



18.07.2024

## **Statement by the Chair on the Module 1 Report: Resilience and preparedness of the United Kingdom**

Good afternoon.

Today I publish the first Report of the UK Covid-19 Inquiry, following the Module 1 hearings that took place in June and July of last year.

Further reports will be published by the Inquiry in due course. However, this report was produced and published first because it addresses some of the most immediate issues, in particular, the state of the UK's central structures and procedures for pandemic emergency preparedness, resilience and response. In essence: Were we ready? If not, why not? What can be done to ensure that, next time, we are far better prepared?

There will be a next time. The expert evidence suggests it is not a question of 'if' another pandemic will strike but **'when'**. The evidence is overwhelmingly to the effect that another pandemic – potentially one that is even more transmissible and lethal – is likely to occur in the near to medium future.

That means that the UK will again face a pandemic that, unless we are better prepared, will bring with it immense suffering and huge financial cost and the most vulnerable in society will suffer the most.

In 2019, it was widely believed, in the United Kingdom and abroad, that the UK was not only properly prepared but was one of the best-prepared countries in the world to respond to a pandemic. This belief was dangerously mistaken. In reality, the UK was ill prepared for dealing with the whole-system civil emergency of a pandemic, let alone the coronavirus pandemic that actually struck.

In 2020, the UK lacked resilience. Going into the pandemic, there had been a slowdown in health improvement and health inequalities had widened. High pre-existing levels of heart disease, diabetes, respiratory illness and obesity and general levels of ill-health and health inequalities meant that the UK was more vulnerable. Public services, particularly health and social care, were running close to, if not beyond, capacity in normal times.

At the same time, our national system for civil emergencies and for building preparedness suffered from several significant flaws.

The UK prepared for the wrong pandemic. The significant risk of an influenza pandemic had long been considered, written about and planned for. However, that preparedness was inadequate for a global pandemic of the kind that struck.

The institutions and structures responsible for emergency planning were labyrinthine in their complexity. There were fatal strategic flaws underpinning the assessment of the risks faced by the UK, how those risks and their consequences could be managed and prevented from worsening and how the state should respond.

To give but one vitally important example: one of the first lines of defence to a pandemic is containment and this requires a system of test, trace and isolate that can be rapidly scaled up to meet the demands of a major outbreak. This did not exist in the United Kingdom when the Covid-19 pandemic struck.

The UK government's sole pandemic strategy, from 2011, was outdated and lacked adaptability. It was never in fact properly tested. The UK government neither applied it nor adapted it and the doctrine that underpinned it was ultimately abandoned, as was the 2011 Strategy itself.

I have no hesitation in concluding that the processes, planning and policy of the civil contingency structures across the United Kingdom failed the citizens of all four nations. There were serious errors on the part of the State and serious flaws in our civil emergency systems. This cannot be allowed to happen again.

The Inquiry's Module 1 Report recommends fundamental reform of the way in which the United Kingdom government and the devolved administrations prepare for whole-system civil emergencies. I make ten far-reaching recommendations concerning the system of civil emergencies. The central recommendations, in summary, are:

A radical simplification of the civil emergency preparedness and resilience systems. This includes rationalising and streamlining the current bureaucracy and providing for better and simpler Ministerial and official structures and leadership;

A new approach to risk assessment that provides for a better and more comprehensive evaluation of a wider range of actual risks;

A new UK-wide approach to the development of strategy, which learns lessons from the past and from regular civil emergency exercises and takes proper account of existing inequalities and vulnerabilities;

Better data collection and sharing in advance of future pandemics and the commissioning of a wider range of research projects;

The holding of a UK-wide pandemic response exercise at least every three years and the publication of the outcome;

The bringing in of external expertise from outside government and the Civil Services to challenge orthodoxy and guard against the acute problem of groupthink;

Lastly and most importantly, the creation of a single, independent statutory body responsible for whole system preparedness and response. It will consult widely, for example with experts in the field of preparedness and resilience and the voluntary, community and social sector and provide strategic advice to government.

Some of the Core Participants have suggested I make many more recommendations than the ten I have made. I am indebted to them for their assistance. However, the Inquiry team and I have identified what I consider to be the ten most significant recommendations which I believe can be implemented swiftly and at a reasonable cost and, if implemented together, could make a real difference to the preparedness and resilience of the United Kingdom.

Each of the recommendations in this first report is important in its own right, but, in my view, **all** the recommendations must be implemented in order to produce the changes that are necessary. I welcome commitments made by leading politicians to consider carefully and, I expect, implement the recommendations made by Inquiries such as this one. I intend to monitor progress and have asked the Inquiry team to liaise closely with the relevant government departments and bodies. I will expect each organisation that is responsible for implementing my recommendations to set out within 6 months how it plans to respond.

I emphasise that many of the other issues of real concern to members of the public will be examined more fully in later modules of this Inquiry. More reports and recommendations will follow. They include reports and recommendations relating to:

- The core political and administrative decision-making across the United Kingdom;
- The impact of the Covid-19 pandemic on the health and care systems in the four nations of the UK
- The adequacy, supply and distribution of PPE;
- The use of DNACPR notices;
- Vaccines and therapeutics;
- Test, trace and isolate policies;
- Procurement;
- The economic response from all four governments;
- The impact on children and young people and
- The impact on the population of the UK more widely.

Unless the lessons are learned and fundamental change is implemented, the human and financial cost and sacrifice of the Covid -19 pandemic will have been in vain.

The harrowing accounts of loss and grief given by the bereaved witnesses and others who suffered during the pandemic serve to remind us why there must be radical reform.