

IN THE MATTER OF THE INQUIRIES ACT 2005
AND IN THE MATTER OF THE INQUIRY RULES 2006

THE UK COVID-19 INQUIRY

WRITTEN CLOSING STATEMENT ON BEHALF OF THE CABINET OFFICE
FOR MODULE 1 (PREPAREDNESS AND RESILIENCE)

*References to oral witness evidence in this statement are inserted in brackets in the format
'Day of hearing: Page of Transcript: Line of Page'*

Introduction

1. Following our oral statement on 19 July 2023, the Cabinet Office welcomes this opportunity to make a written closing statement. The Cabinet Office continues to support the important work of this Inquiry and has listened with care to the evidence of all the witnesses who have appeared before the Inquiry. The evidence from witnesses confirms that it is important to draw on as broad a range of expertise as possible.
2. We recognise that we can and must always learn from past events and improve our preparedness for the future. We reiterate the Government's determination and ambition to improve this country's resilience to the range of risks we face, in a way that will be sustainable for the years and decades to come. We must be able to adapt to novel risks and challenges. That means ongoing development of flexible structures, processes and importantly a culture which promotes resilience. It means prioritising prevention over cure wherever possible. And it means enhancing assurance and accountability. It is in that spirit that the Cabinet Office has already embarked on the reforms set out below and more fully in the UK Government Resilience Framework, and it is in that spirit that it seeks to assist the Inquiry in looking to the future.
3. In order to make effective recommendations, we would urge the Inquiry to consider the current strategic direction, taking into account the changes that have been implemented or are in train since the Covid-19 pandemic and other recent civil emergencies. As the Inquiry has heard, the changes that have thus far been implemented are the product of extensive research and consultation.

4. The Resilience Framework is a Framework. It sets the Government's strategic direction on resilience, and provides a basis on which to build out. As it makes clear, this is "the first step in our commitment to develop a wide and strategic approach to resilience. We are committed to working with partners, industry and academia from across the UK to implement this Framework but also as we continue to develop our approach." The intention is to work with other partners to develop the strategy and deliver the actions that the government has set out, to the timeframes indicated, with reporting on progress in an annual report to Parliament. Next steps will include the publication of the National Risk Register and a refresh of Lead Government Department responsibilities this summer.
5. The proposals in the Resilience Framework, particularly those for legislative change, have been considered taking into account the views of those who work within the system, or might be affected by the changes. On this basis some legislative changes have been identified, for example putting resilience standards on a statutory footing. Other steps are being taken to clarify roles and responsibilities in government for National Security Risk Assessment (NSRA) risks, including across Critical National Infrastructure and Systems, and to strengthen Local Resilience Forums. We keep the options for further legislative changes under review, ensuring any further reforms to the system are practical and can be properly resourced in the long term.
6. Alongside this work on the building blocks of resilience, the Government's strategic direction on resilience also runs through a broader range of ongoing policy-making aimed at prevention rather than cure - from the biosecurity strategy, through to climate adaptation, and ambitious work on cyber and artificial intelligence.
7. The Cabinet Office has also reflected on how the department maintains focus on longer-term resilience, while also responding to more immediate risks and crises. The Inquiry has heard that several changes have been made, including the separation of roles into the Resilience Directorate and the COBR Unit. This provides for significantly increased focus on prevention and it ringfences our ability to improve resilience.
8. It was suggested in the course of evidence that the Resilience Framework in particular "*left open the option of not proceeding*" with the proposed options. Bruce Mann commented that it used "*jargon, pilots and path finders*", albeit that "*there's a lot of very good ideas in there*" (3:122:1). The evidence of the Deputy Prime Minister and Roger Hargreaves reflects the importance that the Government places on improving resilience and the actions from the Framework which had already been taken. Many of the commitments represent a significant shift, developed through wide consultation, and it is right that they continue to be developed in partnership with those that play a role in delivering resilience across society. The scale of ambition and innovation is such that it is appropriate, in places, that the Government tests proposals to ensure they are effective. Those witnesses who had

recent experience of the system and who were asked about it supported it. Michael Adamson, a representative of the voluntary sector, for example, called it “*a step forward in setting out a whole system approach*” (21:122:19); as creating “*an opportunity*” (21:120:15); and, as being “*very helpful in setting out strategic intentions*” (21:126:13).

9. There is, of course, more to do across all of these areas. Political and public interest in resilience will be a central driver of improved future outcomes. To ensure that the ambition of the Resilience Framework is subjected to democratic scrutiny there will be an annual statement of preparedness made to Parliament, starting this autumn. There will also be an annual survey of public perceptions of risk, resilience and preparedness. With this momentum, resilience issues will remain at the top of the agenda and the system will remain accountable to Parliament, to external experts and to the public.
10. In this written statement, the Cabinet Office will review some of the key evidential themes which the Inquiry has been considering over the last few weeks, with reference to changes the Cabinet Office has implemented since the Covid-19 pandemic to improve resilience where relevant. These themes are structured as follows:
 - a. EVIDENTIAL THEME - UNDERSTANDING RISK
 - i. Methodology
 - ii. Pandemic influenza
 - iii. Development of the NSRA
 - b. EVIDENTIAL THEME - PREPARING FOR RISK
 - i. Exercise Cygnus lessons learned
 - ii. Taking an international approach to pandemic preparedness
 - iii. Biological Security Strategy
 - c. EVIDENTIAL THEME - COMMUNITIES
 - i. Equalities considerations
 - ii. Voluntary and community sector
 - d. EVIDENTIAL THEME - RESILIENCE STRUCTURES
 - i. Structure
 - ii. Funding and Flexibility
 - iii. Change of doctrine
 - iv. Responsibilities and Accountability
 - v. Devolved Administrations
 - vi. The Lead Government Department Model
 - vii. The regional tier
 - viii. The local tier
 - ix. The Civil Contingencies Act 2004

- x. Assurance
- xi. Data
- xiii. Lessons Learned and training

Evidential Themes

11. There are a number of evidential themes that run through Module 1 which the Cabinet Office wishes to address in this statement.

Understanding risk

Understanding risk - methodology

12. First, in terms of risk methodology, evidence has rightly covered the National Risk Assessment (NRA) and the NSRA process, and in particular the way in which these assessments were prepared.
13. The NSRA was the product of the 2010 National Security Strategy which also gave rise to the National Security Adviser and National Security Council. These were in themselves important and innovative changes to the resilience structures (see Cameron 5:3:22). The NSRA is designed to allow for consistent and objective assessment of risks. To support this, each risk is outlined based on a reasonable worst case scenario (RWCS) approach. It is important, when considering the lessons to be learned from Covid-19, to understand the purpose of the NSRA and how it was prepared.
14. The purpose of the NSRA (and the NRA) process was to “provide an objective and quantifiable analysis of the most serious national risks facing the UK” (Roger Hargreaves’ 3rd statement §3.57). Fundamentally:
 - a. It was not the role of the NSRA itself to propose mitigating steps to be taken (thus, for example, the section relating to flooding did not set out what flood defences or climate change mitigation measures could be adopted). The NSRA (and in particular the National Resilience Planning Assumptions) would inform but not replace the specific plans advanced by Lead Government Departments (LGDs) to deal with their risks (see methodology for the 2019 NSRA INQ000147770). As Katharine Hammond explained when asked to identify where in the NSRA was the consideration as to how the number of deaths could be reduced when the disease strikes, she said “*that’s part of the planning process – the risk scenario is meant to be a tool that helps in that. The work of the public health system ... would be focused on how you prevent the disease in the first place*” (4:155:11, see also Russell 11:19:13).
 - b. The RWCS for pandemic influenza rendered it one of the most significant risks in the NSRA, with the potential for 820,000 fatalities and a cost to the economy of £2.35

trillion (the equivalent of 131% of GDP). This was a significantly worse outcome even than Covid-19 to date and would be anticipated to attract the attention of those who were expected to plan for the risk eventuating. (Were, for example, the RWCS to have taken into account mitigation measures such as a national lockdown, the impact in terms of fatalities directly attributed to the pandemic disease may have been much smaller). The use of the RWCS model allows the identification of credible and serious scenarios against which to plan, not just for that exact scenario but for the range of potential scenarios and eventualities which could occur.

- c. The NSRA was to be used by lead government departments so that they could prioritise their planning and provide information to other supporting government departments, and by local resilience forums so that they would assess how the risk would impact them locally (Hammond 4:124:1). It was cascaded to LRFs via ResilienceDirect¹ (Frances 12:141:11).
 - d. The purpose of the NSRA was not to identify all risks which might strike the United Kingdom. No risk assessment will ever be able to identify and assess every possible risk. The Inquiry has heard that the NSRA is unlikely to be effective if there are too many different scenarios included, or if it is heedless of where there is scientific consensus on the nature of the risk. As Mr Mann observed "*there are thousands of risks confronting the UK. You cannot plan for thousands of risks?*" (3:110:5).
15. It was the role of the risk owner (here, DHSC) to propose risks for the NSRA. Such risks were evaluated and considered by departmental scientific advisers. They were "subject to review by both the Government Chief Scientific Advisers network, comprising the Government Office for Science and departmental Chief Scientific Advisers, and by 'Expert Challenge Groups', principally academics and specialists with relevant experience who provided independent external scrutiny and challenge of the assessment and, in particular, of the reasonable worst-case scenarios. Those individuals, as well as officials in the Department of Health and its agencies, will not only have been experts in their own fields but will also have engaged in debate in a range of international bodies including the WHO, the EU Health Security Committee and Civil Protection Mechanism, and the Global Health Security Initiative" (Mann / Alexander report, §516). Sir Jeremy Farrar described the Chief Scientific Adviser (CSA) system as "*the best in the world?*" (10:12:11). As Mann and Alexander put it, opportunities for external participation were being provided across the whole process, to ensure "robust challenge" and "minimise groupthink" (report §§517-8).

¹ Mark Lloyd confirmed that the members of the LGA had no critique of ResilienceDirect, but that LRFs had to be better able to 'cascade' the information horizontally to local government. Reforms to ensure the transparency of the NSRA are discussed below at paragraph 24.

Understanding risk - pandemic influenza

16. The inclusion of pandemic influenza as one of the most significant risks on the risk matrix reflected an objective and widely held assessment of the risk it posed - and as the Inquiry, has heard, continues to pose - to this country.
17. It is important to address specific challenges that were put to Cabinet Office witnesses on the development of the NSRA. As such, the contents of the NSRA did not dictate the planning as to how to mitigate risks. Such planning was principally the responsibility of the Lead Government Department. It was again reflective of expertise from scientists external to the Cabinet Office.
18. The 2011 pandemic influenza plan was produced by the Department of Health and developed “with professional, NHS, social care and public health organisations, and based on advice from clinical, scientific and other experts” (INQ000001190 §1.11). It was subject to public consultation. It was not a matter which was the direct responsibility of the Cabinet Office.
19. This plan reflected contemporaneous scientific opinion. Further, it was not directed solely towards one type of pandemic. As pointed out by Professor Whitworth, the plan was heavily influenced by the experience of Swine Flu, which had involved asymptomatic transmission of disease (2.107.5-25). The plan also did anticipate that a virus could be both highly transmissible and cause severe symptoms (INQ000001190, §2.10). Nonetheless, it reflected a scientific view that due to the likely speed of its spread around the world and the delay in obtaining a vaccine “it almost certainly will not be possible to contain or eradicate a new virus in its country of origin or on arrival in the UK. The expectation must be that the virus will inevitably spread and that any local measures taken to disrupt or reduce the spread are likely to have very limited or partial success at a national level and cannot be relied on as a way to ‘buy time’.” (§2.12).
20. The risk rating in the 2019 NSRA, as proposed by DHSC, was based on recent modelling by specialist experts (the SPI-M modelling of 2018) which illustrated why pandemic influenza was thought to be such a threat. The NSRA entries for pandemic influenza and emerging infectious disease were considered and endorsed by government scientists. This focus on pandemic influenza was reflected in forums where experts could, and did, speak very freely. (Harries 9:169:12). There was, therefore, a good basis to use pandemic influenza as the reasonable worst-case scenario.
21. The NSRA/NRA did make allowance for variations in transmissibility and severity of infection:
 - a. The 2019 NSRA warned that “it cannot be excluded that a novel pandemic virus could be both highly transmissible and highly virulent. Therefore, pandemics significantly more serious than the reasonable worst case described above are possible” (INQ000176776, p591);

- b. The same NSRA set out the variability of risk posed by an Emerging Infectious Disease (EID) noted that “sustained human-to-human transmission in emerging airborne diseases is possible, which is why infection control procedures are critical to the mitigation of this risk” and noted the significant uncertainty about the frequency with which an emerging infection may develop the ability to transmit from person to person (p622). The outer bounds for the potential for an EID were for catastrophic impact and highest likelihood (p615).
22. However, the emphasis on pandemic influenza reflected scientific opinion in relation to what was (and remains) the most significant risk. Richard Horton described this as a general groupthink in the Western medical and public health community (20:69:5).
23. Rightly, the experience of the pandemic has prompted changes, which we have already put into effect. The Cabinet Office has made the most significant reforms to the NSRA since its foundation in the early 2000s. Where appropriate, the NSRA now considers multiple scenarios to reflect the different ways in which a risk could manifest (for example, the 2022 NSRA animal disease risk now assesses variations for four different pathogens). The pandemic risk has been reshaped into a more generic pandemic scenario reflecting a broader range of possible manifestations including symptomatic and non-symptomatic spread). The NSRA remains a broad assessment, encompassing domestic, international, malicious and non-malicious risks. The Government considers pandemics alongside a significant number of other risks.
24. A critical issue which flows from the evidence is that the NSRA reflects contemporaneous scientific input, which can of itself be fallible or misdirected. The reforms propose to tackle this by expanding challenge and making statements of preparedness more public (for example, by way of an annual public statement to Parliament and making the publicly available National Risk Register transparent on the Government’s assessment of risk), thus providing space for diverging opinion.
25. The Cabinet Office recognises the uncertainty which is inherent to risk assessment and preparedness. It therefore runs, and continuously improves, a system that builds flexibility and agility to the response to risks. A future pandemic could be very different so we must be able to adapt to novel risks and challenges. DHSC has set out in their evidence (2:24:12) how this has informed their work on pandemic preparedness, which examines the five different routes of transmission. Alongside this, and on a broader, systematic level, the Cabinet Office drives preparation for the common consequences of NSRA risks to maximise preparedness across the range of risks and possible scenarios facing the UK. This is achieved through creating National Resilience Planning Assumptions, and the Cabinet Office is currently undertaking work to review how well prepared Government departments are to respond to these common consequences.

26. The Cabinet Office has also significantly increased the opportunities for expert input into the risk assessment process, especially from external experts, so that there is as much innovative thinking and as many diverse perspectives in the system as possible.
27. We would also like to draw the Inquiry's attention to the planned publication of the latest National Risk Register this Summer. This is the Government's most transparent approach to date for publicly sharing information about risk and ensures we continue to be open to external challenge and input. As a key part of delivering the Resilience Framework commitment to clarify the ownership of risks, we will also publish the refreshed list of which UK government department, devolved administrations or other public body (Lead Government Departments) leads for different types of emergency at the risk identification, emergency preparedness, response and recovery stages.

Preparing for risk

Exercise Cygnus and lessons learned

28. The conclusion of Exercise Cygnus in 2016 was that “the analysis of the evaluation reports from the organisations participating in the exercise indicate that the UK's command & control and emergency response structures provide a sound basis for the response to pandemic influenza. However, the UK's preparedness and response, in terms of its plans, policies and capability, is currently not sufficient to cope with the extreme demands of a severe pandemic that will have a nation-wide impact across all sectors.” (INQ000092623, page 6). The report summarised at page 29 that “Exercise Cygnus achieved the aim of assessing the UK's response to a pandemic influenza and demonstrated the complexity of the response. It confirmed the robustness of the response arrangements that the UK currently has in place and also identified a number of aspects of the response that could be strengthened further particularly with respect to surge and triage management in the health and care system, management of excess deaths and business continuity”.²
29. Katharine Hammond, who had joined the Civil Contingencies Secretariat (CCS) as director shortly before Cygnus, arranged a meeting of the Ministerial Threats, Hazards, Resilience and Contingencies sub-committee of the NSC, held on 21 February 2017. This was chaired by the Prime Minister with 14 Secretaries of State present and the Government Chief Scientific Adviser and Chief Medical Officer.

² There has been evidence from Mark Lloyd on behalf of the LGA that local government did not receive the Cygnus report. The distribution list is however found at page 56 of the report (INQ000057545) and records that DCLG was to distribute the report to all LRFs (the Devolved Administrations were also sent reports). The Cabinet Office understands that a summary of the report and recommendations were circulated to LRFs via ResilienceDirect in 2017 by PHE. See also Clara Swinson's evidence to this effect at 182.4.

30. From this meeting, and from Cygnus, a number of workstreams were taken forward by DHSC and Cabinet Office, via the Pandemic Influenza Preparedness Programme (PIPP) and the Pandemic Flu Readiness Board (PFRB). It was the view of Bruce Mann and Professor Alexander that the scope of the work was thorough in its scope (report §523).
31. Bruce Mann and Professor Alexander considered that ‘easily the most serious’ points to arise from Exercise Cygnus ‘were the lack of required detailed planning in health care, social care and the management of excess deaths’ (report §498).
32. Significant work was carried out in 2017-2018. This was listed in a letter to the Chancellor of the Duchy of Lancaster on 20 March 2018 and included the improvement of plans of the health sector ‘to flex systems and resources to expand beyond normal capacity levels’; the development of plans ‘to prioritise and augment adult social care and community health care during a pandemic response’, and - a responsibility of CCS - the refresh of guidance for local responders on planning for large numbers of additional deaths (INQ000007253).
33. Further significant work was carried out by 2020. As noted in the dashboard of 16 January 2020 (INQ000023096) a draft surge strategy for the NHS and for adult social care had been developed and was to be signed off for publication when required (Dame Sally Davies stated that she saw this work through to a conclusion and shared it with ministers (6:166:16)); an excess death strategy had been developed and workshops held; statements of preparedness had been finalised from critical sectors; the Pandemic Flu Bill had all England clauses complete, with only the Devolved Administrations due to submit outstanding clauses; the Pandemic Influenza Public Health Communications Strategy content was signed off by the four national CMOs; and, the Moral and Ethical Advisory Group had held an introductory meeting on 25 October 2019³.
34. The evidence given by the Cabinet Office outlines the reprioritisation exercise that was undertaken in 2018 in the context of the planning for a no-deal exit from the European Union, which paused the majority of the Pandemic Flu Readiness Board programmes until late 2019. But the nuance of the consequence of that must be considered:
 - a. A number of witnesses considered that significant parts of the Operation Yellowhammer work were of assistance during Covid-19 and ensured that the country was ‘*match-fit*’ (Deputy Prime Minister 7:93:17). Operation Yellowhammer was a very substantial investment in UK resilience capabilities and the government’s understanding of the resilience of our society and economy. This included stocktakes of supply chains, including medical supply chains, readiness for problems at the borders, the setting up of Departmental Operations Centres, and daily ministerial meetings on preparedness. Extra

³ See also the detail of the work set out in Mann/Alexander at §§629-649 of their report.

staff were recruited and trained in crisis management, who then were re-deployed, once the threat of no-deal had passed, to support our response to the emerging Covid-19 pandemic. As the Deputy Prime Minister explained *“the way the resilience function works is it has to have flexibility. So programmes of work are set out and, as different challenges face the government, we flex resources accordingly”* (7:21:6).

- b. A number of witnesses reflected on the extent to which resilience was strengthened by no-deal planning, particularly in relation to supply chains. Matt Hancock MP stated *“at the point at which the pandemic struck, because of the no-deal Brexit work, we knew more about the pharmaceutical supply chain in the UK than at any time in history, and we had relationships with the pharmaceutical suppliers, and the data to know exactly who had what available and where, and the extent of that information was the difference between running out and not running out of drugs in intensive care in the pandemic”* (10:64:12).
 - c. Bruce Mann said that he recognised the benefit on supply chains and the improvement in the capability to manage major emergencies and crises (3:87:15)
 - d. Mark Lloyd gave evidence as to the assistance that extra funding during the EU Exit preparations gave to resilience planning *“It helped. Partners were exercising more actively together, we were working together more frequently on that particular instance, which actually gave us a stronger platform for when we faced the events of the pandemic. So I think that's a positive overall* (19:78:12).
 - e. The Cabinet Office developed a cross-government data visualisation platform, as part of preparations for a ‘no deal’ exit from the EU, which it used to support the Covid-19 response.
 - f. Michael Gove gave evidence as to the EU Exit (Operations) and EU Exit (Strategy) structures which were used in the pandemic (20:96:21).
 - g. It was also the evidence of those involved in the response, that much of the work identified as being outstanding, would not have materially changed the outcome (Hancock at 10:44:5). For example, the refresh of the pandemic flu strategy would not have changed the underlying doctrine (per the evidence of Sir Chris Whitty at 8:86:9 and 8:92:1 and also Hunt at 7:163:3, but also evidenced by the conclusions of the SPI-M modelling group in 2018 which did not promote non-pharmaceutical measures such as the closure of mass events, and by the fact that Devolved Administration plans which were refreshed did not adopt a different approach).
35. It was the experience of those who were involved in preparation and the pandemic response that the post-Cygnus work was important in terms of preparation for the pandemic. It was Katharine

Hammond's view that "*a lot of the work that had been done since 2016 was indeed put to good use during the pandemic that struck, and we've talked about some examples around surge staffing, we've talked about work on managing excess deaths, we've talked about preparations for the Act.*" (3.193.3) Emma Reed considered that 'a lot' of work was done by DHSC on Adult Social Care, engagement with LRFs and providing guidance. Matt Hancock MP stated that the work to strengthen Adult Social Care continued in 2019, including work to improve data (9:47:17), though the problems were to be delivered through local authorities and were difficult to solve (9:47:17-48.5). Chris Wormald described follow up with local authorities and the commissioning of guidance which was published in 2018 (5:144:25)

36. Nonetheless, in response to all the above, the Resilience Framework sets out how the Cabinet Office has reformed the system so that there is dedicated and sustained focus on prevention, preparation and mitigation of risks that fall beyond an immediate 6 month time horizon. Via the promotion of the Resilience Directorate and the need for regular public updates on progress, resilience issues will remain at the top of the agenda and the system will remain accountable to parliament and the public. Further, learning from incidents and exercises will be spread through the government and partners across the resilience system via the UK Resilience Lessons Digest. The new UK Resilience Academy will be delivered by 2025 with a clear training and skills pathway to drive professionalism and support all those pursuing a career in resilience. This will be both the intellectual and physical space to coordinate and facilitate National Resilience by working across the resilience system to support stakeholders by identifying common standards, sharing best practice and assessing and building overall capability. In this way it is anticipated that the risk of progress in relation to one risk slowing due to another crisis unfolding is minimised.

Taking an international approach to pandemic preparedness

37. The Inquiry has heard about the need to ensure an international approach to pandemic preparedness. The Government is actively supporting the WHO's initiative to develop the International Pathogen Surveillance Network (IPSN), alongside other international partners and initiatives. The IPSN aims to provide quality, timely and representative data to better inform public health action. This will support a small number of regional hubs and countries bilaterally to build genomic sequencing capability and capacity and continuing to offer rapid sequencing capability where needed.
38. More generally, these initiatives are part of the '100 Days Mission', approved by G7 leaders at the June 2021 G7 meeting at Carbis Bay, involving an unequivocal commitment to work together across borders and scientific specialisms to make Diagnostics, Therapeutics and Vaccines (DTVs) available within the first 100 days of a future pandemic threat being detected. The WHO has published a 'Global genomic surveillance strategy' for 2022-2023.

Biological Security Strategy

39. The Biological Security Strategy (BSS) sets out the government's commitment to have a comprehensive set of tested response plans which are ready to guide UK responses to a spectrum of biological threats, including being ready to adapt to the unknown – uncertain, complex and interconnected threats. These plans will have agreed Ministerial trigger points, which will provide a clear signal to scale up capacity and redirect Research and Development activities to meet a new threat.
40. The BSS also establishes a subgroup consisting of Chief Scientific Advisers (CSA), appointed by the Senior Responsible Officer (SRO). Together, the CSA subgroup will convene an external (Chemical/Biological/Radiological) advisory board which will include experts, innovators and investors from industry and academia, to provide authoritative independent challenge and advice to the SRO and lead Minister.
41. The Cabinet Office also works with DHSC via the Pandemic Disease Capabilities Board.

Communities

Equalities considerations

42. An issue raised by the Inquiry is the disproportionate impact on particular at-risk groups. The Resilience Framework sets out our ambition to transform resilience and adopt a whole society approach, with communities, members of the public and businesses engaged in making decisions about managing risks. It makes a specific commitment to better identify and support at-risk groups, and seeks voluntary and community sectors' integration into the work, with stronger Local Resilience Forums working with us to help prevent, prepare for, respond to and recover from the risks the UK faces.
43. Those who work in resilience have always been focused on aiding the most at risk in any crisis: such as by providing assistance to those who cannot evacuate by themselves, and providing food and shelter to those who have no resources to provide for themselves. Processes and guidance existed - provided by CCS - to assist responders in identifying those who were vulnerable in an emergency, particularly via the Emergency Preparedness guidance. Further, it was understood that the impact of any pandemic would hit different parts of the population differently, including lower socio-economic groups and minority ethnic groups (see for example Cameron 54.4)
44. The NSRA process recognised the potential for the pandemic to have a disproportionate impact on vulnerable groups. The 2019 NSRA stated that “whether the influenza virus particularly affects one sub-set of the population or not, it is very likely that there will be an impact on vulnerable populations due to the wider impacts of the pandemic on public services and critical national

infrastructure.” Central government required local responders to take into account vulnerable people when producing plans. Under the Cabinet Office’s “Expectations and Indicators of Good Practice Set for Category 1 and 2 Responders”, it was a “mandatory requirement” that special consideration be given to vulnerable people when producing plans. The National Resilience Standards expressly reminded LRFs of their legal duties under the Equality Act 2010 (Roger Hargreaves 3rd statement §§9.2.5 and 9.3).

45. This work has to be put into practice at a local level and Emma Reed gave evidence of the work done to make Local Resilience Forums aware of the need to consider vulnerable people (9:61:7, 9:62:10). The Inquiry has also heard from Carl Llewelyn and Mark Lloyd that these duties were recognised by local government, that there was a high degree of awareness of the public sector equality duty under the Equality Act, and of the need to respond to the needs of those with protected characteristics (19:120.3). Example was given of the shielding scheme which was incorporated very swiftly when the pandemic hit because of the knowledge of local government and their partners to provide a bespoke response. Mark Lloyd told the Inquiry that Councils responded effectively to vulnerability (19:122.9), on a broad scale including those with particular protected characteristics under the Equality Act 2010. Further, issues of faith and religion were taken into consideration in the Moral and Ethical Advisory Group.
46. It is not therefore the case that no attention was given to at-risk groups in the run up to the pandemic. However, significant reform has been carried out since and further work is in progress.
47. The COVID-19 Taskforce had analytical and policy teams dedicated to understanding the impact of the pandemic on disproportionately impacted groups. Between 2020 and 2022 they conducted a broad range of analysis on vulnerable communities and groups, which influenced policies and guidance, Ministerial meetings and equalities impact assessments.
48. The work is being continued by the Joint Data and Analysis Centre in the Cabinet Office. There is a dedicated equalities team who bring together equalities data and analysis from across and outside of government, as well as developing their own bespoke analysis, to highlight the impacts of domestic policy on vulnerable communities, by protected characteristics and where certain communities may be disproportionately impacted.
49. Building further on this work, the Resilience Framework commits to develop a measurement of socio-economic resilience – including evaluating how risks impact across communities and vulnerable groups – to guide and inform decision making on risk and resilience. These plans are in development. This tool will support government departments in understanding how the implications of their risks materialising will impact communities differently and ensure that prevention and planning takes into account these differentiations. It will also help inform better

targeting of communications strategies and testing of contingency plans and will be shared with local and voluntary partners to support their own work.

50. The Resilience Framework also commits to further guidance from UK Government to local partners in England to support them working with vulnerable groups. This work is already well underway, is being created with local responders and the voluntary and communities sector, and is due for publication by the end of 2023. Aligned to the guidance development, the Disability Unit, which sits within the Cabinet Office Equality Hub, is leading the development and delivery of the Disability Action Plan which sets out the practical actions Government will take over 2023 and 2024 to improve disabled people's lives. The Disability Action Plan consultation was published on 18 July 2023, and includes a proposal to improve disability inclusion in emergency planning and resilience work by increasing the reach of disabled people's voices through greater engagement with disabled people's organisations.
51. The Equality Hub was created within the Cabinet Office in September 2020 and the Cabinet Office has overall responsibility for its budget and resourcing. All of the Ministers with equality responsibilities, including the Minister for Women and Equalities, sit outside of the Cabinet Office and each has policy responsibility and decision making authority on their specific equality issues.
52. The government will work with providers of essential services in order to ensure that vulnerable and at risk groups are identified and targeted in an emergency; communication will be designed for such groups, drawing on trusted partners (Resilience Framework §30); and the Community Risk Registers will consider at risk groups (§37).
53. The UK Resilience Forum process stimulates additional opportunities for input from national, regional and local government, private and voluntary sectors and other interested parties. It is right that we invite external challenge and obtain different perspectives on what resilience means for all parts of the population. The Resilience Framework and Biological Security Strategy also explain how partnerships with the private sector are to be taken forward, and how business is to be more resilient. Standards are to be introduced in close partnership with business.
54. Much work remains to be done but the Cabinet Office intends to put such groups at the centre of resilience planning.

Voluntary and Community Sector

55. Although the Department for Culture, Media and Sport (DCMS) was the lead department for engagement of the Voluntary and Community Sector, CCS did contribute to this work. This is set out in Roger Hargreaves' statements. In particular there was:

- a. Focus on the Voluntary and Community Sector in the Resilience Standards published in 2018 and 2019, including Standard Number 5, which solely concerned the development of activity which enabled community and voluntary networks (including individuals, businesses, community groups and voluntary organisations) to behave in a resilient way and support one another. This standard set out a number of specific recommendations to meet defined good practice (see exhibit RH/24 to Roger Hargreaves' first statement);
 - b. Assistance in the establishment of the Voluntary Sector Civil Protection Forum, replaced by the Voluntary and Community Sector Emergencies Partnership in 2017. DCMS was a member but MHCLG and Cabinet Office attended (Roger Hargreaves 1st statement, 8.86)
56. The valuable role the Voluntary and Community Sector can play is clearly recognised in the Resilience Framework and we have established a sub-group with the sector to the UK Resilience Forum to explore further opportunities for their input.

Resilience Structures

Structure

57. The Inquiry has asked many questions about the perceived complexity of the Government's structures for resilience and emergency management.
58. Risk and resilience is a wide ranging and complex subject area, with many organisations involved representing the full span of the public, private and voluntary sectors, and across multiple different risks (not just pandemics). Historically the role of the Cabinet Office has been to provide coordination between departments (Hammond, 4:77:19), and oversight of cross-cutting resilience activity at the national level (see Deputy Prime Minister 7:80:13).
59. The Cabinet Office's intention in the Resilience Framework is to ensure that roles are simplified and clarified as much as possible, whilst encompassing wide involvement: a whole of society approach. However, notwithstanding that, the Cabinet Office's reflection on the evidence heard by the Inquiry is that the structures are well-embedded and generally well-understood by those who are working within them. It was the evidence of Catherine Frances that the people who act in the system understand it (12.133.13). As Richard Pengelly has noted, having a number of groups "*does look complex, and it's something we should always be alive to and seek to minimise that complexity, but I think it's a necessary approach where responsibilities cut across organisational structures.*" (18:68:20)
60. The Inquiry has produced an organogram of resilience structures. We do not recognise this as an accurate reflection of the whole resilience system, as it conflates a number of different phases of the Integrated Emergency Management cycle, and implies confusion rather than a mature system

which is well-understood by those operating within it. A system designed to respond to a national or international pandemic will inevitably be large in scale and complexity, and is likely to expand further with wider consultation and increased expert opinion. The Cabinet Office will consider carefully any conclusions or recommendations from the Inquiry on the structures around resilience.

Funding and flexibility

61. Resilience planning has to be rooted in the real world and focussed on where the greatest risk lies. Spending on preparedness requires judgments on how to allocate resources across risks, and has to be balanced with spending on other important areas. Flexibility is essential to resilience. Decision-making is inexorably linked to the question of the proportionate allocation of resources, which needs to be sustainable in order to provide the UK with an effective system for the future.
62. The government's fiscal policy in the years preceding the pandemic has been the subject of comment at various points throughout this module. Following the global financial crisis in 2007-8, the economy had to be carefully managed and public spending constrained to ensure that the UK had the fiscal resilience and flexibility to respond to any emergency that might arise (Source: HM Treasury). To that end, the UK was able to meet the financial demands of the whole-system response required during the Covid-19 pandemic.
63. The oral closing statement to this module from HM Treasury notes the Office for Budget Responsibility's point that "*in the absence of perfect foresight, fiscal space may be the single most valuable risk management tool.*" (19.66.17). As HM Treasury has emphasised, "*without economic flexibility, it simply is not possible to respond to those risks whose size or timing is too uncertain to explicitly provision for in advance*"(ibid).
64. Under the Resilience Framework, the Government will review the funding for LRFs to ensure that it is appropriate. This follows on from £7.5 million of funding from central government in 2021, and £22 million in late 2021 from DLUHC. There has been extra funding for the UK International Biological Security Strategy. Both the Biological Security Strategy and the Resilience Framework set out plans for partnership including with the private sector. We are keen to ensure that the Funding of Life Science programmes attract large further private investment, allowing the UK to maintain its position as a world leader in such fields.

Change of Doctrine

65. As set out by the Deputy Prime Minister in his evidence, the Resilience Framework illustrates how the Cabinet Office has reformed the system so that there is a focus on prevention, preparation and mitigation of risks that fall beyond an immediate 6 month time horizon. That is the purpose of the Resilience Directorate, kept separate from (but closely linked to) the COBR crisis management

function that focuses on response and treatment of risks within an immediate 6 month timeframe. As a dedicated body, Resilience Directorate can focus on long-term capability building without having also to react to a crisis. Investment is to be targeted on evidenced methods of prevention and preparation to mitigate impacts and the likelihood of disruptive events.

66. The Resilience Framework also sets out how the UK has moved from the doctrine of civil defence, to that of Integrated Emergency Management, to that of Resilience. It explains how now the concept of resilience must be expanded again to focus on how to reduce the risks posed to citizens in the first place. This is the evolution that Bruce Mann and Professor Alexander suggested that government should develop in building on the Integrated Emergency Management model.
67. The Inquiry has sought evidence on the amount and nature of guidance provided. Whilst acknowledging that there was a large amount of guidance, Katharine Hammond observed that there was demand from stakeholders for all of the guidance, and that whilst “there is always a case for rationalising paperwork”, there was also “a huge amount of really useful expert material” contained within the historic guidance. Work was carried out to place all of the guidance on the ResilienceDirect system (4:129:7).
68. Going forward, the Head of Resilience will guide best practice, encourage adherence to standards, and set guidance that is easy to locate across the resilience system. Cabinet Office is working with national and local partners to streamline advice where possible whilst meeting their appetite for guidance and toolkits which set common standards and help them to efficiently strengthen preparedness by building on good practice.

Responsibilities, Accountability and Assurance

Ministerial reporting

69. The Resilience Framework sets out that
 - a. “the UK Government will continue to provide leadership across the resilience cycle”.
 - b. “the UK Government will continue to use the Lead Government Department model to guide risk ownership, but there will be further clarification of roles and responsibilities for complex risks” and
 - c. “the devolved administrations will continue to lead on devolved areas of resilience policy and practice”.
70. These points are explored in further detail below.

71. It was the recommendation of Bruce Mann and Professor Alexander that there is a need for a “single, visible point of focus for resilience in the UK, reporting into a dedicated UK government Cabinet sub-committee covering resilience” (report §319). This recommendation is already met.
72. The Deputy Prime Minister and Chancellor of the Duchy of Lancaster holds overall responsibility for national resilience and chairs the National Security Council (Resilience) sub-committee. This is a new Ministerial forum to take decisions on resilience and preparedness.
73. The Resilience Directorate, led by the Head of Resilience, sits centrally within the Cabinet Office, reporting to the Deputy Prime Minister and Chancellor of the Duchy of Lancaster. The resilience planning across government is accountable to Cabinet via the National Security Council (Resilience) sub-committee and is bolstered by a UK Resilience Forum which brings together representatives from the UK Government, devolved administrations, emergency services, responder organisations, the private sector and the voluntary and community sector. The Deputy Prime Minister has chaired the National Security Council (Resilience) sub-committee three times since it was established in December 2022 and chaired the most recent meeting of the UK Resilience Forum in July 2023. In addition, there are regular meetings at senior official and Ministerial level with devolved administrations on risk and resilience issues.
74. The further recommendation was for a single, identifiable senior official who cares and is seen to care about the quality of resilience and preparedness in the UK’ (report §325). It was clarified by Bruce Mann in oral evidence that this should be within Cabinet Office: “*I believe this role belongs in the Cabinet Office, where there are presently two entities who are dealing with resilience and preparedness. So this may be no more than the designation of a senior officer who has that responsibility, clarifying responsibilities and accountabilities, cleaning up the over management you describe, but drawing on existing teams.*” Sir Jeremy Farrar also considered that challenge should come best from the Cabinet Office (10:14:10, see also Hancock 9:87:18).
75. As emphasised by Roger Hargreaves, the Head of Resilience is a new position in the Cabinet Office. The Deputy Prime Minister explained that he has ‘*very regular meetings*’ with the Head of Resilience to be briefed on preparedness issues (to match the traditional briefings on crisis response from the Director of the COBR Unit) (7:140:10).
76. There has been discussion as to whether there should be a separate Minister for resilience whose sole role is to focus on that issue. As reflected in the Deputy Prime Minister’s evidence, there are clear benefits to the resilience function remaining within the Cabinet Office and under the Chancellor of the Duchy of Lancaster: such ministers have the benefit of a role that drives action across Government departments and has close access to the Prime Minister (see 7:140:17-7:142:7).

77. Under the Biological Security Strategy the Deputy National Security Adviser has taken on the role of Senior Responsible Officer for Biological Security, reporting to the Chancellor of the Duchy of Lancaster who will in turn report to the Prime Minister. The Biological Security Coordination Unit in the Cabinet Office provides support to the SRO and to the Chief Scientific Advisers Subgroup. That group will also receive advice and challenge from an external advisory board to meet twice a year. Democratic accountability will be achieved through giving annual statements on preparedness to parliament.

Working with Devolved Administrations (DAs)

78. With regard to the time period covered during this module, the evidence shows that there was frequent work with the Devolved Administrations in compiling the NRA and NSRA (see the fourth witness statement of Roger Hargreaves). They sat on the Risk Assessment Steering Group. They were invited to the National Security Council (Threats, Hazards, Resilience and Contingencies) (“NSC(THRC)”) Officials meetings and to individual meetings with CCS. Although a number of Devolved Administration health ministers gave evidence about difficulties with their counterparts, it was common evidence that at official level there was good cooperation (see for example Sturgeon 12:55.90).
79. Although the Devolved Administrations had flexibility in particular about their healthcare planning, it is instructive that many of the difficulties encountered by the UK government also affected the Devolved Administrations. For example, the Scottish Risk Assessment had the same assessment as the UK-wide NSRA (Russell 11:59:5) and the Welsh had an infectious disease plan but it did not provide for any countermeasures further to those in the UK pandemic flu plan (Atherton 13:31:19)). Each of the Devolved Administrations put work into EU Exit preparations.
80. The Transfer of Functions Order in 2018 which provided more autonomy to the Welsh government was intended to assist their preparations. It was Mark Drakeford’s view that this transfer was about allowing resources that were there to be deployed more effectively.
81. The Inquiry has heard evidence that, currently, emergency planning with the Devolved Administrations is informed by regular working-level discussions, core membership of certain working groups and ad-hoc membership in others, as appropriate. The UK’s most senior officials responsible for resilience attend quarterly ‘four nations’ meetings with other senior officials responsible for risk and resilience, where information on priorities, concerns and areas of joint working are shared. Ministers meet on a regular basis, including recently a ‘four nations’ resilience meeting in June. Scrutinising and monitoring preparedness on particular issues are then matters of devolved responsibility.

82. The UK Government works on the basis that the devolved administrations should have the fullest practical access to its assessments and national risk products. The NSRA and National Resilience Planning Assumptions (NRPAs) are both shared with the Devolved Administrations to inform their risk assessments.
83. The UK Government continues to work closely with the Devolved Administrations to promote effective emergency planning, whilst respecting the devolved settlements.

The Lead Government Department Model

84. Under the Lead Government Department (LGD) model, the Inquiry has heard it was the Lead Government Department which took the lead in preparing for any risk. The role of the Cabinet Office, at the centre of government, was to provide support, coordinate and direct resources as appropriate.
85. The Inquiry has explored the appropriateness of that model. Some witnesses consider that preparedness under this model did not anticipate the cross-cutting nature of a response to a pandemic, including the need for non-pharmaceutical measures such as national lockdown, furlough, prolonged school closures or the preparation of the population for measures such as mask-wearing. However, the Inquiry has also heard the approaches to pandemic planning did reflect the scientific consensus at the time and took account of the contemporaneous international guidance and practice.
86. In terms of the way in which the Cabinet Office worked with and provided assurance of other government departments over the Module 1 time period, the evidence shows that, with regards to DHSC (and its predecessors) and supporting departments:
 - a. The Department of Health was reviewed as part of the systematic review of essential services by Chloe Smith MP and Sir Oliver Letwin MP. It was recorded that “DH felt confident that preparations for an influenza pandemic were well developed;” (Roger Hargreaves 2nd statement §4.28-30)
 - b. The Department of Health produced Health Sector Resilience Plans (Roger Hargreaves 2nd statement §4.20-1);
 - c. Departments which were involved in essential sectors which would be affected by a pandemic provided statements of preparedness in 2018-2019 (Roger Hargreaves 3rd statement §5.9);
 - d. Public sector resilience plans were published up to 2019.

87. The above reports raised concerns about the capacity of the social care sector which were known to DHSC and MHCLG, but otherwise did not raise fundamental concerns from departments as to their ability to cope with a pandemic.
88. Other government departments had their own assurance processes (Deputy Prime Minister 7:120:20, Hammond 4:100:15). This included the accountability of the Secretary of State, Ministerial Team and Accounting Officer (Permanent Secretary) in each department to Parliament, which would include regular scrutiny from select committees on departmental business.
89. In its role of supporting and coordinating departments, whilst the Cabinet Office was not required to assure how other departments were undertaking their preparedness responsibilities, it undertook a number of methods to assess capabilities throughout the Module 1 period (and increasingly from 2017 onwards - as the examples of working with DHSC in paragraph 87 demonstrate).
90. The role of the LGD also included responsibilities to identify and liaise with other government departments whose interests would be affected by a particular risk, and to “identify capabilities that local responders and each level of crisis management can call on and build them up” (Mann/Alexander report §106, LGD guidance). Matt Hancock MP acknowledged that it was DHSC’s role to bring “*all of [the contingency planning] to the attention of the rest of government, should action be needed elsewhere in government in addition*” (9.12.15). As Katharine Hammond put it, they are “*called ‘lead’ government departments for a reason – it’s not assumed that they would do it on their own*” (4.9.3.11) (see also Sir Philip Rutnam’s statement §105-7, where he explains that the role of ‘supporting’ government departments (such as the Home Office when it came to pandemic influenza) was to “*ensure that appropriate preparations were made in their own spheres of responsibility*”.
91. Other departments had other responsibilities and roles to play as follows:
 - a. MHCLG (through the Resilience and Emergencies Division, ‘RED’) had responsibility for the stewardship of local resilience activities, with collaboration from CCS. The UK’s resilience structures are based on the principle of subsidiarity – that “Decisions should be taken at the lowest appropriate level, with coordination at the highest necessary level. Local responders should be the building block of response for an emergency of any scale” (Mann / Alexander report §166(iii)).
 - b. The Department for Culture, Media and Sport (Mann / Alexander report §106(c)) had stewardship of the contribution to be made by the voluntary and community sector to emergency preparedness and response in England.
92. The Cabinet Office remains of the view that the LGD model is the best way of allocating principal responsibility. The relevant departments have the expertise for what is inevitably a diverse portfolio of risks - for example, from terrorism, to flooding, to pandemics. It is the Lead Department that

has the relationships and levers to be best equipped to lead the response. No one department can cover every risk and consequence but the lead, supported by the Cabinet Office, is best placed to coordinate the wider national response, bringing that wider expertise and capabilities together.

93. There has been no real support from witnesses for abolishing the LGD model. Professor Alexander noted that in many countries it is the Ministry of Interior/Home Office that runs civil protection but that in Europe, civil protection has become a dependency of cabinet as a whole, a system also adopted by the UK (3.153.1). The Cabinet Office in the UK has however traditionally had a flexible role of supporting other government departments depending on their need and resources. Mr Mann set out his view that for the most catastrophic and complex emergencies there should be *“the lead government department with the Cabinet Office using its convening power in the preparedness phase and in the response phase to get all other entities behind the response.”* (3:154:13, see also Prof Alexander at 3:147:3 *“it is important to have perhaps a lead agency with regard to specific scenarios or specific risks, it is also important that there is a collaborative and shared effort”*). Those Ministers involved in the response have supported it (Hancock 9:91:22): *“you need somebody who feels accountable for looking out for that threat all of the time, but you then need a system in the centre that is stronger at holding that accountability, holding feet to the fire”*; see also Michael Gove MP (20:118:12)).
94. It was however the view of Mann/Alexander that there was a risk that departments would pay lip service to responsibilities which were not captured in law (report §276). There is also recognised in the evidence a risk that supporting departments did not prepare sufficiently in relation to cross-cutting risks, which may become too big for the LGD to manage.
95. The Cabinet Office proposes to maintain the LGD model, but it recognises that the LGD model needs to be strengthened and has committed to considering a range of options for improving this, including considering proposals for formalising duties on UK Government departments, particularly in respect of working with Local Resilience Forums and wider local responders in England on resilience across the whole resilience cycle. The first stage will be publication of the revised lead government department responsibilities this summer. The Cabinet Office will also work with departments to provide greater clarity in relation to responsibility for risks which are more complex and cut across departmental boundaries and will proactively seek to ensure that cross-cutting work is carried out and tested with lessons from recent national exercises.
96. Under the Biological Security Strategy there will be regular cross-government meetings held by the Senior Responsible Officer, and the SRO will appoint a departmental lead whose role it is to work across departments to work towards the relevant outcomes, including preparing for and responding to a biological risk.

The regional tier

97. Questions have been raised in relation to the regional tier. Professor Alexander states that the system lacks a middle tier unlike European countries. This however does not match the historic relationships within the UK or any current demand for change. As Catherine Frances stated:

“there are other parts of the country where [the regional tier] geography doesn't feel so natural, maybe because there's a very rural area next to a very urban area, and the connection there just feels less significant than maybe other structural connections.

So RED works in a way that we support collaboration across different LRFs in the way that works for whatever the task that needs to be done. So if I can give you an example, in preparations for the possibility of leaving the EU with no deal, we worked with different LRFs across the country who had ports and airports, and clearly they weren't all in one region but they shared a common set of issues that they needed to deal with, and so we would flex our approach that way.” (12:146:4)

98. It was Catherine Frances' evidence, reiterated by Michael Gove MP, that RED does work on a regional basis, with four regional offices (12:146.18).
99. On behalf of the Local Government Associations there was no support for a new regional tier (see Lloyd (19:112:1). Carl Llewelyn (19:81:16) gave no support for changing the footprint of LRFs: *“By and large the arrangements work very effectively. Sometimes it can be tempting to look to restructure or regionalise in response to crises and different events, but in this instance we think that the focus should be on making existing arrangements work as effectively as possible rather than trying to reform or restructure.”*
100. The Cabinet Office does not support the need for a new regional tier. To the contrary, it would likely disrupt and confuse structures. Rather, the Cabinet Office is focused on ensuring that resilience across existing tiers, including at the local level, is strong. We will consider options for funding models for any future expanded responsibilities and expectations of LRFs, building on the success of funding pilots. Further ways in which the Resilience Framework sets out support for LRFs is noted below.

The local tier

101. In addition, the Inquiry has heard evidence of the various steps that Cabinet Office took to assist Local Resilience Forums (LRFs) in gaining assurance, including the promulgation of Resilience Standards in 2018 and 2019. The Resilience and Emergencies Division (RED) in the Ministry of Housing, Communities and Local Government (subsequently the Department for Levelling Up, Housing and Communities, 'DLUHC') worked directly with LRFs, supporting collaboration and co-operation in planning, and allocating Resilience Advisors to each LRF to provide support and challenge. The Resilience Framework sets out further steps that the Cabinet Office and DLUHC

are taking by way of investing into and strengthening LRFs. Similar standards and assurance will be extended to the public sector.

102. With regard to the way in which the Cabinet Office interacted with the local tier over the module 1 time period, the evidence shows that the following steps of particular note were taken in relation to Local Resilience Forums:

- a. The LRF Chairs' Forum was run at least annually from 2010 onwards;
- b. The provision of ResilienceDirect, an online service to aid collaboration and information sharing across the resilience community.
- c. The Resilience Capability Survey, last run in 2017, provided an understanding of the status of LRFs (the take-up rate of this voluntary survey was 74% in 2017).
- d. Workshops with LRFs were run by MHCLG in 2017/18 to focus on post-Cygnus learning. Reports of these workshops and on the engagement of LRFs were brought to the Pandemic Flu Readiness Board (see Catherine Frances at §122 and §§125-6).
- e. The piloting and roll out of National Resilience Standards in 2018-2019 as a consistent means for LRFs and their constituent local responder organisations to assure their capabilities and overall level of readiness, and to guide continuous improvement against mandatory requirements and good and leading practice.

103. Mark Lloyd and Carl Llewellyn gave evidence that they had conducted a survey of their member local authorities within England and Wales (INQ000177841). This found that, immediately before the pandemic:

- a. More than 90% of authorities had a specific emergency plan relevant to an influenza-like pandemic;
- b. 90% of authorities had a systematic and continuous process for development and iteration of their emergency plans;
- c. 87% of responders in England and 91% in Wales considered themselves to have been prepared or fully prepared for an influenza-like pandemic in January 2020, though only approximately 70-75% thought that they were prepared for a Covid-19 pandemic. Nearly 90% of respondents agreed that their authority's preparations by January 2020 meant that they were able to adapt and respond well to Covid-19;
- d. All had trained and exercised their plans and staff in line with national resilience standards and local priorities.

104. A significant criticism during Module 1 hearings has been that national guidance relating to pandemic preparation did not anticipate the challenges of Covid-19 such as full lockdown⁴. This tallies with the gaps in national planning set out above (in that local planners were using the same planning frameworks as central government planners, cascaded to them by MHCLG, Frances 12:143:10) and corresponded with the scientific input at the time. The results overall however reflected significant compliance with the expectations placed on the local tier. As Carl Llewelyn put it, *“The authorities thought they were well prepared for an epidemic, but the scale and scope of Covid was not something that they had expected or planned for.”* (19.94.7).
105. In February 2020 RED considered the LRFs’ readiness for pandemic influenza in line with the then RWCS for Covid-19 (INQ000023154 and Catherine Frances w/s §130-131). They found that all LRFs had an overarching pandemic flu plan. 28 of the 38 LRFs demonstrated ‘leading practice’ by ‘working across LRF boundaries on planning and exercising, whilst having independent plans’. 32 LRFs had run exercises testing their pandemic influenza plans, although only 13 of those had done so in the three years prior. A review showed that the majority were compliant with the ‘should have’ parts of the recently rolled out resilience standards.
106. Catherine Frances (DLUHC RED) provided evidence to the Inquiry that *“RED’s approach is therefore to make sure that information is cascaded down, if I can use that terminology, to local resilience fora. So, to give you an example, RED will have facilitated events following -- workshops and things, following the issue of the National Security Risk Assessment to make sure that every LRF in the country understood that and could dock that into their plans.”* Ms Frances stressed the communication passed via RED to LRFs and conveyed back to groups such as the Pandemic Flu Readiness Board (12:135:1).
107. Local Health Resilience Partnerships overlapped with LRFs and were subject to an assurance exercise by Public Health England in 2016 (Duncan Selbie said that all of them had pandemic plans (10:158:6)) and in April 2018 (Dame Jenny Harries w/s §336). It was Philip Banfield’s evidence that the local resilience community within public health medicine locally was fully prepared for a pandemic (21:56:11).
108. The evidence heard by the Inquiry is therefore that progressive steps were taken by MHCLG RED, CCS and other bodies in order to improve the resilience of LRFs, and that overall their preparedness reflected compliance with standards.
109. There has been no significant challenge to the principle of subsidiarity. To the contrary, Professor Alexander stated that *“the management of civil contingencies only works if it is done at the local level, because that is invariably, no matter what the size of the event, the theatre of operations”*

⁴ Likely as a result of this some 25% of respondents considered that national information, support and guidance was inadequate (with there being little appropriate guidance), albeit that 75% did not score the national support as inadequate.

(3:100:23). Working with DLUHC as the lead, the Cabinet Office proposes to significantly strengthen the local tier. DLUHC has already taken steps to enhance the power of local partners to drive local resilience by agreeing a £22m three-year funding settlement for LRFs in England. This will allow LRFs to continue to enhance their strategic coordination capacity and capabilities.

110. It was Mann and Alexander's view that the UK government should support underperforming LRFs (report §296). The Cabinet Office proposes to significantly strengthen the local tier via the Resilience Framework and this issue is discussed further below.

111. The Civil Contingencies Act (2004) Post Implementation Review 2022 stated (at §62) that:

Local responders want clearer expectations on the roles and responsibilities of LRFs. There is also a general desire for greater standardisation, a view which is shared by HMG departments, to drive greater consistency. It is important that any reform of LRF arrangements should balance standardisation and subsidiarity. The principle of subsidiarity relies to a large degree on LRFs having the flexibility and freedom to develop local resilience structures and approaches (within the framework set out by the CCA and accompanying guidance, and other sector specific legislation requiring multi-agency collaboration) to build emergency preparedness that is appropriate for their local context. Changes to the CCA must balance these two, at times, competing priorities.

112. There is a balancing exercise to be undertaken with regards assurance processes, to ensure that they are not duplicative or too onerous. Mark Lloyd, giving evidence on behalf of the LGA, for example, contended that there was no need for any further assurance from central government over the local level (19:112:15). The finding of the CCA Post-implementation Review (reinforced by the LGA survey exhibited by Mark Lloyd and Carl Llewelyn) was that take up of the resilience standards, although they are voluntary, is high (see §68).

113. The Resilience Framework sets out the following:

- a. That work will be done to clarify the roles of LRFs, but also to strengthen them. The Government anticipates the development of a full-time permanent role of Chief Resilience Officer for each LRF area. There may be the need for further amendment of underpinning legislation and regulatory frameworks when it comes to strengthening LRFs in England. The Government will consider options for funding models for any future expanded responsibilities and expectations of LRFs.
- b. The new LRF Chief Resilience Officers will be accountable to executive local democratic leaders (§70);

- c. The government will consider putting Resilience Standards onto a statutory footing and require categorised responders to publicly state how they are meeting their obligations under the CCA. An impact assessment will be done as part of those considerations to ensure no counterproductive burden is placed on responders.
- d. In any event, government will build the assessment of resilience activity into the inspection and audit regimes of individual responders, working closely with the relevant assurance and inspection bodies, as well as establishing mechanisms for assurance of multi-agency work at LRF level.
- e. The Government will consider strengthening the requirement to produce a Community Risk Register (CRR) to require responders to consider community demographics (particularly vulnerable groups) in preparing and communicating their CRR, to further consider how emergencies impact on communities.
- f. The Resilience Framework sets out what expectations there should be on the military, to ensure that it is not too readily used for work which should be carried out in the civil sphere (RF §93-97, see Alexander 3:123:23)

Assurance at the international level

114. A number of witnesses have given evidence as to the assurance that was obtained from international comparators, including the GHSI report of 2019 (for example Dame Jenny Harries, 9:150:1; Hancock 9:71:20). Professor Whitworth noted that the United Kingdom had scored highly in the WHO's pilot Joint External Evaluation and self-scoring subsequently (2:128:4-25), with a score of 4/5 on the WHO preparedness index in 2017. When it came to scientific advice, Sir Chris Whitty stated that "*in Europe, in North America and other countries we normally deal with, I think most people would see the UK as having a strong system* (8:64:17).

115. As above, international guidance did not support steps such as border closure or mask wearing. Insofar as the WHO proposed in guidance in 2018 that there should be a legal basis for temporary closure of schools or travel restrictions, it was the evidence that these were put in place via existing legislation, or presaged in the Pandemic Flu Bill (Hancock, 9:109:9).

The Civil Contingencies Act 2004

116. As set out above, the Cabinet Office has recently carried out a post-implementation review of the CCA 2004⁵.

⁵ This was the second since such PIRs became required every 5 years by way of the Small Business, Enterprise and Employment Act 2015 (the first being in 2017).

117. It was the conclusion of the 2022 Post-implementation Review that “there has been **no material appetite for a fundamental overhaul of the legislation** in the evidence we have gathered and sweeping changes could potentially damage preparedness in the local tier, as well as conflicting with other workstreams and ambitions to reform LRFs” (at §57). That was echoed in evidence before the Inquiry. Mark Lloyd, Carl Llewelyn and Alison Allen confirmed that the LGA members had not called for significant changes to the Act (19:68:13). It was however noted that the Act is “silent on the involvement of local democratic leaders”. It was said by Mr Lloyd that the roles of the LRFs should be clarified, since they are tending to be used for occurrences which he would not deem emergencies, and for local government to be a properly trusted part of the civil response mechanism. This point was recognised in the Resilience Framework and is part of the ‘Stronger LRF Programme’ and pilots.
118. The Inquiry has raised an issue as to why Part 2 of the CCA was not used during the pandemic with the Coronavirus Act 2020 forming the basis of legislation in England instead. Roger Hargreaves explained that Part 2 is a mechanism intended to be used in emergency situations on a temporary basis if other legislative routes are not available because of urgency. Such a course was not appropriate or necessary for the Covid-19 pandemic (see Hargreaves 7:25:21), in part because of preparation on the Pandemic Flu Bill.
119. As part of the review of the feedback received in the Civil Contingencies Act consultation it was noted that “sweeping changes could potentially damage preparedness in the local tier, as well as conflicting with other workstreams and ambitions to reform LRFs”. For example, consultees did not agree that Category 2 responders should have their obligations strengthened, save in so far as they had a duty to have due regard to resilience standards and publicly report on their resilience. There must be a balance in terms of efficiency including all those who are involved in the response but not making meetings and duties too unwieldy and recognising there are relevant duties under other legislation, not just the CCA. Roger Hargreaves noted that “*if you place Category 2 responders in Category 1, you place quite a substantial burden on them to get involved in emergencies which have little to do with them*” (7:36:8). Their compliance with expectations is to be ensured by guidance and assurance processes instead, alongside the responsibilities separately established by the regulatory frameworks which govern the activity of critical infrastructure sectors in the round.
120. The Resilience Framework sets out a number of ways in which the Government anticipates that the CCA will be amended, including the placing of Resilience Standards on a statutory footing with an assurance framework around it, and the placing of an obligation on categorised responders to set out publicly how they comply with their responsibilities under the Act.

Data

121. Data is key to understanding how different groups are affected in a disaster, and the causes of any disparity. The Cabinet Office is reforming the way it utilises data and analytics to prepare for and respond to crises through the National Situation Centre.
122. The Cabinet Office had developed a cross-government data visualisation platform, as part of preparations for a 'no deal' exit from the EU, which it used to support the Covid-19 response. Following the pandemic, Cabinet Office established the National Situation Centre to bring timely data analysis and insights from across and beyond Government to support situational awareness on crisis and national security issues. The National Situation Centre has had a transformative impact on the use of data in crisis. It has supported HMG's response to crises and major events including Russia's invasion of Ukraine, extreme heat, industrial action and the Sudan evacuation. The Situation Centre's work is underpinned by a multi-phase, multi-year programme to identify and map all crisis-related data across government. To date, the Situation Centre has identified risk data for two thirds of all NSRA risks and mapped approximately 700 data sources onto its interactive data mapping and management tool, and has a network of 40 Crisis Data Liaison Officers across HMG to identify data sources and secure additional data in a crisis. The Situation Centre shares data on risk emergence via its Dashboard, Analysis and Situational Awareness Hub, which presents data on approximately 160 indicators across ten thematic areas.

Lessons learned and training

123. Training is provided through the Emergency Planning College and other providers.
124. It is intended that lessons learned from exercises and from previous crises will be developed through the new UK Resilience Academy, taught to audiences across government, and distributed throughout government departments by a new network of resilience professionals.
125. Government will also deliver a new training and skills pathway to drive professionalism and support all those pursuing a career in resilience, through its Crisis Management Excellence Programme which was launched earlier this year. Crisis management training is now being rolled out on a large scale across government departments, with systematic training of top leaders and others at key career development milestones. This complements training which has already been developed in a number of departments.
126. A regular UK Resilience Lessons Digest is being published. The Lessons Digest synthesises and explains lessons from across the country from exercises or crisis management. In this way learning will be spread throughout the government (and its wider partners), and the risk that planning is delayed by the redeployment of one team or another onto other work is minimised.

127. Government will reinvigorate the National Exercising Programme to test plans, structures, and skills. Two major national exercises, involving ‘players’ across multiple organisations, have already been held in 2023.

128. We consider this addresses all the suggested improvements set out on this area in the Mann/Alexander report (§§299).

Conclusion

129. The Cabinet Office has set out an ambitious strategic direction through the Resilience Framework and already made substantial progress in implementing its actions. These reforms are significant – they provide this country’s resilience with new leadership, focus and direction – and have built considerably on the Cabinet Office’s traditional role. They will require the government and others to consider the risks we face as a society, how to prepare and how to respond to them, taking into account the very powerful evidence of the Bereaved. As we must never forget, at the heart of all this is a human cost. The Government looks forward to the Inquiry’s observations and recommendations and will continue to support the Inquiry in all its vital work.