

COVID-19 Inquiry: Module 1

Scrutiny of Health, 18th December 2024

Overview

- The findings from Module 1 of the COVID-19 Inquiry were published on 18th July 2024 (full and summary versions available online: [UK Covid-19 Inquiry: Resilience and preparedness \(Module 1\) Report - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/124444/UK-Covid-19-Inquiry-Resilience-and-preparedness-Module-1-Report.pdf)).
- Module 1 focuses on **the state of the UK's central structures and procedures for pandemic emergency preparedness, resilience and response (EPRR)**. Other aspects of the Inquiry (e.g. care sector, test & trace, economic response) will be covered in [future modules](#), many of which will have more direct recommendations beyond the national level.
- The report identifies several concerns about the UK's pandemic preparedness. These include a narrow focus on the risk from pandemic influenza only; an overly-complex set of institutions and structures for emergency planning; an outdated pandemic strategy; lack of consideration of health and social inequalities; failure to fully learn from past exercises and outbreaks; and a lack of focus on prevention.
- There is also recognition that local authorities and volunteers/VCSE were not adequately engaged in the national emergency planning process.
- The report provides 10 key recommendations to improve the UK's central structures and procedures for EPRR. Whilst these recommendations are targeted at national level, there are some general principles within them that can be applied locally too.
- North Yorkshire Council (in collaboration with North Yorkshire Local Resilience Forum) are working through the recommendations and implications from the report. Many findings are not unexpected and have already been acted upon; however, work to embed recommendations from this and future Modules will continue as future reports are released.

Summary of Recommendations

- A radical **simplification of the civil emergency preparedness and resilience systems**. This includes rationalising and streamlining the current bureaucracy and providing 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 systems of data collection** and sharing in advance of future pandemics, and the commissioning of a wider range of research projects
- Holding a **UK-wide pandemic response exercise** at least every three years and publishing the outcome
- **Bringing in external expertise** from outside government and the Civil Service to challenge and guard against the known problem of groupthink
- **Publication of regular reports** on the system of civil emergency preparedness and resilience
- 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 and make recommendations



Local Response

- The NYC Resilience and Emergencies Team, including the Local Resilience Forum Secretariat, are linked in with the Directors of Public Health from York and North Yorkshire and are reviewing the recommendations. A number of the lessons identified have sizable implications on how Government could plan for future UK-wide emergencies. These will impact national, regional and local civil contingencies processes and the Resilience and Emergencies Team will utilise existing groups and structures to ensure the recommendations are discussed effectively and efficiently with partner organisations.
- NYC and NY LRF are also supporting work being undertaken at a regional level by UKHSA on how partners plan for the next pandemic, as well as supporting capabilities development within the NHS through Humber & North Yorkshire ICB to respond to future health protection issues.
- A lot of learning has already been undertaken within the North Yorkshire Local Resilience Forum on how partners plan for future pandemics, and a number of points made within the Inquiry report have already been implemented. For example, the new NYLRF Infectious Diseases Plan moves away from single-risk pandemic flu and emerging infectious disease approaches (as recommended in the Inquiry report). The ID Plan has already been exercised (February 2024), with lessons learned from the exercise used to update the plan.
- A similar update to Council-level infectious disease plans is currently occurring, moving away from separate pandemic flu and COVID-19 outbreak management plans into a single Infectious Diseases plan that also considers impacts beyond the direct health response.
- We have continued to advocate for closer links between Directors of Public Health and national emergency planning, preparedness and response structures, most recently as part of lessons learned feedback from the H1N2(v) incident in North Yorkshire in November 2023.



Local timeline (Module 1)

Meetings (NYC and NYLRF) ongoing to discuss local implications and actions, including NY LRF co-ordination group

Information and assurance to:

- Cabinet - 10/09
- HASLT - 21/11
- Scrutiny of Health
 - Mid-cycle briefing 01/11
 - Committee 18/12

National timeline

The Modules of the Inquiry are announced and then are opened in sequence. Each module has corresponding preliminary hearings and full public hearings, details of which are [published by the Inquiry](#).

Completed modules

1. [Resilience and preparedness](#)

Active modules

2. [Core UK decision-making and political governance](#)

3. [Impact of Covid-19 pandemic on healthcare systems](#)

4. [Vaccines and therapeutics](#)

5. [Procurement](#)

6. [Care sector](#)

7. [Test, Trace and Isolate](#)

8. [Children and Young People](#)

9. [Economic response](#)

Future modules

• The impact of the pandemic

Modules 6, 7, and 8 key from NYC perspective – expecting questionnaires on modules 7 and 8 soon (module 6 questionnaire already completed)

Modules 4 and 5 also important from NY LRF perspective (PPE and vaccines components)



Appendix: Recommendations and local implications

Recommendation 1: A simplified structure for whole-system civil emergency preparedness and resilience

The governments of the UK, Scotland, Wales and Northern Ireland should each simplify and reduce the number of structures with responsibility for preparing for and building resilience to whole-system civil emergencies. The core structures should be:

- a single Cabinet-level or equivalent ministerial committee (including the senior minister responsible for health and social care) responsible for whole-system civil emergency preparedness and resilience for each government, which meets regularly and is chaired by the leader or deputy leader of the relevant government; and
- a single cross-departmental group of senior officials in each government (which reports regularly to the Cabinet-level or equivalent ministerial committee) to oversee and implement policy on civil emergency preparedness and resilience.

Local implications and actions

Simplified national structures should mean clearer lines of accountability, which should improve communication and direction on whole-system emergencies between local and national levels.

Local plans would need updating to reflect any changes to national structures (including Single Agency Plans, Local Health Plans, NYLRF Infectious Diseases Plan)



Recommendation 2: Cabinet Office leadership for whole-system civil emergencies in the UK

The UK government should:

- abolish the lead government department model for whole-system civil emergency preparedness and resilience; and
- require the Cabinet Office to lead on preparing for and building resilience to whole-system civil emergencies across UK government departments, including monitoring the preparedness and resilience of other departments, supporting departments to correct problems, and escalating issues to the UK Cabinet-level ministerial committee and group of senior officials in Recommendation 1

Local implications and actions

As noted for Recommendation 1

Recommendation 3: A better approach to risk assessment

The UK government and devolved administrations should work together on developing a new approach to risk assessment that moves away from a reliance on single reasonable worst-case scenarios towards an approach that:

- assesses a wider range of scenarios representative of the different risks and the range of each kind of risk;
- considers the prevention and mitigation of an emergency in addition to dealing with its consequences;
- provides a full analysis of the ways in which the combined impacts of different risks may complicate or worsen an emergency;
- assesses long-term risks in addition to short-term risks and considers how they may interact with each other;
- undertakes an assessment of the impact of each risk on vulnerable people; and
- takes into account the capacity and capabilities of the UK. In doing so, the UK government and devolved administrations should perform risk assessments that reflect the circumstances and characteristics particular to England, Wales, Scotland, Northern Ireland and the UK as a whole

Local implications and actions

Changes in EPRR risk assessment processes at a national level are likely to filter down to local level.

Currently LRF risk assessments are based on reasonable worst case scenario (RWCS) approach, as they are directly taken from national risk registers.

ACTION – NYLRF to take steps to Improve the way we localise the RWCS for North Yorkshire and capabilities available

Ongoing work through NYLRF to look at local capacity and capabilities, and changing LRF role around prevention and chronic risks e.g. climate



Recommendation 4: A UK-wide whole-system civil emergency strategy

The UK government and devolved administrations should together introduce a UK-wide whole-system civil emergency strategy (which includes pandemics) to prevent each emergency and also to reduce, control and mitigate its effects. As a minimum, the strategy should:

- be adaptable;
- include sections dedicated to each potential whole-system civil emergency – for example, one on pandemics with a clear explanation of the roles and responsibilities of the UK government, devolved administrations and their departments/directorates as well as local responders;
- consider a wide range of potential scenarios for each type of emergency;
- identify the key issues and set out a range of potential responses;
- identify how the strategy is to be applied to ensure that any potential responses are proportionate to the particular circumstances of the emergency;
- include an assessment in the short, medium and long term, based on published modelling, of the potential health, social and economic impacts of the emergency and of potential responses to the emergency on the population and, in particular, on vulnerable people; and
- include an assessment of the infrastructure, technology and skills the UK needs to respond effectively to the emergency and how those needs might change for different scenarios.
- be subject to a substantive reassessment at least every three years to ensure that it is up to date and effective, incorporating lessons learned between reassessments.

Local implications and actions

Development of new local infectious disease plans is already taking on board many of these principles – plans will be adaptable, consider wider range of scenarios (different transmission routes, severities, outbreak sizes etc.),

LRF plans already follow a 3 year cycle in terms of substantive reassessment (with minor reviews in between)

As NYLRF moves towards a finalised strategy of which work is ongoing August 2024 – the wording references maintaining updated on National Direction, risk reviews and continuous improvement.



Recommendation 5: Data and research for future pandemics

The UK government, working with the devolved administrations, should establish mechanisms for the timely collection, analysis, secure sharing and use of reliable data for informing emergency responses, in advance of future pandemics. Data systems should be tested in pandemic exercises.

The UK government should also commission a wider range of research projects ready to commence in the event of a future pandemic. These could be 'hibernated' studies or existing studies that are designed to be rapidly adapted to a new outbreak. Better working with international partners should be encouraged. This should include projects to:

- understand the prevalence of a new virus;
- measure the effectiveness of a range of different public health measures; and
- identify which groups of vulnerable people are hardest hit by the pandemic and why

Local implications and actions

Whilst work is ongoing to improve disparate NHS data reporting, there is no shared data system for health protection incidents. UKHSA has their own system, and they are able to link into NHS Spine data, but there is no real-time data sharing on incidents with other partners involved in health protection on a shared platform (IPC teams, environmental health, local public health teams, NHS etc.).

NYC has joined Health Determinants Research Collaborative – support linking into wider research agenda



Recommendation 6: A regular UK-wide pandemic response exercise

The UK government and devolved administrations should together hold a UK-wide pandemic response exercise at least every three years. The exercise should:

- test the UK-wide, cross-government, national and local response to a pandemic at all stages, from the initial outbreak to multiple waves over a number of years;
- include a broad range of those involved in pandemic preparedness and response; and
- consider how a broad range of vulnerable people will be helped in the event of a pandemic

Local implications and actions

Report recommends greater inclusion of local LRFs, DsPH and voluntary sector in national exercises

In terms of local exercises, aim to test local health plans every year. In last 12 months have done 2 exercises – LRF level exercise (Exercise Tussio) and measles exercise with health partners

Recommendation 7: Publication of findings and lessons from civil emergency exercises

For all civil emergency exercises, the governments of the UK, Scotland, Wales and Northern Ireland should each (unless there are reasons of national security for not doing so):

- publish an exercise report summarising the findings, lessons and recommendations, within three months of the conclusion of the exercise;
- publish an action plan setting out the specific steps that will be taken in response to the report's findings, and by which entity, within six months of the conclusion of the exercise; and
- keep exercise reports, action plans, and emergency plans and guidance from across the UK in a single, UK-wide online archive, accessible to all involved in emergency preparedness, resilience and response.

Local implications and actions

NY LRF and NYC RET have processes in place to identify and record lessons learned following incidents (and exercises). This includes monitoring/following up on actions and ensuring lessons learned are used to update EPRR plans

Resilience Direct is used as a central repository for all EPRR plans, enabling all relevant partners to access documents



Recommendation 8: Published reports on whole-system civil emergency preparedness and resilience

The governments of the UK, Scotland, Wales and Northern Ireland should each produce and publish reports to their respective legislatures at least every three years on whole-system civil emergency preparedness and resilience. The reports should include as a minimum:

- the risks that each government has identified are likely to result in whole-system civil emergencies;
- the recommendations that have been made to each government to mitigate those risks, and whether these recommendations have been accepted or rejected;
- a cost–benefit analysis setting out the economic and social costs of accepting the risks as against taking action to mitigate the risks;
- who may be vulnerable to the risks and what steps are being taken to mitigate those risks;
- a plan setting out the timescales for implementing the recommendations that have been accepted; and
- an update on the progress that has been made on implementing previously accepted recommendations.

Local implications and actions

NY LRF publishes local information on key risks for North Yorkshire through the publicly-accessible Community Risk Register ([Our risks in North Yorkshire | North Yorkshire Council](#))

Assessing and responding to vulnerability is a key part of response, with links through social care teams, Community Anchor Organisations etc. NYC and NY LRF programmes of work (including LRF communities workstream and inclusion health work with NHS) will support and strengthen this, including the need to provide targeted risk information (including accessibility e.g. languages)



Recommendation 9: Regular use of red teams

The governments of the UK, Scotland, Wales and Northern Ireland should each introduce the use of red teams in the Civil Service to scrutinise and challenge the principles, evidence, policies and advice relating to preparedness for and resilience to whole-system civil emergencies. The red teams should be brought in from outside of government and the Civil Service.

Local implications and actions

Recognition of the need for external peer review/scrutiny of systems:

- External scrutiny of LRF – peer review has just been completed (Kathy Settle and Bruce Mann)
- NY public health peer review happening in February 2025
- Assurance process of single agency / non LRF partnerships preparedness

Recommendation 10: A UK-wide independent statutory body for whole-system civil emergency preparedness and resilience

The UK government should, in consultation with the devolved administrations, create a statutory independent body for whole-system civil emergency preparedness and resilience. The new body should be given responsibility for:

- providing independent, strategic advice to the UK government and devolved administrations on their planning for, preparedness for and building resilience to whole-system civil emergencies;
- consulting with the voluntary, community and social enterprise sector at a national and local level and directors of public health on the protection of vulnerable people in whole-system civil emergencies;
- assessing the state of planning for, preparedness for and resilience to whole system civil emergencies across the UK; and
- making recommendations on the capacity and capabilities that will be required to prepare for and build resilience to whole-system civil emergencies.

As an interim measure, the new body should be established on a non-statutory basis within 12 months of this Report, so that it may begin its work in advance of legislation being passed.

Local implications and actions

Local emergency planners will need to link with any new national body (particularly, EPRR Team, Resilience and Emergency Team/LRF, and DPH and VSCE on vulnerable groups in particular)

Will need to respond to any recommendations/outputs made by the new body



Other actions

- NYC and NYLRF to link with West Yorkshire and Lancashire & South Cumbria LHRPs
- Surge Capacity – NY to agree the local RWCS (reasonable worst-case scenario), capability to respond to this and steps to increase capacity 'surge' ability (part of ongoing work through the HNY ICB Task & Finish Group, as well as NYLRF capabilities review)
- Review Humber Port Health Plan
- NYLRF to maintain reps / linked into the National Tier 1 exercise planning arrangements and associated meetings