more regular basis, particularly in respect of horizon scanning for different, emerging viruses. While the CCS stepped back from the international work on pandemic preparedness specifically, the DHSC continued to undertake significant international engagement on pandemics, supported by expert working groups involving PHE and other UK experts. The CCS's involvement with the international organisations outlined above continued, but it was limited to more 'generic preparedness' – i.e., what they could all learn from one another overall, and disaster management generally – rather than specifics in relation to risks.

Co-operation with Local Government

8.80 The principal mechanism for multi-agency co-operation at the local level is the LRF, to which I have referred earlier in this corporate statement.

The Voluntary Sector

8.81 The voluntary and community sector ("**VCS**") can provide a wide range of skills and services in responding to an emergency. These include:

8.81.1 practical support (such as first aid, transportation, or provisions for responders);

8.81.2 psycho-social support (such as counselling and helplines);

8.81.3 equipment (radios, medical equipment); and

8.81.4 information services (such as public training and communications).

8.82 Pursuant to section 23 of the Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005, Category 1 responders are obliged to have regard to the activities of voluntary organisations whilst performing their statutory duty to maintain business continuity

and emergency plans. To this end, local responders work with the strong voluntary and charitable sector to ensure that offers of help and existing capability can be used to best effect. Specific guidance on the role of the VCS in relation to emergency planning is contained within the

8.83 Emergency Preparedness guidance [RH/50/CABP00045331].

8.84 During the Relevant Period, the CCS and the British Red Cross provided a framework for engagement between the government, emergency services, local authorities and voluntary organisations.

8.85 One of the principal mechanisms by which this engagement took place was via the establishment of the Voluntary Sector Civil Protection Forum ("**VSCPF**"). The VSCPF was made up of representatives from the voluntary sector, central and local government, devolved administrations, statutory authorities and professional organisations. The strategic aim of the VSCPF was to identify and maximise the voluntary sector contribution to UK civil protection arrangements. The VSCPF provided a means for demonstrating, at a UK and national level, its commitments towards strengthening the UK's civil protection arrangements and the way in which the voluntary sector could truly work in a cohesive and co-ordinated way with all its partners. This forum was replaced by the Voluntary and Community Sector Emergencies Partnership in 2017.

8.86 The Voluntary and Community Sector Emergencies Partnership was established in 2017 following learning from several national crises which revealed the need for a more coordinated effort from the voluntary and community sector when responding to an emergency. The partnership, which replaced previous forums such as the VSCPF, is grant funded by the Department for Culture, Media and Sport. It is a partnership of local and national voluntary and community sector organisations with an aim to improve national and local VCS coordination, using links with their local membership and maximising local and specialist expertise to assist in the preparation for, response to, and recovery from emergencies.

8.87 To enable a coordinated local response to emergencies, the Cabinet Office has encouraged community participation in the development of local emergency plans via the issuing of guidance to emergency planners, such as the Community Resilience Development Framework which was produced in June 2019 [RH/22/CABP00045316]. The Framework provides guidance to statutory responders (such as the emergency services, local

authorities, environmental and health bodies) on strategic approaches to increasing collaboration with community organisations, in order to promote effective whole-of-community responses to emergencies.

8.88 Moreover, the advice and guidance contained within the Framework has supported LRFs in achieving National Resilience Standard No.5 on Community Resilience Development [RH/24/CABP00045676]. The Community Resilience Standard sets out how LRFs and their partner organisations can achieve good and leading practice in the development of community resilience, with a desired outcome of having a strategic and coordinated approach to activity that enables community and voluntary networks (which includes individuals, businesses, community groups and voluntary organisations) to behave in a resilient way and to take action to support one another and members of the public.

8.89 Several organisations operating in the local tier, including LRFs, individual responder groups and bodies within the VCS participated in a public consultation for the 2022 Post Implementation Review of the CCA. It was considered that the evidence gathered from these organisations did not demonstrate a clear need for categorisation of the VCS (or organisations within the sector) under the Act, nor for Category 1 and 2 responders to have a statutory duty to engage with the VCS. Due to the broad and disparate nature of the voluntary sector, comprising many different types of organisations, questions were raised about how the sector could be represented within LRF structures, and whether a formal role with attached legal obligations was a proportionate or fair ask. Imposing legal duties on organisations which, by their nature, are not necessarily able to secure a uniform level of provision or service across the entirety of the country was considered to be inappropriate.

8.90 The 2022 Post Implementation Review of the CCA committed to updating the guidance affiliated with the Act. It is anticipated that this will include updates to Chapter 8: Business continuity advice and assistance to business and the voluntary sector, as well as Chapter 14: The Role of the Voluntary Sector.

8.91 The 2022 UK Government Resilience Framework also recognises the importance of building relationships and partnerships between categorised responders, the voluntary sector, and wider communities, and the benefits this can bring for communities. In the Resilience Framework, the UK Government commits to continuing to support and encourage engagement between communities and local responders, and will consider ways to further support and deepen partnership working between the public and civil society sectors [RH/93/CABP00049282].

Expert Partners

8.92 The Cabinet Office involves expert partners in the risk assessment process to both challenge and support government plans on emergency planning. Over the years, the Cabinet Office has engaged with many reviews conducted by expert partners, the results of which have helped shape Cabinet Office thinking on risk, consequence management and emergency planning. Further information on these reviews is provided later in this corporate statement.

8.93 As a discipline, emergency planning is an area that has grown in size in recent years. A lot of UK-based universities now have academics working in this area, and this is something the Cabinet Office has sought to tap into and promote.

8.94 The involvement of expert partners in the preparation of the NSRA and the National Risk Register is described earlier in this corporate statement.

8.95 The key mechanisms for engagement with expert partners in the context of pandemic influenza planning were NERVTAG, SPI-M, SPI-B, JCVI, Government Office for Science, SAGE, and the MEAG (which had representatives from UK faith and secular communities; Health and Social Care experts, legal experts, media and communications experts, and members of the public).

The Business Sector

8.96 Direct interactions between the Cabinet Office and the business sector on civil contingencies matters are minimal, although the CCS has maintained some links throughout the Relevant Period to support cross-cutting activity. Rather, for the duration of the Relevant Period, under the lead government department principle this direct interaction has generally been the responsibility of the lead government departments responsible for relevant risks. There is also a duty on local authorities to provide advice and assistance to businesses on business continuity matters. Over time, as stated above, the Cabinet Office has produced planning assumptions and continuity strategies in relation to serious risks, such as pandemic flu, to better prepare the business sector in general for such events. Where relevant, these are referred to elsewhere in this corporate statement.

8.97 Prior to the beginning of the Relevant Period, the Cabinet Office convened a forum of representatives of different business sectors. This started as the 'Business Forum on Pandemic Flu planning', which was formed in 2005 by the 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. In 2008, this was superseded by the Business Advisory Group in Civil Protection ("**BAGCP**"), also convened by the CCS. The BAGCP worked to support an open, constructive and representative relationship between government and business in the area of civil protection. During the Swine Flu response in 2009, the CCS convened the Business Advisory Network for Flu ("**BANF**") which was developed to assist in the delivery of co-ordinated advice to employers and situation awareness. The BANF was replaced by the Civil Contingencies Network for Business in 2010. This led in 2012 to the publication of 'Business Continuity for Dummies', published by the Cabinet Office, in partnership with the Business Continuity Institute and Emergency Planning Society.

8.98 The CCA 2004 requires Category 2 responders, many of which are private sector bodies such as utilities, transport companies and telephone service providers, to co-operate and share information with Category 1 responders, for example, emergency services and local authorities, to inform multi-agency planning frameworks. These obligations also lie with water and sewerage undertakers, rail networks and harbour authorities. Regulation 4(2) of the CCA Regulations, places such an obligation on Category 2 responders to co-operate with Category 1 responders within a particular local resilience area, in connection with the performance by that Category 1 responder of its duties under section 2(1) of the CCA 2004.

Other Sectors

8.99 As above, the *Emergency Preparedness* guidance sets out information on the involvement of other sectors in emergency planning [RH/50/CABP00045331].

Recording, Analysing and Storing Data

8.100 The Cabinet Office's processes for recording, analysing and storing data in relation to assessing risk and preparing for emergencies is described from paragraph 7.1 above.

Communicating with the Public

8.101 The CCA 2004 imposes an obligation on Category 1 responders, at the local level, to:

8.101.1 maintain arrangements to warn, and provide information and advice to, the public if an emergency is likely to occur or has occurred; and

8.101.2 put in place arrangements to make information available to the public about civil protection matters.

8.102 The *Emergency Preparedness* guidance contains a section on the use of a News Coordination Cell , as referenced at paragraph 8.118.6(b) below, which could be set up in Whitehall by information staff within the Cabinet Office if ministerial involvement becomes necessary in the handling of any emergency. The NCC functions alongside the government department leading the response [RH/50/CABP00045331].

8.103 The *Emergency Preparedness* guidance also sets out information on lead responsibility for warning and informing the public in the event of different categories of emergency [RH/50/CABP00045331].

8.104 The Cabinet Office led, co-ordinated and/or contributed to a number of activities within the programme of work overseen by the PFR Board (from 2017 onwards). One of these was the preparation of a draft strategy for communicating with the public during an emergency. Pandemic Communications was a workstream in the Pandemic Flu Programme, overseen by the PFR Board. This workstream had three elements:

8.104.1 review of the UK Pan Flu Communications Strategy in light of the lessons learned from Exercise Cygnus (which was led by the DHSC);

8.104.2 development of a framework/process for assuring departmental communication plans for pandemic flu (which was coordinated jointly by the Cabinet Office and the DHSC); and

8.104.3 departments to refresh respective communication plans relevant to a flu pandemic to ensure consistency and coherence (which involved all departments but was led by Cabinet Office Communications).

8.105 The workstream was scheduled as a two-year programme of work by the PFR Board. In Year 1, the priority was on updating, improving, and consolidating public health communication messages. In Year 2, the Cabinet Office worked to broaden and operationalise the work which was completed in Year 1. That included the development of coherent and planned cross-government communication messages and a Communications Concept of Operations.

8.106 Due to the reprioritisation of key staff as a result of ongoing preparedness activities, this work was paused. At that time, a draft Communications Strategy had been agreed with the Chief Medical Officers of England and the devolved administrations. This draft Communications Strategy set out agreed messaging for use by the Government at each stage of the response to a future influenza pandemic, including communications support while services are surged/reconfigured to respond to the significant increase in demand. The draft Communications Strategy [RH/10/CABP00045311] was expected to replace the original strategy, from 2012, but it was never published. This is outlined in further detail in paragraph 9.138

Leadership Succession Planning

8.107 For the most severe emergency situations, COBR co-ordination arrangements exist to ensure resilience. These arrangements are deliberately designed to be flexible; COBR can meet in various formats (including virtually) at different levels to bring together relevant Ministers and senior officials depending on the nature of the emergency. There is no set membership of COBR, or set chair.

8.108 The CCS work to prepare for the UK's exit from the European Union included the implementation of cross-government coordination structures, upgrades to COBR crisis management facilities, the training of large numbers of staff in crisis management and the establishment of data collection, analysis and reporting mechanisms that were key to the Covid-19 response.

8.109 More generally, junior ministers in a ministerial department and civil servants working for a departmental minister may exercise powers of the minister in charge of the department, under what is known as the Carltona principle. Reflecting the principles outlined in the Cabinet Manual, in the event of absence or incapacitation, No. 10 follows the Cabinet Office order of precedence, as previously determined by the Prime Minister. In respect of the COVID-19 pandemic, the First Secretary of State and Secretary of State for Foreign, Commonwealth and Development Affairs (Dominic Raab) was the most senior minister, and his deputising was at the Prime Minister's instruction.

PART 2 – Emergency Response

8.110 It is convenient here to set out the Cabinet Office's functions in relation to an emergency response, and specifically the roles of COBR and SAGE.

COBR

8.111 An 'emergency' (or disruptive challenge), as defined in the CCA 2004, is a situation or series of events that threatens or causes serious damage to human welfare, the environment or security in the UK. This definition covers a wide range of scenarios including adverse weather, severe flooding, animal diseases, terrorist incidents and the impact of a disruption on essential services and critical infrastructure. As set out above, local responders are the basic building block of the response to any emergency in the UK. Emergencies are routinely handled by the emergency services and other local responders without the need for any significant central government involvement. Notwithstanding this, when there is a major incident or catastrophic emergency requiring intervention from central government, the response is underpinned through use of COBR, which is an organisational structure comprising a senior decision-making body supported (as necessary) by a number of separate cells and groups providing specialist input.

8.112 The name 'COBR' comes from 'Cabinet Office Briefing Rooms' which is the physical location in Westminster where COBR meetings usually take place.

8.113 COBR is the primary organisational structure for agreeing the central government response to major emergencies which have international, national or multi-regional impact. COBR is an organisational structure comprising a senior decision-making body supported (as necessary) by a number of separate cells and groups providing specialist input. COBR facilitates cross-government decision making and ensures ministers and senior officials are provided with timely, coordinated and quality advice to enable quick and efficient decision-making during times of national crisis. COBR provides a focal point for the government's response and an authoritative source of advice for local responders.

8.114 Ministers and senior officials, as appropriate, from relevant 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. Meetings at COBR are in effect Cabinet committee meetings, although there is no fixed membership, and they can meet at Ministerial (M) or Official (O) level depending on the issue under consideration. Attendance is based on the agenda for each respective meeting.

8.115 In order to aid planning, further understanding, and provide guidance to responders and central government planners on when they might expect central government involvement

in responding to an incident, three broad types (or levels) of emergency have been identified which are likely to require direct central government engagement (in practice, however, these are indicative rather than a hard designation structure):

8.115.1 a 'Significant Emergency (Level 1)' has a wider focus and requires central government involvement or support, primarily from a lead government department 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 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. In addition, most consular emergencies overseas fall into this category;

8.115.2 a '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 tier in England and where appropriate, the devolved administrations. The central government response to such an emergency would be co-ordinated by COBR under the leadership of the lead government department. Examples of an emergency at this level could be a terrorist attack, widespread urban flooding, widespread and prolonged loss of essential services, a serious outbreak of animal disease, or a major emergency overseas with a significant effect on UK nationals or interests; and

8.115.3 a '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.

8.116 Where COBR is activated in response to an incident, its default strategic objectives are to:

8.116.1 protect human life and, as far as possible, property and the environment, and alleviate suffering;

8.116.2 support the continuity of everyday activity and the restoration of disrupted services at the earliest opportunity; and

8.116.3 uphold the rule of law and the democratic process.

8.117 Prior to 2010, for a civil or non-terrorist domestic emergency, the Civil Contingencies Committee (a cabinet committee) would 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. In 2010 the Civil Contingencies Committee was replaced in the COBR structure by the **National Security Council (Threats, Hazards, Resilience and Contingencies) ("NSC(THRC)")**, a sub-committee of the NSC. Table D of Annex A provides further information on the Civil Contingencies Committee and NSC(THRC). NSC(THRC) was disbanded in 2019. NSC continued to be the main forum for collective discussion of the Government's objectives for National Security and how best to deliver them.

8.118 The various cells and supporting blocks that are utilised during emergencies, or provide the basis for bespoke arrangements, are explained as follows:

8.118.1 *Situation Cell*

(a) for all Level 2 or 3 emergencies (i.e., 'serious' and 'catastrophic' emergencies respectively), a Situation Cell will be established, led by the Cabinet Office with participation by the lead government department where appropriate. The purpose of the Situation Cell is to ensure that there is a single, immediate, authoritative overview of the current situation available to decision makers;

(b) as part of its role, the Situation Cell develops and maintains a **Common Recognised Information Picture ("CRIP")**, which will be summarised on display boards in COBR and briefed at the outset of key meetings and shared as far as possible with responders at the regional and local level. The CRIP will consist of information relating both to the scene and significant wider impacts, including facts and figures, the main developments and decisions, trends, and upcoming decision points. This

now will be supported by data and analytics from the SitCen (please see paragraph 10.25, below);

(c) in order to ensure accurate and timely information is available in the CRIP, the Cabinet Office will request SitReps (as mentioned at paragraph 7.4.3 above) from other government departments and agencies as appropriate, providing a national summary of nationally managed or co-ordinated services.

8.118.2 *Intelligence Cell*

(a) for terrorist-related incidents and other situations where appropriate, an Intelligence Cell will be established in COBR. It will be staffed by the intelligence agencies, Joint Terrorism Analysis Centre, Defence Intelligence Staff and others as necessary. The Intelligence Cell coordinates the effort of these intelligence agencies.

8.118.3 *Operational Response*

(a) the requirement will depend on the nature of the emergency. In most cases, local responders will lead the operational response to an emergency with government providing support; however, in some circumstances, central government itself may be the lead responder;

(b) irrespective of where the lead lies, any central government contribution to the operational response will usually be led by the lead government department, involving other organisations as necessary;

(c) for non-terrorist emergencies, any immediate central government operational response would normally be led by the lead government department, although a dedicated cell may be formed where appropriate reporting to a lead minister to bring together a range of interests.

8.118.4 *Impact Management Group*

(a) for many emergencies, consequence management is the biggest and most complex area of work, involving staff from a wide variety of departments and agencies – both within and outside of government;

(b) where COBR is activated, the decision-making body will prioritise central government impact management activity, consider response options and take significant policy decisions. An Impact Management Group may be formally established where there is added value in handling separately the central government input to consequence management activity. Impact Management Groups are not frequently activated, but can be utilised if required;

(c) when activated, the Impact Management Group will normally be chaired by the Cabinet Office. It will comprise representatives from the relevant departments and agencies involved in consequence management, including, as appropriate, the devolved administrations, police and the Local Government Association;

(d) the Impact Management Group will provide detailed co-ordinated advice on all aspects of the government's contribution to the emergency response and will ensure that any necessary central government preparations for the recovery phase are addressed.

8.118.5 *Recovery Group* -

(a) the lead government department for 'Recovery', in consultation with the Cabinet Office and the lead government department for 'Response', will consider the need for establishment of a ministerially-led Recovery Group to oversee recovery activity in England, co-ordinating activity as appropriate with the devolved administrations. The purpose of the Recovery Group is to:

(i) ensure that government departments and other national and regional bodies have a shared understanding of policies and priorities, and that they contribute fully and effectively to the recovery effort;

(ii) monitor progress and, where necessary, tackle blockages;

(iii) escalate, where necessary, significant policy issues for resolution;

(iv) engender public and parliamentary confidence in the recovery process at all levels;

(v) ensure that local authorities and other recovery agencies fulfil their role and that where necessary local issues are considered and resolved at the national level; and

(vi) discuss and agree the funding options and arrangements for affected areas.

8.118.6 *Public Information*

(a) an accurate, timely and consistent flow of information to the public and other key stakeholders is essential to maintaining confidence in the response to an emergency and for influencing public behaviour.

(b) the lead government department's press office will lead on public presentation in support of the lead minister. However, where an emergency has wide ranging impacts or gives rise to considerable public and media interest, a News Co-ordination Cell may be activated.

(c) the News Co-ordination Cell can be activated at various levels depending on the nature and demands of the emergency. The duties can include:

(i) advising the lead government department on media handling;

(ii) compiling and maintaining a 'top lines brief' summarising the key facts and messages for distribution to ministers and others involved in the response at a national and local level;

(iii) briefing COBR meetings on media handling;

(iv) developing, in conjunction with local responders and government departments, a coherent public information strategy for consideration by COBR; and

(v) establishing a fully functioning cross-government media centre under the leadership of the lead government department and supporting the policy direction from COBR, the News Co-

ordination Cell will handle all requests to government for information on the emergency.

8.118.7 *Scientific and Technical Advice*

(a) the effective management of most emergencies will require access to specialist scientific and technical advice, for example regarding the public health or environmental implications of a release of toxic material, or the spread of a disease;

(b) lead government departments are responsible for ensuring 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**"), further information on which can be found below;

(c) where activated in support of the central response, SAGE provides co-ordinated scientific and technical advice to the Impact Management Group or, in other circumstances, to the COBR Secretariat and lead government department so that rounded, evidence-based advice can be presented to decision-makers.

8.118.8 *Legal Advice*

(a) managing an emergency is also likely to raise many legal issues. Departments and agencies are responsible for ensuring that the advice they provide has been developed where necessary in collaboration with their legal advisors;

(b) in the case of incidents occurring in, or affecting, Scotland, the Cabinet Office legal team may require advice from the Office of the Advocate General for Scotland. Legal advisers to the Northern Ireland Office and to the Office of the Secretary of State for Wales may provide legal advice on issues relevant to Northern Ireland or Wales.

8.118.9 *Logistics Support*

(a) some emergencies may require procuring and distributing supplies across the country. Wherever possible, logistics support to crisis response will be managed at the local level. However, there will be circumstances in which

local responders do not have access to all of the required logistics skills, equipment and / or supplies. In these instances, logistics support is the responsibility of the department with the relevant policy lead under the overall guidance of the lead government department, but in some circumstances there may be a need for the logistical operational response to be reinforced centrally. Where this is the case, a 'Logistical Operations Cell' may be established to draw together logistical expertise across government to assist in the sourcing and distribution of resources to affected areas.

8.119 When COBR is activated, the Cabinet Office, in consultation with the lead government department and No.10, will determine the coordination of activities between national, regional and local partners, whether (and if so, which) departments need to be represented in COBR, and at what frequency meetings will need to take place. This could be on a 24/7 basis for the initial period of the crisis. The initial meetings seek to ensure a common understanding of the issues, focus on immediate and emerging priorities and identify or take any urgent decisions that are required.

8.120 Government guidance is reviewed and updated periodically as lessons are learnt and practice evolves or changes are identified. However, the capacity to review and update guidance has been limited in recent years due to the need to prioritise response and recovery activity. Whilst the core of our guidance, like the CCA 2004, remains relevant and appropriate, we recognise the need for reviews and updates. We have committed in the CCA Post Implementation Review to update statutory and non-statutory guidance.

SAGE

8.121 Where a cross-government response is activated and multiple sources of scientific advice are needed, the lead government department at the centre of the emergency / crisis would usually deliver these responsibilities through the establishment of a Scientific Advisory Group on Emergencies ("**SAGE**"). SAGE is a standing capability. Although associated by many solely with the COVID-19 pandemic, it is part of our generic response structures and has addressed other risks as the need has arisen.

8.122 SAGE is responsible for ensuring that timely and coordinated scientific advice is made available to decision-makers to support UK cross-government decisions in COBR. The advice provided by SAGE does not represent official government policy.

8.123 To achieve its aims, SAGE can:

8.123.1 analyse, review or model existing data;

8.123.2 assess, review and/or validate existing research; and/or

8.123.3 where previous research is limited or non-existent, commission new research.

8.124 In October 2012, the Cabinet Office published 'Enhanced SAGE Guidance: A strategic framework for the Scientific Advisory Group' [RH/9/CABP00033808]. This document sets out the purpose of SAGE and describes the framework within which it operates. To the extent that the information provided in this corporate statement deviates from the document's content, this is due to changes over the years. The guidance is now over 10 years' old, and the Cabinet Office is currently giving consideration to updating it.

8.125 The participants in SAGE will be scenario-specific and may change during the lifetime of the response depending on the topics being covered. Experts are invited from across the UK based on recognition that they are leaders in their respective fields. A common core of departments and agencies are likely to be represented within SAGE in most scenarios and to be involved throughout, providing valuable experience and continuity.

8.126 The leadership of the SAGE may also change as an emergency moves from the response to recovery phase. The leadership may also change during the response phase once the situation has stabilised or a lead government department has been appointed. Likewise, the role of the SAGE will evolve over the course of an emergency. However, while the focus will change, the broad responsibilities will largely remain to:

8.126.1 identify where scientific and technical advice is likely to be needed (in consultation with the Cabinet Office and the lead government department and other relevant policy leads) and prioritise and steer efforts as necessary to fill gaps or meet ministers' needs;

8.126.2 provide a common source of scientific and technical advice for crisis managers in departments and COBR when activated;

8.126.3 advise on the likely development of the emergency and any planning assumptions that should guide the response;

8.126.4 liaise with national specialist advisors from agencies represented in SAGE and, where warranted, the wider scientific and technical community, to ensure the best possible advice is provided;

8.126.5 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;

8.126.6 monitor the scientific information being provided by individual organisations in order to identify emerging differences and consider how these might best be addressed;

8.126.7 ensure consistent advice is presented nationally, and where appropriate, locally; and

8.126.8 ensure that scientific information is understandable by policy makers and, where appropriate, can be understood by the public.

PART 3 – Assessing and planning for inequalities and vulnerabilities

8.127 The Public Sector Equality Duty (PSED) requires public bodies to proactively consider how they can positively contribute to the advancement of equality and the prevention of discrimination by taking into account the potential effects of their policies, functions, and service delivery on groups with protected characteristics. As part of the policymaking process, input should be sought during the development, consultation and testing of policies. Public Bodies are encouraged to gather data that will help with their equality analyses. PSED does apply to policymakers in public authorities in England, Scotland and Wales, including fire and rescue services, police, local authorities and government departments, all of whom play a role in supporting the public during emergencies and therefore will be expected to consider PSED as part of their assessments and planning for emergencies.

8.128 The government's Emergency Preparedness Guidance [RH/50/CABP00045331] sets out in Chapter 5 that local responders should make special provisions in their plans for vulnerable people.

8.129 While the Civil Contingencies Act 2004 predated the Public Sector Equality Duty, the Government developed guidance for emergency planners and responders on identifying people who are vulnerable in a crisis [RH/89/CABP00049278]. to assist in the development of local action plans for identifying and supporting groups of people who may be vulnerable

in an emergency. This helps responders when exercising functions and duties under the Civil Contingencies Act 2004 to consider equality issues.

8.130 The Human Aspects Guidance [RH/91/CABP00049280] provides local practitioners with advice on planning and coordinating activities to address the human impacts of emergencies. The guidance includes advice on identifying the needs of those impacted and those who may be disproportionately affected by emergencies, noting that particular consideration should be given to groups that may be considered vulnerable. While the Human Aspects Guidance is non-statutory, the ties through to the Equality Act 2010 mean emergency responders are expected to be aware of the provisions in respect of persons with protected characteristics which may make individuals or communities more vulnerable to a particular emergency, and appropriately consider and incorporate this into human aspect planning.

8.131 As the Lead Government Department for pandemic influenza, the Department of Health and Social Care held responsibility for identification of all those likely to be affected, including those who may be particularly vulnerable.

8.132 In 2009, in response to the Swine Flu pandemic, the Department of Health published 'Pandemic Influenza: Guidance on meeting the needs of those who are or may become vulnerable during the pandemic'. This guidance moved the focus away from vulnerable groups, to the needs to vulnerable individuals, to reflect the fact that there will be people who may become vulnerable due to a pandemic, who were not already in contact with Health or Social Care services. This guidance was agreed at a meeting of the Civil Contingencies Committee.

8.133 We cannot pre-empt who will be most affected but the reasons are multifactorial and cross public health, environmental, societal and economic boundaries. An element of pandemic planning is not to pre-empt who will be most affected. However, all departments and sectors were expected to consider how to support key services which would have included maintaining caring services, for example.

8.134 Following Exercise Cygnus (please see paragraph 9.16), equalities in the event of a severe pandemic influenza were considered as part of the work of the PFR Board, in line with the Public Sector Equalities Duty. This included an Impact Assessment and Equalities Assessment being carried out in 2019 for the Draft Pandemic Influenza Bill [RH/92/CABP00049281].

8.135 The Pandemic Influenza guidance for local planners (see paragraph 9.15, above) issued by the Cabinet Office, include an annex regarding 'Social Measures – Vulnerable People'. This stated that LRFs should work through the four key stages of establishing an emergency plan for identifying people who are vulnerable in a crisis, as set out in the 'Identifying People who are Vulnerable in a Crisis' guidance, referred to at paragraph 8.129, above.

8.136 In 2019, Ministers approved the establishment of a moral, ethical and faith advisory group (MEAG) to provide specialist advice to the UK Government on all aspects of moral, ethical and faith considerations before and during an influenza pandemic. Under the Terms or Reference of the MEAG, advice from the MEAG would likely be sought in two main scenarios: in an emergency to support incident response (response mode), or as part of general emergencies preparedness planning (planning mode) [RH/86/CABP00020881]

8.137 As set out in 9.13.7, the Cabinet Office co-led preparatory work on the MEAG alongside DHSC. Once the MEAG was agreed, senior sponsorship of the group was held jointly by DHSC and, as was at the time, MHCLG (now DLUHC). The MEAG first met in October 2019.

9. SECTION 6 - PREPARATIONS FOR A PANDEMIC

9.1 This section has been prepared with support from my colleagues within the COBR Unit and Resilience Directorate, including those who were part of the CCS during the Relevant Period, and other relevant teams.

PART 1 – Pandemic Planning and Preparedness

9.2 In order to understand the government's approach to pandemic planning and preparedness, it is important to understand how its strategy has developed historically. The UK has been preparing for an influenza pandemic for many years. Some of the milestones achieved over the years, during the government's preparations for a pandemic, are discussed in more detail below.

9.3 In 2002, England's Chief Medical Officer published 'Getting Ahead of the Curve: A strategy For Combating Infectious Diseases', which identified a new pandemic as a particular disease threat [RH/54/CABP00049286]. At or around this time, SARS began to emerge in Hong Kong. While the disease was ultimately contained, it alerted the government to the fact that prioritisation should be given to this area of planning.

9.4 Following this, there was a series of avian influenza outbreaks, such as H5N1, in or around 2004/05. In light of these outbreaks, given that they had closely followed the spread of SARS, concern began to increase in both government and the scientific community. These viruses tended to emerge overseas and were being transmitted with relative ease across borders, so there was a natural concern that such a transmission route was going to lead to the next, large scale health pandemic. There was a growing awareness and increasing interest amongst the scientific community.

9.5 The first edition of the National Risk Assessment was circulated in 2005 (the "**2005 National Risk Assessment**"), and pandemic influenza came out top in that risk assessment, across both the threats and the hazards. It was reasonable to expect that it could occur in a multi-year cycle and the impacts were enormous. Although, as I have explained, the 2005 National Risk Assessment is a confidential document, in order to assist the Inquiry, I have included the section relating to pandemic influenza at [RH/48/CABP00045689] to highlight how seriously such a risk was treated, even as far back as 2005.

9.6 In response, a cross-government programme was established, led by the DHSC and overseen by a new Ministerial Committee on Pandemic Influenza Planning ("**MISC32**"). The

first meeting took place in December 2005 to guide the preparations for a potential influenza pandemic and related international activity. Throughout the course of 2005 and 2006, a significant amount of work was conducted on preparing for a flu pandemic, particularly in respect of its impact on social disruption. Further information in this regard is set out in the 2006 version of the National Risk Assessment (the "**2006 National Risk Assessment**"). I have included the sections of the 2006 National Risk Assessment that relate to pandemic influenza at [RH/55/CABP00045695].

9.7 The Cabinet Office was involved in a wide range of workstreams and their relevant meetings over this period. DHSC and the Cabinet Office jointly published 'Pandemic Flu: A national framework for responding to an influenza pandemic' in November 2007 (the "**National Framework**") [RH/2/CABP00028244]. This formed the basis for the Swine Flu pandemic response that occurred in 2009 (the "**Swine Flu Pandemic**"), which I explain in further detail at paragraph 9.10 below.

9.8 Also in 2007, DHSC founded the **Pandemic Influenza Preparedness Programme ("PIPP")**, which is the umbrella programme for all activity to prepare to respond to a future influenza pandemic in England. The PIPP board met for the first time on 1 October 2007, and it was chaired by the DHSC Director with a CCS representative in attendance.

9.9 Ahead of the Swine Flu Pandemic, revised versions of the National Risk Assessment were released in 2007 and 2008 (respectively, the "**2007 and 2008 NRAs**"). I have included the sections of these documents that relate to pandemic influenza at [RH/56/CABP00045696 and RH/57/CABP00045697]. In respect of both the 2007 and 2008 NRAs, the overall assessment of the risk of pandemic influenza was 'very high', and the likelihood of such an event occurring being 'likely'. The 2008 National Risk Assessment provided the basis for the first public facing version of the National Risk Assessment that was released in the same year (the "**2008 National Risk Register**").

9.10 At the time of the Swine Flu Pandemic, which began in 2009, the strategic approach undertaken by the government to prepare the UK for a possible influenza pandemic had five stages:

9.10.1 'Risk Assessment' – this was based on information and evidence from a number of sources, including the National Risk Assessment, scientific evidence, historical evidence, and international surveillance;

9.10.2 'Scientific Analysis' – CCS and DHSC had led groups of experts from across government to analyse the evidence available on likelihood of a pandemic, the impacts of a pandemic, and the reliability of possible measures to reduce the social, economic and health impacts of a pandemic;

9.10.3 'Policy Development' – was divided into four key areas, namely:

(a) Leadership – policy development and implementation was led by the cross-government MISC32, chaired by the Secretary of State for Health, with representation from all government departments and devolved administrations. Supporting MISC32 was the Pandemic Flu Implementation Group with representation from all government departments, devolved administrations and the Health Protection Agency;

(b) Development of Planning Assumptions and Presumptions – scientific analysis enabled the government to establish a reasonable worst-case scenario which matched a 50% clinical attack rate, with a case fatality rate of 2.5% leading to 750,00 excess deaths. Discussion of these assumptions in cross government committees has enabled the production and subsequent agreement of UK pandemic flu planning presumptions encapsulating impact estimates on all critical sectors of UK society, including for example health, transport, and the economy over all phases of a pandemic;

(c) Communications – this included public engagement, public and media education, and expectations management; and

(d) International – the UK worked closely with the WHO to enhance global preparedness and ensure international collaboration on key issues such as virus sharing.

9.10.4 'Guidance' – the National Framework [RH/2/CABP00028244] described the government's strategic approach to, and preparations for, a pandemic influenza, providing information on the likely impact of a pandemic and setting out key assumptions for planning. Its primary aim was to guide and support integrated contingency planning and preparations in health and social care, across government and in public and private sector organisations.

9.10.5 'Implementation' – the programme for implementation had the following, overarching objectives:

(a) Objective 1 – a complete suite of fully audited and tested UK multiagency pandemic influenza operations plans;

(b) Objective 2 – building the ability to reduce the spread and impact of a pandemic, through stockpiling essential clinical countermeasures; and

(c) Objective 3 – improved public preparation and confidence.

9.11 Following the Swine Flu Pandemic, an independent review was undertaken, sponsored by the Cabinet Office, and led by Dame Deirdre Hine, which reported in July 2010 (the "**Hine Review**"). Further detail on the Hine Review is set out at paragraph 9.39 below. It made a number of recommendations on the planning and response to future pandemics. These were reflected in the revised **2011 UK Influenza Preparedness Strategy ("2011 Preparedness Strategy")** [RH/7/CABP00011745].

9.12 The 2011 Preparedness Strategy sought to improve generalised capabilities that could be deployed to combat a range of outbreak sizes, increasing the emphasis on scientific evidence to inform decision making and the government's understanding of pandemics and their impacts on society.

9.13 The 2011 Preparedness Strategy was based on a reasonable worst-case scenario within which 50% of the population become ill. These plans were based on scientific, clinical and operational evidence. The approach laid out in the 2011 Preparedness Strategy led to several improvements to the UK's pandemic influenza preparedness, including in relation to surveillance and modelling systems, stockpiles of clinical countermeasures including personal protective equipment for front-line healthcare workers and surge plans to reduce pressure on services. The 2011 Preparedness Strategy ultimately provided a basis for the government in the early stages of the response to COVID-19, including:

9.13.1 surge planning to prepare the NHS and adult social care to deal with extra demand;

9.13.2 preparations for recruitment and deployment of retired staff and volunteers;

9.13.3 surveillance and modelling to detect and assess the impact of COVID-19 and identify and quantify the groups most at risk of severe illness, hospitalisation and death;

9.13.4 strengthened excess death planning;

9.13.5 pandemic influenza draft legislation formed the basis of the Coronavirus Act 2020;

9.13.6 stockpiled **Personal Protective Equipment ("PPE")** and clinical consumables were deployed in the response and the COVID-19 vaccination programme; and

9.13.7 the **Moral and Ethical Advisory Group ("MEAG")**, set up to provide independent advice to the government on moral, ethical and faith considerations in advance of, and during, a pandemic. The Cabinet Office co-led preparatory work on MEAG alongside DHSC. The creation of MEAG was signed-off in February 2019, and Cabinet Office took a step back at this point given that there was agreement that senior sponsorship of the group would be held jointly by DHSC and, as was at the time, MHCLG (now DLUHC).

9.14 In 2012, work on pandemic influenza planning was subsumed within the Resilience Capabilities Programme. The Resilience Capabilities Programme, which was led by the Resilience Capabilities Programme Board, at that point comprised 22 workstreams crucial to the response to a wide range of emergencies. Pandemic influenza planning was incorporated within the workstream looking at contingency planning for infectious diseases in the round, with the DHSC as the workstream lead drawing in other departments and workstreams as necessary on issues such as excess deaths planning. DHSC's PIPP *(Pandemic Influenza Preparedness Programme, see above)* undertook continuous work to strengthen the UK's resilience to pandemics, in particular by improving access to clinical countermeasures including:

9.14.1 securing advanced purchase agreements for pandemic specific vaccines;

9.14.2 enhancing stockpiles and distribution arrangements for clinical consumables; and

9.14.3 developing policy on the usage of antibiotics and antivirals during a pandemic.

9.15 The Cabinet Office published updated guidance for Local Resilience Forums (which are dealt with in greater detail at paragraph 8.38 above) in July 2013 to support local delivery of the government's overarching strategy on non-health matters – 'Preparing for Pandemic Influenza: Guidance for Local Planners' [RH/3/CABP00028294]. This guidance was published online at https://www.gov.uk/guidance/pandemic-flu. DCLG-RED (subsequently MHCLG and then DLUHC) worked with LRFs on implementation of the guidance.

9.16 In October 2016, Exercise Cygnus took place, which was a cross-government exercise to test the 2011 Preparedness Strategy and its supporting plans and arrangements. The DHSC, through **Public Health England ("PHE")**, led preparations for the exercise, with the Cabinet Office represented in the planning group, and in the exercise itself. Further information on Exercise Cygnus, including its findings and recommendations, is set out at paragraph 9.92 below.

9.17 In February 2017, following Exercise Cygnus, the NSC(THRC) *(National Security Council (Threats, Hazards, Resilience and Contingency) sub-committee, see above)* met to discuss the UK's pandemic influenza preparedness. On that occasion, the NSC(THRC) was chaired by the Prime Minister. As stated above, the NSC(THRC) replaced the Civil Contingencies Committee.

9.18 The remit of the NSC(THRC) was to consider issues relating to security threats, hazards, resilience and civil contingencies, reporting as necessary to the NSC. The sub-committee agreed to a programme of work led by the DHSC and Cabinet Office to improve pandemic flu preparedness across government in light of the lessons learned from Exercise Cygnus. An official level cross-government body, called the **Pandemic Flu Readiness Board ("PFR Board")**, was set up to oversee this work.

9.19 As part of streamlining the cabinet committee structures, the NSC(THRC) was disbanded in July 2019 at the direction of the then Prime Minister when he took office.

9.20 The PFR Board was chaired jointly by the Emergency Preparedness, Resilience and Response Director in DHSC and the CCS Director in Cabinet Office, and its membership included other government departments and the devolved administrations. The PFR Board met 13 times from March 2017 to January 2020. Its programme of work had five strands:

9.20.1 *Health Care* - to further improve the plans of the health sector to flex systems and resources to expand beyond normal capacity levels;

9.20.2 *Community Care* - to understand and expand social care and community healthcare capability and capacity to respond to increased demand;

9.20.3 *Excess Deaths* - to develop a capability to ensure sufficient capacity to manage the volume of deaths in a respectful and acceptable manner;

9.20.4 *Sector Resilience* - to ensure that critical sectors have adequate resilience to anticipated levels of employee absence; and

9.20.5 *Cross Cutting Enablers / Coordination* - to:

(a) develop a legislative vehicle for pandemic response measures (including a draft Pandemic Influenza Bill);

(b) develop a more sophisticated understanding of moral, ethical and public expectations and reactions to a pandemic; and

(c) ensure effective communications arrangements are in place.

9.21 The Cabinet Office led, coordinated or contributed to a number of activities within this programme including:

9.21.1 the preparation of a draft Pandemic Influenza Bill. This formed the initial basis of the Coronavirus Act 2020, which included the following non-health schedules:

(a) food supply;

(b) schools;

(c) port operations;

(d) public events;

(e) criminal proceedings; and

(f) HMRC's functions;

9.21.2 contingency planning to enable key elements of the national infrastructure (e.g., policing, education and civil nuclear) to continue to operate in the face of significant employee absences;

9.21.3 the development of a draft planning framework to improve capabilities to manage excess deaths;

9.21.4 contingency planning to increase capacity in adult social and community care; and

9.21.5 the preparation of a draft strategy for communicating with the public during an emergency.

9.22 The Cabinet Office also worked with MHCLG, and subsequently DLUHC, on local engagement around pandemic flu planning including advice on best practice through the development of **National Resilience Standards ("NR Standards")** [RH/24/CABP00045676].

9.23 The NR Standards were intended to establish a consistent and progressive means for **Local Resilience Forums ("LRF")** and their constituent local responder organisations to self-assure their capabilities and overall level of readiness, to benchmark against good and leading practice, and to guide continuous improvement. They were not designed, or used as a tool, for central government to assess LRFs. LRFs are not a legal entity; rather, the responders who comprise the LRF have duties both under CCA and other legislation (e.g., Fire and Rescue Services Act 2004), as I have set out above. The NR Standards are complementary to sector-specific standards and expectations sets, and they define expectations at three levels:

9.23.1 mandatory, legal requirements (expressed in terms of 'must') - i.e., obligations under the CCA 2004 and other relevant legislation;

9.23.2 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; and

9.23.3 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.

9.24 The current set of 15 NR Standards for LRFs comprise: i) LRF Governance and Support Arrangements; ii) Local Risk Assessment; iii) Communicating Risks to the Public; iv) Emergency Planning; v) Community Resilience Development: vi) Interoperability; vii) Training; viii) Exercising; ix) Business Continuity Management; x) Business Continuity promotion; xi) Strategic Co-ordination Centre: Preparation and Operation; xii) Strategic Co-ordinating Groups: Preparation and Activation; xiii) Local Recovery Management; xiv) Cyber Incident Preparedness; and xv) Pandemic Influenza Preparedness.

9.25 In respect of the latter, the 'desired outcome' in the NR Standards is that an LRF has multi-agency pandemic influenza plans that are agreed, understood and validated, and will support joint preparedness and the response and recovery effort to a very severe influenza pandemic. In order to achieve 'good practice', an LRF should have a pandemic influenza plan that:

9.25.1 is directed and proportional to the public health risks set out in the NSRA (formerly the National Risk Assessment) and Community Risk Registers[1];

9.25.2 sets out roles and responsibilities for the full range of responders and supporting organisations, and details clear and agreed multi-agency ways of working to manage risk, respond to and recover from a pandemic;

9.25.3 is based on existing arrangements and multi-agency ways of working wherever possible, adapting and augmenting them as necessary to meet the specific challenges of a pandemic;

9.25.4 is tailored to local circumstances and challenges that have been identified in the Community Risk Register;

9.25.5 is scalable to deal with the full range of national planning assumptions, including those for excess deaths, staff absences and clinical attack rate and case-fatality ratio;

9.25.6 is based on the current and best available scientific evidence;

9.25.7 sets out arrangements for multi-agency blue light services collaboration during a flu pandemic, as required by the Policing and Crime Act 2017;

9.25.8 includes arrangements to identify and assist existing vulnerable groups and can also identify people who may become vulnerable in a flu pandemic, which should be agreed with partners and tested;

[1] Alongside the national level risk assessments (NRA/NSRA/NRR), local tiers are required to produce a specific risk assessment that reflects, as far as possible, the unique characteristics of their local area. This is achieved through the Civil Contingencies Act 2004 requirement on emergency responders in England and Wales to co-operate in maintaining a public Community Risk Register. These are approved and published by LRFs. The government provides guidance to LRFs on how to interpret the risks in the NRA/NSRA and NRR to help with their local assessment of risk. This ensures that risk assessment at all levels of government is integrated, so it can underpin coherent emergency planning throughout the country.

9.25.9 sets out expectations of local institutions and stakeholders, including prisons, universities, social care providers, undertakers and the voluntary sector, reflecting national guidance and local need;

9.25.10 includes roles and responsibilities for closure, if required, and subsequent re-opening of the full range of educational establishments;

9.25.11 sets out multi-agency recovery arrangements to promote the earliest possible return to normality, including preparedness for a further wave of infections;

9.25.12 is formally adopted and supported by the leaders of responders and supporting organisations, and signed-off by the LRF as a partnership;

9.25.13 contains a comprehensive and agreed anti-viral distribution strategy, led by NHS England;

9.25.14 is linked to the ethical framework, and have a method for using the principles it contains as a checklist to ensure all ethical aspects have been considered throughout dynamic decision making at all levels; and

9.25.15 recognises the need for, and ability to deliver, a concurrent response during the duration of a pandemic.

9.26 Further, under the NR Standards it is expected that an LRF should have:

9.26.1 clear and agreed multi-agency ways of working to implement the plan, including triggers and agreements between organisations (including MoUs where appropriate) in relation to excess deaths, communications and arrangements to manage additional burdens on health and social care services, including prioritisation of care;

9.26.2 coherence of LRF pandemic flu planning with individual organisations' plans, operational procedures, resources and capabilities specifically focusing on interdependencies between agencies and across LRF boundaries;

9.26.3 effective service and business continuity arrangements to ensure relevant organisations can continue delivering their essential services during a pandemic;

9.26.4 agreed what data will or may need to be collected and shared in a pandemic and have validated arrangements such as an Information Sharing Protocol to enable this;

9.26.5 identified clear governance structures and arrangements for accurate and consistent reporting between individual organisations, the LRF, lead government departments, and central government;

9.26.6 identified coordinated ways of communicating with the local population, including those people with hearing, visual and other disabilities or limited ability to speak English, and which avoids public panic or unrest; and

9.26.7 a programme for exercising plans that is associated with a formal and regular plan review process reflecting lessons identified.

9.27 In respect of pandemic influenza planning, the NR Standards also set out how to achieve 'leading practice'. In this regard, an LRF should consider adoption of, or some of, the following:

9.27.1 robust arrangements to validate and assure individual organisations' plans and arrangements;

9.27.2 an assessment of the degree to which pandemic influenza planning may be adaptable to other public health risks, without compromising their effectiveness for pandemic influenza;

9.27.3 validated arrangements for the coordination of the voluntary sector;

9.27.4 regularly conduct an estimate of number and type and location of potentially vulnerable people and their needs in the LRF area, recognising some of these may only become vulnerable in a pandemic if their formal or informal caring arrangements change;

9.27.5 include details of arrangements for the pre-pandemic phase in documented arrangements; and

9.27.6 contingency arrangements with local authorities to address the potential financial consequences of managing excess deaths, and the wider activities required to support a sustained response.

9.28 The NR Standards provide links to a selection of guidance notes and supporting documents / knowledge to allow LRFs to meet the 'good and leading practice' standards set out therein. In this way, the NR standards provide a tool for LRFs consistently to identify good and leading practice, and help self-assure their capabilities and overall level of readiness.

9.29 In respect of feedback on the NR Standards and their implementation, this occurred most recently following the public call for evidence which informed the CCA Post Implementation Review findings 2022, including a recommendation to put the standards on a statutory footing [RH/45/CABP00045327].

PART 2 – Forecasting

9.30 Since the start of the 20th century, there have been four influenza pandemics causing between 0.5 million (2009) and 40 million (1918-19) fatalities worldwide. The case fatality rate for these pandemics has varied between 0.05% (2009) and over 2.5% (1918-19). The 1918-19 pandemic caused between 200,000 and 250,000 deaths in the UK, out of a population of approximately 40 million.

9.31 An influenza pandemic has been the highest impact natural hazard risk on the National Risk Register since 2008. The 2020 National Risk Register [RH/26/CABP00045318] assesses the likelihood of a pandemic occurring as 5-25 every 500 years. Experts agree that future pandemics are inevitable.

9.32 Planning assumptions prepared by the Scientific Pandemic Influenza Group on Modelling in November 2018 (further information about which is set out at Annex A) [RH/20/CABP00045314], who provide expert advice to DHSC and wider government on scientific matters relating to the UK's response to an influenza pandemic or other emerging human infectious disease threats, suggested that:

9.32.1 *up to 50% of the population would become ill* (with infection attack rates up to 80-85%) (DHSC 2006c);

9.32.2 of which, *from 10% up to 25% were expected to have complications*, half of these bacteriological (with possibly as little as a 35% overlap between the 'at risk groups' and those who actually get complications (*Meier et al. 2000*));

9.32.3 *peak illness rates of around 10 to 12%* (measured in new clinical cases per week as a proportion of the population) in each of the weeks in the peak fortnight (DHSC 2005a);

9.32.4 *absence rates for illness reach 15 to 20%* in the peak weeks (at a 50% overall clinical attack rate, assuming an average 7 working day absence for those without complications, 10 for those with, and some allowance for those at home caring for children (DHSC 2006b));

9.32.5 *case hospitalisation demand rates up to 4%* with an average six-day length of stay but, of which 25% could, if the capacity existed, require intensive care for 10 days (i.e. require level 3 critical care); and

9.32.6 *case fatality ratios up to 2.5%*.

9.33 As I have explained above, prior to the emergence of COVID-19, the cross-government consensus, backed by expert scientific advice, was that an influenza pandemic was the most likely and highest impact non-malicious risk. The expert advice contributing to the NSRA and informing planning at the time was that coronaviruses were less likely to have pandemic potential, due to their mortality rate and transmissibility.

9.34 Prior to the COVID-19 pandemic, neither SARS nor MERS coronaviruses presented at anywhere near the scale of a pandemic. There has been a total of 8,098 reported cases of SARS, with 0 cases having been reported since 2004. According to the WHO in October 2021, there have been 2,578 cases of MERS since 2012.

9.35 SARS and MERS are very different from COVID-19, in that they have much higher fatality rates and generally lower likelihood of transmission between humans. The case fatality rate of MERS is approximately 35%. For SARS it is 10%. Unlike SARS-CoV-2, the virus that causes COVID-19, MERS-CoV does not pass easily between humans.

9.36 There is evidence to suggest a significant role in asymptomatic transmission of COVID-19, meaning a person can spread or transmit the disease despite being asymptomatic, which was not forecasted. Although the pandemic influenza planning assumptions anticipated that around a third of infected people would be asymptomatic, and that some people would be able to pass on the virus when asymptomatic, the assumption was that transmission would primarily be symptomatic, for example spreading the disease via aerosol droplets when people cough or sneeze. Significant asymptomatic transmission had not been accounted

for in the forecasts in respect of a new emerging high-consequence infectious disease such as MERS, as only a limited number of individuals had ever been identified with asymptomatic MERS infection. However, the government's preparations for a pandemic were designed to be flexible to respond to a range of possible pandemic scenarios and this is what occurred at the outset of the COVID-19 pandemic.

PART 3 – Exercises and Simulations

9.37 Between 2007 and 2020, a number of simulation exercises were undertaken in order to evaluate and improve the UK's response to epidemic or pandemic events. During this period, the government also took action in response to learning from major global health events.

Learning From Past UK and Worldwide Epidemics and Pandemics

The 2009-2010 Swine Flu Pandemic

9.38 When Swine Flu emerged in 2009, the government had long been preparing for an influenza pandemic. Swine Flu was first identified in Mexico in April 2009. It spread rapidly on a global scale, largely due to a low immunity to the virus amongst younger people. Most cases in the UK were relatively mild, although more serious cases occurred amongst younger adults and children, particularly those with underlying health problems, and pregnant women.

9.39 The Swine Flu Pandemic caused 457 deaths in the UK. On 10 August 2010, the WHO declared the pandemic officially over. Given the mild nature of this pandemic, it was decided that it should not be seen as representative of future pandemics. The H1N1 virus that caused Swine Flu is now one of the seasonal influenza viruses that circulate each winter. As described at paragraph 9.11 above, the government commissioned the Hine Review to consider its response to the Swine Flu Pandemic.

9.40 The Hine Review found that [RH/5/CABP00032766]:

9.40.1 the planning for a pandemic was well developed;

9.40.2 the personnel involved were fully prepared;

9.40.3 the scientific advice provided was expert;

9.40.4 communication was excellent; and

9.40.5 the NHS and public health services right across the UK and their suppliers responded superbly and the public response was calm and collaborative.

9.41 The Hine Review concluded that the government's handling of the pandemic was 'highly satisfactory'. A table of the recommendations relevant to the Cabinet Office arising from the Hine Review, and the action taken in response to these, can be found at Annex B.

9.42 As stated at paragraph 9.12 above, the 2011 Preparedness Strategy [RH/7/CABP00011745] set out the government's strategy for responding to an influenza pandemic in the future, and it took account of the recommendations of the Hine Review (as to which, please see [RH/5/CABP00032766] and Annex B), improving generalised capabilities that could be deployed to combat a range of outbreak sizes, and increasing the emphasis on scientific evidence to inform decision making and the government's understanding of pandemics and their impacts on society.

9.43 The 2011 Preparedness Strategy went through a 12-week consultation process seeking views on:

9.43.1 the proposed characterisation of mild, moderate and high-impact influenza pandemics in order to understand how best to coordinate a response in the health sector and across wider society, and

9.43.2 the planned five phase structure of the UK response to the threat of an influenza pandemic.

9.44 More generally, the consultation also invited comment on the broad approach adopted for the 2011 Preparedness Strategy, organised around three principles - precautionary action, proportionality, and flexibility.

9.45 The 2011 Preparedness Strategy divided the response into four phases following feedback given during the consultation:

9.45.1 detection and assessment;

9.45.2 treatment;

9.45.3 escalation; and

9.45.4 recovery.

9.46 The approach laid out in the 2011 Preparedness Strategy led to several improvements to the UK's pandemic influenza preparedness, including the development of a specific communications strategy and sectoral-specific guidance to help essential areas of the economy sustain their services. Guidance was produced for Telecoms and Postal services, Energy, Finance, Food and Water and Sewage Treatment.

9.47 Also following the Swine Flu pandemic, the Blackett Review was commissioned by the Cabinet Office and the **Ministry of Defence ("MOD")** to consider 'High Impact Low Probability Risks' (the "**Blackett Review**"). Its findings were published in 2011 [RH/14/CABP00045312]. The Blackett Review considered those issues in the specific context of the Cabinet Office and MOD, and for the Cabinet Office, from the perspective of the National Risk Assessment (now the NSRA). The Blackett Review presented the thinking at that time on the best approach to identifying, assessing, and managing these types of risks.

9.48 The recommendations made in the Blackett Review built on existing practice within the Cabinet Office and MOD, with an emphasis on refreshed thinking. The most notable factor in the recommendations was the repeated need for the inclusion of external experts and readiness to consider unlikely risks. The Blackett Review made clear that behavioural matters and the role of social science in risk management required to be enhanced.

9.49 The Blackett Review made eleven recommendations: seven were focused across all government departments and agencies, and four were specifically addressed to the Cabinet Office.

9.50 The four, Cabinet Office specific recommendations were as follows:

9.50.1 Cabinet Office, working with other departments, should strengthen the scrutiny of the National Risk Assessment (now the NSRA) by experts drawn from appropriate disciplines in the scientific, analytical and technical fields;

9.50.2 Cabinet Office should encourage government departments to develop and maintain a database of appropriate experts for the National Risk Assessment (now the NSRA) risks they own and ensure that it is kept under continual review;

9.50.3 Cabinet Office should encourage departmental risk owners to consider using supplementary approaches to inform the likelihood and impact assessments for scenarios within the National Risk Assessment (now the NSRA) process; and

9.50.4 Cabinet Office should work with other government departments and experts to consider potentially linked or compounding risks to inform contingency planning appropriately.

The 2012 MERS Outbreak

9.51 MERS is a viral respiratory disease caused by a novel coronavirus ("**MERS-CoV**") that was first identified in Saudi Arabia in 2012.

9.52 MERS has been reported in 27 countries since 2012, with approximately 80% of human cases reported by the Kingdom of Saudi Arabia. No vaccine or specific treatment for MERS is currently available; however, there are several vaccines for MERS in development. Treatment is supportive and based on a person's clinical condition.

9.53 The mortality rate for people with the MERS virus is approximately 35%.

9.54 Unlike SARS-CoV-2, the virus that causes COVID-19, MERS-CoV does not pass easily from human-to-human and the risk to residents in the UK remains very low.

9.55 The **UK Health Security Agency ("UKHSA")** remains vigilant and closely monitors developments in the Middle East and in the rest of the world where new cases of MERS-CoV coronavirus typically emerge.

9.56 Exercise Alice was carried out in 2016 to prepare for a potential outbreak of MERS-CoV in the UK. An analysis of Exercise Alice and the recommendations which arose as a result of the exercise can be found at paragraph 9.79 below.

The 2013 – 2016 Western African Ebola Virus Pandemic

9.57 In 2014, outbreaks of Ebola began in West Africa, primarily affecting Guinea, Liberia and Sierra Leone. In 2015, the government committed £427m to the Ebola response in West Africa, including provision of military assistance, deployment of PHE staff and support for hospital care and safe burials.

9.58 During the 2014 – 2016 Ebola outbreak, PHE provided port of entry screening for Ebola to travellers arriving from high-risk countries. Screening teams were focused at London's Heathrow and Gatwick airports where more than 90% of relevant passengers enter the UK, including 100% of higher risk workers. Passengers were generally identified by Border Force at passport control and then escorted to a separate area within the airport for

assessment. Returning travellers completed an assessment form to confirm details of their travel and exposure history and were asked to report any symptoms compatible with Ebola.

9.59 Contact-free temperature checks were carried out, and travellers were categorised into one of three risk groups; low (cat 1) to high (cat 3), and information was passed on to the local health protection teams for follow up as necessary based on the risk category.

9.60 A Cabinet Office report summarising the lessons learned from the government Response to the Ebola Virus Epidemic in Sierra Leone, Guinea and Liberia during 2014-2015 was published in November 2015 (the "**Ebola Report**") [RH/16/CABP00049267].

9.61 The Ebola Report was compiled by the Cabinet Office based on the evidence provided to it by a range of government departments. The Ebola Report reflects on a number of specific areas and action points including, but not limited to:

9.61.1 the UK domestic response in areas such as capacity and preparedness, led by DHSC, NHS England and PHE, including raising staff awareness of Ebola through targeted communications and ensuring sufficient PPE was available to staff;

9.61.2 the implementation of passenger screening for visitors from affected countries and the cessation of direct flights from affected countries to the UK;

9.61.3 the discussion around whether the government had the correct public health powers in place at the time. Given the risks faced by the UK, it was decided that these were sufficient for the specific situation;

9.61.4 an exercise to test Ebola preparedness in England on 12 October 2014 and how the learning points from this exercise had been implemented, and aspects of it learned from;

9.61.5 the significant support given to the development of an Ebola vaccine by the UK and the fact that the *'Ebola epidemic in West Africa has increased international awareness of the challenges in developing, testing and bringing to market vaccines targeting epidemic and pandemic diseases'* (page 9 of the Ebola Report);

9.61.6 considering in detail the roles of different government bodies during an epidemic, including the need for coordination of response and the importance of SAGE and its modelling sub-group who met twice weekly during the height of the Ebola epidemic;

9.61.7 the Ebola Report details specific lessons learned across the domestic and international responses, and government responsibilities and structures; and

9.61.8 the government's pandemic and high consequence infectious disease plans are kept under constant review, lessons learned from exercises and real-life incidents are applied to make the country safer and enhance our preparedness for future outbreaks.

The 2015-16 Zika Virus Epidemic

9.62 In 2015, an outbreak of Zika virus started in South America. On 1 February 2016, the WHO declared Zika virus and its link to congenital abnormalities a Public Health Emergency of International Concern. Ministerial interest in the spread of Zika virus, and its possible impact on British Nationals, increased within the UK at this time.

9.63 From February 2016 to September 2016, the CCS coordinated a series of cross-government meetings on the Zika virus. A pre-SAGE was set up to provide scientific advice to support policy decisions. The UK's strategic objectives for responding to the Zika virus were to:

9.63.1 minimise the risks to British Nationals at home and overseas;

9.63.2 provide appropriate information to British Nationals travelling to affected areas on Zika virus disease and the possible causal links to Congenital Zika Syndrome;

9.63.3 support the international response effort to investigate, understand and communicate the risks and to provide care and support to those affected;

9.63.4 to provide support, advice and continued engagement with the WHO to ensure an effective international response, and to hold WHO to account for their performance, offering robust challenge when needed; and

9.63.5 to support regional and country-level preparedness and response, taking a risk-based approach and leveraging existing UK capabilities and relationships.

9.64 In November 2016, the CCS instigated a lessons learned exercise in order to gather learning from the government's response to the Zika pandemic. Subsequent to this, in April 2017, a report was produced by the Cabinet Office summarising the lessons learned and

setting out the recommendations made as a result of this (the "**Zika Report**") [RH/18/CABP00005096].

9.65 The Zika Report opined that the government's response to the Zika outbreak could be considered in four, key, interconnected phases:

9.65.1 Phase 1: the initial government response;

9.65.2 Phase 2: mitigating risks to the UK (domestic response);

9.65.3 Phase 3: supporting the international response, and;

9.65.4 Phase 4: the scaling back of the government response and monitoring period.

9.66 The Zika Report was compiled using feedback from interviews with departments and agencies involved in the response. These departments and agencies confirmed that it was appropriate for the government to formally respond to the outbreak, despite the very low risk to the UK. It was concluded that, overall, the government's response to the Zika virus appeared to be effectively coordinated by government, with sufficient engagement and direction.

9.67 Where relevant, the recommendations for improving future HMG coordination and response to international health risks have been incorporated into the continuous improvement cycle of response. This includes:

9.67.1 identifying and agreeing the strategic objectives for the Cabinet Office chaired cross-government meetings during the early phase of the response, through appropriate senior level representation, whilst recognising that objectives may evolve during the response;

9.67.2 identifying the lead government department during the initial stages of a crisis and then rapidly creating a cross-government directory of departmental representatives who will form part of HMG's response;

9.67.3 understanding impacts of response on departments and agencies resources throughout a response;

9.67.4 where possible, implementing a clear battle rhythm of cross-government meetings in advance to allow departments to prioritise projects; and

9.67.5 appointment of a senior coordinator in key ministries to lead and set departmental direction, for example, in instances where a department does not have an existing co-ordinator.

9.68 Work on the final recommendation is ongoing, namely, ensuring continued collaboration between the DHSC and Department for International Development (which is now the Foreign, Commonwealth and Development Office) on engagement and coordination with the WHO, to ensure clear understanding of roles and responsibilities in each department.

Pandemic / Epidemic Simulation Exercises

9.69 Between 2007 and 2020, a number of simulation exercises were undertaken in order to evaluate and improve the UK's response to epidemic or pandemic events including the following:

Exercise Winter Willow

9.70 Exercise Winter Willow was an exercise designed to enhance the UK's ability to manage and respond to an influenza pandemic. It was held in 2007 and was the largest in a series of exercises conducted to test and strengthen the UK's planning for the response to an influenza pandemic. The exercise involved over 5,000 participants from government, industry and the voluntary sector, and simulated response at a local, regional, and UK-wide level.

9.71 The exercise was led by the DHSC with involvement from the Secretary of State for Health, the Right Honourable Patricia Hewitt MP. Exercise Winter Willow built on exercises held in previous years, especially Exercise Shared Goal in June 2006, which tested response plans at WHO Pandemic Phases 4 and 5.

9.72 The aims of the exercise were to test the preparedness of the UK for the major disruption of an influenza pandemic at local, regional and national levels. Stage 1 of the exercise was held on 30 January 2007 and was a national-level meeting of the then-Civil Contingencies Committee (replaced by the NSC(THRC)) that simulated the first UK cases in an influenza pandemic. Stage 2 was held between 16 and 21 February 2007 and implemented the decisions made during Stage 1.

9.73 The lessons learned from Exercise Winter Willow informed the development of response plans for the Swine Flu Pandemic, including the approach to stockpiling antivirals. The

document prepared by DHSC recording the lessons learned is exhibited at [RH/1/CABP00027680].

9.74 Exercise Winter Willow identified lessons on four core areas:

9.74.1 crisis management and coordination;

9.74.2 public advice and communication;

9.74.3 further policy development; and

9.74.4 business continuity.

Ebola Preparedness Surge Capacity Exercise

9.75 The Ebola Preparedness Surge Capacity Exercise was held on 10 March 2015. This was a decision-based exercise with the aim to evaluate the current arrangements and capabilities of the NHS surge centres in England to respond to multiple cases of Ebola.

9.76 Participants in the exercise included representatives from the DHSC, PHE, the NHS, Ambulance Services, Local Authorities, the Health and Safety Executive, Public Health Wales and the MOD.

9.77 Key recommendations following the conclusion of the exercise included:

9.77.1 the establishment of a mechanism for sharing learning;

9.77.2 a review of the capacity and capability of the surge centres;

9.77.3 clearer public messaging; and

9.77.4 ongoing investment in training and exercises.

9.78 A copy of the report produced pursuant to this exercise is exhibited at [RH/33/CABP00045678]. The Cabinet Office does not hold an unredacted copy of the report, which it understands will be in the possession of the DHSC. This is because the Cabinet Office was not involved in this exercise; rather, it was an internal health sector exercise.

Exercise Alice

9.79 Exercise Alice was a table-top exercise delivered by PHE's Emergency Response Department Exercises Team on 15 February 2016 in order to prepare for a large-scale outbreak of MERS-CoV in the UK. **Table-top exercises (known as "TTX")** usually involve a realistic scenario and timeline, which may be real-time or may speed up time. Usually, TTX are run in a single room, or in a series of linked rooms which simulate the divisions between responders who need to communicate and be coordinated.

9.80 MERS-CoV is classified as an airborne High Consequence Infectious Disease. These are defined as acute infectious diseases, typically with very high case-fatality rates that in many cases do not have effective treatments available.

9.81 The mortality rate for people with the MERS virus is approximately 35%. Case fatality rates for COVID-19 vary significantly based on a range of factors, including age, social factors and vaccination status.

9.82 Exercise Alice was focused on two stages of the response – the initial response, and the health care implications of widespread cases. The exercise involved officials from PHE and DHSC with observers from the Cabinet Office (who facilitated parts of the exercise at the PHE's request), the devolved administrations and the Government Office for Science. The exercise aimed to test surge arrangements, contact tracing and quarantining arrangements, the coordination of the healthcare response and public communications.

9.83 The main actions that were identified in the exercise were:

9.83.1 developing a specific PPE instruction video designed for use by front line staff;

9.83.2 producing options plans for self-isolating versus quarantine;

9.83.3 producing a process for community sampling; and

9.83.4 developing a communication approach for NHS staff.

9.84 The results of Exercise Alice were incorporated into ongoing planning work conducted by DHSC, UKHSA and the NHS to respond to High Consequence Infectious Disease outbreaks in the UK. UKHSA closely monitors MERS cases worldwide and has assessed the risk to the UK from MERS as very low. The size and scope of an exercise does not necessarily reflect the scale or likelihood of a risk.

9.85 A copy of the report produced by PHE pursuant to this exercise is exhibited at [RH/39/CABP00045684]. Cabinet Office does not hold an unredacted copy of the report, which it understands will be in the possession of the DHSC.

Exercise Northern Light

9.86 Exercise Northern Light was held on 24 and 25 May 2016 by NHS England in order to consider the challenges that The Newcastle-upon-Tyne Hospitals NHS Foundation Trust may face when the Royal Victoria Infirmary became the UK's main High Level Isolation Unit during July and August 2016. The exercise highlighted that communications (both directed at the general public and at staff), staffing levels, and the supporting of surge centres could be improved in order to improve resilience.

9.87 A copy of the report produced pursuant to Exercise Northern Light is exhibited at [RH/34/CABP00045679]. Cabinet Office does not hold an unredacted copy of the report, which it understands will be in the possession of the DHSC. The Cabinet Office was not involved in this exercise.

Exercise Cygnet

9.88 Exercise Cygnet was a discussion-based exercise held on 2 August 2016 in the build up to Exercise Cygnus (please see paragraph 9.92 below for further information on Exercise Cygnus) which aimed to consider the UK response to a pandemic-influenza outbreak.

9.89 The aim of Exercise Cygnet was to provide an opportunity for colleagues from the health and social care sectors to consider the national, strategic health and social care responses to a pandemic-influenza outbreak, ahead of the broader Exercise Cygnus Tier 1 exercise.

9.90 Senior representatives from the DHSC, NHS, PHE, the Social Care sector and the voluntary sector were involved, as well as observers from the Cabinet Office and devolved administrations. Exercise Cygnet identified issues for further development before Exercise Cygnus (see below) took place.

9.91 For further details in this regard please see [RH/85/CABP00049255].

Exercise Cygnus

9.92 A key milestone for pre-COVID-19 pandemic preparedness was the design and delivery of Exercise Cygnus. Exercise Cygnus was a cross-government exercise carried out between

18 - 20 of October 2016 in order to test: i) the UK's response to a serious influenza pandemic that was close to the UK's worst-case planning scenarios, and ii) the 2011 Preparedness Strategy. The devolved administrations also participated in Exercise Cygnus.

9.93 Exercise Cygnus focused on four main areas including the management of excess deaths, mass work absences and how the NHS would cope with an increased demand for treatment. Over 950 representatives from the devolved administrations took part in the exercise. The exercise was led by PHE and included 12 other government departments as well as the NHS, local public services and several prisons. The Cabinet Office was represented in the planning group and in the exercise itself.

9.94 The report also made 22 recommendations based upon these learning outcomes. The exercise identified four key learning outcomes:

9.94.1 the development of a pandemic concept of operations would assist in managing a cross-government and multi-agency response, i.e., how government works with responders;

9.94.2 the introduction of legislative easements would assist with the implementation of measures that might be employed during a pandemic;

9.94.3 public reactions in response to a reasonable worst case pandemic influenza need to be better understood; and

9.94.4 an effective response would require capability and capacity to surge services to meet demand.

9.95 A summary of the recommendations arising out of Exercise Cygnus, relevant to the Cabinet Office, and of the actions taken by the Cabinet Office in response to those recommendations can be found at Annex C.

9.96 The government accepted all of the recommendations from Exercise Cygnus. The lessons identified from Exercise Cygnus were incorporated into a programme of work to review pandemic flu response plans, overseen by the PFR Board (see paragraphs 9.18-9.20).

9.97 The lessons learned from these exercises increased the government's ability to rapidly respond to COVID-19 and they continue to be considered by the government and a range of stakeholders, including expert advisory groups and local emergency planners in reviewing pandemic response plans.

9.98 The government has implemented lessons learned around pandemic preparedness, including from Exercise Cygnus. This includes being ready with legislative proposals, planning for recruitment and deployment of retired staff and volunteers, and improving plans to flex systems and expand beyond normal capacity levels.

9.99 The overall finding of Exercise Cygnus was that the UK's command and control and emergency response structures provided a sound basis for the response to pandemic influenza. However, the UK's preparedness and response, in terms of its plans, policies and capability, were not sufficient to cope with the extreme demands of a severe pandemic with a nationwide impact across all sectors.

9.100 As a result of the exercise, the Pandemic Influenza Bill was drafted. This bill ultimately formed the basis for the Coronavirus Act 2020 and informed the initial response to COVID-19 (see paragraph 8.18, above). The lessons learned from Exercise Cygnus included work that formed the initial basis of clinical stockpiles, and improving plans to flex systems and expand beyond normal NHS capacity levels. The government also established the PFR Board as a result of the findings of the exercise (please see paragraph 8.104 above for further information in this regard).

9.101 A copy of the report prepared by PHE pursuant to Exercise Cygnus is exhibited at [RH/25/CABP00045677]

Exercise Typhon

9.102 Exercise Typhon was held on 22 and 23 February 2017 to assess PHE's National Incident & Emergency Response Plan during two concurrent emergency situations that escalated from a localised response to a national one. The exercise was the first internal PHE command post exercise and the lessons learnt from it correlated with the key learning outcomes from Exercise Cygnus.

9.103 A copy of the report prepared by PHE pursuant to Exercise Typhon is at [RH/38/CABP00045683] Cabinet Office does not hold an unredacted copy of the report, which it understands will be in the possession of the DHSC.

Other Exercises

9.104 The following exercises were held as part of the PHE-funded programme directed by the Emergency, Preparedness, Resilience and Response Partnership Group, chaired by the DHSC.

Exercise Broad Street

9.105 Exercise Broad Street was a discussion-based exercise held on 28 January 2018. The exercise was also sponsored by the High Consequence and Infectious Disease programme board. The aim of the exercise was to consider the High Consequence and Infectious Disease service in England and the challenges that an infectious disease event could present. There were 17 action points identified from the exercise.

9.106 A copy of the report produced by PHE as a result of this exercise is exhibited at [RH/35/CABP00045680]. Cabinet Office does not hold an unredacted copy of the report, which it understands will be in the possession of the DHSC.

Exercise Cerberus

9.107 Exercise Cerberus was held on 8 February 2018. Its aim was to assess PHE's response to a public health emergency.

9.108 A copy of the report prepared by PHE pursuant to this exercise is at [RH/36/CABP00045681]. Cabinet Office does not hold an unredacted copy of the report, which it understands will be in the possession of the DHSC.

Exercise Pica

9.109 Exercise Pica was held on 5 September 2018 by NHS England and PHE. The aim of the exercise was to assess preparedness for an influenza pandemic within NHS primary care and review existing processes. This was assessed over three stages – Detect and Assess phase (first days/weeks), Treat and Escalate phase (peak of pandemic at 6/7 weeks), and the Recovery phase (months later).

9.110 Overall, 26 lessons and actions were identified during Exercise Pica including

9.110.1 the need for coordinated communications both within the NHS and to the general public;

9.110.2 clarity on regulatory expectations during an emergency health event;

9.110.3 the need to upscale surge capacity through recruitment and management of staff; and

9.110.4 the need to consider the impact of a pandemic on the pharmacy sector.

9.111 A copy of the report prepared by PHE pursuant to this exercise is at [RH/37/CABP00045682] Cabinet Office does not hold an unredacted copy of the report, which it understands will be in the possession of the DHSC.

9.112 I have been asked about the following: the Preparedness and Review Workshop (for Ebola) (May 2015); Exercise Valverde (for Novel Coronavirus) (2015); and the PHE and APHA Workshop (for Avian and Pandemic Influenza) (October 2017). The Cabinet Office did not, to the best of my knowledge, have any role in organising these events. Exercise Valverde was organised by the WHO and its learning was fed into the Global Health Security Initiative of which the United Kingdom is a member. I understand that the PHE and APHA workshop was attended by a representative from the Cabinet Office.

Proposed Exercises

Proposed 2020 Pandemic Flu Exercise

9.113 In January 2020, the PFR Board was requested to provide its views on, and agreement to, proposals for a pandemic flu exercise in Spring 2020 (the "**Proposed 2020 Exercise**") which had previously been commissioned by the PFR Board in 2019.

9.114 The purpose of the Proposed 2020 Exercise was to test the various workstreams that had been put in place to improve the UK's readiness for a pandemic following Exercise Cygnus in 2016. The intention was to test those workstreams that had been completed, or were nearing completion, to determine whether further work was required.

9.115 The Proposed 2020 Exercise was to incorporate either a two-day, command-post exercise involving all PFR Board members and a small group of LRFs, or the holding of a series of half or full-day tabletop exercises. The expectation was that, in either scenario, the devolved administrations would also be involved.

9.116 It was suggested to the PFR Board that the Proposed 2020 Exercise would focus on the areas that had been progressed the furthest, namely:

9.116.1 managing excess deaths;

9.116.2 communications; and

9.116.3 community and social pressures.

9.117 The Proposed 2020 Exercise did not take place, due to the emergence of COVID-19, and the need to prioritise the government's response. Further, the Pandemic Disease Capabilities Board first met in July 2021 and chose to focus first on learning lessons from COVID-19 before shaping any future pandemic preparedness programme.

The Cabinet Office's Systems and Processes for Obtaining and Preserving Learning

9.118 There are existing structures, platforms and processes to capture and share lessons identified from exercises and operations, notably, the Joint Organisational Learning ("**JOL**") system, overseen by the Joint Emergency Services Principles ("**JESIP**") team. The JESIP Interoperability Board represents the tri-service (Police, Fire and Rescue, Ambulance Services) governance structure for interoperability to provide assurance to Ministers that issues affecting effective interoperability are being addressed by the emergency services. Through JOL, the Home Office and Cabinet Office collates, validates and promulgates lessons from both local and national emergencies. Additionally individual programmes, such as the Home Office Counter Terrorism Exercising Programme, performs the same function within the Counter Terrorism domain.

9.119 The government has taken action to improve lessons absorption through regular commissioning of Lessons Digests that are publicly available via the Emergency Planning College (EPC) website. These publications draw on a wide range of relevant resources to provide timely analysis of lessons and recommendations of relevance in order to develop learning capabilities within and across responder organisations, government departments and wider resilience partners. They are rooted in valid, government approved methodologies and committed to delivering significant applied value in practice, creating a shared space for professional insights and examples of good practice. The first Digest was published in October 2022, with the second due in the first quarter of 2023. Each Digest ensures:

9.119.1 expediting the sharing of lessons at a suitably early stage after they are identified;

9.119.2 achieving greater coherence between existing platforms to ensure lessons are shared across and not just within domains; and

9.119.3 more effectively tracking lessons identified through into action to either make recommended changes, take other action, or formally determine that no action will be taken.

9.120 As set out in the above paragraph, on 1 October 2022, the Emergency Planning College published its first quarterly UK Resilience Lessons Digest. The purpose of the UK Resilience Lessons Digest is to support and develop learning capabilities within and across responder organisations, government departments and wider resilience partners. [RH/68/CABP00049266].

The Cabinet Office's Response to the Learning Obtained and the Implementation of Consequential Recommendations.

9.121 I have described some of the learning derived from the preparatory exercises above. The key bodies tasked with implementing lessons learned were as follows:

9.121.1 *PIPP* - work relating to the health and social care sectors was managed by PIPP, which I have provided further information on at paragraph 9.8 above, with the PIPP board discussing the recommendations made under Exercise Cygnus during the meetings in March and September 2017 and January 2018; and

9.121.2 *PFR Board* - sponsored jointly by Cabinet Office and DHSC, the PFR Board was established subsequent to Exercise Cygnus in 2016. As stated at paragraph 9.20 above, the PFR Board met for the first time on 1 March 2017 and held 13 meetings over the course of its existence, which was until January 2020.

PART 4 - Public Health Services and Resources

9.122 As described above, through most of the relevant period the DHSC PIPP Board undertook continuous work to strengthen the UK's resilience to pandemics in particular by improving access to a series of clinical countermeasures. This included enhancing stockpiles and distribution arrangements for clinical consumables. The CCS sat on the Board for oversight, but did not have responsibility overall for Public Health Services and Resources. This was the responsibility of DHSC, along with PHE and the NHS. The CCS instead focused on wider implications.

Death Management

9.123 The capacity locally to manage the deceased is an aggregate capability comprising a variety of physical assets and facilities and administrative and practical processes, delivered largely by the private sector and religious organisations, but with key dependencies on certain public functions (the coronial process, death certification and registration and body disposal). Accordingly, responsibility sits across several government departments.

9.124 During the COVID-19 pandemic, the Cabinet Office undertook a coordinating role to ensure there was sufficient and appropriate capacity to manage the deceased throughout.

PART 5 - Economic Planning in the Context of Emergency Planning

9.125 The information set out below has been provided by my colleagues within the CCS and the Counter Fraud Team.

Key Decision-making Bodies

9.126 HM Treasury is, and was, primarily responsible for precautionary planning of economic responses by the government in the event of civil emergencies. HM Treasury's Managing Public Money guidance sets out the main principles for dealing with resources in UK public sector organisations. The current version of the guidance is exhibited at [RH/47/CABP00045329] and its predecessor, the 2007 edition, is exhibited at [RH/66/CABP00049254]. HM Treasury also publishes online guidance, known as the "Green Book", on how to appraise policies, programmes and projects [RH/87/CABP00049265]. Pre COVID-19 pandemic, at all material times, HM Treasury had the role of setting out what departments should do in spending public money in line with the policies set out in Managing Public Money and the Green Book.

9.127 HM Treasury was the lead department with regard to planning of economic responses in the event of civil emergencies. The following government documents in relation to pandemic planning detail the leading role that HM Treasury had in relation to planning for the economic response for a civil emergency or pandemic:

9.127.1 *Pandemic Flu: A National Framework for Responding to an Influenza Pandemic* (Cabinet Office and DHSC, November 2007) [RH/2/CABP00028244] – at paragraph 8.6.3 of the document it states that pandemic planning in relation to business continuity and maintenance of the UK's essential financial services was being led and coordinated by HM Treasury, the (then) Financial Services Authority and the Bank of England; and

9.127.2 *Pandemic Flu: Guidance* (Cabinet Office and DHSC, November 2017). This guidance was published online and can be accessed here https://www.gov.uk/guidance/pandemic-flu. This guidance repeats the above in relation to the role of HM Treasury.

Anti-fraud Controls

9.128 The **Government Counter Fraud Function ("GCFF")** brings together circa 16,000 public servants who work to find and tackle fraud across the public sector. As of January 2020, there were circa 40 civil servants within the Cabinet Office at the 'centre' of the GCFF who were responsible for setting standards in fraud prevention and identification, developing counter-fraud capability within the wider public sector (via the government Counter Fraud Profession), providing expert advice and delivering data pilots. For the sake of clarity, however, the management of fraud risk, and the choice of how to apply it, rests with individual departments and not the GCFF. The GCFF's Function Brochure sets out the role of the GCFF and how it supports government departments [RH/21/CABP00045315].

9.129 I understand that there were no formal structures in place with responsibility for anti-fraud controls in the event of a civil emergency, however, the role of the GCFF was flexible, such that it was able to provide fraud guidance from February 2020, as I explain below.

9.130 There was no specific process for how the GCFF would act in a situation such as a pandemic. This position was the same in the Grants and Debts Functions. This is also the case in other scenarios – for example, when there is severe flooding. In such a scenario, while there would be public announcements by ministers about grant funding being issued, the Grants Function would not, as a matter of course, be included in discussions in relation to the distribution of those funds and how monies may be recovered in the event of a fraud. In the case of a civil emergency, the situation would be analogous to this.

9.131 The involvement of the GCFF in pandemic planning was indirect through the preparation and publication, in conjunction with other members of the International Public Sector Fraud Forum (which consists of representatives from organisations in the governments of Australia, Canada, New Zealand and the United States of America), of a guide titled **'Fraud in Emergency Management and Recovery' (the "FEM Guide")** [RH/23/CABP00045317].

9.132 The FEM Guide was published in February 2020 and set out details and guidance on managing fraud risk and other losses in crisis management situations. The FEM Guide was

the basis of the approach to fraud prevention by the GCFF throughout the COVID-19 Pandemic. The Australian and Canadian governments also used this guide as part of their approach to fraud prevention during the pandemic.

9.133 In relation to fraud controls in a civil emergency context, there were no specific systems or processes for inter-organisational cooperation with devolved administrations, local government and other public, private and third sector (such as voluntary and community) organisations. However, the GCFF did have general structures developed over a number of years to enable cooperation and the sharing of practice between government departments, local authorities and devolved administrations. For example, the GCFF had fraud champions in place in each government department and some other public bodies who the GCFF would engage with. There were over 200 fraud champions in place across almost 70 public bodies. The GCFF communicated with departments and local authorities on a daily basis.

Funding of Cabinet Office by HM Treasury and Allocation of Resource

9.134 Government departments bid for resources to do work in Spending Reviews. Outside Spending Reviews, departments can seek additional funding from HM Treasury by submitting a business case. All such requests are submitted to the Chief Secretary to the HM Treasury. If approved by, funding is voted-on by Parliament. This happens biannually in Main or Supplementary Estimates. The CCS's yearly budgets during the Relevant Period are set out in the table below:

Year	**Total Budget (£m)**
2010 - 2011	9.6
2011 - 2012	10.5
2012 - 2013	10.3
2013 - 2014	9.1
2014 - 2015	8.0
2015 - 2016	10.5
2016 - 2017	11.5
2017 - 2018	15.4
2018 - 2019	17.7

2019 - 2020	21.0

9.135 In respect of the numbers outlined in the table above, the Cabinet Office does not distinguish between operational and programme budgets, as resources are used flexibly to prepare for, respond to, and recover from disruptive challenges. For the same reason, additional costs on preparedness will have been incurred which the Cabinet Office cannot disaggregate from wider Cabinet Office expenditure.

9.136 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. Conversely, during the period of expansion in 2017/18/19, there was extra resource put into international scanning.

9.137 In response to the Swine Flu Pandemic in 2009, ministers took decisions to invest in vaccines for the UK population, notwithstanding the financial pressures presented by the 2008 financial crisis.

EU Exit - Background

9.138 In December 2018, ministers agreed that the principal operational focus for government departments should be to ensure that 'No Deal' plans for EU Exit were enacted.

9.139 EU Exit preparations enhanced the UK's preparedness for whole-system risks in several ways. Cross-government governance, risk management and reporting structures used, such as the COVID-19 Strategy and Operations Cabinet Committees, largely mirrored pre-existing structures that were enhanced by EU Exit preparations. Training and exercises carried out as part of EU Exit work provided many of those involved in the COVID-19 response with a vital understanding of crisis operations.

9.140 Some departments activated Departmental Operations Centres ("**DOC**") which they had initially set up as part of EU Exit preparations. Primarily designed for identifying and addressing operational risks and impacts of EU Exit, a number of departments such as the Department of Business, Energy and Industry Strategy and the Ministry of Justice also activated or pivoted their DOCs to respond to COVID-19.

9.141 DOC expertise and knowledge was, therefore, repurposed and utilised as an essential element of the COVID-19 response. In addition to the huge departmental efforts to manage workforce pressures, CS Human Resources filled over 3000 critical roles (COVID-19 and EU Transition) from March 2020 to May 2021 to provide additional support to departments and teams in greatest need. With teams across government, we are reflecting on what we have learned about how we managed the concurrent resourcing pressures of EU Exit and the COVID-19 response.

EU Exit – Impact on Pandemic Preparedness Work

9.142 Some Cabinet Office resources were redeployed to work on EU Exit no-deal planning (Operation Yellowhammer). Within the CCS, an internal prioritisation exercise took place to reallocate resources across the unit. Efforts were made to protect pandemic preparedness; it was agreed that internal work to finalise the Pandemic Flu Bill and work on Excess Deaths guidance would continue.

9.143 The cross-government PFR Board programme, co-chaired by CCS and DHSC, took a strategic approach to reprioritisation of pandemic planning work as a result of EU Exit. On 14 November 2018, the PFR Board discussed an agenda item on the work programme forward look. It was agreed that several pandemic preparedness programmes would continue, such as finalising the Pandemic Flu Bill. A small number of work streams would need to be paused, including ministerial approval of the Four Nations Public Health Communications Strategy, which had been revised and agreed by all four Chief Medical Officers by this point.

9.144 On 10 January 2019, the CCS sent a submission to the Chancellor of the Duchy of Lancaster on 'Delivery of NSC (THRC) Programmes'. This proposed that 'protected work' for the pandemic influenza programme should be the draft Pandemic Flu Bill, and the Excess Deaths Framework. Some other elements of the pandemic influenza programmes would be deprioritised for the duration of Operation Yellowhammer (approximately six months).

9.145 Pandemic preparedness work which continued throughout preparations for EU Exit included:

9.145.1 drafting the Pandemic Influenza Bill;

9.145.2 re-procuring the advanced purchase agreements of the pandemic influenza vaccine;

9.145.3 development of the vaccine clinical trial for children;

9.145.4 a bid to incentivise companies to bring new vaccine technologies and their associated manufacturing facilities to the UK;

9.145.5 continued work of MEAG; and

9.145.6 New and Emerging Respiratory Virus Threats Advisory Group (or as it has become most commonly known as: NERVTAG) recruitment and action on clinical guidance.

9.146 Other than work to draft the Pandemic Influenza Bill, these were all DHSC-led workstrands.

9.147 The PFR Board did not meet again until November 2019. While Operation Yellowhammer had not yet been stood down in November 2019, in recognition of the importance attached to recommencing the pandemic flu planning programme, it was agreed that the Board should resume its previous rhythm of meetings.

9.148 In November 2019, the co-chairs of the PFR Board wrote to attendees seeking to revitalise the Board and consider the next priorities for action. The Board met again on 27 November 2019 for an update on work streams and a proposed work programme for 2020.

9.149 Engagement with the EU on health protection and health security continued throughout the EU Exit process and during the Transition Period. Government engaged constructively and effectively with the EU and member states throughout the pandemic. In addition to our bilateral arrangements, the UK worked closely with the EU and other international partners through the WHO and groups such as the G7, the Global Health Security Initiative and G20 to support international efforts to combat the virus and provide global leadership.

9.150 In the context of the developing novel coronavirus outbreak, the UK was invited to attend the **EU Health Security Committee's ("EU HSC")** calls, from the first session on the topic that took place on 17 January 2020. Against the backdrop of ongoing EU Exit negotiations, the UK was thereafter invited to participate for the duration of the coronavirus event. The UK has attended EU Health Security Committee meetings since January 2020. Our attendance supported the continued sharing of information and coordination of our respective responses to the pandemic. We retained access to the EU's Early Warning and Response System throughout the COVID-19 pandemic.

9.151 The National Audit Office's cross-government report into 'The government's preparedness for the COVID-19 pandemic: lessons for government on risk management' (the "**NAO Report**") made findings in relation to the impact of Brexit on resources.

EU Exit – EU Joint Procurement

9.152 Since 20 June 2014, the UK has been a signatory to the voluntary EU Joint Procurement Agreement scheme for the procurement of pandemic vaccines and medical countermeasures. With lessons from the difficulties encountered in purchasing vaccines developed for the H1N1 pandemic in 2009, the development of the joint procurement mechanism was intended to enable Member States to ensure that pandemic vaccines and medicines are available in sufficient quantities and at a correct price should a cross border health threat emerge. The UK was eligible to participate in EU joint procurements for medical countermeasures and equipment during the transition period under the terms of the EU Withdrawal Act.

9.153 The UK did not participate in the first four EU Joint Procurements in response to COVID-19, including those related to PPE. Owing to an initial communication problem, the UK did not receive an invitation in time to take part. However, participating in those four initial joint procurement schemes would not have allowed the UK to do anything that we have not been able to do ourselves. The UK proceeded to participate in the EU's subsequent joint procurement rounds relating to therapeutics and attended meetings of the Joint Procurement Steering Committee.

EU Exit – Impact of Post-EU Exit Arrangements

9.154 The **UK-EU Trade and Cooperation Agreement (the "TCA")**, signed on 30 December 2020, provides a strong basis for the UK and EU to continue to cooperate on health security. It includes a commitment by either side to inform each other when new public health threats are identified in either the UK or the EU, as well as ad-hoc UK access to the EU's database for sharing alerts - the Early Warning and Response System. There is also a provision for the UK to attend the EU HSC in support of response coordination. It is because of these arrangements that the UK was given access to the EU's Early Warning and Response System for COVID-19 from 1 January 2021. Our current access avoids any disruption in the flow of public health data during the pandemic.

9.155 In the TCA, there is a commitment to further technical cooperation between the UK and the ECDC, which has been formalised through the agreement of a Memorandum of Understanding between UKHSA and the European Centre of Disease Prevention and Control on 1 December 2021 (the "**MoU**"). The MoU will strengthen the collaboration between the two agencies on matters of communicable diseases prevention and control. The areas of mutual interest for cooperation under this MoU include:

9.155.1 epidemic intelligence – sharing information rapidly, particularly in the event of a public health emergency;

9.155.2 health risk assessments;

9.155.3 laboratory capacity-building and enhancement to detect and respond to emerging disease threats of global health importance;

9.155.4 antimicrobial resistance; and

9.155.5 healthcare-associated infections

9.156 There is also a provision for the UK to attend the EU HSC in support of response coordination. The UK has continued to attend EU HSC meetings related to COVID-19. Our attendance supports the continued sharing of information and coordination of our respective responses to the ongoing pandemic. The UK will continue to take part when invited and where attendance is judged to be in our mutual interest.

9.157 The **Health Security (EU Exit) Regulations 2021 (the "HS Regulations")**, which came into force on 1 October 2021, ensure that coordination and information sharing between all parts of the UK on serious cross-border health threats is maintained following our departure from the EU in order to deliver high levels of human health protection across the UK. The HS Regulations also support the UK in meeting the health security part of the UK-EU TCA, and facilitate effective future working and information sharing between the UK and the EU in the event of a serious cross-border health threat.

9.158 The functions previously exercised by the EU on behalf of the Member States have been modified and transferred to the UK Health Protection Committee established by the HS Regulations, and to UKHSA. The HS Regulations will see UKHSA as the UK's designated focal point for the TCA, responsible for receiving alerts of serious cross-border threats to health occurring within the devolved administrations, or from the EU, and for assessing in

collaboration with the other UK public health agencies the risk such threats may pose to the UK and internationally.

9.159 The UK Health Protection Committee will consist of one member for each of England, Scotland, Wales and Northern Ireland, and one member representing each of the four UK public health agencies. The Committee will review and provide advice to the Secretary of State for Health and Social Care on the list of communicable diseases and related special health matters that are subject to UK-wide surveillance; adopt case definitions to best ensure the comparability and compatibility of the surveillance data collected from all parts of the UK; establish and review procedures for the collection of surveillance data; and maintain the Focal Point Communication Protocol which details the operational arrangement by which the UK public health agencies are to communicate with each other.

10. SECTION 7 - LESSONS LEARNED

10.1 This section has been prepared with support from my colleagues within the COBR Unit and Resilience Directorate, including those who were part of the CCS during the Relevant Period, and other relevant teams.

10.2 Throughout the pandemic the Cabinet Office undertook ongoing learning as it adapted its response to increasing knowledge about the virus and its impact. Below is a chronological (but not an exhaustive) list of formal exercises commissioned by Cabinet Office ministers, the Cabinet Secretary and/or Cabinet Office Permanent Secretary or other leader within the department since the COVID-19 pandemic:

10.2.1 Boardman Review of Cabinet Office Communications Procurement (commissioned in September 2020 and reported on 8 December 2020) ("**Boardman Cabinet Office Review**") [RH/51/CABP00045332]. The review considered the preliminary results of a fact-finding exercise into the award of contracts for COVID-19 communications services made by the Cabinet Office in March 2020, and was commissioned to identify any areas for improvement and recommend further actions to address any such issues based on these results;

10.2.2 in January 2021, the CCS commissioned the Royal Academy of Engineering ("**RAEeng**") to undertake an external review of the NSRA methodology (the "**RAEng Review**") [RH/65/CABP00045893]. The RAEng was asked to address a number of priority questions, focused on scenarios, concurrent and compound risks, and interdependencies, assessment timescales, and cross-cutting issues such as data, expert input and diversity and inclusion. It was also asked to deliver evidence-based, practical, and implementable recommendations for improvement. The RAEng review was conducted alongside an internal review by the CCS.

10.2.3 Review into Crisis Capabilities in government (commissioned in June 2021 and reported in February 2022) ("**Crisis Capabilities Review**") [RH/41/CABP00045685]. This review was commissioned by Sir Stephen Lovegrove, the then NSA, to support the implementation of commitments made around the government's crisis response in the Integrated Review of Security, Defence, Development and Foreign Policy, which set out conclusions in March 2021 (the "**Integrated Review**"). The Crisis Capabilities Review was structured to draw on lessons learned from recent crises, including the COVID-19 response, and

aimed to provide an examination of central government's approach to crisis response. Conclusions were reflected in the UK Government Resilience Framework (detailed at paragraph 10.32 below [RH/93/CABP00049282]); and

10.2.4 Boardman Review of government COVID-19 Procurement (reported on 7 May 2021) ("**Boardman II Review**") [RH/28/CABP00045320]. This was a wider review commissioned following the earlier Boardman Review of Cabinet Office Communications Procurement. This review explored similar themes but expanded to cover five key parts of the government's response to the pandemic. These areas (PPE, ventilators, vaccines, test and trace, and food parcels for the clinically extremely vulnerable) had been identified previously as being areas where there may be lessons to be learned for future procurement processes.

10.3 The Cabinet Office has also contributed to other third-party reviews and publications in respect of lessons to be learned from the pandemic. In the interests of proportionality, I have made reference only to learning exercises to which the Cabinet Office contributed formally and materially:

10.3.1 the Cabinet Office contributed to the House of Lords Select Committee on Risk Assessment and Risk Planning report on Preparing for Extreme Risks: Building a Resilient Society which was published on 3 December 2021 ("**HoL Risk Committee Report**") [RH/40/CABP00045325];

10.3.2 the Cabinet Office contributed to the National Audit Office's cross-government report titled 'The government's preparedness for the COVID-19 pandemic: lessons for government on risk management' (the "**NAO Report**") [RH/44/CABP000045687]; and

10.3.3 following the conclusion of the NAO Report, the Cabinet Office was asked by the House of Commons Committee of Public Accounts (the "**Public Accounts Committee**") to contribute evidence on the government's preparedness for the pandemic. Further to this, the Public Accounts Committee produced its report on Government Preparedness for the COVID-19 pandemic: lessons for government on risk, which was published on 23 March 2022 ("**HoC PAC Report**") [RH/43/CABP00045326].

Recommendations From and Responses to Reviews / Lessons Learned Exercises and Reports

Boardman Cabinet Office Review

10.4 The Boardman Cabinet Office Review concluded that improvements could be made to:

10.4.1 existing procurement law and policy;

10.4.2 the Cabinet Office processes and governance; and

10.4.3 the Cabinet Office's approach to declaring and managing perceived and actual conflicts of interest.

10.5 The Boardman Cabinet Office Review made three recommendations in relation to existing procurement policy and legislation, 13 recommendations in relation to Cabinet Office processes and governance, and 12 recommendations in relation to conflicts of interest and bias.

10.6 Cabinet Office accepts the recommendations of the Boardman Cabinet Office Review. These recommendations have been implemented as follows:

10.6.1 Recommendation 1 has been implemented as described in Procurement Policy Note ("**PPN**") 01/21, which was published by Cabinet Office online on 4 February 2021 [RH/70/CABP00049256]. Business Units were referred to PPN 01/21 by way of a Cabinet Office Commercial Policy Note ("**CPN**") (CPN 01/21) [RH/72/CABP00049257] which was made available on the Cabinet Office intranet and emailed to the head of every business unit by the Cabinet Office commercial team.

10.6.2 Recommendation 2 has been implemented by way of a CPN 01/21 [RH/72/CABP00049257]. The CPN identifies the Commercial Director as the individual responsible for decision making with regard to the direct award of contracts on grounds of extreme urgency;

10.6.3 Recommendation 3 has been implemented as described in PPN 01/21;

10.6.4 Recommendation 4 has been implemented by way of an internal assessment via existing training plans for commercial staff and the need for supporting guidance to relevant stakeholders via CPNs. The assessment concluded that the existing Cabinet Office training capabilities were sufficient to meet the recommendation, provided that the training was supplemented by way of stakeholders familiarising

themselves with the contents of CPN 01/21 and PPN 01/21. Cabinet Office has also introduced a new Commercial Assurance Log, launched on 23 April 2021, which is to be completed in all new procurement processes, which ensures that the process is standardised and that those involved in the process are prompted to follow and document the standardised procedure [RH/76/CABP00049269];

10.6.5 Recommendation 5 has been implemented by way of the updated Commercial Assurance Log;

10.6.6 Recommendation 6 has been implemented by way of an accredited training programme for procurement professionals and contact managers alongside a broader programme of commercial learning and development;

10.6.7 Recommendation 7 has been implemented via new intranet guidance launched by Cabinet Office in April 2021, which provides a quick guide to Cabinet Office procedure for buying goods and services, including a procedural flow chart. [RH/77/CABP00049270];

10.6.8 Recommendation 8 has been implemented via the new Commercial Assurance Log which provides a standardised record keeping process in respect of the procedure followed for every procurement process. The implementation of the standardised approach to procurement processes is supported by the training described above. The intranet guidance referred to above provides a quick guide to the procurement process and the roles of different stakeholders.

10.6.9 Recommendation 9 has been implemented via the creation of a new "Head of Commercial" role for commercial Grade 6 staff managed by the central commercial team, with a stable business partnering relationship with defined business units, rather than working with business units on a transaction-by-transaction basis. Deputy Commercial Directors have also been assigned to allocated clusters of business units for senior level partnering relationships;

10.6.10 Recommendation 10 has been implemented by way of development of a new team structure which provides centralised resource on procurement projects.

10.6.11 Recommendation 11 is substantially complete. The new Commercial Assurance Log process requires a named contact to be identified in respect of every contract. A central register exists for all high priority contracts as well as those

belonging to key business units. As part of an ongoing project, a full, central, searchable register is being aggregated from business units' records into a new Contract Register requiring a named contact in respect of each contract.

10.6.12 Recommendation 12 has been implemented as described in PPN 01/21, alongside internal guidance published in relation to market engagement and market management in Cabinet Office's Sourcing Playbook [RH/78/CABP00049262];

10.6.13 Recommendation 13 has been implemented by way of CPN 2021/02 [RH/73/CABP00049268];

10.6.14 Recommendation 14 has been implemented by way of CPN 2021/03 [RH/74/ CABP00049258];

10.6.15 Recommendation 15 has been implemented by way of CPN 2021/04 [RH/75/ CABP00049259] which specifies the requirements of Business Units in relation to record keeping. Cabinet Office presently developing a new Contract Management System, which is described below. Once this is fully implemented and configured (which is currently expected to be complete in 2023) a programme of training and guidance for users will be rolled out.

10.6.16 Recommendation 16 is substantially complete. All new contract awards are logged via the new Commercial Assurance Log process as a temporary solution. A dedicated Contract Management System is now live and local business unit registers are being uploaded. Onboarding is mostly complete, with the remaining business units expected to be uploaded and fully searchable during the first quarter of 2023. As recommended by recommendation 16, the contract manager's name and the budget holder's name are to be entered in respect of every contract logged on the Contract Management System and are also recorded in the Commercial Assurance Log.

10.6.17 Recommendation 17 has been implemented as follows: a new set of Cabinet Office Business Rules requires that delegation letters containing this information must be issued on an ongoing basis in respect of all new contracts;

10.6.18 Recommendation 18 has been implemented via the new Commercial Assurance Log. See, for example, rows 28 and 29 at tab 2 which include drafting notes on the sort of information which should be declared. Users are guided through the process

of completing the Commercial Assurance log by an appropriately qualified member of the central commercial team who takes responsibility for ensuring that the "identify, prevent, rectify" sequence has been followed. The Commercial Assurance log is supported by the new Cabinet Office Business Rules described above;

10.6.19 Recommendation 19 has been implemented via a Guide for Commercial and Procurement Professionals [RH/83/CABP00049271], a Conflicts of Interest Declaration Form [RH/84/CABP00049263] and a set of Frequently Asked Questions [RH/82/CABP00049261], all of which are published on Gov.uk.

10.6.20 Recommendation 20 has been implemented as follows: conflicts of interest are now tested, reviewed and recorded at a contracting and procurement level, as part of the Cabinet Office Commercial Assurance Log process;

10.6.21 Recommendation 21 has been implemented by way of mandatory data protection training provided to all relevant staff;

10.6.22 Recommendation 22 has been implemented via the new Commercial Assurance Log. Actual and perceived conflicts of interest are recorded in the Commercial Assurance Log. Records of steps taken to manage declared conflicts are also recorded in the Commercial Assurance Log, either alongside the declaration or in the "Record of any conditions" box (see, for example, row 87 of tab 3).

10.6.23 Recommendation 23 has been implemented by PPN 04/21 [RH/71/CABP00049260] which was published on 20 May 2021. PPN 04/21 is supplemented by a Guide for Commercial and Procurement Professionals [RH/83/CABP00049271], a Conflicts of Interest Declaration Form [RH/84/CABP00049263] and a set of Frequently Asked Questions [RH/82/CABP00049261], all of which are published on Gov.uk.

10.6.24 Recommendation 24 has been implemented by the Commercial Assurance Log which clearly sets out and records all approvals needed in respect of every contract and includes approvals for risk management;

10.6.25 Recommendation 25 has been implemented and is supported by the Commercial Assurance Log;

10.6.26 Recommendation 26 will be implemented on an ongoing basis via the new Cabinet Office Business Rules;

10.6.27 In respect of recommendation 27, Cabinet Office has not identified any small or specialised sectors to which it wishes to apply the adapted process described in this recommendation. If any such sector is identified in future, this recommendation will be implemented and appropriate guidance issued.

10.6.28 Recommendation 28 has been implemented by PPN 04/21.

RAEng Review

10.7 The RAEng conducted interviews with stakeholders across lead government departments, LRFs and public sector organisations. More than 130 stakeholders were consulted in an effort by the RAEng to understand the system and explore the solutions. The RAEng Review drew on evidence from literature, survey responses and structured interviews across academia, industry and government. The key findings identified through this process were considered in the context of the NSRA process and user needs and developed into emerging practical recommendations which, in turn, were tested in workshops, leading to a final set of recommendations.

10.8 The RAEng Review made 13 final recommendations. These are presented at section 11 of the RAEng Review report [RH/65/CABP00045893] but are also provided here, with a summary of the corresponding changes the Cabinet Office made to its risk assessment process.:

10.8.1 **the National Resilience Strategy should be used to implement a systems approach to risk and resilience across government. The purpose and role of the NSRA must be clearly communicated and how it fits into the wider UK risk and resilience landscape articulated;**

10.8.2 the UK Government Resilience Framework was published on 19 December 2022, detailed at paragraph 10.32 below [RH/93/CABP00049282]. The recommendations made by the RAEng Review were taken into the account in the design of the Resilience Framework;

10.8.3 **the NSRA should primarily focus on acute risks, and chronic risks should be assessed through a separate but linked process;**

10.8.4 chronic risks were disaggregated from acute risks in the 2022 version of the NSRA. The 2022 NSRA presented three high-level case studies of chronic risks, illustrating existing policy responses across government and how they each interacted with the acute risk assessed in the NSRA. The Cabinet Office has now begun to explore a parallel framework for identifying and assessing the most serious chronic risks;

10.8.5 **a collaborative cross-government study is needed to map the interdependencies between risks and in response and capability planning;**

10.8.6 in 2022, Cabinet Office has commenced a pilot to test the mapping of interdependencies between risks and in response and capability planning, as proposed in the RAEng's third recommendation. It is intended that the pilot will take a single risk and run an interdependency assessment on it, to test the approach. The Cabinet Office will continue to design and develop this pilot;

10.8.7 **for each risk, a range of scenarios should be generated to explore uncertainty and additional planning requirements, improve the output, and deliver maximum value from the overall process. Where appropriate, the range of scenarios should be included in the NSRA;**

10.8.8 in response to the RAEng's fourth recommendation, the Cabinet Office has, in relation to some risks with significantly different planning and/or response requirements, introduced multiple scenarios to reflect the different ways a risk could manifest. An example of this is risks to animal and plant health, which have now been mapped against a number of different diseases;

10.8.9 **to create a culture of preparedness, likelihood should not be the main driver for prioritisation as this can be difficult to assess with a high degree of confidence across all risks. Decision making should be driven by impact and preparedness linked to capability across prevention, mitigation, response and recovery;**

10.8.10 assessment timescales have been updated in the 2022 NSRA. Non-malicious risks can be assessed with confidence over a longer timeframe than malicious risks. Non-malicious risks are now assessed over 5 years and malicious risks remain at 2 years;

10.8.11 **the NSRA review cycle should be transformed into a more agile, needs-based approach that can adapt to risks that evolve at different speeds;**

10.8.12 the NSRA will transition from a static process which is completed every two years, to a 'live', continuous process which reviews risks on a rolling basis. This will allow improved assessment of emerging and uncertain risks in particular. The Cabinet Office has recently completed a roadshow to LRFs to ensure that the local tier understand the changes made to the 2022 NSRA and are using it appropriately in their planning processes. The Cabinet Office is committed to working with LRFs to further consolidate understanding and engagement;

10.8.13 **the process and purpose of the NSRA must be clearly communicated to maximise its value and buy-in across government;**

10.8.14 the Cabinet Office continues to engage widely with stakeholders. For example, the Cabinet Office has recently completed a roadshow to LRFs to ensure that the local tier understands the changes made to the 2022 NSRA and are using it appropriately in their planning processes;

10.8.15 the Cabinet Office continues to work closely with the devolved administration to share information, including in relation to risks which are pertinent only to certain of the devolved administrations. An example of this is the Cabinet Office's engagement with the Scottish and Welsh administration in relation to planning for landslide risks, which are of greater significance in historical mining areas;

10.8.16 **the security classification of the NSRA and its constituent parts should be reviewed to maximise participation and input from stakeholders and to bring in external expertise that draws upon the widest, most diverse, and critical perspectives;**

10.8.17 the 2022 NSRA includes more information than ever before at "Official Sensitivity" level, meaning that it can be viewed by a wide range of stakeholders. The Cabinet Office intends for the next iteration of the public-facing National Risk Register to contain more content from the NSRA. There are some elements of the NSRA which would not be appropriate for public communication for national security reasons;

10.8.18 **the capacity, capability and structures to identify and assess emerging risks should be established and a review of the risks assessed at a local level undertaken to ensure the full breadth of risks is captured and planned for;**

10.8.19 the Cabinet Office continues to engage closely with Local Resilience Forums in the preparation of the NSRA. As part of future development to the NSRA, the Cabinet Office intends to enhance the role of Local Resilience Forums in the risk identification and assessment process;

10.8.20 **opportunities for external expert participation should be identified across the whole process to ensure a robust challenge function and minimise groupthink;**

10.8.21 to enable greater scrutiny of NSRA risks, expert challenge was substantially expanded in developing the 2022 NSRA, including 24 expert challenge sessions with 120 internal and external experts and increased involvement from Chief Scientific Advisors;

10.8.22 **government should work with the ONS and other public sector agencies and research organisations, such as the Alan Turing Institute, to use the next iteration of the NSRA to identify and establish new high-quality data for the risk assessment and response;**

10.8.23 the National Situation Centre ("SitCen") now uses the NSRA as a framework for its data acquisition strategy to ensure the right data is held, or can be obtained, should any of the risks described in the NSRA materialise;

10.8.24 **any changes made to the NSRA should be formally recorded and evaluated, to better understand the impact of the methodology change on the overall process and to assess how well it meets its intended purpose; and**

10.8.25 the Cabinet Office has recorded the changes to the NSRA and accepts the RAEnd's twelfth recommendation. As part of future development to the NSRA, the Cabinet Office intends to evaluate the impact of the recent methodology changes in order to assess how well the NSRA meets its intended purpose;

10.8.26 **section 12 of the NSRA Review report sets out an alternative approach to the NSRA methodology to bring together recommendations 1-12, and to deliver**

a national risks assessment in a more holistic way. Recommendation 13 proposes that this alternative approach be piloted and developed using a single risk with multiple variations in the first instance, to trial, test and build a greater understanding of how the NSRA could be approached more holistically with an impact against preparedness matrix.

10.8.27 the Cabinet Office welcomes the principle of this recommendation, and agrees with the importance of assessing preparedness. However, as the report itself finds, impact versus likelihood is the accepted way of visualising risk within the risk community. At this time, priority is being given to implementing improvements to the current approach, including recommendation 1-12.

Crisis Capabilities Review

10.9 The Crisis Capabilities Review made 22 final recommendations, split between a Core Crisis Response (Part 1) and Wider Reforms (Part 2).

10.10 The COBR Unit is a constantly learning organisation and conducts regular reviews of our crisis capabilities, particularly following individual crisis responses. As such, many of the recommendations of the Crisis Capabilities Review have been reflected in lessons that we have identified within the Unit.

10.11 Where practicable, the recommendations of the Crisis Capabilities Review have been implemented in 2022 as follows:

10.11.1 **Recommendation 5: In future a new element of process called 'Overwatch' should be employed when an issue has the potential to imminently overwhelm business as usual arrangements and requires a crisis response from central government.**

10.11.2 This has been implemented, and a weekly Overwatch register is now circulated to key stakeholders and discussed regularly with ministers.

10.11.3 **Recommendation 9: A new permanent Cabinet Office Crisis Team should be established in the NSS – included in its responsibilities should be owning and implementing plans for scaling up central government's response in the face of major crises.**

10.11.4 Structural changes to resilience structures in the Cabinet Office have been carried out, as I describe at paragraph 5.2 above. The COBR Unit has remained in NSS and will continue to lead the government's response to acute emergencies, while the new Resilience Directorate, within EDS, will lead the government's efforts to bolster the UK's longer-term resilience.

10.11.5 **Recommendation 10: The Cabinet Office should consider options for more effectively delivering to senior decision makers a high-level situational awareness or risks and issues which may deteriorate into crises.**

10.11.6 The SitCen (to which I refer in more detail at paragraph 10.2610.25, below), was already under development when the Crisis Capabilities Review was commissioned and was launched in autumn 2021. The dashboard feature on SitCen provides regularly updated feeds of data which can be tailored according to the risk or issue. This is supported by tailored reporting to senior leaders on specific risks and issues.

10.11.7 **Recommendation 12: Learning the lessons of recent crisis, Cabinet Office should consult with departments and establish a set of clear principles for how they will work with large data sets before and during future crises – including commissioning data and presenting it to ministers.**

10.11.8 This recommendation has been achieved via the launch of SitCen, to which I refer in further detail at paragraph 10.25 below.

10.11.9 **Recommendation 13: The Cabinet Office should consider how the capability of central government's various data and analytical teams can be consolidated in a single place to deliver a more effective Cabinet Office data and analytical function.**

10.11.10 The establishment, in 2022, of the Joint Analytics and Data Centre ("**JDAC**") within the EDS division, has achieved the implementation of this recommendation. JDAC brings together all data and analytics teams located within the Cabinet Office, including the SitCen (which was previously located within the CCS).

10.11.11 **Recommendation 20: To meet the challenges posed by a variety of disruptive domestic challenges that sit between routine domestic policy and**

crisis response; the Cabinet Office should re-organise aspects of its work around the more ambitious concept of National Resilience. It should create a new National Resilience Group led by a DG National Resilience.

10.11.12 This recommendation has been achieved via the structural changes set out in 10.11.4 above. Recommendation 20 provides further detail.

10.11.13 **Recommendation 21: Given the broader more ambitious remit of a new National Resilience Group, it should report directly to the Cabinet Secretary.**

10.11.14 Under the structural changes set out above, the new Resilience Directorate forms part of the EDS. The DG of EDS reports to the Cabinet Secretary.

10.11.15 **Recommendation 22: NSS should work with the wider Cabinet Secretariat to explore options for adjusting the terms of reference for ministerial committees to refocus the NSC on more conventional national security matters and create the capacity for more deliberate ministerial oversight or National Resilience work.**

10.11.16 The Prime Minister has approved a new sub-committee of the National Security Council on Resilience, which will be chaired by the Chancellor of the Duchy of Lancaster.

10.12 The remaining recommendations of the Crisis Capabilities Review are all accepted by Cabinet Office and work is currently underway to scope a programme to implement them following the structural changes to Cabinet Office crisis and resilience structures in 2022.

10.12.1 Recommendation 1: The definition of crisis response capabilities proposed by the Review should be adopted and used as a framework underpinning the delivery of the reforms set out in the CCR.

10.12.2 Recommendation 2: The high-level governance, accountabilities and responsibilities for effective crisis response from central government should be clarified based on the proposal set out by the Review.

10.12.3 Recommendation 3: A new Cabinet Office Crisis Team should build on work begun by the Review: reinvigorating the LGD concept and resetting expectations around

the division of responsibilities between the Cabinet Office and departments from responding to crisis.

10.12.4 Recommendation 4: Central Government should commit to the Governance Playbook as the basis for a single set of overarching arrangements for responding to crises.

10.12.5 Recommendation 6: The Cabinet Office should establish a new role of 'Crisis SRO (CSRO) to be appointed by the NSA to the best places DG level official at the first opportunity pre-crisis.

10.12.6 Recommendation 7: The Cabinet Office should establish and sustain a Crisis Leadership Cadre consisting of senior officials in roles which may see them appointed as CSROs.

10.12.7 Recommendation 8: The Cabinet Office should adopt a new process called 'Framing'. It should become one of the principal responsibilities of the CSRA at the onset of a crisis.

10.12.8 Recommendation 11: Criticism of elements of the Cabinet Office's organisational culture were prominent through our consultations. The challenge appears to go beyond national security and crisis response. More work is required to fully diagnose the issues and propose reforms.

10.12.9 Recommendation 14: The Cabinet Office should consider how the capability of central government's various data and analytical teams can be consolidated in a single place to deliver a more effective Cabinet Office data and analytical function.

10.12.10 Recommendation 15: A new Cabinet Office Crisis Team should assume responsibility for the delivery of a basic training package for all staff who may be required to support the response to crisis from the centre of government.

10.12.11 Recommendation 16: Building on the work begun by the Review, Cabinet Office should pursue the development and delivery of a fuller 'Crisis Skills Learning Package', likely to be delivered through the new Campus for Government. Options for even further professionalisation of crisis management should be kept under review.

10.12.12 Recommendation 17: In future, CSROs should be responsible for ensuring that a breadth of advice is available to ministers, sourced from in and outside government. SAGE represents a powerful model for blending a range of perspectives in support of decision making; Cabinet Office should look for opportunities to replicate it in other fields commonly drawn upon in crisis e.g. logistics.

10.12.13 Recommendation 18: The current Cabinet Office approach to learning lessons through crisis is haphazard. A future Cabinet Office Crisis Team should have an explicit responsibility for capturing lessons through a crisis and running effective learning processes post event. Learning from crises should be shared more freely and more routinely across departments.

10.12.14 Recommendation 19: Large set-piece exercises are resource intensive and can fail to deliver real learning. In future, central government should build on the good COVID-driven trend towards smaller more focussed exercises targeted against specific testing or learning.

10.12.15 Recommendation 23: The mission of the NSS should be concentrated against core national security issues including countering terrorism and addressing hostile state activity against the UK. Leading the national response on these issues in a future security environment will require the development of new 'ways-of-working' enabling the NSS to develop policy and drive activity in a more agile but sustainable fashion.

Boardman II Review

10.13 The Boardman II Review made findings in relation to:

10.13.1 the government's preparedness and strategy in respect of procurement for dealing with pandemics;

10.13.2 how organisational structures of government impacted effective crisis procurement;

10.13.3 the resourcing of the different initiatives that were mobilised to respond to COVID-19;

10.13.4 the approach taken to purchasing activity; and

10.13.5 the governance and regulation of procurement activity.

10.14 The Boardman II Review made 28 recommendations, which the government has accepted.

10.15 At the centre of the government's response to those recommendations has been:

10.15.1 the embedding of documented and transparent decision making as part of all procurements across government, with particular attention paid to improving contingency planning for crises;

10.15.2 guidance on procurement of products, coordination of resource and capability in our commercial function and across government procurement; and

10.15.3 and a review of stockpile requirements and management, amongst others.

10.16 The recommendations are directed against a number of different government departments and business units. In light of this, Alex Chisholm brought together Director Generals from across government to lead on implementation of the recommendations. The monitoring of implementation was then handed over to the Government Internal Audit Agency, whose most recent report on progress in implementing is at [RH/79/CABP00049264] .

HoL Risk Committee Report

10.17 The Cabinet Office formally responded to the HoL Risk Committee Report on behalf of the government on 17 March 2022 [RH/42/CABP00045686].

10.18 Following the HoL Risk Committee Report, and consequent to the government's own internal lessons learned exercises and from other reports such as the NAO Report and the RAEng Review, the Cabinet Office made a number of changes to its system and processes, a number of which are discussed below from paragraph 10.25 (or are captured in the passages on the RAEng Review and the Crisis Capabilities Review above).

10.19 During 2022, the Cabinet Office continued to progress its work in this area primarily through the development of the updated Resilience Strategy, to which I refer in more detail from paragraph 10.31, below, which is awaiting ministerial clearance.

10.20 Further actions which the government continues to progress include: the establishment of the College for National Security, which is continuing, the project now having secured funding; the government's refreshed Biological Security Strategy, for which the Cabinet

Office is responsible, and is planned for publication in early 2023, subject to ministerial approval; and the government's refreshed Concept of Operations, which remains under production; and the refreshed NSRA which has been developed in consideration of the series of recommendations made in various reviews and reports, including the RAEng Review.

NAO Report

10.21 Further to the NAO Report, the Cabinet Office and DHSC were asked to provide evidence to the Public Accounts Committee in respect of the topics covered by the NAO Report. The Cabinet Office gave evidence to the Committee on 12 January 2022, which informed the HoC PAC report below.

HoC PAC Report

10.22 The Cabinet Office formally responded to the HOC PAC Report [RH/46/CABP00045328]. Following this report, and consequent to the government's own internal lessons learned exercises, the Cabinet Office made a number of changes to its system and processes. For example, by the stage of the response to the Hoc PAC, a new role had been established, "Head of the Government Risk Profession", leading the implementation of the 3 year "Risk Management and Strategy Plan", and steps had been taken to improve risk reporting and training on risk management. Other changes are described elsewhere in this statement, principally at 10.24-10.29 and 10.30-10.44 below.

10.23 The Cabinet Office has recently prepared an update on progress in implementing the recommendations made in the HOC PAC Report. The update, which will be a Treasury minute, is awaiting HM Treasury sign-off before being laid before parliament.

Recent Changes Implemented

10.24 Many changes to crisis management practice and capability have been implemented since the pandemic, and following lessons learned exercises set out above. The last two years have seen some significant changes to doctrine and approach.

10.25 On health security, the UKHSA became operational on 1 October 2021, bringing together the health protection elements of PHE and NHS Test and Trace. It has responsibility for planning for, preventing and responding to external health threats. The UKHSA is a DHSC sponsored, science-led organisation focused on ensuring the health security of the UK,

positioning health security as a critical component of UK national security, and positioning the UK as a global leader in this area.

10.26 The Covid-19 pandemic exposed the need for a material improvement in how we generate and interrogate data to support decision making in a crisis. In response to this lesson, the National Situation Centre ("**SitCen**"), based in the Cabinet Office, became operational in October 2021. It now serves as a focal point for data and analysis use in emergencies. SitCen uses data from across government and beyond to monitor common risks, helping to anticipate situations. Furthermore, in crises, the SitCen rapidly brings together and analyses data to provide faster assessments, specifically to better understand complex or concurrent risks that impact multiple public service areas. The establishment of the SitCen reflects wider lessons learned on crisis management facilities, which are already being implemented through COBR refurbishments and other work to better support hybrid working in a crisis.

10.27 There has been a considerable multi-year programme of work to modernise and upgrade COBR, the national crisis management centre, introducing improved provisions which were not available at the start of the pandemic but which are now in use. This includes a major refurbishment project to build a new zone within the COBR complex, which has created meeting rooms and working offices with improved ICT provision across a range of classifications to better support hybrid working. The Cabinet Office has completed several major phases of facilities development. This means that our crisis facilities are now well configured to respond to increasingly complex crises and provide access to data.

10.28 In relation to wider government risk management, the HM Treasury Risk Centre of Excellence ("**CoE**") is developing a wider risk management strategy and delivery plan which sets out how the CoE will meet the Public Accounts Committee commitments to strengthen leadership and enhance credibility, collaborate across boundaries, and enhance capabilities and drive professionalism. The strategy has undergone a consultation exercise with a number of departmental Heads of Risk, Finance Leadership Group and with key stakeholders across-government.

10.29 Since August 2021, the CoE has published three new guidance documents relating to risk management:

10.29.1 the Risk Management Skills and Capabilities Framework [RH/29/CABP00045321];

10.29.2 the Good Practice Guide: Risk Reporting [RH/31/CABP00045323]; and

10.29.3 the Risk Appetite Guidance Note [RH/32/CABP00045324].

Planned Changes to Systems and Processes

10.30 To ensure that the Cabinet Office can best target resources for emergency planning in future, we have been:

10.30.1 developing the UK Government Resilience Framework, which was published on 19 December 2022 [RH/93/CABP00049282]

10.30.2 implementing the recommendations from the post implementation review of the CCA 2004 (the findings in this regard are outlined above);

10.30.3 refreshing the NSRA (this has now been completed and was recently circulated to government departments and LRFs);

10.30.4 preparing a new sub-committee of the National Security Council on resilience, which was approved by the Prime Minister and will be chaired by the Chancellor of the Duchy of Lancaster[2]; and

10.30.5 strengthening Cabinet Office crisis and resilience structures with the creation of two Director-led functions: the COBR Unit, which leads on national crisis response and contingency planning, and the new Resilience Directorate, which leads on longer-term resilience planning. This also includes the Resilience Framework commitment to a new Head of Resilience, providing leadership across the wider system.

10.31 The Resilience Framework, referred to above, was developed with input from the devolved administrations, local government, the private sector and the public. This was a key commitment of the Integrated Review and sets out a vision and actions for a more resilient UK. The Framework sets out the UK Government's plans to strengthen resilience to 2030 and work to deliver it is already underway. It is a risk-agnostic plan to strengthen the system, structures, and capabilities which underpin the UK's resilience to all risk, including those which are yet to emerge. The Framework focuses on how we can build resilience across

[2] All Cabinet committees are dissolved when there is a change of Prime Minister. The incoming Prime Minister agreed a new Cabinet committee structure in September 2022. The same process was followed for the current Prime Minister, and the list of committees was updated in November 2022. The new sub-committee will be established in due course, and the Terms of Reference and membership will be published in the usual way.

six key thematic areas: Risk, Responsibilities and Accountability, Partnerships, Community, Investment and Skills.

10.32 The measures set out in the Framework include:

10.32.1 Delivering a new UK Resilience Academy, built out from the Emergency Planning College, making world class professional training available to all that need it.

10.32.2 Appointing a new Head of Resilience, to guide best practice, encourage adherence to standard, and set guidance – making government more transparent and accountable.

10.32.3 Introducing an Annual Statement to Parliament on civil contingencies risk and the UK Government's performance on resilience.

10.32.4 Clarifying roles and responsibilities in the UK Government for each National Security Risk Assessment risk, to drive activity across the risk lifecycle.

10.32.5 Growing the UK Government's advisory groups made up of experts, academics and industry experts to inform risk planning and provide external challenge.

10.32.6 Significantly strengthening Local Resilience Forums (LRFs) in England by working across three key pillars of reform – Leadership, Accountability, and Integration of resilience into the UK's levelling up mission.

10.32.7 Building private sector resilience by providing guidance on risk in order to help the businesses to meet new standards on resilience.

10.32.8 Developing a Measure for Social Vulnerability as an indicator of socio-economic resilience and how risks impact across communities and vulnerable groups – to further guide and inform decision making.

10.32.9 Conducting an annual survey of public perceptions of risk, resilience and preparedness.

10.33 The Government continues to bolster its skills base in the areas of analysis, emergency planning and project delivery along with work from the Government Office for Science. The Government is actively supporting the World Health Organisation's (WHO) initiative to develop an International Pathogen Surveillance Network (IPSN) and the One Health

Intelligence Scoping Study, and continues to support the Global Health Security Initiative (GHSI).

10.34 Prior to publication, a Call for Evidence was held from July to September 2021, and the Public Response was published on 15 December 2021 [RH/49/CABP00045330]. The Resilience Strategy Public Response [RH/52/CABP00045691] reported on the statistics from the Call for Evidence and provided an overview of the emerging themes.

10.35 The Prime Minister has also approved a new sub-committee of the National Security Council on resilience, which will be chaired by the Chancellor of the Duchy of Lancaster. This will be established in early 2023, when the Terms of Relevance and membership will be published in the usual way for a Cabinet Committee.

10.36 The Resilience Directorate (which is now one of two dedicated resilience functions in the Cabinet Office following the dissolution of the CCS) is working to re-establish a comprehensive National Exercising Programme to reflect the NSRA priorities. This programme will have an explicit role in assuring both departmental and cross-government resilience capabilities and arrangements. It will also embed improved approaches to exercising, notably the move to a progressive approach of stress-testing, confirmation and rehearsal exercises. In practice, this will mean departments and operational partners conducting more exercises, focused on the top risks and key capabilities and with a stronger framework to capture and track lessons identified across government.

10.37 Work is underway across government and, during its existence, within the CCS to increase the emergency response and recovery capabilities of our staff by means of progressive training and exercising. Additionally, there is ongoing work to develop clear structures and processes for surging additional staff within and between departments.

10.38 In respect of recommendations which have been implemented, such as the splitting of the CCS, as described at paragraph 5.2 above, this took place in July 2022.

Future Plans for Pandemic Readiness

10.39 The longer-term work in respect of preparedness for future pandemics is developed in partnership with DHSC. The objective of the Cabinet Office, and the government more broadly, is to ensure that the country is adequately prepared for a future pandemic, whilst using the available resources most efficiently.

10.40 Government must plan for a large number of catastrophic and emerging risks, of which a pandemic is only one. Ensuring that a future pandemic is adequately prepared for is a priority, but it must also be approached proportionately and in view of the other risks for which government must also be prepared.

10.41 In July 2021, the Pandemic Disease Capabilities Board was set up jointly by the DHSC and CCS. This board was co-chaired by the DHSC and CCS, and is now chaired by the DHSC and the Resilience Directorate in the Economic and Domestic Affairs Secretariat. This board is the successor to the PFR Board and was established to enhance the cross-government and cross-UK approach to preparing for a broader range of pandemics, including but not limited to pandemic influenza.

10.42 The pandemic preparedness programme looks at all causes of pandemics, and all mitigations which might be needed. In some cases, these mitigations are specific to pandemics (such as a furlough scheme), or even to particular types of pandemics, but in others they are applicable to lots of different types of risk (such as planning for burying or cremating excess bodies, which could be implemented in the event of other emergencies, such as a terrorist attack or severe coastal flooding). An exercise was undertaken (see paragraph 10.43) to catalogue information in relation to all of the capabilities developed by government in respect of the COVID-19 pandemic, such as the implementation of the furlough scheme. Together, these form part of a toolkit which can be used for future pandemics.

10.43 In March 2022, DHSC asked officials in a range of UK Government departments, agencies and arms-length bodies to provide a list of emergency response capabilities built for the acute phase of the COVID-19 pandemic and an indication of where and how they were being transitioned into a longer-term state of preparedness for future emergencies. DHSC presented the catalogue of returns to the Pandemic Disease Capabilities Board in May 2022 alongside a summary paper with thematic recommendations.

10.44 The scope of the review was reserved UK Government and devolved capabilities in England, but the work did not cover the full breadth of HMG's pandemic response capabilities, because: not all government departments and agencies were commissioned by DHSC; there was some variation in their responses; and, pandemic response capabilities pre-dating COVID-19 were not reflected. Following the completion of this cataloguing exercise in May 2022, work to address the recommendations from this exercise is now being progressed by the Pandemic Disease Capabilities Board.

Statement of Truth

I believe that the facts stated in this corporate 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

Dated: 01/02/2023