

## PREPARATION AND PLANNING

- 2.1 COVID-19 is a novel virus with unprecedented impact. We could not have anticipated the epidemiology of this disease. Planning for pandemic flu and preparation for the UK exiting the European Union strengthened our departmental preparations for major incidents affecting health and social care. For example, the Pandemic Flu Bill provided the blueprint for the Coronavirus Act.
- 2.2 Previous work on pandemic flu preparedness was significant in supporting the response to the COVID-19 outbreak, but the coronavirus outbreak was on a different scale and flu preparations alone were clearly insufficient. For example, pandemic flu stockpiles of Personal Protective Equipment (PPE) and medicines were not of the size and type needed for COVID-19.
- 2.3 It's also pertinent to note that the department's strategy for dealing with COVID-19 went from 'delay' to 'suppress', a strategy we had not previously included in pandemic flu planning.
- 2.4 In the early days of the COVID-19 response, it was considered by some that there was a lack of clarity around roles and responsibilities within the Department, across the arm's-length bodies and across government. Part of this was due to the unprecedented nature of the incident and the immediate challenges the Department faced.
- 2.5 At the beginning of the incident, the EPRR Operational Response Centre (ORC) led the initial response, working closely with the Chief Medical Officer's (CMOs) office.

## INCIDENT RESPONSE

- 3.1 The ORC, also called the Incident Response Team, was the initial responder to the incident and was officially stood up to work on COVID-19, from 20 January 2020.
- 3.2 The ORC fulfilled a number of unique and specific functions which added considerable value to the Departmental response including the provision of a daily 'sitrep', the use of embedded staff from OGDs, the establishment of the Single Point of Contact (SPOC) mailbox, a daily rhythm, including a daily policy cell directors' meeting, daily national health sector call and a daily meeting with the Secretary of State.
- 3.3 The ORC was under extreme pressure in the early phase of the response. While a Volunteer Emergency Response Team (VERT) programme existed in the Department, meaning that trained staff with the necessary experience and skillset could have been deployed to the incident, it proved difficult to get these staff released from their "business as usual" roles because work had not been deprioritised. The ORC was under-resourced at this stage (63% shift allocation in early February) with wider deprioritisation not as swift as it could have been. In the later stages of the response, the ORC was staffed by officials from other government departments and organisations meaning they had little relevant expertise or suitable health sector experience.