

Witness Name:

Statement No.:

Exhibits:

Dated:

UK COVID-19 INQUIRY

WITNESS STATEMENT OF The Institute of Civil Protection and Emergency Management (ICPEM)

I, Sarah Schubert, Chair of the Institute of Civil Protection and Emergency Management, will say as follows: -

The Institute of Civil Protection and Emergency Management (ICPEM)

(ICPEM pronunciation: IK-pem)

1. The Institute of Civil Protection and Emergency Management was formed on 1 January 2009 through a merger of the Institute of Civil Defence and Disaster Studies (ICDDS) and the Institute of Emergency Management (IEM).
2. The Institute of Civil Defence (ICD) was founded in 1938, as Europe approached World War II, and initially named the Air Raid Protection League. After the war the requirement became one of protection and survival in a nuclear age. This need for resilience after both natural and anthropogenic crises led the ICD to add 'Disaster Studies' to its name, some six years later, to become the Institute of Civil Defence & Disaster Studies (ICDDS). It was the United Kingdom's oldest learned society wholly dedicated to international disaster studies & research and had worldwide membership.
3. The Institute of Emergency Management (IEM) was incorporated in 1996 by professional emergency planners and managers. They recognised the need to research and improve the response to major incidents and their immediate and

long-term coordinated management. In so doing it was also aware of the necessity of promoting the education and training of key members of the emergency services and others, including the public, in the essential skills to deal with civil emergencies.

4. Since its formation the IEM actively pressed for high standards of professional practice at national and local levels as well as exchanging ideas and publication of information internationally. As an Institute it was frequently consulted for its professional views, comments and advice by the media, commercial, government and other bodies. The work continued in these respects and its members actively participated in conferences and seminars at international level on a wide range of subjects relevant to the management of major incidents.
5. In 2009 the two organisations recognised the synergy and overlap between them and merged to become the Institute of Civil Protection and Emergency Management (ICPEM). ICPEM is a registered charity (number 1127226) with the Charity Commission for England and Wales. It is wholly run by volunteers.
6. As the international environment changed, ICPEM has promoted the adaptation of civil protection, progressing through the principles of 'Integrated Emergency Management' to the current use of multi-disciplinary capabilities and resilience approaches. Planning to mitigate threats & consequences from any cause including natural and anthropogenic hazard events including terrorism, socio-technological catastrophe & system failures.
7. We remain the oldest learned society wholly dedicated to international disaster science studies and research for disaster risk reduction globally.
8. ICPEM promotes excellence in civil protection and emergency management. In an increasingly volatile, uncertain, complex and ambiguous world ICPEM is an independent collaborating forum. We are dedicated to achieving better outcomes in disasters and emergencies for people, their property and livelihoods, economies and the environment. We unite professional practitioners and academics to provide

an informed voice to influence, shape and educate policy makers, professionals, academics and the public.

Overall Pandemic Preparedness Prior to the Covid-19

9. The Institute's members believed that preparedness for pandemics and the other emergencies by government, the NHS, other government and public bodies including regional and local resilience structures had become woefully inadequate.
10. Complacency had run rife across organisations. Professionals were no longer treated as professionals. Line reporting often bearing no importance of the role to the overall importance to organisational resilience and continuity, can often be located in security and facilities management.
11. It had become increasingly difficult to secure adequate funding to deliver continuity and resilience for organisations. Often one person was required to do the job of what three had done, or individuals with responsibility had continuity and resilience as a side-of-the-desk activity. This was particularly the case for local authorities. We saw the impact of this at Grenfell.
12. The exception to this was where regulation was driving activity to improve resilience within organisations and across a sector such as *Operational Resilience* requirements implemented across UK financial services. Unfortunately, whilst regulation may build awareness one may end up with tick box exercise rather than adding value to the organisation. It is not a silver bullet or panacea.
13. Proper scrutiny and accountability was, and remains, lacking. Attitudes of public servants was known in some circles to be exceptionally poor when it came to responsibility for the resilience of their organisations. There are often no consequences, and nor is there appropriate independent oversight and challenge in place.
14. Prior to the pandemic an ICPEM Fellow undertook some consultancy work for a public health agency in England. This work required an assessment of business continuity arrangements within the organisation in preparation for change. Sadly,

there were significant gaps despite it being a Category 1 provider (CCA, 2004). In seeking to address these they presented a pandemic scenario to senior leaders. Unfortunately, the response they had from the accountable executive was “if it all goes wrong, the government will bail us out”. When the pandemic hit, the organisation failed to deliver as it should have done.

15. The outcomes and lessons identified in scenario-based exercises often does not yield change. This was especially the case in pandemic preparedness. Winter Willow in 2007 and Exercise Cygnus in 2016 identified the need for better coordinated plans amongst other things.
16. Pandemics, and other emergencies, are much faster moving and impactful on whole of society systems. This requires an advanced understanding of the systems the ways each system interacts and the core critical components that need to be maintained to support a community ability to survive and ultimately be resilient. This requires collaborative working. It also requires an openness to challenge and different ways of thinking. The United Nations Office for Disaster Risk Reduction recently requested published requests for consultation on their proposal for a *‘Handbook for Implementation of the Principles of Resilient Infrastructure’* sets out some good ideas. Whilst it focuses on physical national infrastructure it attempts to overcome siloed thinking and approaches by introducing a collaborative framework to support the inclusion of a range of stakeholders involved in infrastructure resilience.
17. In December 2020, the Institute submitted a paper to the House of Commons Health and Social Care and Science and Technology Select Committee. The paper scrutinized the major health preparedness and planning response to the pandemic in the UK. It concluded that complex robust plans were in place for response to an influenza pandemic on the scale of the 1918/19 Spanish Flu pandemic and that plans had worked effectively in the Swine Flu pandemic of 2009.
18. However, recent threats such as SARS and MERS CoV outbreaks had demonstrated that coronaviruses posed a significant pandemic threat but seemed to have not been given the same prominence with respect to the overall pandemic preparedness.

19. The Institute's paper also noted that influenza pandemic contingency plans had assisted and informed the UK initial response to the onset of COVID-19 but, as has been recognised it was a novel disease that did not progress as expected. Consequently, new strategies had to be immediately adopted and numerous lessons had to be learned.

Professionalism

20. Complacency had run rife across organisations. Professionals were no longer treated as professionals. Indeed, the closest 'professional' qualification is what the BCI, formerly the Business Continuity Institute, offer, a multiple-choice exam on the basics of business continuity followed up by peer-reviewed work history in business continuity. This is not sufficient.

21. That fact may have contributed to a dilution of the expert pool, and subsequently played a part in reducing public trust, which is crucial in times of emergency.

22. This is why organisations like the Institute and others are so important. Assessment of applicants based on their work in all areas of civil protection and emergency management. There is an urgent need for a formal qualification. The professional qualification pathways from engineering disciplines and chartership provide a good model for this which could be replicated. Funding to support this could come from government initially however it must be run independently from government. This should also be accessible, for example workplace sponsorship and payment of annual fees as is common in engineering. Many individuals in these types of roles currently do not have this kind of support and salaries tend to be quite low. This may require some kind of financial incentive or mechanism to be put in place to support this being embedded. People's lives and livelihoods depend on the work of those who make recommendations, put plans in place and implement them in response to events. Therefore, it is appropriate for societal resilience that policymakers and practitioners should be appropriately qualified.

23. Dependence on the military for civil protection matters is and should not be a fallback position. However, this is often the case.

24. In planning and preparedness, the inclusion of volunteer and community groups is often missing. There is an urgent need to include these groups in order to better understand the communities they serve and gain their support in advance for response and recovery.

Risk Awareness and Assessment

25. ICPEM members believe that some planning was in place ahead of the pandemic particularly in the private sector. Agile working arrangements already in place and the ability to scale up where they were not, where required, enabled the continuity of many businesses that rely on IT infrastructure to complete work.

26. That there are still views circulating in some circles, including business continuity practitioners, to this day state that once could “never have predicted a pandemic and so could not be prepared for it” is hugely concerning and indicates an opportunity for Government to better communication of the work the National Risk Register advising civil society on risks and threats, assessment, planning and preparedness methodologies.

27. This also highlights the lack of a baseline knowledge that practitioners and advisors to, and policymakers may have which will impede planning and preparedness activities.

28. A “not if, but when” approach should be taken when considering planning, preparedness and resilience to pandemics. There is a long, well documented history of pandemics, even in recent times. They are a naturally occurring phenomenon which all modern societies should be prepared for.

29. The devastating Spanish flu of 1918-19 highlighted key information that was known to academics who are knowledgeable on pandemics and emergencies. This included higher transmission rates to the elderly and the vulnerable. This was not just those with co-morbidities but also those overcrowded living conditions. Increased speed of transmission was known as a result of the need for the poorer people to continue working in spite of illness, impacting workplaces and public transportation systems. These facts should have been established as key

considerations in the decision making and development for any pandemic. These facts failed to be considered and furthermore they were not built into the pandemic modelling algorithms which resulted in poor data upon which decisions were made.

30. The reliance on digital based risk assessment, therefore increased vulnerability. We note with concern that the exclusion of these consideration from the risk assessment model may indicate a larger issue which needs addressing.
31. Decision-makers frame of reference is another issue that had been highlighted as a possible issue as without insight and awareness of the 'whole of society'.
32. In risk assessment and planning, there should be better cognizance of coinciding and concurrent emergencies, e.g. flooding and pandemics, pandemics and civil unrest (Black Lives Matter protests). They can be developed using scenarios and engaging with local community leaders. Pandemic measures, will often fundamentally affect ordinary life and so may drive different public behaviours. Collaboratively planning for emergencies would help to draw out the risks and consider pinch points and challenges in responding to multiple emergencies in advance.
33. The Institute contributed evidence to an excellent paper which was produced by the House of Lords Select Committee on Risk Assessment and Risk Planning. We recommend that this should be considered by the Inquiry.

Government and Whole of Society Resilience

34. There is also a view that planning, preparedness and resilience was not adequate to address and manage consequences. Indeed, in pandemic planning, preparedness and resilience, there was a narrow focus on Emergency Preparedness, Resilience and Response (EPRR) led by health practitioners.
35. The narrow-siloed approach neglected a more appropriate and wider *whole of society* approach which is required in pandemic planning affecting multiple nations. Taking a holistic view in planning and preparedness is imperative. Pandemics are whole-system emergencies.

36. Professor David Alexander's *Building Emergency Planning Scenarios for Viral Pandemics (2020)* stresses that high-quality emergency planning prescribes what to do in an emergency and how to ramp up measures rapidly by means of prior agreements and pathways. It also teaches what should not be neglected in the response. Pandemics are recurrent phenomena. They may also be exacerbated by human misuse of environmental resources. Hence, it is important to learn from experience and incorporate the lessons into plans for future events.
37. The Scientific Emergency Group for Emergencies (SAGE), an expert group activated in an emergency to integrate independent scientific research and analysis from across government, academia and industry, considers evidence to support the Government in its response to emergencies. The composition of the group does not include Disaster Scientists who are able to synthesize various key information and assess, based on the science and art of the multi-disciplinary field. Instead, it appears that the focus is on single issue of health in pandemics. This is not sufficient to maintain stability across society. We have seen the impact of narrow purely health driven decisions including lockdowns of all sections of society, on other aspects of physical and mental health.
38. The Vice-President of the Institute wrote to Government Chief Scientific Adviser, Sir Patrick Vallance, setting out the case for the inclusion of strategic Emergency Planners on SAGE. The response indicated that SAGE considered the opinions of 'pure scientists' over those who were able to synthesize and contextualize based on the knowledge of disaster risk reduction. Instead of being open and inclusive with the desire to consider a different way of thinking and approach for the best outcome it was passed over somewhat dismissively to the Civil Contingencies Secretariat to handle. While evidence and scientific methods are paramount tools in disaster research, the social context and population aspects are key to ensuring mitigation of event consequences.
39. It appears that "Group Think" prevails when it comes to government decisions. Alternative perspectives are not welcome and broader thinking is dismissed. There is little, if any, opportunity for those who do not know the right people to influence preconceived notions of what appropriate civil protection mechanisms and

practices are. Therefore, we have Inquiry after Inquiry where the same or similar lessons are identified but there is no application of the learning from them.

40. The Pandemic Preparedness Partnership, launched by the Government in April 2021 has the lofty aim “to save lives from future diseases and prevent another global pandemic”. However, the composition of the Partnership Steering Group members further continues to replicate the issues in that planning and preparedness has a very narrow focus on health and medical interventions with financial backers. This siloed approach is not sufficient for whole of society resilience.
41. It has previously been identified by the Health Select Committee in 2005 that the lack of independence from pharmaceutical industry is impacting independence in government, NHS and academic decision making. The conclusion of the Select Committee was that the influence of the pharmaceutical industry is enormous and out of control. This has never been addressed.
42. The assumption that top-down instruction and Blue Light command and control methods are appropriate in planning to manage emergencies meant that localism was absent in planning and preparedness. This resulted in a lack of cognition and consideration of behaviours, daily issues or approaches with life which would have resulted in better approaches to managing communities.
43. The Government has not actively engaged or communicated with the Institute on any matters relating to the state of the UK’s emergency and pandemic planning, preparedness, resilience and lessons learned. ICPEM submitted responses to public calls for evidence as described in the document and attempted to engage with and support improved outcomes.

Vulnerable Groups

44. ICPEM members felt that the UK’s emergency and pandemic planning and preparedness did not adequately take into account pre-existing inequalities and vulnerabilities of different groups in society. In fact, members believe that as a result, the response was always on the back foot.

45. Consideration of inequalities and vulnerabilities may well have been mentioned in guidance and training. However, we believe the focus is still on a static plan that collects dust or JESIP, rather than understanding community vulnerabilities, root causes and consequences.
46. There is a distinct lack of localism in planning, preparedness and resilience meant that there was a lack of comprehension of the vulnerabilities. This was particularly clear when early on it became clear that BAME groups were more vulnerable and had higher mortality rates. There was a lack of ability, or desire to pivot and adapt plans to address the needs of these groups.
47. In addition, there is a lack of desire to understand how community groups may or may not take mandates and advice from the government, which could have been understood in advance. This was particularly true of social history of black people and vaccination abuses they had experienced.

Legislative Mechanisms

48. The Civil Contingencies Act (2004) was designed as the legal framework upon which emergencies are managed. However, at the onset of Covid, its existence was ignored and a new piece of legislation, which was not at all accessible or easily understood was drafted.
49. The Civil Contingencies Act (CCA) is a UK-wide single framework however in reality the four devolved nations approached things differently despite the same scientific evidence. Where are the formal, pre-agreed mechanisms to work together in instance of pandemics?
50. The Act requires that all organisations have well-practiced emergency plans in place. Exercises are an invaluable part of the planning and preparedness process. It is not just for developing the muscle memory of participants but importantly, challenge the appropriateness of planning and preparedness and any assumptions they were based upon.

51. Two pandemic exercises were undertaken (Winter Willow in 2007 and Exercise Cygnus in 2016) as part of the requirement. However, recommendations were ignored. How can organisations be held accountable?
52. The Institute provided a response to the Public Administration and Constitutional Affairs Select Committee (PACAC) on the use of the Coronavirus Act (2020) in its stead.
53. If the Civil Contingencies Act (CCA) is not suited to being utilised in a major national emergency such as a pandemic, then it is not an appropriate piece of legislation to specify or regulate the system of emergency response in the United Kingdom.
54. The fact that the Chancellor of the Duchy of Lancaster described the CCA as an 'instrument of last resort' strongly suggests that the UK needs new and better civil contingencies legislation. Major emergencies do not need legislation of last resort: they need a law that regulates the response system.
55. Part 1 of the CCA is a useful tool for emergency planning and management, but it has not been scrutinised following any emergency since it became law. The emergency powers in Part 2 of the CCA should have been invoked during the Covid-19 pandemic.

Operational Infrastructure

56. In terms of practical measures identifying contraction of disease, this had not been thought about in advance of the pandemic. Test and trace centres were set up with the expertise of event management rather than emergency management, identifying a skills gap.
57. There appears to be a reliance on expensive, and inexperienced management consultants to work on governmental response to pandemics rather than using the knowledgeable expertise developed in the civil service which is what played out in the Covid response (Mazzucatto and Collington, 2023).

58. The challenge of dealing with mass-victims and death should have been planned for well in advance in the event of a pandemic. Whilst the Nightingale hospitals were reported on positively, similar should have been outlined in advance.

Equipment and supplies

59. Stockpiles: The traditional 3 months reserve stock was believed to be maintained. However, these were not maintained. Nor were they restocked as they ran down. Matters of accountability and responsibility should be clear and checked periodically.

60. Availability of various levels and sizes of PPE, based on staffing demographics that should be used in various clinical scenarios should be considered for each medical scenario so that stockpiles are ready. Similarly, when are gloves, gowns and aprons and overshoes or theatre type boots appropriate.

61. Appropriately sized PPE should be planned for based on staffing demographics. One size does not fit all. Wrongly sized PPE I known to impact the ability to provide care.

Modelling and “Following the Science”

62. Modelling principles should have been in place to support robust decision-making. The modelling that emerged during the pandemic was poor. Whilst mathematically correct its algorithms modelled closer to pure laboratory conditions rather than factoring in human behaviours and global and local travel.

63. In addition, there was no pre-planned standardized principles for the method of data collection upon which statistical models could be based. Modelling teams secured what they thought was the latest data. Instead, what emerged was sometime later that data was often a week old nor definitive.

64. Standardization of mortality data could have been established in advance however the reality across the four devolved administrations on the UK was not established, rapid or accurate and thus not comparable.

65. The fact that these issues were not known, nor challenged is testament to the many 'mindset' and group think issues that arise in planning and preparedness when only select groups are involved in contributing to and making decisions. These should be addressed.
66. Additionally, the WHO should have had an established set of principles upon which death rates in various countries can be easily and effectively compared.

Lessons Learned

67. ICPEM members identified a lack of early decision making and consistent messaging for improved behaviours.
68. Improved focus on localism is vital for the resilience of communities and should be considered and factored in planning preparedness. Engaging community leaders may help identify and address unique needs in diverse areas and among BAME populations.
69. Group think, mind set and lack of challenge. Some specialists appeared to be muzzled and their views and recommendations brushed under the carpet.
70. Consultations were very poorly written and biased, so the resulting conclusions do not carry weight or importance.
71. Secrecy is a huge issue. It is often driven by reputational protectionism, rather than openness on the unvarnished facts and clarity, and consistency in the communication of the action(s) required in emergencies.
72. There is a repeating theme of a lack of connection between academia, EPRR planners and community reality. A lot of knowledge is available from academia but is not used in EPRR, and so there is little connection with the realities of vulnerabilities.
73. Spend billions to save millions. Use of consultancies in developing ideas and solutions instead of using an existing evidence-base in academic resilience and

disaster science, suggests the desire to be seen to be doing something rather than doing the right thing.

74. Lessons are identified. They are seldom learned.

Statement of Truth

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

Signed:

Personal Data

Dated: 8 May 2023