

Witness: M. Adamson

No:1

Exhibits: MA/1 – MA/8

Date: 28 April 2023

UK COVID-19 PUBLIC INQUIRY

FIRST WITNESS STATEMENT OF MICHAEL JOHN ADAMSON

I, **MICHAEL JOHN ADAMSON**, of 44 Moorfields, London, EC2Y 9AL **WILL SAY** as follows:

1. I am the Chief Executive of the British Red Cross (the **BRC**). I make this witness statement in response to a Request for Evidence under Rule 9 of the Inquiry Rules issued by the UK Covid-19 Public Inquiry (the **Inquiry**), which I received by way of letter dated 9 January 2023 (the **Rule 9 Request**).
2. I make this witness statement on behalf of the BRC, in my capacity as Chief Executive of the BRC. The facts and matters addressed in this witness statement are based on my own knowledge and that of certain individuals who held key roles at the BRC in the years leading up to and during the outbreak of Covid-19. This witness statement also incorporates the views of the Voluntary and Community Sector Emergencies Partnership (**VCSEP**) who received a similar Request for Evidence under Rule 9 of the Inquiry Rules by way of letter dated 9 January 2023. As Chief Executive of the BRC, I am currently a Co-Chair of VCSEP and I have consulted with senior colleagues within VCSEP in preparing this statement. Where facts and matters are otherwise based on information and belief, I have identified the source of such information or belief.
3. I have exhibited a number of documents to this witness statement that I hope will prove to be of assistance to the Inquiry and its work. These documents are numbered sequentially in the order to which I refer to them throughout the statement, in the format **MA/[document number]**.

The Structure of My Witness Statement

4. I have structured my witness statement in the following manner.
5. At **Section A**, I cover my role, the history of the BRC and VCSEP, and their work in response to the Covid-19 pandemic (the **Pandemic**).
6. At **Section B**, I include an overview of how the voluntary sector in the UK is, and was, organised in the lead up to the Pandemic.
7. At **Section C**, I discuss central and local UK government's pandemic planning and the extent to which the BRC and VCSEP were consulted and/or involved when developing those plans.
8. At **Section D**, I include the BRC and VCSEP's perspective as to the UK's pandemic preparedness and the UK government's response to the Pandemic.
9. At **Section E**, I discuss my views, as Chief Executive of the BRC and Co-Chair of VCSEP, on the lessons to be learned from our experience of responding to the Pandemic.

A. The BRC, VCSEP and my role within them

Historical background

10. The BRC was founded in 1870, and was known initially as the British National Society for Aid to the Sick and Wounded in War, before being renamed the British Red Cross in 1905. In 1907, in order to fulfil its then wartime role, the BRC adopted a permanent structure of local branches and extended its presence to communities around the UK. It was granted its first Royal Charter in 1908, which was in large part supplemented and replaced by a further Royal Charter made by an Order in Council on 1 January 1988 and revised in July 2003 (collectively, the **Charter**). The Charter provides for the BRC to have corporate status, recognises its charitable status and establishes its governance regime.
11. The BRC today is governed by a board of trustees, managed by an executive leadership team (**ELT**), and is assisted in its humanitarian work by over 12,000 volunteers and over 4,000 members of staff. The trustees are responsible for ensuring that the BRC is effective in achieving its objectives and using its resources to maximum effect, whilst

upholding the BRC's core ethos and values. The ELT, of which I, as Chief Executive, am a member, is responsible for the day-to-day management of the BRC.

12. The legal objects of the BRC, as provided for in the Charter, are to provide assistance to victims of armed conflicts, and to work for the improvement of health and the prevention of disease and for the prevention and alleviation of human suffering in the UK and worldwide. We are obliged to (and do) act in accordance with seven 'Fundamental Principles' as established by the International Conference of the Red Cross and Red Crescent Societies, namely: humanity; impartiality; neutrality; independence; voluntary service; unity and universality. We consider these principles are critical to allow the people we help to recognise that the BRC is a neutral, independent and impartial body.
13. The BRC also has a special status which means that it neither forms part of government nor comprises a non-government organisation (which differs from many other charitable bodies active within the voluntary sector). This is its 'auxiliary' or support function to the UK's public authorities in the humanitarian field. The Charter provides that the BRC is recognised by central government as a voluntary aid society, with an auxiliary function to the public authorities (and particularly to the medical services of the armed forces). This recognition establishes an automatic relationship between the BRC and the government (such that the BRC is required to have regard to the considerations of the government, without being beholden to it, while carrying out its primary responsibility to alleviate suffering in emergencies).
14. We are aware of the complexity of the interplay between our auxiliary status and the fundamental principle of independence. However, successive governments have acknowledged, and we strongly believe, that the principles of independence, neutrality and impartiality which underpin all the BRC does provide the best means by which to gain the confidence of those in need in order to carry out our objectives.

My role within the BRC

15. I took up my role as Chief Executive of the BRC in November 2014. In essence, my role is to ensure that, in carrying out its operations, the BRC both has a clear sense of purpose, and the wherewithal to fulfil that purpose.
16. On a daily basis, this entails meeting with key individuals within and outside of the organisation to progress its strategy, and to tackle issues that arise in the ongoing work of the organisation through a combination of one-to-one and team meetings. I work

closely with the board of trustees which, as discussed in more detail at paragraph 1111 above, governs the BRC and is the highest decision-making body, with overall legal responsibility for the organisation. Each member of the ELT also reports directly into me.

17. In performing my role, I depend on the support of my colleagues across the BRC, including those who are involved in the BRC's work on crisis preparedness and resilience. In preparing my witness statement, I have, where possible, sought the views of a number of senior colleagues who held relevant roles across the UK from 2009 up to and including early 2020.

The role of the BRC in responding to civil emergencies

18. The BRC responds to international crises and emergencies as well as those across the UK. Recent examples include: providing healthcare, emotional support and essential items like cash, food and fuel to people in Ukraine and neighbouring countries; the Ebola epidemic in the Democratic Republic of Congo; providing emergency food assistance, cash and healthcare to populations facing acute food insecurity in West, Central and East Africa, and supporting them to adapt to the long-term effects of climate change; and providing emergency shelter assistance to communities affected by record-breaking flooding in Pakistan. In the UK in recent years, we have responded to civil emergencies such as the terror attack on Manchester Arena and the Grenfell Tower fire. However, an incident in the UK does not have to amount to a civil emergency for the BRC to assist with an emergency response by the local authorities and emergency services. The BRC may help, for instance, if people need to be evacuated from their homes due to a gas leak, or if there has been flooding following a recent storm. We are also a long term partner to the NHS.
19. The BRC provides practical support in a civil emergency to individuals affected by the event. What this entails will depend on the circumstances, but might include for example: emergency supplies for basic needs (food, blankets); cash support and access to hardship funds; respite centres and information points; and support in the aftermath of a civil emergency in helping individuals to resume their previous lives.
20. The BRC also performs a coordinating role, both independently and through VCSEP as set out at paragraph 24 below, and sometimes acts as a point of contact during a civil emergency through which government can access the wider voluntary and community sector on the one hand, and the sector can access a pool of volunteers that match their needs on the other hand.

The BRC's response to the Pandemic

21. In the case of the Pandemic, the BRC provided considerable support of the kind I have outlined above. Across the UK, the BRC distributed food packages, delivered medication, loaned medical devices and community equipment, provided cash-based assistance, and transported patients to and from hospitals. We also worked to assist vulnerable and isolated people who, for whatever reason, were at risk of being excluded from the existing emergency response, such as refugees and asylum seekers, women fleeing domestic violence or people with no recourse to public funds. To meet the needs of these groups, the BRC scaled up its support line, health support, and cash distribution activities. It did some of this work directly and some via partners and new referral mechanisms.
22. As the Pandemic developed, the BRC's role also developed. For example, we were heavily involved in the vaccine rollout, including training hundreds of volunteers to provide support at vaccination centres throughout the UK and rolling out a campaign to address vaccine hesitancy. We also developed a national support line to provide information and signposting to other support which also helped combat social isolation.
23. The BRC's Pandemic response was frequently delivered alongside and in partnership with others in the voluntary and community sector, including VCSEP.

The role of VCSEP and its response to the Pandemic

24. VCSEP was created in the aftermath of the major incidents of 2017 (including the Grenfell Tower fire, the terror attack on Manchester Arena and the London Bridge terror attack) and the government's publication of the Voluntary and Community Sector National Critical Incident Response Framework. It was created in order to improve coordination at national and local levels before, during and after emergencies with the aim of building a better-connected, more collaborative and more effective approach to national resilience. VCSEP superseded the Voluntary Sector Civil Protection Forum, and it was also briefly known as the Voluntary and Community Sector Strategic Group for Emergency Response and Recovery.
25. Today, VCSEP is a network of over 250 partners, including specialist response and local community-based partners from across the voluntary and community sector. It also includes representatives from local and national government, statutory bodies and academics. VCSEP is not a legal entity in its own right, rather it is a partnership hosted by the BRC and co-chaired by me in my capacity as Chief Executive of the BRC and

Maddy Desforges in her role as Chief Executive of the National Association for Voluntary and Community Action (**NAVCA**). VCSEP also has a board and steering committee comprised of several partners, which are responsible for VCSEP's strategic direction and which provide the framework within which VCSEP operates. However, VCSEP's c.250 voluntary and community partners, among others, are key to VCSEP's role in achieving collaboration and connectedness both within the voluntary sector and between the voluntary sector and government.

26. Prior to the outbreak of the Pandemic, VCSEP was a nascent partnership between approximately 15 organisations which were committed to collaboration and working together to improve sector connectedness. It was initially funded by in-kind contributions from these founding partners, and primarily from the BRC and NAVCA. Following the outbreak of the Pandemic in early 2020, VCSEP received central government funding from the Department for Digital, Culture, Media and Sport to respond to the first wave of the Pandemic. This injection of funding significantly increased VCSEP's resources and enabled VCSEP to scale and consolidate its activities.
27. With the benefit of this funding, VCSEP's response to the Pandemic was manifold. In particular, VCSEP worked to establish and maintain critical channels of communication among its expanding partnership and to form cross-government connections with other government departments including the Home Office, the Department of Health and Social Care, the Cabinet Office, the Department for Levelling Up, Housing and Communities (**DLUHC**), the Department for Education and the Department for Transport. Having established these connections, VCSEP acted as a contact point during the Pandemic through which government could access the wider voluntary and community sector and through which the sector could access and coordinate volunteers, resources and information.
28. This was achieved in part by establishing a central coordinating secretariat which was responsible for testing and iterating support structures to enable improved coordination. The secretariat coordinated all of VCSEP's activities including: (i) establishing five regional multiagency cells across the UK to bring partners together outside the formal resilience structures described at paragraphs 32 to 36 below in order to build connections and share intelligence as the Pandemic evolved; (ii) developing new referral mechanisms via new partners in order for voluntary aid to be requested and deployed quickly and effectively wherever need arose, including the National Volunteering Coordination Cell (the **NVCC**) described in more detail at paragraph 60; (iii) providing support and training to help smaller or newly-formed community organisations safely to

deliver services; and (iv) operating weekly network calls, conducting regular pulse surveys and sending regular newsletters which identified need and shared insights, situational intelligence and updates from government and different voluntary and community sector agencies. I include further specific examples of VCSEP's work in response to the Pandemic at paragraphs 60 and 65 below.

29. Outside of a live civil emergency such as the Pandemic, VCSEP has an ongoing role in keeping its voluntary and community sector partners connected and organised in order to focus on whole society resilience and preparedness. VCSEP achieves this through various initiatives, including monthly network calls for information-sharing and quarterly capability building events, which include live exercises, sharing lessons learned from those exercises and previous civil emergencies, identifying weaknesses in the sector's response, and the consequential capabilities that can be built at a national and local level to address those weaknesses.

B. The organisation of the UK voluntary sector

30. From a planning and preparedness perspective, the voluntary sector is organised in broadly the same way across the UK, but there are some differences between England and Wales, and Scotland and Northern Ireland, reflecting the different contexts and legal and governmental frameworks in the devolved nations. I have indicated below where, based on information from my colleagues, those differences are material.
31. As a preliminary point, I would like to stress that the ability of the UK to respond effectively to an emergency, and the ability of the voluntary sector to contribute successfully to that response, relies heavily on the existence and strength of a multitude of different relationships both between the voluntary sector and local and central government, and within the voluntary sector. In my view, those relationships have generally been stronger in Scotland and Northern Ireland than in England and Wales. The BRC in particular holds a more significant strategic position in the devolved nations.
32. The national framework for preparing and responding to an emergency in England, Scotland and Wales (but not Northern Ireland which has its own Northern Ireland Civil Contingencies Framework) is set out in the Civil Contingencies Act 2004 (the **Act**). The Act is designed to foster multi-agency partnerships at a national and local level, and sufficient civil protection in terms of emergency preparedness and response.
33. The Act categorises those who respond to emergencies either as 'category 1' or 'category 2' responders. Category 1 responders comprise the emergency services,

local authorities and the NHS, who have a number of statutory responsibilities to ensure that they are able to respond to emergencies appropriately. Category 2 responders (primarily utility companies) have their own distinct obligations. The BRC, and other members of the voluntary sector, are neither category 1 nor 2 responders under the Act. Instead, the government has issued statutory guidance as to how category 1 responders may involve those in the voluntary sector in their plans for emergency preparedness and response.

34. To that end, the BRC, and other members of the voluntary sector, are involved in the formal emergency response structure through membership of 'Local Resilience Forums' (**LRFs**) in England and Wales. The other devolved nations have comparable resilience structures which I discuss at paragraph 38 below.

England

35. The emergency response structure in the UK, including the voluntary sector, is extensive and disparate. It has in the past been (and can still be) challenging to coordinate. The LRFs were introduced by the Act to provide the means and structure for those involved in emergency preparedness (including in the voluntary sector) to collaborate at a local level and they are split into geographical regions coterminous with policing or county boundaries. LRFs are multi-party agencies, and membership includes representatives from local authority, category 1 and 2 responders, the military, a representative from the Local Health Resilience Partnership (**LHRP**) (a strategic forum for local health sector organisations), representatives from the voluntary sector, and other organisations appropriate to the needs of the LRF's specific area (such as the coast guard in coastal areas). LRFs are technically under the remit of the DLUHC but this oversight extends to guidance only, and not direction. In a similar way, the LRFs are chaired typically by a local authority executive or a senior leader from the emergency services but the chair is a voluntary role and the chair is not responsible for the actions of the LRF. The LRFs meet on average quarterly (but may meet less often) to identify risks and plan for emergencies.
36. Because of its size and auxiliary role (as I explained above), the BRC sits on LRFs where there is capacity to do so, as do, typically, representatives of other leading national volunteer organisations such as St John Ambulance. Indeed, the BRC's role at LRF meetings is often in part to represent the voluntary sector more generally, including those organisations without a member present, and to operate as a channel of communication between the LRF and the sector more widely. Whether smaller voluntary

organisations are represented on the LRFs, and which ones, will depend in each case on the needs of the local community, the openness of those chairing or leading the LRF to the voluntary sector, and the strength of existing relationships. There has historically been a lot of inconsistency between the LRFs and how effectively they operate.

37. It is fair to say that, before the Pandemic, the understanding by LRF members of what the voluntary sector had to offer – and the willingness of those leading the LRFs to engage with the voluntary sector – varied significantly. Where collaboration was lacking between LRFs and the voluntary sector, LRF emergency response planning focussed mainly on the statutory responders. As a result of the Pandemic, many LRFs now have a much greater understanding and appreciation of how the voluntary and community sector can contribute in a crisis, and the relationships between LRFs and the voluntary and community sector have generally been strengthened across the board. I give examples of this below, including the work being done by VCSEP in England at paragraphs 60 and 65 below, and a specific example of one of the other ways in which local authorities are working with the voluntary sector in Scotland at paragraph 61 below. Despite this progress, there is still more to be done to improve the quality and consistency of the engagement with the voluntary and community sector (discussed further at paragraphs 63 to 64 below).

Devolved nations

38. In Wales the LRFs operate within the four police force areas of South Wales, North Wales, Dyfed-Powys and Gwent. The Wales Resilience Forum is responsible for emergency planning and response at the Welsh national level and it is chaired by the First Minister of Wales. The counterparts to the LRFs in Northern Ireland are the Emergency Preparedness Groups (**EPGs**), of which there are three, grouped across 11 Council Areas: Northern EPG, Southern EPG and Belfast EPG. BRC is a member of each EPG. The strategic oversight group for all EPGs is the Northern Ireland EPG and that is activated in large scale and protracted emergencies. The counterparts in Scotland are Local Resilience Partnerships (**LRPs**). The LRPs are grouped into three broader Regional Resilience Partnerships (**RRPs**) for each of the North, West and East of Scotland, which act as the oversight group and coordinate activities at the LRP level. For example, the RRP will be engaged if an emergency event taking place in one LRP's area is likely to affect a neighbouring LRP's area or if that emergency event will be so resource intensive as to require assistance from another LRP. Above the RRP sits the Scottish Resilience Partnership (**SRP**) which is the core group of senior emergency responders and key partners and is responsible for communicating the strategy for

response to major national emergency events to relevant stakeholders and partners, including the Pandemic.

Voluntary and Community Sector National Critical Incident Response Framework

39. Separate to the framework established by the Act, is the Voluntary and Community Sector National Critical Incident Response Framework, referred to at paragraph 24 above. This was created in the wake of the Grenfell Tower fire and led to the establishment of VCSEP and the National Emergencies Trust. Together, these groups aim to improve coordination across the voluntary sector for an effective, joined up and human-centred approach in preparing for, responding to, or recovering from, any national disaster or critical incident.

C. UK government pandemic planning and the BRC's involvement

Central and local government pandemic planning

40. To the best of my knowledge, the BRC had limited engagement with central government in relation to civil emergency planning, preparedness and resilience before the Pandemic, and less still with regard to pandemic planning specifically.
41. This is notwithstanding the fact that the National Risk Register had identified the UK as being at high risk of an influenza pandemic for many years. This is also notwithstanding the fact that many people in the BRC and in the government considered 2017 (which, as mentioned in paragraph 24 above, saw the Grenfell Tower fire, the Manchester Arena terror attack, and the London Bridge terror attack) to be a watershed year for emergency planning.
42. In the period between 2017 and early 2020, government emergency preparedness was organised by two offices: the Civil Contingencies Secretariat of the Cabinet Office (the **CCS**) was responsible for central government emergency planning; and the Resilience and Emergency Directorate (the **RED**) (within what is now the DLUHC) was responsible for co-ordinating the local government response to an emergency.
43. The BRC has long believed that increased engagement between the CCS and the voluntary sector would be beneficial for the UK's emergency preparedness. It is in that context that, in 2019, the BRC and other voluntary organisations sought to engage with the CCS. Our focus was on seeking to develop a strategy with the government for the voluntary sector to react to a range of emergencies based on the lessons learned from responding to the multiple emergency events of 2017. The intention was for the

voluntary sector to offer something more than the gold, silver and bronze model which usually dominates emergency responses, in particular to focus on the human aspects of recovery that are sometimes forgotten. The experience was somewhat dispiriting and there appeared to be a lack of curiosity on the part of the CCS regarding what the voluntary sector could provide.

44. I had also previously approached the RED in 2018 and received a more positive response, including a proposed approach to the CCS for a three-way meeting. However, this meeting did not materialise.
45. Overall, my sense is that, while intentions for collaborations between the UK government and the voluntary sector were well expressed in key documents, the practice of collaboration was intermittent, with often significant gaps between meetings which brought together the various stakeholders in emergency response. From my observations, the government was preoccupied with the risks associated with Brexit and committed significant resource to their efforts to manage those risks. This left limited capacity to plan for other known risks, including that of a pandemic. However, any resilient emergency response structure needs to be able to respond to multiple and simultaneous risks (as we experienced in 2017).
46. BRC's engagement with central government on emergency planning before the approaches in 2019 and 2018 I have just described, was limited. To the best of my knowledge, the BRC was not involved in the development of the Pandemic Influenza Communications Strategy. I had a passing awareness of the 2011 UK Influenza Pandemic Preparedness Strategy, however, it is important to note that this strategy was developed for a pandemic on a far smaller scale and would have had limited applicability when tackling the actual Pandemic. I understand from my colleagues in crisis response roles within the BRC that some LRFs (and some of their devolved nation equivalents) were involved in Exercise Winter Willow and perhaps Exercise Cygnet or Exercise Cygnus (it is not clear which), and that the BRC had a passing involvement in those exercises to the extent of its involvement in the LRFs (or devolved nation equivalents). However, any involvement was limited and a number of years have passed since the relevant exercises, such that key BRC colleagues in crisis response roles at the time of the Pandemic had little to no recollection of these exercises, or any (other) influenza pandemic planning. My colleagues consistently recalled that emergency planning at local government level was focused on more 'typical' emergencies, such as floods and evacuations.

47. The exception was a resilience planning event that took place in one LRP in Scotland, of its own initiative, in response to an outbreak of avian flu in around 2010. I understand that the BRC and NHS public health organisations worked together to develop guidelines for local businesses on how to identify, prioritise and protect critical elements of their business whilst stopping non-critical activities. They prepared and ran sessions with local business to practise exercising contingency plans. The sessions were well attended and took place over a period of roughly three weeks with approximately 40 to 50 businesses attending each week. The BRC and the LRP shared the initiative with other LRPs but I do not know whether or to what extent the planning was adopted by those LRPs. We also captured feedback from participants in the sessions and produced a report which was sent to the Resilience department of the Scottish government.
48. I am not otherwise aware of any correspondence or guidance that we received from, or shared with, the UK government regarding pandemic planning before the Pandemic. The BRC is aware of general government guidance on civil emergencies but, as explained above, this related to 'typical' emergencies. In England there are two guidance documents called 'Emergency Preparedness' and 'Emergency Response'. In Scotland, there is a regularly updated set of national guidance documents called 'Preparing Scotland' to assist Scotland in planning, responding and recovering from emergencies. In Northern Ireland, the Executive Office of the Northern Ireland Assembly has produced the 'Northern Ireland Civil Contingencies Framework – Building Resilience Together'.
49. For completeness, I note that VCSEP's involvement in government emergency planning was even more limited than the BRC's. The strategies and exercises referred to at paragraph 46 above took place before VCSEP was created and, as explained at paragraph 26, prior to the Pandemic VCSEP lacked the scale required to engage meaningfully in government emergency planning.

D. The BRC and VCSEP's views as to the UK's pandemic preparedness

50. I wish to note at the outset, that the scale and speed of the Pandemic was unprecedented and took everyone by surprise – including those of us who have extensive experience of emergencies. It is the BRC's view that even the best-made plan was unlikely to have anticipated or accounted for certain of the measures that were put in place during the Pandemic. For example, until it happened, the BRC would not have anticipated that new regulations would have been enacted to prevent people from leaving their homes or restrict movement. Given the enormity and novelty of the

emergency, it is not surprising that it took some time to identify all the immediate needs and grasp what exactly was required.

51. However, even with that context, the BRC is not alone in the view that the UK was underprepared for the risks identified in the National Risk Register and unprepared for a pandemic on the scale of Covid-19.
52. As explained above, there was very little pandemic planning in place when the Pandemic struck. What did exist, was aimed at a pandemic on a far smaller scale and was out of date, and therefore almost immediately had to be set aside; control structures that we would typically see in an emergency response were reversed and decision-making was heavily centralised without sufficient regard to the needs of local communities; it was also not clear who within central government was leading the response; existing structures and organisations (including the BRC) were available to support, but were not initially called on by central government; central government did not have a sufficient appreciation of what the voluntary and community sector could offer going into the Pandemic, to take proper advantage of our services; and there was considerable variation in the effectiveness of LRFs and their recognition of the role the voluntary and community sector could play in an emergency.
53. Notwithstanding the fact that there was limited government pandemic planning and preparedness prior to the outbreak of Covid-19, there were subsequently positive efforts made by the government to engage with the voluntary and community sector and, given the Pandemic's long duration and its enormity, to involve the sector (including the BRC and VCSEP) in the rapid and continuous re-planning and preparedness which took place as the Pandemic unfolded. I discuss the collaboration between government and the voluntary sector further in the section 'Lessons that can be learned from the Pandemic' from paragraph 56.

The Pandemic and pre-existing inequalities and vulnerabilities

54. It is the BRC's view that UK emergency planning did not adequately take into account the vulnerabilities and inequalities of those likely to be affected by a national emergency such as the Pandemic. As a result, the initial response to the Pandemic applied an overly narrow definition when making vulnerability assessments and considering who was likely to be 'vulnerable'. The assessment focussed too much on clinical status and those who were clinically vulnerable, and not enough on the wider social and economic factors that exacerbated the vulnerability of certain groups. Governmental planning also failed to take adequate account of how the response to a pandemic could potentially

exacerbate the vulnerability of certain groups, thereby creating a 'double burden' effect. From the BRC's work during the Pandemic, it became clear to us that a wider group of people were vulnerable and unsupported during the Pandemic and government had not, in its emergency planning, developed the tools needed to identify such people when the Pandemic began.

55. This is not unique to the Pandemic but this weakness in the UK's emergency response was particularly pronounced during the Pandemic because of its scale and duration. Ultimately, the Pandemic has widened inequalities and had its most severe impacts on those who are excluded or marginalised. The BRC appreciates that it is a huge challenge for central government to consider and implement plans which take into account all the variables and vulnerabilities present in the UK's population. This challenge was to some extent exacerbated by centralised decision-making and could have been mitigated to some extent by giving greater autonomy for strategic decisions to local government.

E. Lessons that can be learned from the Pandemic

56. The BRC has published a number of reports and made submissions to various committees, setting out the BRC's views on the UK's preparedness for a pandemic:
- (a) 'The Longest Year: Life Under Local Restrictions' is a report exploring the experiences of people living and working in areas under tighter local restrictions across the UK. The report includes 'Key Recommendations' for improving the UK's response to the Pandemic. This is exhibited at **MA/1 - INQ000102724**.
 - (b) 'Ready for the future: meeting people's needs in an emergency' is a report looking at whether the current systems, structures and legislation around emergencies in the UK are people-centred and effective in an emergency. This is exhibited at **MA/2 - INQ000102725**.
 - (c) The BRC's submission to the Public Accounts Committee Covid-19: 'Supporting the vulnerable during lockdown'. The submission contains the BRC's recommendations for how the government can meet the needs of the most vulnerable to hardship under Covid-19 restrictions. This is exhibited at **MA/3 - INQ000102726**.
 - (d) The BRC's written evidence provided to the Risk Committee dated 10 February 2021. The evidence includes key recommendations for the government to

address the insufficiencies in the UK's emergency response structures. This is exhibited at **MA/4 - INQ000102727**.

- (e) The International Federation of Red Cross and Red Crescent Societies World Disasters Report 2022 on 'Trust, Equity and Local Action: Lessons from the COVID-19 pandemic to avert the next global crisis'. The report highlights key areas of preparedness with a focus on local preparedness systems as a means to prevent, detect and respond to health emergencies. This is exhibited at **MA/5 - INQ000102728**.
 - (f) The BRC's response to the Inquiry's consultation on its draft terms of reference which was submitted via an online form. The response recommends additional areas of focus for the terms of reference to address, including the role of the voluntary and community sector, the effectiveness of the existing legislative framework, the assessment of vulnerability and the impact of restrictions on mental health and wellbeing. This is exhibited at **MA/6 - INQ000102729**.
 - (g) 'Access to Food in Emergencies: learning from Covid-19' is a report focussing on food insecurity during the Pandemic in the UK, and it sets out recommendations to address it. This is exhibited at **MA/7 - INQ000102730**.
 - (h) 'Lonely and Left Behind: Tackling loneliness at a time of crisis' is a report which highlights the impact of the Pandemic on loneliness and how those most affected are coping. It sets out recommendations, including that Covid-19 recovery plans should tackle loneliness issues. This is exhibited at **MA/8 - INQ000102731**.
57. Drawing on each of those publications, and the views of those I have spoken to in preparing this witness statement, including my colleagues at VCSEP, I would like to highlight four key areas where lessons should be learnt from the Pandemic for the future:
- (a) Devolving power from central government to local government and coordinating both preparedness and the actual response at a local level.
 - (b) Strengthening relationships with the voluntary and community sector at both national and local levels in advance of civil emergencies to better understand needs and more rapidly deploy resources to those in need during an emergency.
 - (c) Looking beyond the initial emergency response and incorporating longer-term recovery into planning and resilience-building.

- (d) Focussing on understanding and planning for the impact of an emergency (as well as the response) on pre-existing inequalities and vulnerabilities.

Devolution and focussing coordination at a local level

- 58. The Pandemic made it clearer that the success of an emergency response is dependent on coordination and effort at a local level. The first responders to emergencies are invariably those in the local community and those in closest proximity to the incident. The UK government did not adequately account for that in the Pandemic. The UK government's initial response was to centralise decision-making on most fronts. Later in the Pandemic, more agency was given to local authorities and forums, which had relative success.
- 59. A good example of this is the rollout of Covid-19 vaccines, which was devolved to local areas (and with which the BRC assisted) and where regional collaboration through formal and informal arrangements was one of the successes of the UK's response to the Pandemic.
- 60. As described further at paragraph 65 below, VCSEP played a vital role in the response to Covid-19 as well as in the aftermath of the Pandemic, particularly in respect of connecting the UK government to local players in the voluntary and community sector where required. During the Pandemic, the BRC through VCSEP set up the NVCC in England together with Volunteering Matters, the Royal Voluntary Service and St John Ambulance. The aim of the NVCC was to create a single communication channel between the government and the voluntary sector to enable the latter to be deployed effectively. The NVCC worked with any governmental department that had a request for volunteer support to connect and provide a reliable route of communication between the department and the voluntary and community sector. This resulted in collaboration between government and the voluntary sector during the Pandemic with, for example, supporting social distancing rules at train stations and giving out Covid-19 face masks.
- 61. In addition, in Scotland during early 2021, the BRC set up the National Voluntary Sector Co-ordination Hub (the **NVC Hub**) in coordination with the Scottish government and the local NHS Boards. The aim of the NVC Hub was to connect and coordinate volunteers from both the BRC and from across the voluntary sector, including from the many grassroots organisations which emerged in response to Covid-19, in order to assist with the vaccine rollout. The NVC Hub essentially acts as an agency which connects volunteers with local authorities and organisations which have a need for them. It is a

positive example of local authorities and existing resilience structures strengthening their ties and working relationships with the voluntary sector since the Pandemic. Indeed, the NVC Hub has secured additional governmental funding to continue to assist with volunteer need until at least September 2023 in the context of, for example, assisting displaced people from Ukraine and the current cost of living crisis.

62. Future emergency planning should recognise the importance of local authorities and third sector organisations in ensuring an effective emergency response for their communities. The UK government needs to invest in community engagement and deliberative emergency planning, and LRFs, LRPs and EPGs need to be better supported to co-develop mitigation and adaptation strategies directly with the community, for example by strengthening the Resilience Standards. Amongst other things, this will help ensure the UK's emergency planning and response is better able to serve the most vulnerable. The BRC welcomes the recent publication by the Cabinet Office of the National Resilience Framework with a focus on a whole society approach and, among other areas, a focus on the role and responsibilities of LRFs (responsibility for equivalent bodies in Scotland and Northern Ireland is devolved). A key aspect will be to clarify the role and responsibilities of LRFs, to develop a capability building programme for all actors and to implement a quality assurance framework (which will be a guidance document for their devolved nation equivalents). The intention is for the National Resilience Framework to enable lessons to be learnt from the LRFs that are operating well and to ensure increased consistency in how the LRFs operate. We also look forward to the continued strengthening of the National Risk Register to draw out more deeply the consequences for people of the risks highlighted within it. These developments are welcomed by the BRC. We are looking forward to seeing the implementation plans that flow from them and to playing our part.

Strengthening relationships with the voluntary and community sector

63. The BRC recognises that, during an emergency response, individuals and groups turn to, and rely on, those with whom they already have a trusting relationship. The height of a crisis is not the best time to try and forge new relationships. Local action and engagement ensures that communities have accessible, quality services and connections which they understand and trust, and are fully engaged in preparedness and emergency response. This means that a successful and efficient response to emergencies will necessarily involve an eco-system of voluntary and community responders. In our opinion, the current emergency response architecture does not

facilitate the consistent involvement of the voluntary and community sector into emergency planning. This hampered the initial response to the Pandemic.

64. There has historically been insufficient understanding of the key roles local actors can play in emergencies and the forms of support they require in order to do so. However, in the course of the Pandemic, it became clear both to government and other emergency responders that the voluntary and community sector had a vital role to play with many emergency responders and central government relying on the sector to mobilise volunteers as well as to reach and build trust among seldom heard and marginalised communities. As a result, in recent crises we have seen a greater willingness of central and local government to engage with the voluntary and community sector early in the response cycle (including through mechanisms such as the NVC Hub described at paragraph 61 above). This has been made easier through the development of VCSEP: over 70% of its c. 250 partners are local organisations, all of which have signed a partnership agreement to work together and share information before, during and after an emergency.
65. As I set out at paragraph 60 above, the key success of VCSEP is that it brings together sometimes disparate groups and acts as a communication and learning channel both between local government and VCSEP's partners, and between the partners themselves. This helps to ensure that effective relationships are already in place before an emergency strikes, which can then be harnessed during the emergencies themselves. Specifically, before, during and following emergencies, VCSEP provides:
 - (a) mechanisms to share knowledge and insight, including a better understanding of risks, which organisations are active and what they can provide in an emergency, and collective learning after an emergency;
 - (b) the framework to build trusted connections and relationships both within the voluntary and community sector, and between the voluntary and community sector on the one hand and local and national government on the other; and
 - (c) a range of ways to build skills and capabilities, both within formal resilience and emergency response structures and within individual communities, taking into account their specific nuances.
66. We believe this increased engagement with the voluntary sector is a positive development and the lessons learned now need to be embedded in all stages of emergency response, including in national and local resilience plans and guidance,

since the voluntary and community sector are still not always routinely involved in emergency planning, response, recovery and learning, particularly when it comes to strategic decision-making.

Focussing on a human-centred and longer-term approach

67. The current emergency response architecture also does not naturally take a sufficiently human-centred approach, particularly in relation to recovery. Currently, systems, structures and legislation tend to be focussed on both the initial response to an emergency and on how the UK's infrastructure can recover (for example by ensuring the UK's core utilities are functioning), and they tend to underestimate what people actually need to deal with and recover from an emergency. For example, our experience from the Pandemic highlights the particular importance of access to cash assistance and psychosocial support to help communities maintain a greater sense of control, dignity, choice and confidence. Securing critical infrastructure is clearly one element of risk response but assisting individuals to rebuild their lives is also crucial and, in our opinion, an underemphasised element of emergency response. It is the BRC's view that emergency planning needs to address not just the initial response, but a longer-term, more person-centred approach to helping people return to their previous lives. We believe we should review and update the National Risk Register to assess in much more detail the scale and depth of the impact of the risks cited on people and, in particular, on how those risks affect disparate groups and individuals differently.

Planning for the impact of emergencies on pre-existing inequalities and vulnerabilities

68. The Pandemic highlighted that insufficient consideration had been given to identifying individuals who were likely to be vulnerable in a pandemic, and understanding how a pandemic (or the government response to a pandemic) would impact pre-existing inequalities and vulnerabilities. As a result, support and protection was directed at an overly narrow group of people during the Pandemic, focusing on clinical vulnerability without considering social and economic factors. In order to plug this gap and to help identify and meet needs during the Pandemic, the BRC developed a Covid-19 vulnerability index. The BRC's index identified vulnerable areas and groups within local authorities, wards and neighbourhoods across the UK, including those who fell outside the government's 'extremely vulnerable group'. In taking positive action in respect of the lessons learned from the Pandemic, the UK government needs to take a more holistic understanding of vulnerability and factor those inequalities and vulnerabilities into emergency planning. The government also needs to include the voluntary and

community sector in the planning, design and development of methods for reaching people with pre-existing inequalities and vulnerabilities in an emergency.

69. The BRC believes that the following organisations may hold relevant information in relation to the questions to which this witness statement responds:

- (a) National Council for Voluntary Organisations;
- (b) National Association for Voluntary and Community Action;
- (c) St John Ambulance;
- (d) Royal Voluntary Service;
- (e) The Salvation Army;
- (f) FareShare; and
- (g) The Trussell Trust.

70. I confirm that I am willing for this witness statement to form part of the evidence before the Inquiry and for it to be published on the Inquiry's website.

STATEMENT OF TRUTH

71. I believe that the facts stated in this witness statement are true.

Signed:

Personal Data

MICHAEL JOHN ADAMSON

Dated this 28th day of April 2023