

COVID-19 Inquiry Survey for Module 1

Research Report

December 2022



Version history			
Version	Date	Author	Modifications
1.0	12 December 2022	LGA Research and Information	Original version
1.1	7 July 2023	LGA Research and Information	Correction of Tables 5, 9 and 18 (pages 16, 25 and 43) and accompanying text to correct transposition errors where response categories were mislabelled; and the addition of a key finding for Table 18
1.2	7 July 2023	LGA Research and Information	Correction of tables and accompanying text to include two responses which were previously omitted
2.0	7 July 2023	LGA Research and Information	Revised version

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Summary

Background

Between 11 November and 6 December 2022, the Local Government Association (LGA) conducted an online survey of all 353 member local authorities in England and Wales which have functions as Category 1 Responders, defined by the Civil Contingencies Act 2004¹. The purpose of the survey was to gather information in response to a Rule 9 Request from the Chair of the COVID-19 Inquiry.

A total of 353 authorities responded, giving a response rate of 100 per cent.

Key findings

- By 21 January 2020, the majority of authorities' risk assessments and local risk registers included a reference to an influenza-like pandemic. In England, 93 per cent of councils had references, while in Wales, the proportion was 82 per cent. Authorities had included pandemic risk in their registers for a long time: over four-fifths of Welsh authorities had included it for more than eleven years; while over a third of English authorities had included it for more than eleven years and another third for five to ten years. (Table 4)
- More than nine out of ten authorities had a specific emergency plan relevant to an influenza-like pandemic in place by 21 January 2020. These had been in place for some time, with more than three-quarters of English authorities first developing them more than five years previously, and nine-tenths of Welsh authorities. (Table 6)
- In general, special consideration in emergency plans had been given to vulnerable people. Just under four-fifths of English and Welsh authorities had done this recently by January 2020, and an even higher proportion had done it in the previous one to five years. (Table 5)
- Similarly, high proportions of authorities reported having a systematic and continuous process for development and iteration of their emergency plans. Nine out of ten English and Welsh authorities had undertaken that in the previous one to five years, while four-fifths had done so even more recently. (Table 5)
- Around half of councils (52 per cent in England and 45 per cent in Wales) had undertaken training and exercising relevant to an influenza-like pandemic just before January 2020. More (around seven in ten) had undertaken it in the 1-5 years before then. Councils who reported that they had not undertaken such training or exercising, commonly reported that training and exercising were carried out, but not specifically relating to influenza or other infectious diseases. (Table 8)

¹ Two authorities are not in membership of the LGA.

- Almost all respondents thought that, as a Category 1 Responder, their authority was compliant with its statutory duties under the Civil Contingencies Act 2004 and the wider legislative framework. Ninety-four per cent of English and 91 per cent of Welsh authorities said this. The remainder noted they were ‘partially’ compliant. Most of these reported that they felt they were broadly compliant, but they had some areas which needed improvement and prevented them from saying they were fully compliant. In some cases, the authority noted one or two (at most) areas where they felt they were not fully compliant. (Table 12)
- Most authorities (87 per cent in England and 91 per cent in Wales) felt they had been prepared or fully prepared for an influenza-like pandemic in January 2020. (Table 13)
- When asked whether they had been prepared or fully prepared for a COVID-19 pandemic, fewer authorities considered themselves to have been (69 per cent in England and 77 per cent in Wales). A number of those who did not say they were prepared noted that it was the scale of the impact and the unexpected challenges which they were not expecting. Some noted, though, how they were able to adapt quickly. (Table 14)
- Nearly nine out of ten English and Welsh respondents (87 per cent for both) agreed that their authority’s preparations by January 2020 meant that it was able to adapt and respond well to COVID-19. Of these, 25 per cent of English and five per cent of Welsh authorities strongly agreed. (Table 15)
- Authorities were asked whether their emergency plans and risk assessments in place at January 2020 had considered the risk factors and potential impacts on the groups of people with a range of protected and other characteristics. In England, the characteristics most commonly considered in plans were people living in care homes (79 per cent), homeless and vulnerably housed people (78 per cent) and clinically vulnerable people (77 per cent). In Wales, these groups were also most likely to have been considered, but the corresponding percentages were in all cases lower. (Table 16)
- When asked about the adequacy of the information, support and guidance their authority had received from the UK central government or Welsh Government by January 2020, most authorities (around half in England and in Wales) felt the information and support was neither adequate nor inadequate. Welsh authorities were more positive than English authorities, however, with nearly two-fifths saying it was fully or fairly adequate, compared to three in ten in England. Over a fifth of English authorities said it was fairly inadequate. (Table 17)
- More than four-fifths of respondents (82 per cent in England and 86 per cent in Wales) considered that, in January 2020, they were not adequately funded for a national emergency. (Table 18)
- Authorities were asked to identify any factors which, between 2009 and January 2020, positively affected their state of readiness for the COVID-19 pandemic. The most commonly mentioned factor was good engagement/ relationships/protocols between Local Resilience Forum (LRF) partners (noted by nearly all authorities), followed by overall effective corporate emergency planning and response capability (over nine out of ten English and Welsh authorities) and strength of local authority’s overall business management processes and capability (also around nine in ten English and Welsh authorities). (Table 19)

- When asked to identify factors which negatively affected their state of readiness for the COVID-19 pandemic, the most commonly mentioned ones were that national guidance relating to pandemic preparation did not anticipate the nature of challenges provided by COVID-19 (just under nine in ten English and Welsh authorities noted this) and that full lockdown was never anticipated as a reasonable worst-case scenario, so plans did not reflect the challenges (also around nine in ten English and Welsh authorities). (Table 21)

Introduction

Between 11 November and 6 December 2022, the Local Government Association (LGA) conducted an online survey of all member local authorities in England and Wales which have functions as Category 1 Responders, defined by the Civil Contingencies Act 2004². The purpose of the survey was to help the COVID-19 Inquiry Team gain an overarching understanding of the sector's state of readiness for a pandemic at the point of 21 January 2020, in the context of the Provisional Outline of Scope for Module 1. It was gathered in response to a Rule 9 Request from the Chair of the COVID-19 Inquiry to the LGA.

Methodology

This online survey was primarily concerned with questions about the preparedness and resilience of the UK before the direct effects of COVID-19 began to be felt here and focussed on the period between the following two dates:

- **11 June 2009**, which is when the World Health Organization (“WHO”) announced that the scientific criteria for an influenza pandemic had been met for what became known as the 2009-2010 Swine Flu Pandemic; and
- **21 January 2020**, which is the date on which the WHO published its ‘Novel Coronavirus (2019-nCoV) Situation Report - 1’.

Authorities were requested to focus on this period of time, and questions related to preparations for a pandemic. Analysis suggested, however, that answers were sometimes coloured by hindsight about whether the council was prepared for COVID-19 specifically.

The questionnaire is reproduced in Annex A.

Response

The survey was sent to 353 local authorities in England and Wales, and all responded.

The response is broken down below by type of authority (Table 1) and region (Table 2).

Other technical points

It should be noted that not all authorities answered every question (or were required to) so the response base varies between questions. The ‘Total’ row in each table indicates the base unless otherwise stated. Note also that, throughout the report,

² Excluding two authorities not in membership of the LGA.

percentages in figures and tables may add to more than 100 per cent due to rounding.

For some questions, respondents were invited to write in explanations of previous answers or describe their answers more fully in an open text box. The responses were then analysed to identify the key themes mentioned for each question. This report describes those key themes and, where appropriate, it uses a small number of verbatim quotations taken from the responses to the survey to illustrate the themes more fully.

Finally, the same survey was sent to both English and Welsh authorities, since the same questions were asked of them by the COVID-19 Inquiry. The tables show the results of them separately. Note, however, that different results between Wales and England on some occasions may be explained by the different emergency planning set-up in Wales.

Table 1

Response rate by type of authority			
Type of authority	Total number of authorities	Number of responses	Response rate (%)
Counties	23	23	100%
Shire districts	181	181	100%
London boroughs	32	32	100%
Metropolitan districts	36	36	100%
English unitaries	59	59	100%
Welsh unitaries	22	22	100%
Total	353	353	100%

Table 2

Response rate by region			
Region	Total number	Number of responses	Response rate %
East of England	50	50	100%
East Midlands	38	38	100%
London	32	32	100%
North East	12	12	100%
North West	41	41	100%
South East	70	70	100%
South West	33	33	100%
Wales	22	22	100%
West Midlands	33	33	100%
Yorkshire and the Humber	22	22	100%
Total	353	353	100%

Survey findings

Compliance with statutory duties

Duties in relation to risk assessments

In relation to duties under the Civil Contingencies Act 2004 and the wider legislative framework, authorities were asked to indicate which, if any, of various activities for risk assessments had been undertaken or put in place over three time periods:

- a) by the time of 21 January 2020
- b) between a year and five years prior to 21 January 2020
- c) between ten and five years prior to 21 January 2020.

Authorities could tick any or all of these options depending on whether activities had been repeated over time, or indicate that they had not taken place at all in the last eleven years. The results are summarised in **Table 3**.

Depending on activity, between 68 per cent and 84 per cent of English respondents had undertaken or put them in place by January 2020, and very similar proportions had carried them out in the five years before January 2020 and the 5-10 years before January 2020. The proportion of respondents which had not done them at all in the last eleven years varied between one per cent (assessment of risk of emergencies, review of risk assessment to enable updating of plans, and co-operation with other local Category 1 Responders) and 15 per cent (risk assessment included risk factors of particular groups). Including risk factors of particular groups (68 per cent by 21 January 2020) and arrangements for publishing of risk assessment (71 per cent) were less likely to have been undertaken in the last ten years than the three other activities, all of which had been undertaken by above 80 per cent.

In England, single-tier authorities/counties were more likely to have undertaken activities than shire districts. For the most recent period, levels in districts were generally around 10-15 per cent lower. This disparity might at least in part be due to districts having shared work with counties and hence not regarding themselves as having done it directly.

Welsh councils tended to be slightly more likely to have carried out each of the activities than those in England, except for including the risk factors of particular groups (55 per cent by 21 January 2020 compared with 68 per cent in England).

Table 3

In relation to its duties under the Civil Contingencies Act 2004 and the wider legislative framework, which, if any, of the following activities for risk assessments had your authority undertaken or put in place over the indicated time periods?								
	English shire districts		English single tier/counties		England total		Wales	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Assessment of risk of emergencies occurring within the area in which your local authority functions								
By Jan 2020	131	76%	130	89%	261	82%	19	86%
1-5 years before Jan 2020	140	81%	130	89%	270	85%	22	100%
5-10 years before Jan 2020	144	83%	135	92%	279	87%	22	100%
Not at all in the last eleven years	2	1%	1	1%	3	1%	0	0%
Total	173	100%	146	100%	319	100%	22	100%
Review of risk assessment to enable updating of emergency and business continuity plans								
By Jan 2020	130	75%	131	90%	261	82%	20	91%
1-5 years before Jan 2020	143	83%	131	90%	274	86%	22	100%
5-10 years before Jan 2020	132	76%	132	91%	264	83%	22	100%
Not at all in the last eleven years	1	1%	1	1%	2	1%	0	0%
Total	173	100%	145	100%	318	100%	22	100%
Cooperation with other Category 1 Responders in your resilience area to maintain a Community Risk Register and sharing this from time to time with neighbouring local resilience areas and the RED Division in the Department for Levelling Up, Housing and Communities (DLUHC) or its predecessor Departments/Welsh Government Civil Contingencies Unit								
By Jan 2020	134	78%	134	92%	268	84%	20	91%
1-5 years before Jan 2020	136	79%	132	90%	268	84%	20	91%
5-10 years before Jan 2020	136	79%	127	87%	263	83%	21	95%
Not at all in the last eleven years	2	1%	2	1%	4	1%	0	0%
Total	172	100%	146	100%	318	100%	22	100%
Risk assessment included risk factors of particular groups and potential impact of an emergency on such groups								
By Jan 2020	105	62%	110	75%	215	68%	12	55%
1-5 years before Jan 2020	116	68%	109	75%	225	71%	11	50%
5-10 years before Jan 2020	95	56%	109	75%	204	65%	11	50%
Not at all in the last eleven years	26	15%	21	14%	47	15%	9	41%
Total	170	100%	146	100%	316	100%	22	100%

Arrangements for publishing of risk assessments								
By Jan 2020	110	65%	114	79%	224	71%	17	77%
1-5 years before Jan 2020	122	72%	122	84%	244	77%	18	82%
5-10 years before Jan 2020	109	64%	106	73%	215	68%	19	86%
Not at all in the last eleven years	21	12%	11	8%	32	10%	3	14%
Total	170	100%	145	100%	315	100%	22	100%

Note: authorities could tick more than one period for each activity (that is, that they had undertaken or put in place the activity or process on a number of occasions over time) therefore the figures under each do not total to 100 per cent.

Authorities were asked for more detail if they had not undertaken any one of the activities in the last eleven years.

Of the three English councils that indicated they had not undertaken an assessment of risk of emergencies occurring within their area, one explained that these had been undertaken instead through the Local Resilience Forums (LRF). A second was a small authority which explained they had capacity issues. For this reason, they also said they had not undertaken or put in place the other risk assessment activities. The third was unable to say for certain, because of recent changes in staff, although they reported having long-standing emergency plans which made reference to identified risks.

The two activities most likely to be identified as not having been undertaken in the last eleven years were risk assessments for particular groups and arrangements for publishing risk assessments.

A number of respondents (just over two fifths) noted that their risk assessment activities were **developed in partnership** with their LRFs and these assessments were applied at council level.

“The council is a member of the [Area] Local Resilience Forum. The council fully participates in these meetings and discussions. The LRF leads in the identification of risk assessments, whilst the council will have contributed to these, we would not duplicate this with our own assessments.”

Of those councils who had not undertaken risk assessments for particular groups, almost two-thirds commented that their **risk assessments were generic**, reflecting the National Security Risk Assessment (NRSA) guidance, and did not include risk factors for specific groups. Instead risk factors relating to particular vulnerable groups of people were addressed at service, department or emergency response levels. Some explained that they addressed specific risks for vulnerable groups by providing lay guidance or information in different languages or being able to access updated lists and databases when emergencies happen.

“Our risk assessments do not go into detail of particular groups and potential impact of emergency on such groups but our detailed plans do.”

“The NRSA risk information and guidance does not go into the level of detail to assess the potential impacts of a specific risk on particular groups, hence the LRF risk assessment do not either.”

“The Community Risk Register does not specify impacts on particular groups. Vulnerabilities of different groups are, however, considered in generic, incident and site-specific response plans. For example, warning and informing in multiple languages.”

“All Local Resilience Forum members, including the council, have access to [a data sharing platform for vulnerable people in an emergency response] which enables us to identify at risk groups dependent on the scenario.”

Several commented that they **applied their risk assessments for influenza** (which had been developed via their local public health services) to the COVID-19 pandemic. Respondents also aimed at **maintaining services** in response to emergency situations.

“One of the principles of emergency response is that business as usual approaches to service delivery are used in emergencies, albeit at pace and scale.”

“Our risk assessment process, in line with the Health and Safety at Work Act was initially based around a flu type pandemic which we quickly adopted to suit the new COVID-19 strain”

A few respondents made the point that attention to community assessment was **not comprehensive**, particularly in an emergency.

“We recognise that prior to the COVID-19 pandemic our understanding of how different groups (e.g. clinically vulnerable) may be affected by an emergency was less-developed.”

“We have a systematic process supported by the [Council] Resilience Forum for risk assessment, planning, practice and testing; our attention to community assessment is more patchy”

A tenth of respondents stated they had **no arrangements for publishing risk assessments** in the last eleven years. Of these, a third reported that the assessments were too sensitive to be published publicly whilst a few explained their risk assessments were being published by or shared with their LRF or emergency services.

“Risk assessments looking at impact of vulnerable people are included in our planning for evacuation and shelter plans as part of Local Resilience Forum work. We do not publish risk assessments”

“We only publish risk assessments internally as there are sensitive materials in them, such as floor plans, emergency services rendez-vous points, contact

details. Multi-agency partners are also provided a copy if it affects their service or operational response.”

References to influenza-like pandemic in risk assessments and registers

In England, 93 per cent of respondent authorities’ risk assessments and local risk registers included a reference to an influenza-like pandemic. In Wales, the proportion was 82 per cent. See **Table 4**.

Authorities whose risk assessments and registers included references to a pandemic were asked to indicate broadly when that was first added. In general, Welsh authorities had added references earlier. Over four-fifths (83 per cent) of Welsh authorities had included references to a pandemic more than eleven years ago, compared to over a third (36 per cent) of English authorities; while a further 34 per cent of English authorities had included an influenza-like pandemic 5-10 years prior to 21 January 2020.

Table 4

Did your authority's risk assessment and local risk register include reference to an influenza-like pandemic?								
	English shire districts		English single tier/counties		England total		Wales	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Yes	156	90%	141	97%	297	93%	18	82%
No	17	10%	5	3%	22	7%	4	18%
Total	173	100%	146	100%	319	100%	22	100%
In approximately which year was this added to your authority's risk assessment/register?								
	English shire districts		English single tier/counties		England total		Wales	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
In the year up to and including 21 January 2020	4	3%	6	4%	10	3%	0	0%
Between a year and five years prior to 21 January 2020	28	18%	17	12%	45	15%	1	6%
Between ten and five years prior to 21 January 2020	53	34%	49	35%	102	34%	2	11%
Eleven years or more prior to 21 January 2020	48	31%	60	43%	108	36%	15	83%
Don't know	22	14%	9	6%	31	10%	0	0%
Total	155	100%	141	100%	296	100%	18	100%

Emergency plans

In relation to duties under the Civil Contingencies Act 2004 and the wider legislative framework, authorities were asked to indicate which, if any, of various activities for emergency plans had been undertaken or put in place over three time periods:

- a) by the time of 21 January 2020
- b) between a year and five years prior to 21 January 2020
- c) between ten and five years prior to 21 January 2020.

Authorities could tick any or all of these options depending on whether activities had been repeated over time, or indicate that they had not taken place at all in the last eleven years. The results are summarised in **Table 5**.

Among English councils, for most activities, around 80 per cent had undertaken or put them in place by January 2020; and similar or higher proportions had carried them out in the two earlier periods, five years before January 2020 and 5-10 years before January 2020. The proportion of respondents which had not done them at all in the last eleven years was generally low. Arrangements for publishing of plans were least likely to have been implemented, with 63 per cent having done so by January 2020 and 20 per cent not having done so at all in the last eleven years.

The picture was similar in Wales, with the largest difference between English and Welsh authorities being for specific emergency plans relevant to an influenza-like pandemic: this had been carried out by 55 per cent of respondents from Wales by January 2020 (71 per cent in England).

In England, single-tier authorities/counties were more likely to have undertaken each of the activities than shire districts. At January 2020, the largest difference between districts and single-tier authorities/counties was for systematic and continuous processes for development and iteration of plans (73 per cent and 91 per cent respectively). This disparity might at least in part be due to districts having shared work with counties and hence not regarding themselves as having done it directly.

Table 5

In relation to its duties under the Civil Contingencies Act 2004 and the wider legislative framework, which, if any, of the following activities for emergency plans had your authority undertaken or put in place over the indicated time periods?

	English shire districts		English single tier/counties		England total		Wales	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
For the emergencies identified in the risk assessment, a review of whether they can be prevented, whether the effects of an emergency can be reduced, controlled or mitigated and how, whether any other action in relation to the emergency needs to be taken								
By Jan 2020	123	71%	127	86%	250	78%	18	82%
1-5 years before Jan 2020	151	87%	128	86%	279	87%	21	95%
5-10 years before Jan 2020	136	78%	131	89%	267	83%	21	95%
Not at all in the last eleven years	7	4%	4	3%	11	3%	0	0%
Total	174	100%	148	100%	322	100%	22	100%
A specific emergency plan relevant to an influenza-like pandemic								
By Jan 2020	112	64%	120	81%	232	71%	12	55%
1-5 years before Jan 2020	128	73%	126	85%	254	78%	15	68%
5-10 years before Jan 2020	118	67%	123	83%	241	74%	18	82%
Not at all in the last eleven years	17	10%	5	3%	22	7%	3	14%
Total	176	100%	149	100%	325	100%	22	100%
Production of written plans which outline what should happen in the event of an emergency including: why the plan is needed, how the plan works, who has responsibility in the plan, when will it be activated, what will be done and by whom, how to communicate with stakeholders, how to support staff e.g. training/exercising/briefings, a measure or standard against which performance can be assessed and crisis management from response to recovery								
By Jan 2020	133	76%	135	91%	268	83%	20	91%
1-5 years before Jan 2020	148	85%	134	90%	282	87%	22	100%
5-10 years before Jan 2020	147	84%	135	91%	282	87%	21	95%
Not at all in the last eleven years	0	0%	1	1%	1	0%	0	0%
Total	175	100%	149	100%	324	100%	22	100%
Flexible and scalable plan, with consideration of demands on resources and capacity								
By Jan 2020	129	74%	131	88%	260	80%	19	90%
1-5 years before Jan 2020	148	85%	132	89%	280	87%	20	95%
5-10 years before Jan 2020	138	79%	130	87%	268	83%	19	90%
Not at all in the last eleven years	2	1%	2	1%	4	1%	0	0%
Total	174	100%	149	100%	323	100%	21	100%

Special consideration in emergency plans to vulnerable people such as those identified in Chapter 7 of Emergency Response and Recovery Guidance and those affected by emergencies e.g. survivors and families								
By Jan 2020	117	67%	133	90%	250	78%	17	77%
1-5 years before Jan 2020	140	80%	134	91%	274	85%	20	91%
5-10 years before Jan 2020	117	67%	122	82%	239	74%	20	91%
Not at all in the last eleven years	13	7%	1	1%	14	4%	0	0%
Total	174	100%	148	100%	322	100%	22	100%
Plans developed with full engagement and cooperation of the main parties who have a role in the plan								
By Jan 2020	128	73%	133	89%	261	81%	19	86%
1-5 years before Jan 2020	152	87%	135	91%	287	89%	20	91%
5-10 years before Jan 2020	136	78%	130	87%	266	82%	20	91%
Not at all in the last eleven years	1	1%	1	1%	2	1%	1	5%
Total	175	100%	149	100%	324	100%	22	100%
Systematic and continuous process for development and iteration of the plans: procedure for updating and maintaining plans reflecting any changes in risk assessments, lessons learned from exercises and emergencies, changes in the organisation and key personnel								
By Jan 2020	127	73%	134	91%	261	81%	18	82%
1-5 years before Jan 2020	151	87%	134	91%	285	89%	20	91%
5-10 years before Jan 2020	130	75%	126	85%	256	80%	19	86%
Not at all in the last eleven years	0	0%	1	1%	1	0%	2	9%
Total	174	100%	148	100%	322	100%	22	100%
Procedure to determine whether an emergency has taken place and whether an organisation can take action without changing the deployment of resources or acquiring additional resources								
By Jan 2020	131	75%	126	85%	257	80%	20	91%
1-5 years before Jan 2020	146	84%	130	88%	276	86%	21	95%
5-10 years before Jan 2020	140	80%	127	86%	267	83%	20	91%
Not at all in the last eleven years	3	2%	3	2%	6	2%	0	0%
Total	174	100%	148	100%	322	100%	22	100%
Workable and tested mutual aid mechanisms								
By Jan 2020	127	73%	120	82%	247	77%	19	86%
1-5 years before Jan 2020	144	83%	130	88%	274	85%	21	95%
5-10 years before Jan 2020	133	76%	114	78%	247	77%	18	82%
Not at all in the last eleven years	6	3%	8	5%	14	4%	1	5%
Total	174	100%	147	100%	321	100%	22	100%

Clear role and engagement with key stakeholders including other local authorities and voluntary and community sector								
By Jan 2020	128	73%	133	89%	261	81%	19	86%
1-5 years before Jan 2020	147	84%	135	91%	282	87%	21	95%
5-10 years before Jan 2020	133	76%	133	89%	266	82%	19	86%
Not at all in the last eleven years	1	1%	1	1%	2	1%	0	0%
Total	175	100%	149	100%	324	100%	22	100%
Arrangements for publishing of plans								
By Jan 2020	107	61%	95	65%	202	63%	17	77%
1-5 years before Jan 2020	118	68%	103	70%	221	69%	21	95%
5-10 years before Jan 2020	113	65%	91	62%	204	64%	16	73%
Not at all in the last eleven years	33	19%	32	22%	65	20%	1	5%
Total	174	100%	147	100%	321	100%	22	100%

Note: authorities could tick more than one period for each activity (that is, that they had undertaken or put in place the activity or process on a number of occasions over time) therefore the figures under each do not total to 100 per cent.

Authorities were asked for more detail if they had not undertaken any one of the emergency plan activities in the last eleven years.

Almost a quarter of respondents answered this question, having stated that at least one activity related to their emergency plans had not been undertaken or put in place in the last eleven years. The overall consensus largely focused on a specific set of emergency plans not being published to the wider public due to 'confidentiality' and 'sensitivity' but other themes such as Local Resilience Forum involvement and issues with the scope of the emergency plans themselves also appeared frequently.

The most common theme was that councils were not actively **publishing their emergency plans**, especially to the public. This was mentioned by over half of the councils.

A common comment within this theme was around how the plans were not published as they were confidential. This largely meant that the plans were not made readily available to a general audience due to the **sensitive nature of the content**. As one council said:

"Plans are not published for reasons of safety and security. They also contain significant amounts of personal data."

"Major emergency plans are not published due to the sensitive nature of some of the content. A list of plans produced by the council are detailed on our public facing website".

Comments also focused on how the plans were published to specific people, for example, the resilience community or partner organisations rather than to the general public. This largely ties in with the above comments, but there was an acknowledgement from these particular councils that whilst their plans had not been published to everyone, they had made an effort to make the material available to some key stakeholders.

“Plans are published on Resilience Direct and some plans that are not of a restricted nature are published on the intranet for staff use only. Plans are not publicly available.”

Around a fifth of councils who responded to this question made comments referring to the **LRF** as a reason for why they had answered that one or more of their emergency plan activities had not been undertaken or put in place in the last eleven years. It is possible there was some ambiguity as to how they should answer the questions shown in Table 5 about emergency plans if these activities were undertaken as part of the LRF. There were certainly some councils that said they had not undertaken activities, but then clarified that they were reliant on the LRF; or that their activities had been undertaken with them being a partner of the LRF, largely meaning much of their emergency planning would have been covered by ‘the wider partnership’. A small number of councils commented further that a lack of suitably skilled staff at LRF partner agencies had led to delays with the review of the LRF emergency plans.

“We work as part of the LRF partnership and so much of this would be covered by the wider partnership.”

“Whilst the majority of the Local Resilience Forum emergency plans are reviewed (according to a three yearly cycle), there is some slippage in this time frame due to limited capacity and capability of LRF partner agencies having sufficient and suitably skilled staff resources to do so.”

Just under a fifth of councils who responded also identified **issues in the scope of their plans** as the reason for why one or more emergency plan activities had not been undertaken or put in place in the last eleven years. The majority of these comments stated that whilst they did have broader plans in place, these did not specifically plan for a pandemic-type event:

“The council did develop a response to a pandemic following the swine flu outbreak in 2009. The council’s Major Emergency Plan in place as at 21 January 2020 did not however plan specifically for a pandemic type event.”

A small number of other comments within this theme also said that the issues with the scope of their plans were due to a focus on the short-term impacts or on response and recovery rather than, for example, prevention or incidents of such a large scale.

“A business continuity plan was in place for an influenza type incident, but this related to relatively short-term impacts and not on the scale experienced during the pandemic.”

Comments made by a smaller number of councils covered the following themes:

- The need for a better way of looking after **vulnerable groups**. For example, one council said, “we need to recognise the need to strengthen our work on identifying vulnerable people.” A further council said whilst their plans hold lists of vulnerable people based on services provided by the authority, they do not in detail “show what vulnerability types there are present in the community or in what number.”
- **Capacity issues**. One council stated that their emergency plans had not been undertaken or put in place due to the “capacity within a small district council particularly on a concurrent event” whilst further councils said that their plans had not been published “due to capacity issues in terms of redacting sensitive information and in making plans accessible to a general audience.”

Emergency plans for an influenza-like pandemic

In England, 92 per cent of respondents had emergency plans for an influenza-like pandemic by January 2020. In Wales the figure was 91 per cent. In England, the proportion was higher in single-tier authorities and counties (97 per cent) than shire districts (88 per cent). See **Table 6**.

Authorities which had plans in place were asked to indicate broadly when they were first developed. In general, Welsh authorities had plans in place for longer. In England, 45 per cent had developed them 5-10 years prior to 21 January 2020, while the figure was 25 per cent in Wales; and 33 per cent of English authorities had developed them eleven years ago or more, compared to 65 per cent in Wales.

Table 6

Did your authority have emergency plans for an influenza-like pandemic (for example, SARS, H1N1, swine flu) by January 2020?								
	English shire districts		English single tier/counties		England total		Wales	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Yes	154	88%	144	97%	298	92%	20	91%
No	22	13%	5	3%	27	8%	2	9%
Total	176	100%	149	100%	325	100%	22	100%

Table 6 (continued)

In approximately which year were these plans first developed?								
	English shire districts		English single tier/counties		England total		Wales	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
In the year up to and including 21 January 2020	4	3%	3	2%	7	2%	0	0%
Between a year and five years prior to 21 January 2020	29	19%	17	12%	46	15%	2	10%
Between ten and five years prior to 21 January 2020	69	45%	64	45%	133	45%	5	25%
Eleven years or more prior to 21 January 2020	42	27%	55	38%	97	33%	13	65%
Don't know	10	6%	4	3%	14	5%	0	0%
Total	154	100%	143	100%	297	100%	20	100%

Authorities were also asked whether they had emergency plans in place for an infectious disease, like Ebola, Foot and Mouth Disease or Zika. In England, 69 per cent of respondents had emergency plans for an infectious disease, higher in single-tier authorities and counties (78 per cent) than shire districts (62 per cent). In Wales, 86 per cent had such plans. See **Table 7**.

Authorities which had plans in place were asked to indicate broadly when they were first developed. In general, Welsh authorities had plans in place for longer. In Wales, 74 per cent had developed them eleven years or more prior to 21 January 2020, compared with 26 per cent in England; while 45 per cent of English authorities had developed them five to ten years prior to 21 January 2020, compared with 21 per cent in Wales.

Table 7

Did your authority have emergency plans for an infectious disease (for example, like Ebola, Foot and Mouth Disease, Zika)?								
	English shire districts		English single tier/counties		England total		Wales	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Yes	108	62%	115	78%	223	69%	19	86%
No	67	38%	33	22%	100	31%	3	14%
Total	175	100%	148	100%	323	100%	22	100%

Table 7 (continued)

In approximately which year were these plans first developed?								
	English shire districts		English single tier/counties		England total		Wales	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
In the year up to and including 21 January 2020	3	3%	3	3%	6	3%	0	0%
Between a year and five years prior to 21 January 2020	21	19%	17	15%	38	17%	1	5%
Between ten and five years prior to 21 January 2020	49	45%	51	44%	100	45%	4	21%
Eleven years or more prior to 21 January 2020	24	22%	35	30%	59	26%	14	74%
Don't know	11	10%	9	8%	20	9%	0	0%
Total	108	100%	115	100%	223	100%	19	100%

Testing and training

In relation to duties under the Civil Contingencies Act 2004 and the wider legislative framework, authorities were asked to indicate which, if any, of various activities for testing and training had been undertaken or put in place over three time periods:

- a) by the time of 21 January 2020
- b) between a year and five years prior to 21 January 2020
- c) between ten and five years prior to 21 January 2020.

Authorities could tick any or all of these options depending on whether activities had been repeated over time, or indicate that they had not taken place at all in the last eleven years. The results are summarised in **Table 8**.

Four of the five activities had been undertaken recently (by January 2020) by between 73 per cent and 77 per cent of respondents in England. The corresponding proportions for respondents in Wales were similar but between three and five percentage points lower.

The exception to this was training and exercising relevant to an influenza-like pandemic, where a lower proportion, though more than half, had undertaken that very recently: 52 per cent of English authorities and 45 per cent of Welsh authorities. However, more than two-thirds (67 per cent in England and 68 per cent in Wales) had undertaken training and exercises in the previous one to five years. There were no Welsh authorities that had not undertaken such training in the last eleven years; while one in eight English authorities had not done so.

In England, single-tier authorities/counties were more likely to have undertaken each of the activities than shire districts. For the most recent period, levels in districts were between 15 and 27 percentage points lower. This disparity might at least in part be due to districts having shared work with counties and hence not regard themselves as having done it directly.

Table 8

In relation to its duties under the Civil Contingencies Act 2004 and the wider legislative framework, which, if any, of the following activities for testing and training had your authority undertaken or put in place over the indicated time periods?

	English shire districts		English single tier/counties		England total		Wales	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Exercises to validate and test plans to ensure effectiveness								
By Jan 2020	119	67%	127	85%	246	75%	16	73%
1-5 years before Jan 2020	143	81%	137	92%	280	86%	21	95%
5-10 years before Jan 2020	130	73%	128	86%	258	79%	22	100%
Not at all in the last eleven years	4	2%	1	1%	5	2%	0	0%
Total	177	100%	149	100%	326	100%	22	100%
Debriefing sessions for exercises and any actual emergencies to identify lessons; and production of lessons learned reports for exercises								
By Jan 2020	115	65%	128	86%	243	75%	16	73%
1-5 years before Jan 2020	151	85%	134	90%	285	87%	21	95%
5-10 years before Jan 2020	130	73%	126	85%	256	79%	21	95%
Not at all in the last eleven years	1	1%	2	1%	3	1%	1	5%
Total	177	100%	149	100%	326	100%	22	100%
Training and exercising of plans and staff in line with national resilience standards and local priorities, joint training and exercising with other local authorities and other organisations within the Local Resilience Forum (LRF) and with other LRFs								
By Jan 2020	121	68%	129	87%	250	77%	16	73%
1-5 years before Jan 2020	151	85%	135	91%	286	88%	21	95%
5-10 years before Jan 2020	140	79%	125	84%	265	81%	21	95%
Not at all in the last eleven years	0	0%	2	1%	2	1%	0	0%
Total	176	100%	148	100%	324	100%	22	100%

Use of joint organisation tools to identify lessons and address them, and a mechanism for assurance and review of arrangements to ensure continued improvement								
By Jan 2020	116	66%	119	81%	235	73%	15	68%
1-5 years before Jan 2020	146	83%	125	85%	271	84%	20	91%
5-10 years before Jan 2020	125	71%	112	76%	237	73%	20	91%
Not at all in the last eleven years	4	2%	6	4%	10	3%	0	0%
Total	176	100%	147	100%	323	100%	22	100%
Training and exercising relevant to an influenza-like pandemic								
By Jan 2020	68	39%	99	66%	167	52%	10	45%
1-5 years before Jan 2020	93	53%	124	83%	217	67%	15	68%
5-10 years before Jan 2020	90	52%	104	70%	194	60%	21	95%
Not at all in the last eleven years	38	22%	2	1%	40	12%	0	0%
Total	174	100%	149	100%	323	100%	22	100%

Note: authorities could tick more than one period for each activity (that is, that they had undertaken or put in place the activity or process on a number of occasions over time) therefore the figures under each do not total to 100 per cent.

Again, authorities were asked for more detail if they had not undertaken any one of the training and exercising activities in the last eleven years.

Thirty-eight councils responded to this question, having not undertaken or put in place one or more of the testing and training activities in the eleven years prior to the survey.

A common comment was that training and exercises were carried out, but **not specifically relating to influenzas or other infectious diseases**. Over a third of all respondents made comments that fell into this category. A few respondents said that their exercises had focused on scenarios that had been considered more likely, such as natural disasters or terrorism.

“In conjunction with our Local Resilience Forum we have undertaken many joint exercises to test plans and training however we have not undertaken anything specific to influenzas.”

“We tested a range of scenarios related to risk assessment for the county e.g. related to terrorism, and for the borough - especially given our vulnerability to flooding - we did not test around risk for infectious diseases.”

Other comments explained that testing and training work is **undertaken in conjunction with the LRF**, with a fifth of the comments falling into this category.

“Use of joint organisation tools to identify lessons and address them’ - we do this through routine LRF meetings and governance structures rather than use specific tools.”

“Testing and training is done through work with LRF partners; we don't have sufficient resources to test our local plans separately.”

Finally, a small number of councils gave additional reasons for having not undertaken or put in place one or more of the testing and training activities, such as a lack of capacity and a potential pandemic not being considered a priority issue. A small number of districts noted that exercises had taken place at county level, but that they had not been involved.

Exercise Winter Willow

An additional question was asked of authorities about Exercise Winter Willow, which took place prior to the period of focus of the COVID-19 Inquiry. Around two out of five respondents in England (41 per cent) had taken part in Exercise Winter Willow, compared with 64 per cent in Wales. See **Table 9**³.

Table 9

Before 2009, did your authority take part in Exercise Winter Willow?								
	English shire districts		English single tier/counties		England total		Wales	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Yes	60	36%	70	48%	130	41%	14	64%
No	109	64%	75	52%	184	59%	8	36%
Total	169	100%	145	100%	314	100%	22	100%

Co-operation: Active Local Resilience Forum (LRF) engagement

In relation to duties under the Civil Contingencies Act 2004 and the wider legislative framework, authorities were asked to indicate which, if any, of various activities for an actively engaged LRF had been undertaken or put in place over three time periods:

- a) by the time of 21 January 2020
- b) between a year and five years prior to 21 January 2020
- c) between ten and five years prior to 21 January 2020.

³ This table (and accompanying text) has been amended as, in the previous version of the report, ‘Yes’ and ‘No’ were transposed.

Authorities could tick any or all of these options depending on whether activities had been repeated over time, or indicate that they had not taken place at all in the last eleven years. The results are summarised in **Table 10**.

A large majority (84 to 88 per cent) of respondents in England had undertaken each of the five activities by January 2020 and very similar proportions had done so in the two earlier periods, one to five years before January 2020 and five to ten years before January 2020. Counties and single-tier authorities were more likely to have undertaken them than shire districts. A tiny proportion (zero to three per cent of English authorities) had not undertaken the five activities in the previous eleven years.

The situation in Wales was similar, but uptake was uniformly higher, with co-operation with Category 1 and 2 Responders having been undertaken or put in place by all 22 authorities by January 2020.

Table 10

In relation to its duties under the Civil Contingencies Act 2004 and the wider legislative framework, which, if any, of the following activities for an actively engaged LRF had your authority undertaken or put in place over the indicated time periods?								
	English shire districts		English single tier/counties		England total		Wales	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Having a LRF which meets at least every six months								
By Jan 2020	148	83%	135	91%	283	87%	21	95%
1-5 years before Jan 2020	144	81%	133	89%	277	85%	22	100%
5-10 years before Jan 2020	160	90%	137	92%	297	91%	21	95%
Not at all in the last eleven years	0	0%	1	1%	1	0%	0	0%
Total	178	100%	149	100%	327	100%	22	100%
Attendance at LRF meetings or ensuring effective representation at meetings								
By Jan 2020	149	84%	136	91%	285	87%	21	95%
1-5 years before Jan 2020	145	82%	134	90%	279	86%	22	100%
5-10 years before Jan 2020	158	89%	135	91%	293	90%	20	91%
Not at all in the last eleven years	0	0%	1	1%	1	0%	0	0%
Total	177	100%	149	100%	326	100%	22	100%

LRF meetings used to deliver Community Risk Register, systematic, planned and co-ordinated approach to civil protection duties								
By Jan 2020	146	82%	133	89%	279	86%	20	91%
1-5 years before Jan 2020	143	81%	133	89%	276	85%	22	100%
5-10 years before Jan 2020	152	86%	133	89%	285	87%	20	91%
Not at all in the last eleven years	1	1%	1	1%	2	1%	0	0%
Total	177	100%	149	100%	326	100%	22	100%
Preparation of multi-agency plans, protocols and agreements and coordination of multi-agency exercises and training								
By Jan 2020	150	84%	137	92%	287	88%	21	95%
1-5 years before Jan 2020	147	83%	133	89%	280	86%	22	100%
5-10 years before Jan 2020	158	89%	133	89%	291	89%	20	91%
Not at all in the last eleven years	0	0%	1	1%	1	0%	0	0%
Total	178	100%	149	100%	327	100%	22	100%
Outside of the LRF, co-operation with Category 1 and 2 Responders, other LRFs, regional resilience groups/multi-forum groups								
By Jan 2020	136	78%	136	91%	272	84%	22	100%
1-5 years before Jan 2020	139	79%	133	89%	272	84%	22	100%
5-10 years before Jan 2020	148	85%	132	89%	280	86%	19	86%
Not at all in the last eleven years	8	5%	1	1%	9	3%	0	0%
Total	175	100%	149	100%	324	100%	22	100%

Note: authorities could tick more than one period for each activity (that is, that they had undertaken or put in place the activity or process on a number of occasions over time) therefore the figures under each do not total to 100 per cent.

Those authorities which had not undertaken any one of the activities related to an active involvement with the LRF in the last eleven years were asked to give more information.

Few respondents (eight) needed to reply to this question. Where they did, their comments related to not having undertaken the activity of 'co-operation with Category 1 and 2 Responders, other LRFs, regional resilience groups/multi-forum groups outside the LRF'.

One explanation was that there were informal, rather than formal, relationships in place.

"...opportunities to do this are not formally in place; some ad-hoc cooperation occurs for local issues and cooperation with police and health responders exists for other non-resilience related issues"

Another authority, from London, noted that their council's engagement and co-operation happens through the London Resilience Group rather than directly. And then separately they undertake multi-agency exercises and develop plans with others through their Borough Resilience Forum.

Finally, several district authorities indicated that engagement and co-operation had not taken place outside the LRF, since they used the LRF for everything.

Business continuity management plans

In relation to duties under the Civil Contingencies Act 2004 and the wider legislative framework, authorities were asked to indicate which, if any, of various activities for business continuity planning had been undertaken or put in place over three time periods:

- a) by the time of 21 January 2020
- b) between a year and five years prior to 21 January 2020
- c) between ten and five years prior to 21 January 2020.

Authorities could tick any or all of these options depending on whether activities had been repeated over time, or indicate that they had not taken place at all in the last eleven years. The results are summarised in **Table 11**.

Five of the seven activities had been undertaken by between 75 per cent and 87 per cent of respondents in England by January 2020, with lower levels undertaking consideration of key stakeholders (68 per cent) and arrangements to publish plans (50 per cent). The proportions for both earlier time periods were similar.

The proportions for respondents in Wales was similar for all the activities except undertaking consideration of key stakeholders, where the proportion was much lower than in England (45 per cent) for January 2020.

In England, single-tier authorities/counties were more likely to have undertaken each of the activities than shire districts. For the most recent period, levels in districts were between 7 and 18 percentage points lower. This disparity might at least in part be due to districts having shared work with counties and hence not regard themselves as having done it directly.

Table 11

In relation to its duties under the Civil Contingencies Act 2004 and the wider legislative framework, which, if any, of the following activities for business continuity planning had your authority undertaken or put in place over the indicated time periods?

	English shire districts		English single tier/counties		England total		Wales	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Consideration of how to continue organisational functions, day to day and those relating to civil contingencies, in the event of an emergency, identifying which functions are critical and what is an acceptable level of service in the event of an emergency								
By Jan 2020	136	76%	129	87%	265	81%	18	82%
1-5 years before Jan 2020	149	84%	132	89%	281	86%	21	95%
5-10 years before Jan 2020	152	85%	131	88%	283	87%	19	86%
Not at all in the last eleven years	0	0%	1	1%	1	0%	1	5%
Total	178	100%	149	100%	327	100%	22	100%
Production of plans outlining how the organisation will continue to perform its functions in the event of an emergency								
By Jan 2020	137	77%	130	88%	267	82%	18	82%
1-5 years before Jan 2020	145	81%	135	91%	280	86%	21	95%
5-10 years before Jan 2020	157	88%	130	88%	287	88%	20	91%
Not at all in the last eleven years	0	0%	0	0%	0	0%	1	5%
Total	178	100%	148	100%	326	100%	22	100%
Procedure for identifying an emergency has occurred								
By Jan 2020	144	81%	138	93%	282	87%	19	86%
1-5 years before Jan 2020	148	84%	134	90%	282	87%	21	95%
5-10 years before Jan 2020	152	86%	132	89%	284	87%	21	95%
Not at all in the last eleven years	1	1%	0	0%	1	0%	0	0%
Total	177	100%	149	100%	326	100%	22	100%
Updating and maintaining plans with updates to risk assessments/organisational changes etc								
By Jan 2020	131	74%	129	88%	260	80%	19	86%
1-5 years before Jan 2020	145	82%	133	90%	278	86%	21	95%
5-10 years before Jan 2020	150	85%	126	86%	276	85%	18	82%
Not at all in the last eleven years	2	1%	0	0%	2	1%	1	5%
Total	177	100%	147	100%	324	100%	22	100%

Exercising of the plan and training of relevant people to ensure effectiveness								
By Jan 2020	121	68%	123	83%	244	75%	15	68%
1-5 years before Jan 2020	143	81%	125	84%	268	82%	20	91%
5-10 years before Jan 2020	144	81%	122	82%	266	82%	16	73%
Not at all in the last eleven years	3	2%	2	1%	5	2%	1	5%
Total	177	100%	148	100%	325	100%	22	100%
Consideration of key stakeholders, including voluntary organisations, and ensuring key stakeholders are aware of business continuity strategy								
By Jan 2020	105	60%	115	78%	220	68%	10	45%
1-5 years before Jan 2020	119	68%	121	82%	240	74%	17	77%
5-10 years before Jan 2020	114	65%	107	72%	221	68%	11	50%
Not at all in the last eleven years	30	16%	12	8%	42	13%	5	23%
Total	177	100%	148	100%	325	100%	22	100%
Arrangements to publish plans								
By Jan 2020	83	47%	80	54%	163	50%	12	55%
1-5 years before Jan 2020	88	50%	82	55%	170	52%	17	77%
5-10 years before Jan 2020	89	51%	78	53%	167	52%	13	59%
Not at all in the last eleven years	64	36%	53	36%	117	36%	5	23%
Total	176	100%	148	100%	324	100%	22	100%

Note: authorities could tick more than one period for each activity (that is, that they had undertaken or put in place the activity or process on a number of occasions over time) therefore the figures under each do not total to 100 per cent.

Authorities were asked for more detail if they had not undertaken any one of the business continuity planning activities in the last eleven years. Around a third of respondents therefore answered this question. The majority of these councils stated that **not publishing their business continuity plans** was the main reason.

Within this group of councils who said they had not published their business continuity plans, many made the case that, whilst they do not publish their plans to the general public, they do share them with “necessary partners and stakeholders”. Some councils stated that whilst their plans are not actively published, copies can be shared upon request.

“Our BC [business continuity] plans are not published but redacted copies would be provided upon request.”

“The key issue is publication of plans – although we have shared – we have not publicised; there is no barrier to doing so save for awareness of the need to do so.”

Additionally, many councils explained that they didn't publish their business continuity plans **due to their sensitive and confidential content**. As expressed by the comments below there was a concern around the security of publicising such content in the public domain.

"BCM [business continuity management] plans are not publicly accessible or published for security reasons."

"As an authority, we do not publish our own internal business continuity plans or arrangements. This is in recognition of the risk of a potential malicious attack (physical, cyber, financial etc) and the need to not disclose our own response and contingency arrangements to benefit any would be attacker."

Around a further tenth of councils who responded to this question stated that the reason for not undertaking consideration of key stakeholders or making them aware of the business continuity strategy in the last eleven years was because they viewed their **business continuity plans as internal documents**. These councils emphasised how their business continuity plans were internally focused as per the comments below:

"Our business continuity plans have been seen as internally focused. Where implementation of these would impact on external partners, this would by definition become an LRF matter."

"The business continuity policy is an internal document, only accounting for internal activities and internal stakeholders."

Around a tenth of councils who responded to this question identified specific aspects of some of the business continuity planning activities which had not been undertaken or put in place, rather than the whole activity. The majority of these councils mentioned the **lack of engagement with the voluntary sector**, such as the below comment.

"There has been some consultation with stakeholders in drawing up the business continuity plans including councillors, key suppliers and some user forums. However we have not routinely consulted with voluntary organisations about our BC [business continuity] plans."

Within this theme, other councils gave examples including: there was no opportunity to test their arrangements regarding their new business continuity plans due to the size and complexity of the services they delivered, that ongoing changes at senior officer level meant that the business continuity policy was never fully adopted or that communication with key stakeholders of the plans had not been formally carried out.

"Due to on-going changes at our senior officer/strategic level, the business continuity policy was never fully adopted. Current workflow is ensuring this happens."

Around a tenth of councils who responded to this question said that **staffing capacity issues** were the reason for why at least one of their business continuity planning activities had not been undertaken or put in place in the last eleven years.

“The council has been undertaking business continuity activity for a number of years, but does not have a dedicated member of staff to coordinate business continuity activity, regularly update plans and provide support and guidance to service managers.”

“Some business continuity training and plan testing took place over the last eleven years, but this was limited due to staff capacity with many other competing work priorities.”

Overall compliance

Almost all respondents thought that, as a Category 1 Responder, their authority was compliant with its statutory duties under the Civil Contingencies Act 2004 and the wider legislative framework (94 per cent in England and 91 per cent in Wales). All those who did not answer ‘yes’ answered ‘partially’. See **Table 12**.

Table 12

Overall, as a Category 1 Responder for the purposes of the Civil Contingencies Act 2004, would you say your authority was compliant with its statutory duties under the Civil Contingencies Act 2004 and the wider legislative framework?

	English shire districts		English single tier/counties		England total		Wales	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Yes	167	94%	141	95%	308	94%	20	91%
No	0	0%	1	1%	1	0%	0	0%
Partially	11	6%	7	5%	18	6%	2	9%
Total	178	100%	149	100%	327	100%	22	100%

All councils were asked to explain their answer. Of the authorities who said they were (fully) compliant, the most common theme was **an effective collaboration with the LRF**, reported in around two-fifths of the responses.

“Duties discharged and delivered through an effective partnership of the Local Resilience Forum. Without a strong Local Resilience Forum this would not have been possible.”

“[Council] has in place a comprehensive emergency planning, resilience and response (EPRR) strategy and operation, both as a council and as a member of [the LRF]. It is also supported by the emergency planning team of [a neighbouring council].”

Many of the councils cited that they had **systems in place** to ensure that required processes and activities were undertaken and maintained or regularly reviewed. These responses account for around two-fifths of the total.

“We started taking steps in 2005 to be compliant with the [Civil Contingencies Act] 2004 and completed this by 2008. We continued to maintain and develop our compliance over the following 14 years.”

“We have robust plans in place, we regularly test and exercise. There are annual reviews of all service plans. We are a key stakeholder within the local LRF and participate with exercises, response meetings and debrief processes. We carry out warning and informing to the public within all emergencies.”

Around one tenth of councils described emergency planning and business continuity plans in place, or other **activities and processes which are required**, to illustrate why they felt they were compliant.

“[Council] has a Joint Emergency Planning Unit, a partnership which discharges the Emergency Planning and Business Continuity responsibilities collectively for its five councils.”

“[Council] has in place the necessary staff and arrangements to assess risks, develop emergency and business continuity plans, warn and inform the public, share information, co-operate with other Category 1, 2 [Responders] and other agencies and advise [small and medium enterprises] on [business continuity] management in accordance with [the Civil Contingencies Act] 2004. We do this as a Category 1 responder in our own right and also in partnership with the [Council] Civil Contingencies Partnership.”

A small number of councils made other comments referring to themes such as that they had emergency plans in existence which they had learnt lessons from or that they had complied with their duties as a Category 1 responder.

“Emergency plans are implemented and reviewed with exercises held and lessons learned were considered.”

“[We] have complied with [our] duties as a Category one responder, we have assessed the strategic risk and developed detailed emergency plans for the risks identified.”

Finally, small numbers of councils mentioned they were adequately resourced, were compliant with all seven duties or that their processes had been demonstrably effective in the past.

Of the authorities that said they were ‘partially compliant, around two-fifths reported that they felt they were broadly compliant, but they had **some areas which needed improvement** and prevented them from saying they were fully compliant. In some cases, the authority noted one or two (at most) areas where they felt they were not

compliant. For example, risk assessments were unpublished, business continuity plans were not shared with partners or were not published, the authority thought more training/exercises should have been undertaken or they had not provided advice to local businesses and voluntary organisations about business continuity management. But for the other cases, the authorities noted they were meeting all the duties, but had areas where they felt they could have done them better.

“We believe we are meeting all seven of the statutory duties of the CCA [Civil Contingencies Act], however we feel that some elements were stronger than others and could be improved.”

“Exceptions to compliance...[were]...limited to the promotion of business continuity amongst our partners, and the testing and training of our response capabilities.”

A couple of small district councils reported that **capacity was an issue**. They either felt they were over-reliant on their LRF for meeting many of their duties; or had needed to buy in extra support from specialist emergency planners locally.

The other reason given by a local authority for being partially compliant was that the respondent was able to confirm from records that the authority was compliant for most elements of the Civil Contingencies Act and wider legislation, but not for all.

Preparedness

Level of preparedness for an influenza-like pandemic

Authorities were asked how prepared they considered their authority to be for responding to an influenza-like pandemic in January 2020. See **Table 13**. The answers were based on a five-point scale, defined below:

- **Fully prepared:** able to react, adapt, scale up and deal with the health, economic and social impacts (including, but not limited to, the impact on specific vulnerable groups or groups with protected characteristics) of the pandemic within the local authority promptly and without any difficulty
- **Prepared:** able to react, adapt, scale up and deal with the health, economic and social impacts of the pandemic, but with some delay and/or or manageable difficulty
- **Neither prepared/unprepared:** able to react, adapt, scale up and deal with some health, economic and social impacts but not able to do so for others, or a significant disparity in preparedness within or between services, with some being prepared and others unprepared
- **Under-prepared:** Limited ability to react, adapt, scale up and cope with the health, economic and social impacts of the pandemic or only able to do so after significant delay and difficulty
- **Significantly under-prepared:** completely unable to react, adapt, scale up and cope with the health, economic and social impacts of the pandemic.

Only six per cent of respondents in England, and nine per cent in Wales, thought that their authority was fully prepared for responding to an influenza-like pandemic, with around four out of five (81 per cent in England, 82 per cent in Wales) answering that their authority was prepared. In England, 12 per cent were neither prepared nor unprepared, compared with nine per cent in Wales, and one per cent were under-prepared, compared with none in Wales. No respondents in England or Wales thought that they were significantly under-prepared.

Table 13

Irrespective of your answers to the questions in the previous section, how prepared do you consider that your local authority was, overall, for responding to an influenza-like pandemic in January 2020?								
	English shire districts		English single tier/counties		England total		Wales	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Fully prepared	10	6%	11	7%	21	6%	2	9%
Prepared	145	82%	117	79%	262	81%	18	82%
Neither prepared/ unprepared	23	12%	19	12%	42	12%	2	9%
Under-prepared	0	0%	2	1%	2	1%	0	0%
Significantly under-prepared	0	0%	0	0%	0	0%	0	0%
Total	178	100%	149	100%	327	100%	22	100%

Level of preparedness for COVID-19

Authorities were asked the same question, but with hindsight, in respect of responding specifically to the COVID-19 pandemic. See **Table 14**.

The main difference was that fewer authorities considered themselves to be prepared or fully prepared for the COVID-19 pandemic (69 per cent in England compared with 87 per cent for the previous question) and more were neither prepared nor unprepared (27 per cent compared with 12 per cent for the previous question). Four per cent thought they were under-prepared, and none significantly under-prepared. In Wales, a higher proportion than in England considered themselves to be prepared (77 per cent).

Table 14

And, with hindsight, how prepared or not do you consider that your local authority was, overall, for responding specifically to the COVID-19 pandemic in January 2020?

	English shire districts		English single tier/counties		England total		Wales	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Fully prepared	6	3%	6	4%	12	4%	0	0%
Prepared	117	66%	96	64%	213	65%	17	77%
Neither prepared/ unprepared	50	28%	39	26%	89	27%	5	23%
Under-prepared	4	2%	8	5%	12	4%	0	0%
Significantly under-prepared	1	1%	0	0%	1	0%	0	0%
Total	178	100%	149	100%	327	100%	22	100%

Respondents were then asked to explain why they had selected their previous answer. Around four-fifths of councils made comments answering this question with the majority saying they were fully prepared or prepared.

The most common theme amongst those councils who said they were fully prepared or prepared for responding specifically to the COVID-19 pandemic in January 2020, was that they had **appropriate plans in place to deal with a pandemic**. Around two-fifths of councils who said they were fully prepared or prepared gave this explanation. Most of these councils cited the emergency or major incident plans they had in place which allowed them to be prepared, and in turn respond effectively.

“With a well-established Major Incident Plan and embedded business continuity plans, we were in a good position to respond to the challenges brought by COVID-19.”

“Plans were in place and the authority has had considerable experience in conjunction with LRF partners of dealing with major incidents, so many of the standard emergency procedures were able to be implemented rapidly and effectively.”

Around a third of councils who said they were fully prepared or prepared for responding specifically to the COVID-19 pandemic in January 2020 stated that it was their **strong structures and processes in place** which meant they were prepared. The strong structures enabled these councils to carry out appropriate and flexible responses.

“This authority had in place the necessary overarching protocols, risk assessments and business continuity plans to quickly adapt to emerging requirements within services.”

“The council has robust organisational structures and management that allowed it to respond effectively to both the internal and external pressures. The council responded both pro-actively and flexibly to the situation.”

Around a quarter of councils who said they were fully prepared or prepared for responding specifically to the COVID-19 pandemic in January 2020, acknowledged that they were **not fully prepared for the impact of COVID-19**. Many councils stated that, whilst they had plans and procedures in place, the scale of COVID-19 was unprecedented, which led to issues such as resources being stretched and problems with the movement of supplies and resources.

“We were adequately prepared, but could not have foreseen the scale and speed of the pandemic and the impact national lockdowns would have on the movement of supplies and resources.”

“Challenges of elements of the COVID pandemic were unforeseen and unprecedented and, although we reacted and responded as effectively as practical, there were no documented plans and programme for some of these large-scale and world events.”

However, a small number of these councils who had acknowledged that they were not fully prepared for the impact of COVID-19, did go on to say that they were able to adapt quickly and efficiently to deal with the challenges that had been unforeseen.

“COVID-19 brought challenges which were not previously envisaged in plans, however multi-agency frameworks and existing plans were utilised. The local authority was able to quickly respond as guidance was issued and local circumstances presented themselves.”

Around a fifth of councils who said they were fully prepared or prepared for responding specifically to the COVID-19 pandemic in January 2020, said that that they had their **business continuity plans in place**, which meant they were prepared. This enabled councils to adapt quickly which enabled staff to work remotely and critical services to continue to operate effectively.

“The organisation has emergency and business continuity plans, which are regularly exercised and reviewed. This allowed the council to react dynamically to the challenge we were presented with.”

“The council had business continuity plans in place, and the ability to shift fairly quickly from office-based working to working from home.”

Around a fifth of councils who said they were fully prepared or prepared for responding specifically to the COVID-19 pandemic in January 2020, referred to the **support of the LRF** as a reason for why they were prepared. Many councils pointed towards the relationships they had built through the LRF, the support that was readily available and the strong collaborative working arrangements with LRF partners as to why they felt prepared.

“The council’s robust and embedded business continuity planning arrangements, including training and exercising, and strong relationships with LRF partners, helped prepare us to manage and adapt to the requirements of the COVID-19 pandemic response.”

“The authority’s participation in (an) LRF pandemic exercise in late 2019 gave key staff the opportunity to validate both our plans and those of LRF partners.”

A smaller number of councils who responded saying they were fully prepared or prepared for responding specifically to the COVID-19 pandemic in January 2020, also discussed how they were able to **adapt easily to working from home** enabling their staff to continue to operate effectively.

“Testing of (our) ability to remove work had taken place during Summer 2019 and improvement actions put in place as part of a digital transformation agenda which meant that staff were able to remotely work.”

A smaller number of those councils who said they were fully prepared or prepared talked about how their **experiences of other events** had helped them prepare for a major incident such as a pandemic.

“Due to recent storm events, and a full review of the Major Incident Plan and Incident Response guide, and business continuity plan in Autumn 2019, the organisation was able to easily scale up our response.”

Of the fifth of councils who said they were neither prepared nor underprepared for responding specifically to the COVID-19 pandemic in January 2020, over half explained that they were **not fully prepared for the scale of impact**. Whilst they had prepared for a pandemic, the full consequences were greater than expected due to its size and scale, as well as the impacts of lockdowns and restrictions.

“Size and scale of COVID brought additional circumstances, including lockdown restrictions, additional vulnerable people not previously identified and additional expectations on local authorities.”

“We had a ‘flu plan in place which was designed to be scalable, but it didn’t cater for the particular nature of the COVID-19 pandemic in full. In particular, the plan hadn’t anticipated national lockdowns and restrictions.”

Around a third of councils who said they were neither prepared nor underprepared, made comments stating that they **had plans in place which helped**, but the magnitude of COVID-19 was something that they weren’t fully prepared for.

“We had well tested plans, oversight and structures to manage health and environmental aspects of the pandemic.”

“The council had strong plans and had tested its preparedness for disruptive events and other emergencies, but the scale and duration of the unprecedented COVID-19 pandemic (even in the initial response phase) was of a magnitude that we had not fully prepared for.”

A quarter of councils who said they were neither prepared nor underprepared, made comments that **criticised the Government** for some decisions that had been made.

These councils felt that there was no clear national plan and that the advice when given could be fast paced and conflicting.

“From the outset of the pandemic, central government gave local authorities roles and responsibilities for which it was previously unaware of having to deliver, such as distribution of PPE [personal protective equipment], food deliveries to those CEV [clinically extremely vulnerable] (shielding) groups, scaling up the provision of a local health protection service, contact tracing, statutory and discretionary payments to businesses, to name but a few.”

“The key problem was there was no clear national plan, and the national lessons learned report had not cascaded key lessons from either 2009 or Exercise Cygnus.”

A quarter of councils who said they were neither prepared nor underprepared made comments stating how they were **able to adapt quickly** despite the unprecedented impacts of COVID-19.

“I think that the council was able to adapt and respond quickly in terms of the Command, Control and Co-ordination structures required in response, and collaboration with partners locally was good.”

A small minority of councils said they were under-prepared for responding specifically to the COVID-19 pandemic in January 2020. They gave similar answers to those who reported they were neither prepared nor underprepared, that they were **not fully prepared for the scale of impact** of COVID-19:

“The severity of pandemic and length of pandemic meant that the types of response were unprecedented (e.g. national and local lockdowns, home-schooling, social distancing, key workers, mass vaccination and closing of non-critical services), as such they had not been considered in earlier generic planning.”

“There were never any planning assumptions identified at a national level around lockdown or shielding. If there had been, we would have been better prepared as if there had been that option, we would have planned much better for it.”

Adapting and responding to COVID-19

Nearly nine out of ten English and Welsh respondents (87 per cent for both) agreed that their authority’s preparations by January 2020 meant that it was able to adapt and respond well to COVID-19. Of these, 25 per cent of English and five per cent of Welsh authorities strongly agreed. Only two per cent of English authorities disagreed and none strongly disagreed. In Wales, none disagreed or strongly disagreed. See **Table 15**.

Table 15

**How strongly do you agree or disagree with the following statement?
My authority's preparations for an influenza-like pandemic and other emergency planning by 21 January 2020 meant that it was able to adapt and respond well to COVID-19**

	English shire districts		English single tier/counties		England total		Wales	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Strongly agree	47	26%	35	23%	82	25%	1	5%
Agree	107	60%	95	64%	202	62%	18	82%
Neither agree nor disagree	18	10%	17	11%	35	11%	3	14%
Disagree	6	3%	2	1%	8	2%	0	0%
Strongly disagree	0	0%	0	0%	0	0%	0	0%
Don't know	0	0%	0	0%	0	0%	0	0%
Total	178	100%	149	100%	327	100%	22	100%

Assessing impacts on people with particular characteristics

Authorities were asked whether their emergency plans and risk assessments in place at January 2020 considered the risk factors and potential impacts on the groups of people with characteristics shown in **Table 16**.

In England, the characteristics most commonly considered in plans were people living in care homes (79 per cent), homeless and vulnerably housed people (78 per cent), clinically vulnerable people (77 per cent), age (76 per cent), and people with a disability (74 per cent). The characteristics least likely to be considered were gender reassignment (15 per cent), marriage/civil partnership (17 per cent), and sexual orientation (18 per cent).

In Wales, the pattern was similar, but the corresponding percentages were in all cases lower. The most commonly considered were people in care homes (68 per cent), clinically vulnerable people (68 per cent), and age (64 per cent).

Within England, the proportions for shire districts were, in all but three cases, lower than for single-tier authorities/counties. For example, the overall proportion of authorities which considered age (76 per cent) stood at 68 per cent for districts and 87 per cent for single-tier/county authorities.

A small number of respondents wrote in additional items, including workers with childcare responsibilities (five responses). A few remarked that vulnerability was addressed in plans but dependent on the specific nature and circumstances of any incident.

Table 16

Did your emergency plans and risk assessments in place at January 2020 consider the risk factors and potential impacts on the groups of people with characteristics listed below, in the event of a pandemic emergency occurring, or not?

Respondents answering 'Yes'	English shire districts		English single tier/counties		England total		Wales	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
People living in residential care and nursing homes	116	70%	128	89%	244	79%	15	68%
Homeless and vulnerably housed people	130	78%	114	79%	244	78%	13	59%
Clinically vulnerable people	120	71%	119	83%	239	77%	15	68%
Age	116	68%	124	87%	240	76%	14	64%
Disability	116	68%	117	82%	233	74%	13	59%
Those with mental health difficulties	90	54%	104	73%	194	63%	10	45%
Response workers	81	49%	99	70%	180	59%	11	50%
Pregnancy and maternity	81	49%	98	70%	179	58%	11	50%
Those experiencing socio-economic disadvantage	78	47%	82	58%	160	52%	6	29%
Religion or belief	67	40%	76	54%	143	46%	8	36%
Race	49	30%	58	41%	107	35%	5	23%
Sex	41	25%	61	44%	102	34%	5	23%
Victims of domestic violence	52	32%	43	30%	95	31%	3	14%
Those in prison/detention	38	23%	46	33%	84	28%	4	19%
Sexual orientation	28	17%	26	19%	54	18%	1	5%
Marriage/civil partnership	30	18%	22	16%	52	17%	3	14%
Gender reassignment	28	17%	19	14%	47	15%	1	5%
Other	18	25%	22	41%	40	31%	2	33%

Adequacy of information received from government

Authorities were asked about the adequacy of information, support and guidance received from the UK central government or Welsh Government by January 2020 in respect of emergency preparedness for an influenza-like pandemic. See **Table 17**.

The answers were based on a five-point scale, defined below:

- Fully adequate:** Very good communication/guidance/support. Clear, succinct, consistent and up-to-date guidance available and properly disseminated. Active and engaged Resilience Adviser(s) from RED (or other representatives from central government)/Welsh Government Civil Contingencies Unit working with the LRF and/or local authority. Identifiable and contactable representative in central government. Local authority felt fully supported, clear on national guidance, expectations and how to implement in practice

- **Fairly adequate:** Good communication/guidance/support. Fairly clear, succinct, consistent and up-to-date guidance available. Involvement of Resilience Adviser(s) from RED (or other representatives from central government)/Welsh Government Civil Contingencies Unit with LRF and/or local authority offering relevant support. A recognised contact route should assistance be required. Local authority generally felt supported and clear on national guidance, expectations, and how to implement in practice
- **Neither adequate nor inadequate:** Reasonable communication/guidance/support. Fairly clear guidance, some of which was old, over-lapping and/or lacking consistency. Occasional involvement of Resilience Adviser(s) from RED (or other representatives from central government)/Welsh Government Civil Contingencies Unit with LRF and/or local authority. Local authority felt supported sometimes and not always clear on national guidance, expectations and how to implement in practice
- **Fairly inadequate:** Poor communication/guidance/support. Little guidance or large amounts of guidance which was often unclear, over-lapping, old, inconsistent and/or regularly changing. No clear involvement of Resilience Adviser(s) from RED (or other representatives from central government)/Welsh Government Civil Contingencies Unit with LRF and/or local authority. Some limited support but issues with availability and accessibility. Overall local authority felt unsupported and unclear on national guidance, expectations and how to implement in practice
- **Wholly inadequate:** Very poor communication. No guidance or extensive guidance which was usually unclear, over-lapping, old, inconsistent and/or frequently changing. No accessible support. No clear channels of communication. No involvement of RED Resilience Adviser (or other representatives from central government)/Welsh Government Civil Contingencies Unit. Overall, local authority felt very unsupported, with little to no involvement/support/guidance from central government/Welsh Government.

In England, views were fairly evenly spread across the scale. Some 45 per cent of authorities felt the information and support was neither adequate nor inadequate. In Wales, the corresponding figure was 55 per cent.

One per cent of respondents in England rated the information received as fully adequate, while 29 per cent regarded it as fairly adequate. On the other hand, 22 per cent of English authorities judged it as fairly inadequate, and three per cent as wholly inadequate.

In Wales, five per cent of respondents rated the information and support as fully adequate, 32 per cent as fairly adequate; while nine per cent said it was fairly inadequate.

Table 17

Was the information, support and guidance your authority had received from the UK central government/Welsh Government by January 2020, in respect of emergency preparedness for an influenza-like pandemic, adequate or not?

	English shire districts		English single tier/counties		England total		Wales	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Fully adequate	2	1%	2	1%	4	1%	1	5%
Fairly adequate	58	32%	39	26%	97	29%	7	32%
Neither adequate nor inadequate	77	43%	72	48%	149	45%	12	55%
Fairly inadequate	39	22%	32	21%	71	22%	2	9%
Wholly inadequate	5	3%	4	3%	9	3%	0	0%
Total	181	100%	149	100%	330	100%	22	100%

Adequacy of funding

Less than a fifth of respondents (18 per cent in England and 14 per cent in Wales) considered that in January 2020 they were adequately funded for a national emergency. In England, the proportion was slightly higher in shire districts (24 per cent) than single-tier authorities and counties (11 per cent). See **Table 18**⁴.

Table 18

In January 2020, did you consider your authority to be adequately funded for a national emergency?

	English shire districts		English single tier/counties		England total		Wales	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Yes	42	24%	17	11%	59	18%	3	14%
No	136	76%	131	89%	267	82%	19	86%
Total	178	100%	148	100%	326	100%	22	100%

All authorities were asked to explain their answer.

The vast majority of those who had answered that they did consider their authority to be adequately funded for a national emergency, as at January 2020, provided further elaboration. Around a third of these respondents stated they considered that they **had sufficient reserves or had allocated sufficient emergency funds** to draw down until they were able to receive funding from central government or the 'Bellwin scheme' (an emergency assistance fund for councils to apply to when there is a disaster or emergency in their area).

⁴ This table (and accompanying text) has been amended as, in the previous version of the report, 'Yes' and 'No' were transposed.

“The council has a medium-term financial strategy, which funds its corporate priorities and statutory duties which includes activation of emergency plans. The length of time of the response for COVID-19 meant resources were stretched but eventually we received external, government, support.”

However, many councils gave the caveat that this assessment was based on a foreseeable emergency situation, and that many elements of the nature (lockdown and social distancing) and length of the COVID-19 situation when it did occur, went beyond this.

A small number of councils who noted that they were adequately funded answered this question in relation to the COVID-19 pandemic, in hindsight. Some noted the challenges associated with the **ring-fenced** nature of the funding received during the COVID-19 pandemic and local need:

“The additional funding enabled us to respond to our duties. However, the ring-fenced nature of some of the funding left it very [i]nflexible to respond to local need.”

Respondents who had said that, at January 2020, they did not consider their authority to be adequately funded for a national emergency, very commonly flagged the **impact of long term funding cuts including grants**.

“By January 2020, local government had been subject to a ten-year shift in resources whereby funding available dropped in real terms in every year, and in cash terms in several. In general terms, this had led to an unavoidable reduction in the capacity and infrastructure of the sector, and the capability to deal with many crises, including in relation to emergency planning.”

“Funding cuts, particularly to public health, had a significant impact on what we were able to hold ready and in the capabilities we had.”

“Local authorities have suffered the most significant reductions in central government support (we have lost the entirety of our government grant)...”

These financial pressures and the fact that emergency funding is not ringfenced meant that for many respondents, there was a difficult **balancing act** between allocating resources to emergency planning against other local priorities.

“We receive no specific funding from government for emergency planning and are expected to balance this with a [wide] range of local priorities which is difficult.”

“There is no Government provided ringfenced funding for Civil Contingencies in terms of planning and response capacity. Any funding to ensure that the authority is positioned to plan and respond to national emergencies is provided from existing budgets which are under increasing pressure.”

Some other councils explained that, whilst they felt they were funded for local emergencies (for example around extreme weather), this was **less the case for national emergencies**. One council made the point that based on risk assessment, it would not be reasonable for them to retain adequate funds to cover a calamitous event such as, for example, another future pandemic.

“A national emergency by its nature would likely to be long term, high impact scenario. As such we are not resourced to sustain a long-term national response.”

Several councils mentioned the **Bellwin Scheme**, and that this can provide some assistance in certain scenarios, with one council saying “there is already recognition through [the Bellwin Scheme] that local authorities do not have the means to...fund [locally] the full cost of major emergencies...”

However, some said that this is limited, or that there is some uncertainty that any claims under Bellwin Scheme would be supported, with one council saying “the provisions of Bellwin thresholds provided insufficient certainty in this environment.”

Some councils which said they were not adequately funded answered this question in relation to the COVID-19 pandemic, in hindsight. They noted there was insufficient financial support to help recover **loss of income** as a result of the pandemic (such as parking and property rentals, which particularly affected district councils) and **additional operating costs** for them as an organisation.

“While the Council had resources to deploy for emergency situations the social distancing element of government guidance meant that additional IT, PPE, office screens and vehicles had to be resourced so staff could continue with their day jobs. This element was neither considered nor budgeted for in funding plans for emergencies due to social distancing being an unknown potential consequence of COVID.”

“Subsequent COVID funding received was necessary and welcome but did not compensate loss of income – parking etc”

Finally, other comments made by a small number of councils covered the following themes:

- The **length and scale** of the pandemic was unprecedented and therefore any funding predicated on planning would not have been sufficient.
- The pandemic put further pressure on the **delivery of essential services** and created a need for additional resource to be prioritised to these, especially as demand for services was rising. Though funding was made available, it was felt that this could not address the lack of resource and capacity in the short-term.
- Councils do have **reserves** but the majority of these are allocated to specific projects and would not be available to fund support for a national emergency.

Factors affecting readiness for a pandemic

Factors with a positive impact

Authorities were asked to identify any factors which, between 2009 and January 2020, positively affected their state of readiness for the COVID-19 pandemic. See **Table 19**.

Almost all respondents in England (98 per cent), and all in Wales, identified a good relationship between LRF partners as having a positive effect. Others commonly mentioned included effective corporate emergency planning (94 per cent in England, 95 per cent in Wales), the strength of the authority's business management processes (89 per cent and 95 per cent), engagement in wider exercising (88 per cent and 86 per cent), a high level of compliance with the Civil Contingencies Act 2004 (84 per cent and 86 per cent), and clarity about the different roles of LRF partners (84 per cent and 86 per cent).

The two items least likely to be picked in England were adequate funding (10 per cent) and good support from central government (15 per cent). Adequate funding was also the least likely to be picked by respondents in Wales (5 per cent).

The factor most commonly written in by respondents was the flexibility of staff (five respondents).

Table 19

With hindsight, over the course of 2009 until January 2020, which factors, if any, impacted in a positive way your authority's state of readiness for the COVID-19 pandemic?								
	English shire districts		English single tier/counties		England total		Wales	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Good engagement/ relationships/ protocols between LRF partners	178	98%	146	98%	324	98%	22	100%
Overall effective corporate emergency planning and response capability	171	94%	139	93%	310	94%	21	95%
Strength of local authority's overall business management processes and capability	167	92%	126	85%	293	89%	21	95%
Engagement in wider exercising/testing	159	88%	132	89%	291	88%	19	86%
High level of compliance with the Civil Contingencies Act 2004	148	82%	129	87%	277	84%	19	86%
Clarity about the different roles of LRF partners	153	85%	124	83%	277	84%	19	86%
Good co-ordination/co-operation with other responders and key stakeholders outside the LRF	144	80%	114	77%	258	78%	20	91%

Good engagement/relationships/protocols with LHRP and local health partners/Public Health Wales or Local Health Boards in Wales	105	58%	113	76%	218	66%	17	77%
Adequate local authority workforce capability	125	69%	90	60%	215	65%	17	77%
Engagement in pandemic 'flu exercising/testing	68	38%	102	68%	170	52%	15	68%
Risk assessment and linked emergency plans in place that reflected well the nature of the challenges posed by COVID-19	85	47%	69	46%	154	47%	5	23%
Business continuity management plans that reflected the nature of the challenges posed by COVID-19 and subsequent non-pharmaceutical interventions	86	48%	61	41%	147	45%	6	27%
Implementation of learning/findings from previous pandemic 'flu testing/exercising	51	28%	63	42%	114	35%	9	41%
Adequate local authority workforce capacity	66	36%	41	28%	107	32%	4	18%
Clarity about the role of all national organisations during a global health pandemic	41	23%	48	32%	89	27%	5	23%
Good/clear communication/support from central government/Welsh Government	30	17%	21	14%	51	15%	7	32%
Adequate funding	28	15%	6	4%	34	10%	1	5%
Other	19	10%	21	14%	40	12%	0	0%
Total	181	100%	149	100%	330	100%	22	100%

Authorities were then asked to identify which of the factors chosen in the previous question had had the most positive effect. They could select up to five. See **Table 20**.

The three most common factors were similar to those identified in the previous question: effective corporate emergency planning (78 per cent in England, 86 per cent in Wales), a good relationship between LRF partners (76 per cent and 86 per cent), and the strength of the authority's business management processes (64 per cent and 82 per cent).

Table 20

Of those factors, which key ones most impacted in a positive way your authority's state of readiness for the COVID-19 pandemic?

	English shire districts		English single tier/counties		England total		Wales	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Overall effective corporate emergency planning and response capability	142	79%	111	76%	253	78%	19	86%
Good engagement/relationships/protocols between LRF partners	142	79%	105	72%	247	76%	19	86%
Strength of local authority's overall business management processes and capability	119	66%	90	62%	209	64%	18	82%
High level of compliance with the Civil Contingencies Act 2004	80	44%	79	54%	159	49%	13	59%
Adequate local authority workforce capability	69	38%	42	29%	111	34%	10	45%
Good co-ordination/co-operation with other responders and key stakeholders outside the LRF	43	24%	46	32%	89	27%	4	18%
Good engagement/relationships/protocols with LHRP and local health partners/Public Health Wales or Local Health Boards in Wales	32	18%	46	32%	78	24%	8	36%
Engagement in wider exercising/testing	43	24%	32	22%	75	23%	5	23%
Clarity about the different roles of LRF partners	42	23%	25	17%	67	21%	0	0%
Business continuity management plans that reflected the nature of the challenges posed by COVID-19 and subsequent non-pharmaceutical interventions	21	12%	25	17%	46	14%	2	9%
Engagement in pandemic 'flu exercising/testing	13	7%	26	18%	39	12%	0	0%
Risk assessment and linked emergency plans in place that reflected well the nature of the challenges posed by COVID-19	13	7%	12	8%	25	8%	0	0%
Adequate local authority workforce capacity	16	9%	10	6%	26	8%	0	0%
Adequate funding	4	2%	2	1%	6	2%	0	0%

Implementation of learning/ findings from previous pandemic 'flu testing/exercising	3	2%	2	1%	5	2%	1	5%
Clarity about the role of all national organisations during a global health pandemic	2	1%	2	1%	4	1%	0	0%
Good/clear communication/ support from central government/Welsh Government	1	1%	0	0%	1	0%	1	5%
Other	11	6%	11	8%	22	7%	0	0%
Total	180	100%	146	100%	326	100%	22	100%

Factors with a negative impact

Authorities were asked to identify any factors which, between 2009 and January 2020, negatively affected their state of readiness for the COVID-19 pandemic. See **Table 21**.

Two factors were identified by markedly more respondents in England than the others: national guidance relating to pandemic preparation (87 per cent) and plans not reflecting the challenges due to a full lockdown never being anticipated (87 per cent). The next most common were large-scale vaccine programmes not being considered in plans (61 per cent), inadequate funding (57 per cent), inadequate support from central government (54 per cent), and risk assessments and emergency plans not reflecting well the nature of the challenges posed by COVID-19 (53 per cent).

Among respondents in Wales, the picture was not dissimilar, although 82 per cent identified vaccine programmes at an unanticipated scale (compared with 61 per cent in England).

Within England, the most marked differences by type of authority were vaccine programmes (52 per cent of shire districts compared with 71 per cent of single-tier/counties) and inadequate funding (47 per cent compared with 68 per cent).

The factors most commonly written in by respondents were the lack of personal protective equipment (6 respondents) and national organisations being overly centralised (6 responses).

Table 21

And, with hindsight, over the course of 2009 until January 2020, which factors, if any, impacted in a negative way your authority's state of readiness for the COVID-19 pandemic?

	English shire districts		English single tier/counties		England total		Wales	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
National guidance relating to pandemic preparation did not anticipate the nature of challenges provided by COVID-19	151	83%	135	91%	286	87%	19	86%
Full lockdown was never anticipated as a reasonable worst-case scenario, so plans did not reflect the challenges	147	81%	138	93%	285	87%	20	91%
Vaccine programmes and testing were not anticipated at such a large scale as a reasonable worst-case scenario, so plans did not reflect the challenge	95	52%	105	71%	200	61%	18	82%
Inadequate funding	85	47%	101	68%	186	57%	14	64%
Inadequate/unclear communication/support from central government/Welsh Government	84	46%	93	63%	177	54%	9	41%
Risk assessment and emergency plans did not reflect well the nature of the challenge posed by COVID-19	79	44%	96	65%	175	53%	14	64%
Business continuity management plans did not reflect the nature of the challenge posed by COVID-19 and subsequent non-pharmaceutical interventions	81	45%	81	55%	162	49%	11	50%
Confusion about the role of all national organisations during a global health pandemic	72	40%	66	45%	138	42%	4	18%
Inadequate capacity in local authority workforce	62	34%	60	41%	122	37%	12	55%
Targeting of emergency planning and other relevant capability to other national resilience risks/priorities, including EU Exit	60	33%	48	32%	108	33%	2	9%
Lack of capacity/opportunity to engage in pandemic 'flu exercising/testing	39	22%	20	14%	59	18%	1	5%
Inadequate engagement/relationships/protocols with LHRP and local health partners/Public Health Wales or Local Health Boards in Wales	16	9%	15	10%	31	9%	1	5%

Capacity of other LRF Responders was insufficient	18	10%	13	9%	31	9%	4	18%
Inadequate local authority workforce capability	9	5%	18	12%	27	8%	0	0%
Inadequate corporate emergency planning and response capability or capacity	9	5%	11	7%	20	6%	1	5%
Lack of capacity/opportunity to engage in wider exercising/testing	9	5%	11	7%	20	6%	0	0%
Lack of clarity about the different roles of LRF partners	2	1%	7	5%	9	3%	0	0%
Local authority's overall business management processes and capability were underdeveloped or insufficient	1	1%	7	5%	8	2%	0	0%
Inadequate co-ordination/co-operation with other Responders and key stakeholders outside the LRF	1	1%	4	3%	5	2%	0	0%
Other Category 1 Responders' poor compliance with the Civil Contingencies Act 2004	3	2%	1	1%	4	1%	0	0%
Inadequate engagement/relationships/protocols between LRF partners	2	1%	1	1%	3	1%	0	0%
Local authority's poor compliance with the Civil Contingencies Act 2004	1	1%	0	0%	1	0%	0	0%
Other	17	9%	29	20%	46	14%	0	0%
Total	181	100%	148	100%	329	100%	22	100%

Based on the answers selected in the previous question, authorities were then asked to identify the factors which they thought had had the most negative effect, and could select up to five. See **Table 22**.

The two factors most likely to be identified by respondents in England were: a full lockdown was never anticipated so plans did not reflect the challenges of that (71 per cent) and national guidance not reflecting the challenges (68 per cent). They were also top of the list in Wales (90 per cent and 86 per cent respectively).

Table 22

Of those factors, which key ones most impacted in a negative way your authority's state of readiness for the COVID-19 pandemic?

	English shire districts		English single tier/counties		England total		Wales	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Full lockdown was never anticipated as a reasonable worst-case scenario, so plans did not reflect the challenges	122	67%	110	76%	232	71%	19	90%
National guidance relating to pandemic preparation did not anticipate the nature of challenges provided by COVID-19	110	61%	113	78%	223	68%	18	86%
Inadequate funding	58	32%	64	45%	122	38%	10	48%
Vaccine programmes and testing were not anticipated at such a large scale as a reasonable worst-case scenario, so plans did not reflect the challenge	61	34%	58	40%	119	37%	12	57%
Inadequate/unclear communication/support from central government/Welsh Government	56	31%	61	42%	117	36%	4	19%
Risk assessment and emergency plans did not reflect well the nature of the challenge posed by COVID-19	31	17%	48	33%	79	24%	6	29%
Inadequate capacity in local authority workforce	35	19%	26	18%	61	19%	3	14%
Confusion about the role of all national organisations during a global health pandemic	31	17%	25	17%	56	17%	2	10%
Business continuity management plans did not reflect the nature of the challenge posed by COVID-19 and subsequent non-pharmaceutical interventions	25	14%	24	17%	49	15%	4	19%
Targeting of emergency planning and other relevant capability to other national resilience risks/priorities, including EU Exit	29	16%	12	8%	41	13%	1	5%
Lack of capacity/opportunity to engage in pandemic 'flu exercising/testing	11	6%	2	1%	13	4%	1	5%
Inadequate local authority workforce capability	5	3%	4	3%	9	3%	0	0%
Capacity of other LRF Responders was insufficient	4	2%	2	1%	6	2%	1	5%

Inadequate engagement/relationships/protocols with LHRP and local health partners/Public Health Wales or Local Health Boards in Wales	4	2%	2	1%	6	2%	1	5%
Lack of capacity/opportunity to engage in wider exercising/testing	2	1%	1	1%	3	1%	0	0%
Inadequate corporate emergency planning and response capability or capacity	0	0%	2	2%	2	1%	1	5%
Inadequate engagement/relationships/protocols between LRF partners	2	1%	0	0%	2	1%	0	0%
Lack of clarity about the different roles of LRF partners	1	1%	1	1%	2	1%	0	0%
Local authority's overall business management processes and capability were underdeveloped or insufficient	0	0%	1	1%	1	0%	0	0%
Local authority's poor compliance with the Civil Contingencies Act 2004	0	0%	0	0%	0	0%	0	0%
Other Category 1 Responders' poor compliance with the Civil Contingencies Act 2004	0	0%	0	0%	0	0%	0	0%
Inadequate co-ordination/co-operation with other Responders and key stakeholders outside the LRF	0	0%	0	0%	0	0%	0	0%
Other	8	4%	13	9%	21	6%	0	0%
Total	181	100%	145	100%	326	100%	21	100%

Other thoughts on preparedness

Recommendations for improving preparedness

All councils were asked, in hindsight, for recommendations to improve the preparedness and resilience of their authority in future. The majority of respondents answered this question. Their comments focused on increased funding for local authorities but also other themes such as improved planning, better guidance from government and increased testing/exercises also appeared frequently.

The most common theme was for **increased funding** to be made available. This was mentioned by around two-fifths of councils who responded to this question. Many councils stated that funding cuts to local authorities had put pressure on their resources and their capacity to deliver.

“Funding cuts to local authorities continue to put enormous pressure on service delivery.”

“Greater funding from Government to support the work of the LRF including training and exercising to further develop local capabilities.”

“It is recommended that adequate, sustained funding is provided to ensure that there is sufficient capacity in the local authority workforce to effectively prepare for and respond to emergencies.”

Within this theme, a small number of councils made comments referring to how a lack of or cut in financial support could have major consequences on local authorities.

“The potential for spending cuts within local authorities could lead to a reduction in resource, particularly staffing, and a potential shortfall in funding to the voluntary and community sector with whom we place an increasing reliance on.”

Another common theme was for **better planning** to be implemented. This was mentioned by a third of councils who responded to this question. Within this theme, many councils pointed towards a more consistent strategy needing to be in place in the future. Comments were made pointing towards the revision of emergency and business continuity plans which would allow for a better management of major incidents. Other councils also stated that **plans would need to be updated** to cover unprecedented issues which arose during the COVID-19 pandemic such as access to PPE, to be more inclusive of all reportable disease outbreaks and to manage flexible workforces.

“Ensure our plans reflect the full response developed and link to our processes around financial support, food hub, PPE, vaccination programmes and local outbreak control plans.”

“Develop more robust plans for major incidents of Human Infectious Disease on a national/pandemic scale.”

A small number of councils also stated that **access/improvement to Government planning** could be advantageous in the future.

“Improved national planning guidance to support [a] review of local emergency plans to respond to a global pandemic.”

A quarter of councils who responded to this question commented that **better government guidance/communication** should be implemented moving forwards. Many councils stated that national guidance needs to be clearer and more consistent.

“Improved national guidance to ensure that plans and procedures are developed to meet the requirements of any reasonable worst-case scenarios and provide a common understanding of expectation of response and planning.”

“Increased timely guidance, communication, assistance and direction from Government regarding preparedness for influenza pandemics (and most likely pandemic types) in the future would lead to increased and timely preparedness activity by councils, LRFs and their membership.”

Another common recommendation was for Government to **provide information earlier** to local authorities during an emergency, rather than councils finding out key policies and decisions at the same time as the public which allowed for little time to respond effectively. A number of the councils who suggested this also called for Government to listen and work more effectively with local authorities and practitioners.

“Earlier warning from Central Government before becoming public knowledge with regards to policies and decisions.”

“Government to issue timely guidance in advance of a general public release, to allow organisations time to respond and meet public expectations.”

Around a fifth of councils who provided recommendations made reference to a need for **more exercises/testing** to take place that would better help them prepare for events such as COVID-19 in the future. There was a common belief amongst many councils that more exercises would help improve their readiness and ability to cope.

“More frequent exercising and testing of emergency plans, both internally within the authority, and externally, encompassing all local responding agencies.”

“Increased funding and resources for emergency planning at district level so there is the capacity to prepare and join further training and exercising.”

A smaller number of councils made comments that they would need **more resources** moving forwards to improve their ability to react to another major incident such as COVID-19.

“Adequate resource to support preparedness, response and recovery.”

“We would look to build capacity in the workforce for emergency response by additional training and getting a better understanding of transferable skills.”

Recommendations made by a smaller number of councils covered the following themes:

- **Learning from others**/learning from their own experiences of COVID-19. For example, one council stated that they wanted “learning from LRFs that were deemed to have performed particularly well in the response.” A further council said that they needed to “learn the lessons from the COVID-19 pandemic – many of these could not have been anticipated in advance, but can be anticipated for the future.”

- **Increased data sharing** amongst local authorities and key stakeholders. As one council stated “ensure there are more effective data sharing protocols in place between public sector partners and key stakeholders.”
- **Utilising volunteers/the community.** A few councils made comments that they wanted to improve/maintain engagement with the community and volunteers. “The voluntary and community sectors were critical to how we coped, this was successful due to the trusted and respected relationships that exist. We need to ensure that in any learning and planning for the future, they are integral.”

Unresolved issues from testing and exercises

All authorities were also asked whether there were problems or issues identified from testing or running an exercise before 2020 which remained by January 2020.

A quarter of respondents in England (25 per cent) reported that there were. The proportion was slightly higher in Wales (32 per cent). In England it was slightly higher in single-tier/counties (30 per cent) than shire districts (22 per cent). Around a third of English respondents (35 per cent) and a quarter of Welsh (27 per cent) were unable to say. See **Table 23**.

Table 23

Were there any problems or issues identified or not, from testing or running an exercise before 2020, which remained by January 2020?								
	English shire districts		English single tier/counties		England total		Wales	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Yes	39	22%	44	30%	83	25%	7	32%
No	79	44%	51	34%	130	40%	9	41%
Don't know	63	35%	53	36%	116	35%	6	27%
Total	181	100%	148	100%	329	100%	22	100%

Authorities were asked to describe what those issues were. Just under one quarter of respondents answered this question.

The most commonly cited problems, highlighted by just under one-third of councils who responded to this question, related to the **national guidance** that was provided to local authorities and the extent to which **lessons learned** from previous exercises and training were, or indeed not, embedded into practice.

In terms of the guidance, there were specific concerns relating to:

- **Fitness for purpose**
- **Applicability**
- The **assumptions** on which the national guidance was based.

Respondents expressed concern that the guidance provided was not **fit for purpose** for the specific challenges created by the COVID-19 pandemic. Guidance available was described as lacking the information required for local councils to address the challenges with, for example, scant information on roles and responsibilities for outbreak management and prevention.

There were also **applicability** issues relating to the guidance in that it was perceived by some to be focused on a London-centric approach and model that was not necessarily applicable to all councils:

“A lot of the previous guidance was very London centric and did not account for challenges associated with managing a pandemic in a large semi-rural area.”

Allied to this were issues relating to the **assumptions** on which national guidance was based. Issues raised included the fact that the assumptions around which the guidance was based was out of date and that it was predicated on:

“a blue light-led emergency not a local government/health-led one.”

Just under a quarter of respondents to this question highlighted issues relating to the extent to which **lessons learned** from relevant local and national training had not been embedded in practice at the time of the pandemic. Comments provided suggested that this was due to:

- **Timeliness** – councils had only recently completed relevant training exercises and had not had time to embed learning and recommendations into their practice at the point at which the pandemic began
- **Funding** – the lack of available funding to councils meant that the ability for them to work with local partners on incident-planning had been compromised over time and as one council stated “[we do not] have the capacity to work with and alongside local partners to plan, test, review and respond to widescale incidents.”
- **Focus** – linked to the resource issue, there was a concern that there was often little follow-up of recommendations coming from national exercises within councils. A range of reasons were given for this but included frequent staff change resulting in little corporate knowledge and continuity, a lack of focus to address lessons identified once national training and exercises had been completed and that, at times, the responsibility for taking forward some of the recommendations were not solely in the gift of the local council.

Just over two-tenths of respondents to this question identified challenges associated with **organisations working together**, specifically the confusion between and across different national organisations. For example, in England the way in which the National Health Service (NHS) Command and Control system worked was identified as an issue that impacted on the local level, as there was a disconnect between this and council systems and structures. At a sub-regional level, there was concern raised about the ways in which Clinical Commissioning Groups (CCGs) worked as

they did not have localised pandemic plans, but rather were working within the National Response Framework (NRF). Given the nature and scale of the pandemic, a wide range of organisations were required to work together in ways that planning and training had not envisaged.

Just under two-tenths of those who responded to this question highlighted the challenge created for councils in having to manage the large number of **excess deaths**⁵. Issues raised related to the storage, safe transport and disposal of bodies. Regarding storage, there were ongoing issues related to the capacity of local mortuary sites to deal with the high number of bodies needing to be stored securely. Disposal capacity was also stretched, with comments provided describing ongoing issues relating to the capacity of crematoria (both facilities and staff) to cope with increased demand. One respondent council noted:

“This district had one of only four crematoriums within the wider [regional] area and it was necessary to train additional staff in order to operate the service.”

Respondents also highlighted the difficulties associated with liaising with undertakers and local faith sector groups.

Just under two-tenths of respondents to this question identified **staffing capacity and capability** as an ongoing issue. This related to the need for councils to continue to provide Business As Usual (BAU) services as well as additional service demands created by the pandemic. Two respondents noted challenges linked to the need for a majority of staff to work remotely.

Just over one-tenth of respondents to this question described ongoing issues relating to the shortage of **Personal Protective Equipment (PPE)**. Comments provided suggested that a robust PPE strategy was not in place despite the lack of PPE being identified in earlier exercises including Exercise Winter Willow (2007), the 2016 pan-London Exercise and Exercise Cygnus (2017). Potential solutions to the shortage of PPE were suggested (including the bulk buying of PPE) but there was concern that even these solutions would not have provided the volume of PPE that was required at the time.

One-tenth of respondents to this question described challenges associated with the sharing of sensitive **data**, particularly the “ability to share data on cases of COVID-19 with DsPH [Directors of Public Health] in a timely and meaningful manner to enable the response.” Challenges associated with incompatibility of data from different

⁵ ‘Excess deaths’ is an established term within the civil contingencies framework, reflecting the difference between the observed number of deaths in a specific time periods and the expected number of deaths for that period, and the need for death management processes to absorb this. We recognise that the term will seem insensitive to those who lost loved ones during the pandemic and so use this term guardedly.

parties, delays in receiving data and in getting data sharing agreements in place were also highlighted.

Comments made by a smaller number of councils covered the following themes:

- Issues relating to appropriate and timely **communications** with DsPH were raised as it was suggested that there was no “national ability to communicate to DsPH and advise of situation in a confidential means.”
- A structured and purposeful engagement with **vulnerable residents** was required associated with robust feedback mechanisms to the relevant parts of council support.
- Challenges associated with councils having “the ability to house large numbers of people” as part of the changes to legislation that required them to provide **temporary accommodation** for those deemed as homeless.
- The pandemic **exacerbated risks** that councils had faced prior to the pandemic, but it made these risks more challenging to deal with. For example, one respondent noted that “Our IT disaster recovery provision had been identified as a risk and had not been resolved by the time COVID-19 had started.”

Other issues for the COVID-19 Inquiry’s attention

Finally, all authorities were offered the opportunity to bring any other matters to the Inquiry’s attention.

Under a fifth of councils responded to this question. The key issues that they wished to bring to the Inquiry’s attention related to **partnership working**, and issues linked to **co-operation with other services**.

Partnership working was considered to be key in managing responses to emergencies. This said, some respondents highlighting difficulties in co-operating with other councils due to the nature of the partnerships and relationships at the local level:

“As [Council 1] is in an Alliance with [Council 2] and as such are in two different LRF areas, we find the differing approaches to be challenging.”

Some respondents raised the **issue of cooperating with other services** emphasising the need for **clear understanding of what each type of service/authority can do** and the response time delays between different councils:

“Lack of clarity around the role and responsibilities of primary care - what is covered in the [Council] contracts - this need to be done on a national level rather than relying on local interpretation.”

Linked to the above, some respondents noted the lack of **national level capacity**, and this was felt to have impacted on the efficacy of local arrangements and response:

“It was apparent that there was insufficient capacity at a national level to facilitate good working at a local level (for example the management of quarantine hotels for red-list country returnees). This also applies to the [English] ‘national’ test and trace system we could have built on local expertise (with adequate funding to enable expansion) rather than the creation of a new, national organisation lacking any such culture or experience.”

Clear communications between national and local services as well as between councils was also highlighted by some respondents. This was particularly an issue when central government made policy announcements before alerting local services and then these local services were left to manage public expectations.

“Updates were pushed out through national media before any briefings/guidance on delivery were given to Category 1 responders.”

A small number of respondents raised concerns relating to:

- the importance of **assessing risks** between hospitals and social care provision and the community.
- How councils **managed COVID-19 in a similar approach to infectious diseases and influenza**
- The **data** available to councils, particularly the absence of health and care system data disaggregated by disability.

Annex A: Questionnaire

COVID-19 Inquiry: Survey of Local Authorities for Module 1

The COVID-19 Inquiry: Survey of Local Authorities for Module 1

The LGA is undertaking this survey following requests for information issued by the Chair to the Inquiry, Lady Hallett, under Rule 9 of the Inquiry Rules 2006, to the LGA and WLGA. The purpose is to help the COVID-19 Inquiry Team gain an overarching understanding of the sector's state of readiness for a pandemic at the point of 21 January 2020, in the context of the [Provisional Outline of Scope for Module 1](#). It is being sent to all local authorities who have functions as Category 1 Responders as defined by the Civil Contingencies Act 2004. **If a local authority does not respond, the Inquiry Chair has powers to require a person to give evidence or produce any documents** under Section 21 of the Inquiries Act 2005.

The Rule 9 letters from the Inquiry Chair have made it clear that:

- i. the requests at this stage are not an exhaustive list of the areas the Inquiry is examining for the purposes of Module 1 and are intended to be high level. As such, the LGA has been told that the Inquiry Team may be in contact again with further requests for information and underlying documentary evidence.
- ii. If there are matters that you consider are relevant to the Provisional Outline of Scope for Module 1, but fall outside of the proposed date frame, please identify those matters in your response in the last question.

For the purposes of this survey please focus on the period of time between the following two dates:

A. **11 June 2009**, which is when the World Health Organization ("WHO") announced that the scientific criteria for an influenza pandemic had been met for what became known as the 2009-2010 Swine Flu Pandemic; and

B. **21 January 2020**, which is the date on which the WHO published its 'Novel Coronavirus (2019-nCoV) Situation Report - 1'.

This survey is primarily concerned with questions about the preparedness and resilience of the UK **before the direct effects of COVID-19 began to be felt** here. The COVID-19 Inquiry Team or the LGA may contact you separately about issues relating to the subsequent pandemic response, which will be part of Module 2 of the Inquiry.

Witness statement

Annex B of the Inquiry's Module 1 Rule 9 Request to the LGA and WLGA is in the form of this survey directed to local authority chief executives via both organisations. The LGA/WLGA understands that the Inquiry will be content with an aggregated analysis of the responses. This will be provided as an appendix to witness statements from the LGA and WLGA. However, after reviewing the information, the Chair may ask the LGA and WLGA to share identifiable data from this survey with the Inquiry.

Confidentiality

The Inquiry will not be publishing or sharing the Rule 9 requests it issues with other Core Participants. Thus, the survey should only be shared on a need-to-know basis. It is recognised that in completing this survey, you may need to discuss it with relevant staff in your authority (and a copy of the survey has been shared with your head of legal services for this purpose and to provide advice).

Thank you for taking the time to complete this survey. You can navigate through the questions using the buttons at the bottom of each page. Use the 'previous' button at the bottom of the page if you wish to amend your response to an earlier question.

If you stop before completing the return, you can come back to this page using the link supplied in the email and you will be able to continue where you left off. To ensure your answers have been saved, click on the 'next' button at the bottom of the page that you were working on before exiting.

If you wish to see the questions before completing the survey online, please see [this PDF](#).

Please amend the details we have on record if necessary.

- Name _____
- Authority _____
- Email address _____

Compliance with statutory duties

As a Category 1 Responder for the purposes of the Civil Contingencies Act 2004, the COVID-19 Inquiry Team would like to know the extent to which your authority was compliant with its statutory duties under that Act and the wider legislative framework in the period up to January 2020, to which Module 1 refers.

Please consider this question in relation to each of the following areas for compliance.

Duties in relation to risk assessments

In relation to its duties under the Civil Contingencies Act 2004 and the wider legislative framework, which, if any, of the following activities for risk assessments set out below had your authority undertaken or put in place:

- a) by the time of 21 January 2020**
- b) between a year and five years prior to 21 January 2020**
- c) between ten and five years prior to 21 January 2020**

Please tick up to three items (if activities were repeated over time, please tick each time period within which they occurred, up to a maximum of three).

Assessment of risk of emergencies occurring within the area in which your local authority functions

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

Review of risk assessment to enable updating of emergency and business continuity plans

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

Cooperation with other Category 1 Responders in your resilience area to maintain a Community Risk Register and sharing this from time to time with neighbouring local resilience areas and the RED Division in the Department for Levelling Up, Housing and Communities (DLUHC) or its predecessor Departments/Welsh Government Civil Contingencies Unit

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

Risk assessment included risk factors of particular groups and potential impact of an emergency on such groups

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

Arrangements for publishing of risk assessments

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

For any risk assessment activities not undertaken or put in place in the last eleven years, please explain further the reasons and problems encountered.

Did your authority's risk assessment and local risk register include reference to an influenza-like pandemic?

- Yes
- No

In approximately which year was this added to your authority's risk assessment/register?

Please tick one box only.

- In the year up to and including 21 January 2020
- Between a year and five years prior to 21 January 2020
- Between ten and five years prior to 21 January 2020
- Eleven years or more prior to 21 January 2020
- Don't know

Emergency plans

In relation to its duties under the Civil Contingencies Act 2004 and the wider legislative framework, which, if any, of the following activities for emergency plans set out below had your authority undertaken or put in place:

- a) by the time of 21 January 2020**
- b) between a year and five years prior to 21 January 2020**
- c) between ten and five years prior to 21 January 2020**

Please tick up to three items (if activities were repeated over time, please tick each time period within which they occurred, up to a maximum of three).

For the emergencies identified in the risk assessment, a review of whether they can be prevented, whether the effects of an emergency can be reduced, controlled or mitigated and how, whether any other action in relation to the emergency needs to be taken

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

A specific emergency plan relevant to an influenza-like pandemic

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

Production of written plans which outline what should happen in the event of an emergency including: why the plan is needed, how the plan works, who has responsibility in the plan, when will it be activated, what will be done and by whom, how to communicate with stakeholders, how to support staff e.g. training/exercising/briefings, a measure or standard against which performance can be assessed and crisis management from response to recovery

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

Flexible and scalable plan, with consideration of demands on resources and capacity

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

Special consideration in emergency plans to vulnerable people such as those identified in Chapter 7 of Emergency Response and Recovery Guidance and those affected by emergencies e.g. survivors and families

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

Plans developed with full engagement and cooperation of the main parties who have a role in the plan

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

Systematic and continuous process for development and iteration of the plans: procedure for updating and maintaining plans reflecting any changes in risk assessments, lessons learned from exercises and emergencies, changes in the organisation and key personnel

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

Procedure to determine whether an emergency has taken place and whether an organisation can take action without changing the deployment of resources or acquiring additional resources

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

Workable and tested mutual aid mechanisms

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

Clear role and engagement with key stakeholders including other local authorities and voluntary and community sector

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

Arrangements for publishing of plans

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

For any emergency plan activities not undertaken or put in place in the last eleven years, please explain further the reasons and problems encountered.

Did your authority have emergency plans for an influenza-like pandemic (for example, SARS, H1N1, swine flu) by January 2020?

- Yes
- No

In approximately which year were these plans first developed?

Please tick one box only.

- In the year up to and including 21 January 2020
- Between a year and five years prior to 21 January 2020
- Between ten and five years prior to 21 January 2020
- Eleven years or more prior to 21 January 2020
- Don't know

Did your authority have emergency plans for an infectious disease (for example, like Ebola, Foot and Mouth Disease, Zika)?

- Yes
- No

In approximately which year were these plans first developed?

Please tick one box only.

- In the year up to and including 21 January 2020
- Between a year and five years prior to 21 January 2020
- Between ten and five years prior to 21 January 2020
- Eleven years or more prior to 21 January 2020
- Don't know

Testing and training

In relation to its duties under the Civil Contingencies Act 2004 and the wider legislative framework, which, if any, of the following activities for testing and training set out below had your authority undertaken or put in place:

a) by the time of 21 January 2020

b) between a year and five years prior to 21 January 2020

c) between ten and five years prior to 21 January 2020

Please tick up to three items (if activities were repeated over time, please tick each time period within which they occurred, up to a maximum of three).

Exercises to validate and test plans to ensure effectiveness

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

Debriefing sessions for exercises and any actual emergencies to identify lessons; and production of lessons learned reports for exercises

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

Training and exercising of plans and staff in line with national resilience standards and local priorities, joint training and exercising with other local authorities and other organisations within the Local Resilience Forum (LRF) and with other LRFs

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

Use of joint organisation tools to identify lessons and address them, and a mechanism for assurance and review of arrangements to ensure continued improvement

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

Training and exercising relevant to an influenza-like pandemic

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

For any testing and training activities not undertaken or put in place in the last eleven years, please explain further the reasons and problems encountered.

Before 2009, did your authority take part in Exercise Winter Willow?

- Yes
- No

Co-operation: Active Local Resilience Forum (LRF) engagement

In relation to its duties under the Civil Contingencies Act 2004 and the wider legislative framework, which, if any, of the following activities for an actively engaged LRF set out below had your authority undertaken, put in place or ensured occurred:

- a) by the time of 21 January 2020**
- b) between a year and five years prior to 21 January 2020**
- c) between ten and five years prior to 21 January 2020**

Please tick up to three items (if activities were repeated over time, please tick each time period within which they occurred, up to a maximum of three).

Having a LRF which meets at least every six months

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

Attendance at LRF meetings or ensuring effective representation at meetings

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

LRF meetings used to deliver Community Risk Register, systematic, planned and co-ordinated approach to civil protection duties

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

Preparation of multi-agency plans, protocols and agreements and coordination of multi-agency exercises and training

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

Outside of the LRF, co-operation with Category 1 and 2 Responders, other LRFs, regional resilience groups/multi-forum groups

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

For any LRF engagement activities not undertaken or put in place in the last eleven years, please explain further the reasons and problems encountered.

Business continuity management plans

In relation to its duties under the Civil Contingencies Act 2004 and the wider legislative framework, which, if any, of the following activities for business continuity planning set out below had your authority undertaken or put in place:

- a) by the time of 21 January 2020**
- b) between a year and five years prior to 21 January 2020**
- c) between ten and five years prior to 21 January 2020**

Please tick up to three items (if activities were repeated over time, please tick each time period within which they occurred, up to a maximum of three).

Consideration of how to continue organisational functions, day to day and those relating to civil contingencies, in the event of an emergency, identifying which functions are critical and what is an acceptable level of service in the event of an emergency

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

Production of plans outlining how the organisation will continue to perform its functions in the event of an emergency

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

Procedure for identifying an emergency has occurred

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

Updating and maintaining plans with updates to risk assessments/organisational changes etc

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

Exercising of the plan and training of relevant people to ensure effectiveness

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

Consideration of key stakeholders, including voluntary organisations, and ensuring key stakeholders are aware of business continuity strategy

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

Arrangements to publish plans

- By Jan 2020
- One to five years before Jan 2020
- Five to ten years before Jan 2020
- Not at all in the last eleven years

For any business continuity planning activities not undertaken or put in place in the last eleven years, please explain further the reasons and problems encountered.

Overall, as a Category 1 Responder for the purposes of the Civil Contingencies Act 2004, would you say your authority was compliant with its statutory duties under the Civil Contingencies Act 2004 and the wider legislative framework?

Please tick one box only

- Yes
- No
- Partially

Please explain the reason for your answer.

Preparedness

Irrespective of your answers to the questions in the previous section, how prepared do you consider that your local authority was, overall, for responding to an influenza-like pandemic in January 2020?

Please tick one box only which best describes your authority's preparedness.

- Fully prepared: able to react, adapt, scale up and deal with the health, economic and social impacts (including, but not limited to, the impact on specific vulnerable groups or groups with protected characteristics) of the pandemic within the local authority promptly and without any difficulty
- Prepared: able to react, adapt, scale up and deal with the health, economic and social impacts of the pandemic, but with some delay and/or or manageable difficulty
- Neither prepared/unprepared: able to react, adapt, scale up and deal with some health, economic and social impacts but not able to do so for others, or a significant disparity in preparedness within or between services, with some being prepared and others unprepared
- Under-prepared: Limited ability to react, adapt, scale up and cope with the health, economic and social impacts of the pandemic or only able to do so after significant delay and difficulty
- Significantly under-prepared: completely unable to react, adapt, scale up and cope with the health, economic and social impacts of the pandemic

And, with hindsight, how prepared or not do you consider that your local authority was, overall, for responding specifically to the COVID-19 pandemic in January 2020?

Please tick one box only which best describes your authority's preparedness.

- Fully prepared: able to react, adapt, scale up and deal with the health, economic and social impacts (including, but not limited to, the impact on specific vulnerable groups or groups with protected characteristics and educational provision) of the pandemic within the local authority promptly and without any difficulty
- Prepared: able to react, adapt, scale up and deal with the health, economic and social impacts of the pandemic, but with some delay and/or or manageable difficulty
- Neither prepared/unprepared: able to react, adapt, scale up and deal with some health, economic and social impacts but not able to do so for others, or a significant disparity in preparedness within or between services, with some being prepared and others unprepared
- Under-prepared: Limited ability to react, adapt, scale up and cope with the health, economic and social impacts of the pandemic or only able to do so after significant delay and difficulty.
- Significantly under-prepared: completely unable to react, adapt, scale up and cope with the health, economic and social impacts of the pandemic

Please elaborate on your answer to the previous question.

How strongly do you agree or disagree with the following statement?

My authority's preparations for an influenza-like pandemic and other emergency planning by 21 January 2020 meant that it was able to adapt and respond well to COVID-19

Please tick one box only.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Did your emergency plans and risk assessments in place at January 2020 consider the risk factors and potential impacts on the groups of people with characteristics listed below, in the event of a pandemic emergency occurring, or not?

Please tick one box on each line.

	Yes	No
Age	<input type="radio"/>	<input type="radio"/>
Disability	<input type="radio"/>	<input type="radio"/>
Gender reassignment	<input type="radio"/>	<input type="radio"/>
Marriage/civil partnership	<input type="radio"/>	<input type="radio"/>
Pregnancy and maternity	<input type="radio"/>	<input type="radio"/>
Race	<input type="radio"/>	<input type="radio"/>
Religion or belief	<input type="radio"/>	<input type="radio"/>
Sex	<input type="radio"/>	<input type="radio"/>
Sexual orientation	<input type="radio"/>	<input type="radio"/>
Clinically vulnerable people	<input type="radio"/>	<input type="radio"/>
People living in residential care and nursing homes	<input type="radio"/>	<input type="radio"/>
Homeless and vulnerably housed people	<input type="radio"/>	<input type="radio"/>
Those with mental health difficulties	<input type="radio"/>	<input type="radio"/>
Victims of domestic violence	<input type="radio"/>	<input type="radio"/>
Those in prison/detention	<input type="radio"/>	<input type="radio"/>
Those experiencing socio-economic disadvantage	<input type="radio"/>	<input type="radio"/>
Response workers	<input type="radio"/>	<input type="radio"/>
Other (please write in)	<input type="radio"/>	<input type="radio"/>

Was the information, support and guidance your authority had received from the UK central government/Welsh Government by January 2020, in respect of emergency preparedness for an influenza-like pandemic, adequate or not?

Please tick one box only which best describes the adequacy of guidance and support

- Fully adequate: Very good communication/guidance/support. Clear, succinct, consistent and up-to-date guidance available and properly disseminated. Active and engaged Resilience Adviser(s) from RED (or other representatives from central government)/Welsh Government Civil Contingencies Unit working with the LRF and/or local authority. Identifiable and contactable representative in central government. Local authority felt fully supported, clear on national guidance, expectations and how to implement in practice
- Fairly adequate: Good communication/guidance/support. Fairly clear, succinct, consistent and up-to-date guidance available. Involvement of Resilience Adviser(s) from RED (or other representatives from central government)/Welsh Government Civil Contingencies Unit with LRF and/or local authority offering relevant support. A recognised contact route should assistance be required. Local authority generally felt supported and clear on national guidance, expectations, and how to implement in practice
- Neither adequate nor inadequate: Reasonable communication/guidance/support. Fairly clear guidance, some of which was old, over-lapping and/or lacking consistency. Occasional involvement of Resilience Adviser(s) from RED (or other representatives from central government)/Welsh Government Civil Contingencies Unit with LRF and/or local authority. Local authority felt supported sometimes and not always clear on national guidance, expectations and how to implement in practice
- Fairly inadequate: Poor communication/guidance/support. Little guidance or large amounts of guidance which was often unclear, over-lapping, old, inconsistent and/or regularly changing. No clear involvement of Resilience Adviser(s) from RED (or other representatives from central government)/Welsh Government Civil Contingencies Unit with LRF and/or local authority. Some limited support but issues with availability and accessibility. Overall local authority felt unsupported and unclear on national guidance, expectations and how to implement in practice
- Wholly inadequate: Very poor communication. No guidance or extensive guidance which was usually unclear, over-lapping, old, inconsistent and/or frequently changing. No accessible support. No clear channels of communication. No involvement of RED Resilience Adviser (or other representatives from central government)/Welsh Government Civil Contingencies Unit. Overall, local authority felt very unsupported, with little to no involvement/support/guidance from central government/Welsh Government

In January 2020, did you consider your authority to be adequately funded for a national emergency?

- Yes
- No

Please elaborate on your answer to the previous question.

Factors affecting readiness for a pandemic

With hindsight, over the course of 2009 until January 2020, which factors, if any, impacted in a positive way your authority's state of readiness for the COVID-19 pandemic?

Please tick all boxes that apply

- High level of compliance with the Civil Contingencies Act 2004
- Overall effective corporate emergency planning and response capability
- Risk assessment and linked emergency plans in place that reflected well the nature of the challenges posed by COVID-19
- Business continuity management plans that reflected the nature of the challenges posed by COVID-19 and subsequent non-pharmaceutical interventions
- Strength of local authority's overall business management processes and capability
- Engagement in pandemic 'flu exercising/testing
- Engagement in wider exercising/testing
- Good engagement/relationships/protocols between LRF partners
- Clarity about the different roles of LRF partners
- Clarity about the role of all national organisations during a global health pandemic
- Good engagement/relationships/protocols with LHRP and local health partners/Public Health Wales or Local Health Boards in Wales
- Good co-ordination/co-operation with other responders and key stakeholders outside the LRF
- Good/clear communication/support from central government/Welsh Government
- Implementation of learning/findings from previous pandemic 'flu testing/exercising
- Adequate funding
- Adequate local authority workforce capacity
- Adequate local authority workforce capability
- Other (please specify) _____

Of those factors, which key ones most impacted in a positive way your authority's state of readiness for the COVID-19 pandemic?

Please tick up to five boxes

- High level of compliance with the Civil Contingencies Act 2004
- Overall effective corporate emergency planning and response capability
- Risk assessment and linked emergency plans in place that reflected well the nature of the challenges posed by COVID-19
- Business continuity management plans that reflected the nature of the challenges posed by COVID-19 and subsequent non-pharmaceutical interventions
- Strength of local authority's overall business management processes and capability
- Engagement in pandemic 'flu exercising/testing
- Engagement in wider exercising/testing
- Good engagement/relationships/protocols between LRF partners
- Clarity about the different roles of LRF partners
- Clarity about the role of all national organisations during a global health pandemic
- Good engagement/relationships/protocols with LHRP and local health partners/Public Health Wales or Local Health Boards in Wales
- Good co-ordination/co-operation with other responders and key stakeholders outside the LRF
- Good/clear communication/support from central government/Welsh Government
- Implementation of learning/findings from previous pandemic 'flu testing/exercising
- Adequate funding
- Adequate local authority workforce capacity
- Adequate local authority workforce capability
- Other (please specify)

And, with hindsight, over the course of 2009 until January 2020, which factors, if any, impacted in a negative way your authority's state of readiness for the COVID-19 pandemic?

Please tick all boxes that apply

- Local authority's poor compliance with the Civil Contingencies Act 2004
- Other Category 1 Responders' poor compliance with the Civil Contingencies Act 2004
- Targeting of emergency planning and other relevant capability to other national resilience risks/priorities, including EU Exit
- Inadequate corporate emergency planning and response capability or capacity
- National guidance relating to pandemic preparation did not anticipate the nature of challenges provided by COVID-19
- Risk assessment and emergency plans did not reflect well the nature of the challenge posed by COVID-19
- Business continuity management plans did not reflect the nature of the challenge posed by COVID-19 and subsequent non-pharmaceutical interventions
- Local authority's overall business management processes and capability were underdeveloped or insufficient
- Lack of capacity/opportunity to engage in pandemic 'flu exercising/testing
- Lack of capacity/opportunity to engage in wider exercising/testing
- Inadequate engagement/relationships/protocols between LRF partners
- Lack of clarity about the different roles of LRF partners
- Capacity of other LRF Responders was insufficient
- Confusion about the role of all national organisations during a global health pandemic
- Inadequate engagement/relationships/protocols with LHRP and local health partners/Public Health Wales or Local Health Boards in Wales
- Inadequate co-ordination/co-operation with other Responders and key stakeholders outside the LRF
- Full lockdown was never anticipated as a reasonable worst-case scenario, so plans did not reflect the challenges
- Vaccine programmes and testing were not anticipated at such a large scale as a reasonable worst-case scenario, so plans did not reflect the challenge
- Inadequate/unclear communication/support from central government/Welsh Government
- Inadequate funding
- Inadequate capacity in local authority workforce
- Inadequate local authority workforce capability
- Other (please specify) _____

Of those factors, which key ones most impacted in a negative way your authority's state of readiness for the COVID-19 pandemic?

Please tick up to five boxes

- Local authority's poor compliance with the Civil Contingencies Act 2004
- Other Category 1 Responders' poor compliance with the Civil Contingencies Act 2004
- Targeting of emergency planning and other relevant capability to other national resilience risks/priorities, including EU Exit
- Inadequate corporate emergency planning and response capability or capacity
- National guidance relating to pandemic preparation did not anticipate the nature of challenges provided by COVID-19
- Risk assessment and emergency plans did not reflect well the nature of the challenge posed by COVID-19
- Business continuity management plans did not reflect the nature of the challenge posed by COVID-19 and subsequent non-pharmaceutical interventions
- Local authority's overall business management processes and capability were underdeveloped or insufficient
- Lack of capacity/opportunity to engage in pandemic 'flu exercising/testing
- Lack of capacity/opportunity to engage in wider exercising/testing
- Inadequate engagement/relationships/protocols between LRF partners
- Lack of clarity about the different roles of LRF partners
- Capacity of other LRF Responders was insufficient
- Confusion about the role of all national organisations during a global health pandemic
- Inadequate engagement/relationships/protocols with LHRP and local health partners/Public Health Wales or Local Health Boards in Wales
- Inadequate co-ordination/co-operation with other Responders and key stakeholders outside the LRF
- Full lockdown was never anticipated as a reasonable worst-case scenario, so plans did not reflect the challenges
- Vaccine programmes and testing were not anticipated at such a large scale as a reasonable worst-case scenario, so plans did not reflect the challenge
- Inadequate/unclear communication/support from central government/Welsh Government
- Inadequate funding
- Inadequate capacity in local authority workforce
- Inadequate local authority workforce capability
- Other (please specify)

With hindsight, what recommendations would you suggest, if any, to improve the preparedness and resilience of your local authority in future?

Please write in up to five suggestions

Were there any problems or issues identified or not, from testing or running an exercise before 2020, which remained by January 2020?

- Yes
- No
- Don't know

Please describe the problems or issues that remained by January 2020.

If you wish to bring any other matters to the Inquiry's attention, please provide a summary below. If there are matters that you consider are relevant to the [Provisional Outline of Scope for Module 1](#), but fall outside of the proposed date frame of 11 June 2009 to 21 January 2020, please identify those matters in your response below.

STATEMENT OF TRUTH DECLARATION

This statement is signed on the basis of the information provided to me by my authority which I believe to have been offered after careful consideration and diligent inquiry. I confirm that the information given in this response is true and correct to the best of my belief and knowledge.

- Signature (please type in) _____
- Title _____
- Date (dd/mm/yyyy) _____

Thank you for completing this survey for the COVID-19 Inquiry's Module 1 Rule 9 Requests to the LGA and WLGA.



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