

## Public Accounts Committee

### Oral evidence: Government preparedness for COVID-19 Pandemic: Lessons for Government on risk, HC 952

Wednesday 12 January 2022

Ordered by the House of Commons to be published on 12 January 2022.

[Watch the meeting](#)

Members present: Dame Meg Hillier (Chair); Shaun Bailey; Dan Carden; Sir Geoffrey Clifton-Brown; Peter Grant; Mr Richard Holden; Nick Smith.

Gareth Davies, Comptroller and Auditor General, National Audit Office, Marius Gallaher, Alternate Treasury Officer of Accounts, HM Treasury, and Adrian Jenner, Director of Parliamentary Relations, National Audit Office, were in attendance.

#### Report by the Comptroller and Auditor General

#### The government's preparedness for the covid-19 pandemic: lessons for government on risk management (HC 735)

Questions 1-112

#### Witnesses

**I:** Alex Chisholm, Permanent Secretary, Cabinet Office; Roger Hargreaves, Director Civil Contingencies Secretariat, Cabinet Office; Clara Swinson, Director General for Global Health, Department of Health and Social Care; and Sir Chris Wormald, Permanent Secretary, DHSC.



## Examination of witnesses

Witnesses: Alex Chisholm, Roger Hargreaves, Clara Swinson and Sir Chris Wormald.

**Q1 Chair:** Welcome to the Public Accounts Committee on Wednesday 12 January 2022. In this session, we are going to be looking at the Government's preparedness for the covid-19 pandemic, particularly at areas for learning for the future about how Government manages risks of this scale, but also smaller scale. This follows from our July 2020 report into the Government's initial response to the pandemic, when we found that there had been a failure to plan in some areas, particularly in relation to the economy. We are going to be looking at issues on the national risk register, what the Government is doing, which bits of Government are doing what, and how we look at public spending in terms of risk—so, money spent now perhaps preventing higher spending later, as you would expect from the Public Accounts Committee.

I am delighted to welcome four witnesses from Government to our meeting today. We have Alex Chisholm, who is the chief operating officer for the civil service and permanent secretary for the Cabinet Office, which has general oversight of these areas. Not surprisingly, we have Sir Chris Wormald, the permanent secretary at the Department of Health and Social Care, which has obviously been at the epicentre of this particular pandemic—this particular crisis. We have Clara Swinson, who is the director general for global health at the Department of Health and Social Care, reflecting the fact that this experience is of course an international challenge. And we have Roger Hargreaves, the director for civil contingencies at the Cabinet Office. A very warm welcome to you all.

Before we get into the main session, I want to ask about the court ruling today, Sir Chris. That ruled that the VIP lane that allowed companies including Ayanda and PestFix to get contracts to deliver PPE was an illegal way of delivering that contract. I wondered what you've got to say about that, and whether the Government is planning to appeal this decision.

**Sir Chris Wormald:** The Government will consider this ruling. We have had it since—well, I have had it since 10.30 this morning, so I can't say I've read every word of it as yet. Basically, there were five areas of challenge. The Government won four of them and, as you say, there was a ruling against us on the high-priority lane, but it is important to be clear on exactly what that ruling was. The judge did not agree that we should have had a high-priority lane and did not think that was justified, but also found that once people were in the system, the criteria and the assessment of the individual contracts was exactly the same whether you were in the high-priority lane or not, and therefore did not rule against either of the contracts in question. So it was a very specific finding about how you got into the system, not how the system was operated once people were in. Obviously, the Government will respond formally in due course, once we have read all—I'm not quite sure how many but lots of pages. We will respond in due course in the normal way, but that is the overall position.



**Q2 Chair:** We have obviously covered the VIP lane a number of times before. It was extraordinary to have a special route through. What is the position if you had to make a procurement now? Presumably, this would not exist at all in any form—just to be absolutely clear.

**Sir Chris Wormald:** Alex might want to say more on this. We take court rulings exceptionally seriously, obviously.

**Q3 Chair:** But what about before court rulings? We have raised this before, and the National Audit Office has raised concerns about it.

**Sir Chris Wormald:** As you know, we set out, in our position in the court case, that in the situation we were in, in an emergency situation, we are required to do a lot of things we would not do in normal business, and we therefore thought that the decisions that were taken to set up the highpriority lane were appropriate. Clearly, in the light of this judgment, we would reconsider that approach, unless we were to appeal and it were to get a different ruling.

**Q4 Chair:** Just to be clear—this is for either you or Mr Chisholm—it is only the court ruling that means that you are reconsidering the high-prioritylane approach to procurement in emergencies.

**Sir Chris Wormald:** It is not something you would want to do in any circumstances. We did it because we were in an emergency.

**Q5 Chair:** No, that's not what I meant. My question was: is it just because of the court ruling you are now saying you won't do it again in future?

**Sir Chris Wormald:** Just as a statement of fact, our position up until the court ruling was to defend the decision that was taken.

**Q6 Chair:** That's exactly what I'm driving at. Mr Chisholm, you were defending something that has been widely highlighted as a concern, by the National Audit Office, through many other organisations and through this Committee and many colleagues in Parliament are concerned about this. But you still defend that previous position.

**Alex Chisholm:** Yes, I think the intention— Looking back over it, the intention in introducing this triage system was to try to give a degree of priority to—

**Q7 Chair:** There is a difference, isn't there, between a triage system and a high-priority lane, because with triage, something comes in and somebody expert looks at it and decides whether it is a high priority? This was a high-priority lane because Ministers, MPs and others could put people's names through as a high priority, before they were triaged.

**Alex Chisholm:** Yes, and not only politicians, because also there were NHS directors and other experts as part of it. But obviously, as Sir Chris has said, we should study the judgments. Just in terms of the overall procurement regime, it's not only these court findings, which are obviously very important to us. Also, we have the ongoing work of the NAO; we have PAC Reports to study and respond to, as we have been doing. We had the two independent reviews by Nigel Boardman, the first and second of those, and, again, we



## HOUSE OF COMMONS

have reported to Parliament on the actions taken to improve those things. We have issued a number of new procurement notices of guidance to Departments since the pandemic began. A comprehensive new piece of legislation is being prepared in the light of the Green Paper last year, so there is quite a considerable overhaul of our procurement regime.

Q8 **Chair:** But you still defend the fact that you did this.

**Alex Chisholm:** I will not go back over what Sir Chris has said. That is the position the Government took.

**Chair:** Right, okay. I just want to hear—

**Sir Chris Wormald:** Chair, it is just a statement of fact.

**Chair:** Sir Chris, I am just getting you to restate the fact, just to be absolutely clear. Mr Dan Carden is next.

Q9

**Dan Carden:** Mr Chisholm, the reason the court ruling is so important is that there was real public anger around the fact that public money was handed to companies and individuals with very little experience in PPE especially, and who also had links to the governing Conservative party. Are we going to see different standards and rules put in place for possible other emergencies like this, despite or regardless of the court ruling today? Are we going to see better practice put in place for future emergencies?

**Alex Chisholm:** Just to comment a bit further on that, 7 tests were applied to offers and proposals in relation to PPE (with an additional test being introduced 5 May 2020) - the same tests whether you were on the high priority lane or another lane. That has been upheld, as I understand it from the judgment, so the fairness of that has been upheld in a court ruling.

Furthermore, if you look at the actual effects of it—we did an internal audit report, which I mentioned in the previous hearing, and there was the work of the NAO who looked at this—what they found is that those providers on the high-priority lane were more likely to fulfil the commitments they made, and at a slightly lower cost and of at least equal quality. Accepting what the judge has just said in terms of the appearance of it, there does not seem to have been any actual adverse effects.

**Sir Chris Wormald:** Just to be absolutely clear, you are of course correct that those are some of the issues that have been raised in public—

Q10 **Dan Carden:** But they have been raised by this Committee and raised in Parliament.

**Sir Chris Wormald:** I will be very specific. I have not read, as I say, every word of this, but I do not think there is anything in this judgment that substantiates any of the allegations you have just made. I accept, of course, that they have been raised by you and others, but in terms of this court ruling I do not think the suggestions that you have made are substantiated by the judgment. I will read it in detail, and I suspect we ought to debate this when both of us have read the hearing in detail.

**Q11 Dan Carden:** I am not sure what allegations you think I made. The fact that a lot of public money went to inexperienced companies that had links to the governing Conservative party is a matter of fact. It is not an allegation.

**Sir Chris Wormald:** Yes, and the ruling has found that they were assessed properly and given the contracts properly. That is why I am so specific about it. As I say, I have not read the full judgment, but I don't think the judgment backs the points that you have made.

**Dan Carden:** Well, I firmly disagree with you.

**Chair:** I think we will all pore over the wording.

**Sir Chris Wormald:** We ought to all read it and then debate it again.

**Q12 Chair:** We should pay tribute to the National Audit Office as our independent auditor, which first highlighted this issue, otherwise it would not have even got this far. It is interesting that Whitehall keeps defending the position.

I want to move on now to a very important issue. I received rather late yesterday a letter of direction issued by the right hon. Sajid Javid MP, the Secretary of State for the Department of Health and Social Care, that he sent to the head of NHS England, Amanda Pritchard. This is about providing private facilities—a surge capacity—in the event that there is extra pressure on the national health service as a result of covid.

I appreciate, Sir Chris, that you were not requesting a letter of direction; it was the head of NHS England. Nevertheless, it is a very expensive proposal. It proposes that in order for the independent private sector providers to be ready to stand up at a moment's notice—seven days' notice is the strict rule—the cost would be between £75 million to £90 million a month, based on current information. They would want an upfront payment without anything being delivered. It might be delivered, but it is payment in case it is needed, and that could rise.

I will quote directly from paragraph 11 of Amanda Pritchard's letter to the Secretary of State: "However, in the event that any system requires surge arrangements to be put in place, the cost recovery arrangements then applicable will be significantly more expensive at around £175 million a month based on data from 2020 arrangements. On a per bed basis this is significantly more expensive than the equivalent cost of an NHS site with much less certainty on the potential staffed capacity." That raises big issues about not only the money but the staffing available—there's lots more in this letter. In case anyone is not clear, a letter of direction is when public spending does not meet Treasury rules and the Secretary of State has to overrule the accounting officer, which he has done in this case. Those contracts will now be in place.

As the accounting officer for the Department for Health and Social Care with overall responsibility for the budget, are you content with that very large expense that the taxpayer is being exposed to?



## HOUSE OF COMMONS

**Sir Chris Wormald:** I am content that the decisions have been made properly. As you know, the point of the direction system is where the democratically elected Government choose to overrule—

**Q13 Chair:** We know what a letter of direction is. Ultimately, there is a very big liability for the taxpayer. Last time, we saw Nightingale hospitals stood down, while not all the private sector capacity that had been stood up was used.

**Sir Chris Wormald:** In my view—as you said, I am not one of the parties in this—everybody has acted properly. Amanda Pritchard has considered the strictures of managing public money and concluded that, in her judgment, this investment does not meet those strictures. Therefore, if you're going to do it, you have to have a direction from the Secretary of State.

The Secretary of State has concluded that, notwithstanding that it does not meet the strictures of managing public money, the wider public interest—beyond the question of managing public money—is best served by it happening. He has done that because, as we know, when the NHS is at risk from covid, the consequences of that go far beyond the NHS: there are consequences on the wider economy, society, and all the implications that the Committee is well aware of. Amanda Pritchard, as the accounting officer, is not in a position to take account of that; she just looks at the NHS.

**Q14 Chair:** Actually, in his letter, the Secretary of State talks only about the NHS—the need to protect NHS services and prevent a further reduction in NHS capacity.

**Sir Chris Wormald:** Yes, but one of the reasons we protect NHS services is because the alternatives are restrictions on society.

**Chair:** He had the option to lay that out in his letter. I am simply quoting the letter as a matter of fact.

**Sir Chris Wormald:** But the two points are the same. The Secretary of State is taking a wider view of the public interest—

**Q15 Chair:** Yes, we know that. We know how letters of direction work. The key thing, though, is that this is a ministerial direction on an issue we have been dealing with for two years. We have talked about surge capacity before: Amanda Pritchard's predecessor set up the Nightingale hospitals, which we will be looking at in more detail, and there was an arrangement with independent private sector providers. However, there is still the issue of where the staff are going to come from, let alone the money, which is a significant up-front cost. Let's be clear: it's a minimum income guarantee of £75 million to £90 million a month, which will surge to considerably more than that—nearly double—if it is actually used. That is an awful lot of money, and it rather plays into the risk element today.

Why is this such an emergency now? Surely this sort of planning, in a way that makes more financial sense for the taxpayer, could have been done before now.



## HOUSE OF COMMONS

**Sir Chris Wormald:** I don't know how to answer that without stating the obvious. We have a variant that has spread at quite unprecedented speed—

**Chair:** Sorry, Sir Chris, but we have known about variants since the beginning of the pandemic. They were talked about back in March 2020.

**Sir Chris Wormald:** Yes, and the use of the independent sector is one of the things that we do for surge capacity.

**Q16 Chair:** Let's be clear: I don't think any of us disagree that there might be different variants. No one is disagreeing that we might need to use any capacity—including the independent sector, if that is necessary. The question is why wasn't there a better plan in place to avoid having to pay a minimum income guarantee of that level to the private sector, regardless of whether they deliver? Surely, by now, we should have got into a better place of negotiation. We should be able to deliver that extra surge capacity at a lower cost to the taxpayer without it being an emergency under a ministerial direction—with a better contract in place, basically.

**Sir Chris Wormald:** We don't regularly contract with the independent sector for these services, for the reasons that you know. We have in this case a surge that has the risk of—I will be very careful with my words—but not the certainty or even likelihood of having these very severe consequences for the NHS, and this is one of the mitigations. You can of course argue that we ought to have continuous standing capacity to deal with these types of surge, which has possibly even greater public expenditure consequences if we were to run our NHS with a permanent surge capacity, or you can do these sorts of things when it is necessary. It is of course a fair debate about which of those courses is better, but both have significant cost implications.

**Q17 Chair:** I am just surprised that we are having to still— I haven't got time to go through all of Amanda Pritchard's letter, and it is not your letter, but she lays out very clearly the risks, including for staffing. She also says there is an additional risk on the ability to maximise the use of effective capacity. We are paying for services that the head of NHS England thinks we may not be able to use for all sorts of other reasons. Surely we have been having contingency planning for this eventuality well before the moment we are at now.

**Sir Chris Wormald:** We have a level of contingency planning within the NHS. We then have additional surge capacity that we can put in on top of that, which is the Nightingale hubs, and then, if we are at risk of going beyond that, we look for further facilities, and obviously the independent sector is one of those. It is a layered set of things.

**Q18 Chair:** I know there are layers. I will bring in Sir Geoffrey in a moment, because I know he wants to come in. Where will the staff come from? A lot of the staff—certainly the consultants—in private hospitals are the same people working in the NHS.



**Sir Chris Wormald:** Some of them are and some of them aren't. There are two great limiting factors for the NHS in this case. There are the physical facilities, which we are limited by in some parts of the country, and then there is the staffing constraint. It is not correct by any stretch of the imagination that all staff who work in independent hospitals also work in the NHS. Both of our limiting factors—the physical estate and beds, and staffing—are clearly assisted by the independent sector. As I say, I think everyone has acted properly, and I am not dismissing anything Amanda says in the letter. I think she has set it out accurately.

**Chair:** To be clear, it is not the process I am questioning but the money. I will bring in Sir Geoffrey Clifton-Brown to drive the point home.

Q19 **Sir Geoffrey Clifton-Brown:** Thank you, Chair, and good afternoon, Sir Chris. I do not have the papers in front of me as they only just emerged this afternoon, but as I understood it from what the Chair was asking, the NHS has contracted with the private sector for £75 million a month—that is £1 billion a year—before a single service is even given by the private sector. That sounds like a very expensive insurance policy, doesn't it?

**Sir Chris Wormald:** It depends what you are insuring against. When compared with the costs that the economy and society have been asked to pay over the period of covid, it is a very small amount indeed. It is of course a significant sum of money, but I think you correctly identify it as an insurance payment. As you know, the costs of the insurance not paying off are colossal, and not just in monetary terms. That is the balance of the equation. I am not denying that it is a significant sum of money. That is of course why Amanda Pritchard asked for a direction, because obviously it is a significant investment that has all the risks that you set out.

Q20 **Sir Geoffrey Clifton-Brown:** I am sure you would agree that we should learn lessons from the past. When the previous contract with the private sector was put in place, which the Chair referred to, capacity was bought; there was not a payment just for having the capacity available. I kept querying with my local trust why it was not using some of this private capacity to catch up on some of the backlog of non-covid work. I doubt whether even half the capacity of that original contract was used, but it had been bought and paid for. What can we do to encourage the NHS, if they are going to buy this capacity in the private sector, to actually use it to catch up on the backlog of treatments that some of our constituents desperately need?

**Sir Chris Wormald:** I am always co-answering for Amanda Pritchard, which I should not do, but my understanding is that is exactly what the NHS wish to do with this time, so that they are using the capacity in a different way than was planned in the example you gave. In particular, it is for the reason that you said: that, very frequently, independent sector facilities are better for elective care than they are for extra emergency care, which I think you correctly observed.



Therefore, the best way to use it is to take pressure off your classic acute hospital in the independent sector and protect more elective capacity, which I will come back to in a moment. Both keep the backlog down and free up NHS resources for the stuff that only they can do, which tends to be the high-end emergency care. I should say that that is part of a wider strategy that the NHS are pursuing this time, which is to attempt to protect more elective capacity than they did in the first wave for exactly the reason you set out, Sir Geoffrey.

**Q21 Chair:** That brings us back to why this was not better planned for in terms of cost and who was negotiating these figures with the private suppliers. We will be looking at and obviously raising this with NHS England, and we will be crawling through the numbers and watching closely at how this large amount of taxpayers' money is spent. It helps to get into our discussion about planning for risk today.

**Sir Chris Wormald:** I am sorry: I do not want to give the impression—I might have been guilty of doing this—that this is not a big thing. Directions, as you know, are very unusual. Amanda is a very conscientious accounting officer and will only have done it in—

**Q22 Chair:** I do not doubt that the process has been followed properly, but we are talking about taxpayers' money here.

**Sir Chris Wormald:** My point was that I was not attempting to dismiss anything you said. The only reason there is a direction is because big issues are raised by these tests.

**Q23 Chair:** This letter of direction, compared with many I see, is a very detailed one, with lots of alarm points for me.

**Q24 Peter Grant:** Following up on one of your answers to the Chair earlier, I think she mentioned the number of NHS consultants who also work in the private sector. You quite correctly said that they do not all work in the NHS. What percentage of private hospital consultants are also in the NHS?

**Sir Chris Wormald:** I will write to you. I do not have those numbers with me.

**Q25 Peter Grant:** Do you have any idea at all?

**Sir Chris Wormald:** I would not like to give you a number that I cannot validate.

**Q26 Peter Grant:** Would you accept if that percentage is high, there is a potential, at the very least, for a perceived conflict of interest between them working in private hospitals, which have had this substantial funding announcement from the Secretary of State, at the same time as they are working in NHS hospitals where a lot of people are not—

**Sir Chris Wormald:** That is a regular feature of the system because the NHS use the independent sector for a variety of things in the normal course of business, and there would therefore be established systems to ensure that conflicts of interest do not arise. Of course, at the absolute heart of



## HOUSE OF COMMONS

those established systems are the professionalism and professional responsibilities of individual medics to serve their patient and nothing else. The issue you raise is correct, but I do not think it raises any new issues or principles beyond those that are in the system in “peacetime”.

**Q27 Chair:** As I say, we are looking very closely at how this money is spent and what the taxpayer gets.

**Sir Chris Wormald:** As we would expect.

**Chair:** Thank you very much, Sir Chris. This leads into our real session about how to manage risk and what insurance policies, if you like, need to be in place, and I am going to ask Sir Geoffrey Clifton-Brown to lead off.

**Q28 Sir Geoffrey Clifton-Brown:** I have a big wodge to get through in the first section, so very short answers—yes or no, even—will suffice to many of my questions. Mr Chisholm, the House of Lords report on risk assessment and risk planning recommended that the Government appoint a chief risk officer. Has that happened?

**Alex Chisholm:** No, that hasn’t, although it is a recent report and we are studying it. We are sympathetic to the spirit behind it, in the sense that, as you know, we have a big overhaul of risk management across Government. I wrote to the PAC in June about that and we have done a lot of actions since that I can write about further. I think you got a letter from Cat Little in November as well, so you know that we take this very seriously.

If there was a chief risk officer, would that help or hinder? Personally, I am probably a little bit sceptical about that—though the Government has not settled its view—because I think you want risk to be held by the people who are working in Departments or in arm’s length bodies. If there is a sense of “I don’t need to worry about risk; it is somebody else’s problem”—a chief risk officer, whoever that might be and however wonderful they are—that might actually move the burden of responsibility from where it most needs to sit.

**Q29 Sir Geoffrey Clifton-Brown:** The Cabinet Office is developing a catastrophic emergencies programme, and it carried out a consultation in the summer on a national resilience strategy. That is all leading into a review of the Civil Contingencies Act. Is that all happening with a

vengeance?

**Alex Chisholm:** Yes, it is. As you say, we consulted on it last summer. We published—in December, I think—a short summary of the hundreds of responses that we got, and I believe you will shortly be getting sight of the new resilience strategy. If I may, I will bring in Roger, because he is responsible for this work and leads the civil contingencies secretariat.

**Roger Hargreaves:** The consultation on the public call for evidence last summer proved extremely successful. We had over 1 million different interactions with it—a very high level of interest. The plan is to publish the resilience strategy this spring. The Civil Contingencies Act is being reviewed



in parallel, wrapped within that process. We are committed in law to deliver the cut of that review at the end of March. All of that is in progress. As part of all that work, we are considering our crisis management structures at large, because these are all of a piece and fit together when it comes to thinking about how we deal with risks in future.

**Q30 Sir Geoffrey Clifton-Brown:** That leads me to two questions connected with that work. One is that long before covid came along, I have always been concerned about how government deals with different large emergencies at the same time; one can think of a number of different scenarios. Will that work consider different very large, significant risks at the same time?

**Roger Hargreaves:** Yes. We have always worked in the past on the basis that we should be able to handle two or three significant risks simultaneously. If we were dealing with two or three risks on the scale of a pandemic, we would have to make significant changes in Government to make sure that resources were surged into different structures that were designed to deal with them. In the same way that we have built new structures to deal with the pandemic because it is a chronic emergency rather than an acute emergency, we would have to build similar structures for each of the things that we were dealing with. The system is large enough and has the bandwidth to cope with those different things, but it would undoubtedly be a difficult situation to deal with.

**Q31 Sir Geoffrey Clifton-Brown:** So the fact that the Government was not able to set the parameters of what risk it was prepared to take under the coronavirus pandemic led to a fragmentation between Departments, particularly at the beginning of the pandemic. What more work can the Cabinet Office do to make sure that, God forbid, if we ever do get into another pandemic or serious emergency, all Departments are prepared to accept the same level of risk that the Government has set?

**Roger Hargreaves:** At the start of the pandemic, we activated our crisis response structures, which are designed precisely to make sure that there is a forum for Ministers and Departments to gather and deliver a collective view of the priorities for dealing with the response. That is what we did at the start of the pandemic, and it took us to a place relatively quickly where we understood what the objectives were and what the building blocks of the response would be.

**Q32 Sir Geoffrey Clifton-Brown:** Mr Chisholm, given that MPs are at the sharp end of this, at the beginning of the lockdown on 23 March, my office, no doubt along with many other Members of Parliament, received thousands of emails, a lot of which were due to two reasons. One is that there are a number of people who cannot go online and therefore could not access the gov.uk website, but I think a lot of the others were because the information provided on the gov.uk website was very unclear. Indeed, it was even unclear to some in my office, who spent some time trying to work out what it actually meant. What can your Department do to ensure that Government communications during a pandemic can be clearer and therefore better understood by the public?



## HOUSE OF COMMONS

**Alex Chisholm:** Thank you for the question. I do understand. If you go back to that particular point in time—22 March—absolutely, people were stunned by what was happening. They wanted more information. They were eager for it. They wanted to know exactly what the effects would be for them—for their particular community or business in their region of the country—and masses of questions came in.

Very quickly, the Government moved to quite an effective broadcast method. Obviously, the press conferences became extensive. They were led by not only the Prime Minister but, as we have seen, the chief medical officer and the chief scientific adviser.

A lot of very detailed information was put out there, supported by what I believe were very effective communications through gov.uk and the national media. I think we have had about 2.2 billion unique page views to Covid-19 content on [GOV.UK](https://www.gov.uk) since March 2020. It has become an absolutely vital resource for the whole of the country to draw on and access. Even people who were not using the internet directly themselves— a relatively small minority now—would be given access to that information by other people, such as their friends and family.

I think we have got very good at providing the information that people want to have. People have got used to going to the site and, for example, putting in their postcode to find out how many cases there are in their area. They have also been able to quickly drill down to find not only information but the useful actions that they can take. I think we have got much better in also integrating between different media, so the messaging that you see in the newspaper through advertisements, on television through the press conferences, and on gov.uk through online information, is very carefully planned as an integrated package, which has been quite effective.

**Q33 Sir Geoffrey Clifton-Brown:** I am not sure that my office would entirely agree with that answer, but let me study the transcript and let us just see. I may come back on that.

My next question is for both you and Chris Wormald. Part of the confusion during the pandemic was caused by a range of medics and scientific advisers coming on to the media and giving opposite advice. They are clearly entitled to do that. However, I do not think you should have a member of SAGE, for example, coming on to the media in a private capacity—but saying they are a member of SAGE—and then giving their own particular predilections. Should it not be an absolute given that, if you are a member of SAGE, you only come on to the media to explain what the SAGE line is, not what your own predilection might be?

**Sir Chris Wormald:** I will start with that. The first thing to say is that that is a question that you should really address to this Government's chief scientific adviser.

**Sir Geoffrey Clifton-Brown:** We tried to ask him to this Committee, but he was not available.



**Chair:** To be fair, it was a short-notice invitation.

**Sir Chris Wormald:** Okay. I will get his view and set it out for you in writing. I would say that the issues to consider there are that what they try to do with SAGE—as I understand it—is have a whole range of different views brought to the table to avoid groupthink and all that. *[Interruption.]* Sorry, can I finish my answer before you come back? This is clearly a point you can debate.

The vast majority of the members of SAGE are providing their input entirely voluntarily. The question for the Government to ask itself—and, as I said, I will ask the chief scientific officer to give his view—is on what the right balance is between ensuring that you have the best experts, who are really challenging Government scientists' views, ensuring that there is no groupthink and that everything is brought to the table, and placing restrictions on people who, as I said, are there voluntarily. Their day job is doing something else. Those are the issues that you need to balance up.

The issue you point to is an important one from the public confusion point of view—is this person speaking in an independent capacity or as a member of SAGE? The same issues occur with JCVI. I am sure that is something we will want to think about. But as I say, what would be awful would be if we got to the position where the only people who could sit on these bodies were Government employees, as it were, and we were not bringing in the maverick voice who doesn't agree with us and those sorts of things. That is the balance. I think you were on a very important issue, but that is the issue we will want to consider.

Q34 **Sir Geoffrey Clifton-Brown:** I don't think anybody is suggesting there should only be Government employees, and I praise these people for the work they did voluntarily; that is very important. But if they do agree to come on a committee like the two we have instanced so far—SAGE and the JCVI—surely it should be that they speak with one voice, because otherwise it does cause confusion among the public.

**Sir Chris Wormald:** Yes, as I say, I recognise your point, and of course, if you are working in Government and you see this, it is—in the individual case, that is exactly what you think in Government. In general, though, where is the public interest best served? Is it by having people who do not necessarily agree with you, and would not sign up to that condition, on these committees and giving their view, so that you get a rounded view of the science, or not? That is where, I think, the balance of the public interest question is.

Q35 **Sir Geoffrey Clifton-Brown:** Again, this is a question for the chief scientist, but let me try you on this. Our Report in July 2020, "Readying the NHS and social care for the COVID-19 peak", instanced the SAGE prediction at the beginning of the pandemic lockdown on 23 March 2020 "that in the worst-case scenario more than 4% of the population"—2.7 million people—"might be hospitalised, and 30% of those"—810,000—"would require critical care



## HOUSE OF COMMONS

and that ICU capacity in London may well be breached by the end of the month"—March—"even if additional measures

were in place." How did SAGE get it so wrong, and wasn't that a really scaremongering statement to put out?

**Sir Chris Wormald:** Again, I am not going to—I seem to be answering for many other people in Government this week. I am not going to answer for the scientific deliberations of SAGE, but I will make a few points. As has been widely reported, very frequently what SAGE is doing is setting out the reasonable worst-case scenario—i.e., something that is 10%, or less, likely to happen; 90% of the time, something else happens. So that SAGE model does not turn into what happens in practice, if it is the reasonable worst-case scenario. That may well be SAGE doing its job properly and identifying that, 90% of the time, something else would happen. That is point 1.

Secondly, we will—well, I am sure the public inquiry will look at this, and I think it raises a series of very interesting questions, actually, about how we do this. Very frequently what has happened—I think the example you give may be one of these examples—is that SAGE does a model based on an unmitigated situation, mitigation is then taken and, amazingly, the unmitigated situation does not occur. That is, of course, exactly what you want to happen. You took the mitigating action, which in this case is exceptionally painful, in order to avoid what would happen in the unmitigated situation.

Q36 **Sir Geoffrey Clifton-Brown:** I am getting it now. So it was softening up the population for a lockdown.

**Sir Chris Wormald:** No, not at all. As we are doing wider general risk, we do not take the lack of a war to mean that we got our predictions on how many soldiers we needed wrong, because having armed forces is one of the things that prevents a war from happening. This is a very comparable situation. As I say, I think your point raises interesting questions. How we then tell whether the original, unmitigated model was right and what the impact of the mitigations was upon it is, I am sure, something we would want to look at. Again, I think these are very, very important and interesting questions.

**Chair:** Central to the discussion.

Q37 **Sir Geoffrey Clifton-Brown:** They are, but I suppose what one really ought to do is go back to the model and find out why it got it so wrong.

**Sir Chris Wormald:** But you see, I don't think it did, necessarily. If you take a series of mitigations and the awful thing you were trying to prevent does not happen, that is a success, not a failure. The question is—

Q38 **Sir Geoffrey Clifton-Brown:** Given that that figure was given at the beginning of the pandemic, before we had taken any of the measures and lockdown, I cannot quite—



**Sir Chris Wormald:** But it was a prediction, as I understand it, of what would happen were you not to take any mitigating actions. But I do think the point you are raising is well worth debating with somebody much more technically competent to debate it than me; that is what I am saying.

**Sir Geoffrey Clifton-Brown:** We might well do that in future. The next question bears on what we have just been discussing. Given that SARSCoV E was identified in 2003, that MERS-CoV E was identified in 2012 and that zoonotic transfer, from animals to humans, was known to increase the virulence of covid viruses, why was the Government prepared only for an influenza virus? Indeed, all the PPE stock was totally geared towards influenza, and much of it had to be thrown away because it was not suitable for a coronavirus.

**Sir Chris Wormald:** It did not have to be thrown away. Indeed, we used a huge amount of it, but that is slightly beside the point. It is not correct that we had no preparations for coronavirus—and I will ask Ms Swinson to describe what we were doing—but there is one absolutely crucial point, which I have discussed with the chief medical officer. On this occasion, I will be him. The key difference with this pandemic, or one of them, is not between a coronavirus and an influenza virus; it is between a virus that has significant asymptomatic transmission and one that does not. Interestingly, SARS and MERS, I am told by my medical colleagues, also do not have significant asymptomatic transmission. They have some, as does flu, but nothing like to the levels we have seen in covid.

On your point on PPE, the enormous demand for PPE beyond clinical settings was driven by asymptomatic transmission, where you do not know who in the community has got the virus. There are definitely lessons to be learned, but not quite the ones you said. The thing we have been looking at for the last two years and will want to be looking at in future is that distinction of the diseases with high levels of asymptomatic transmission, which, as you say, put huge pressure on PPE.

The second area, which, it will not surprise the Committee to know, is one of our big learning points from covid so far, is the huge pressure that was put on diagnostics. This disease needs a greater level of testing than flu or SARS or MERS because knowing who has got it is very difficult. However, with those diseases it is much easier. Those are absolutely two pressure points, but this disease had this very high level of asymptomatic transmission.

We had done some things to prepare for coronaviruses—

Q39 **Sir Geoffrey Clifton-Brown:** It would be interesting to know what they are, because the Report seems to indicate that you hadn't had much preparation for coronavirus.

**Sir Chris Wormald:** We agree with the Report, and we think it is very good. Without question, flu was top of our risk list. The biggest preparations we had in our base case were all based around flu. That is why it is not correct



to say that we had not prepared for other things, but we were not prepared in the same level as we were for flu.

**Q40 Sir Geoffrey Clifton-Brown:** That is a very interesting reply, Sir Chris. Perhaps Ms Swinson can answer both of my next questions at the same time. Looking at figure 9 on page 47, why were the exercises Winter Willow and Cygnus, relating to influenza, given so much more prominence than Valverde and Alice, relating to coronavirus and MERS? That table does seem to indicate that the Government were focusing much more on an influenza pandemic than either a MERS or SARS-type pandemic.

**Clara Swinson:** I will take those together. On the national risk register, as the NAO Report has set out, there is both the risk of pandemic flu and of a severe new emerging infection of SARS or MERS. Both of those were prepared for in terms of their likelihood and their impact. They were both set out in the national risk register, and they both had exercises alongside them, as you say. Willow and Cygnus were very large, whole-system exercises because of the pandemic potential. The expert advice at the time was that the coronavirus did not have the same level of pandemic potential, and the types of mortality were at 35% and 10% respectively for SARS and MERS. So it is true that we have had a coronavirus with a lower mortality, but it had the pandemic effect.

You talked about the exercises there were for pan-flu. Exercise Alice looked at MERS and learned from Ebola, in terms of the interest, the amount of time that was put into it and then the emergency response. The system needed to take all those lessons from those reports and prepare for a range of different risks.

**Chair:** Thank you. Over to you, Mr Peter Grant MP.

**Q41 Peter Grant:** May I follow on from those last answers please, Ms Swinson, and also from the very helpful answer that Sir Chris Wormald gave earlier on about the significant asymptomatic transmission being almost a gamechanger for this one? Does that mean that we were not prepared for a virus with significant asymptomatic transmission? If we were not prepared for it, why not?

**Clara Swinson:** In terms of the best expert advice at the time, looking at flu and at coronaviruses, there definitely was evidence of asymptomatic infection, but the consensus was that the level of asymptomatic transmission, as Sir Chris has set out, was very much higher, as it transpired, than anyone had thought would be the case.

So, that led to the fact that for our testing capability, our PPE and so on, there were elements—I am sure we will come on to debate this more—in our pandemic flu plan that were very relevant for this pandemic, and there were some which, because of the type of virus, we were not as fully prepared for.

**Q42 Peter Grant:** Just to be clear, I am looking at the preparation that was done. It could have been done five or 10 years previous to covid-19 first



## HOUSE OF COMMONS

beginning to emerge, so effectively it was how well prepared were we against whatever kind of hypothetical virus might be the next pandemic.

There was a bit of a scare with bird flu, but the last big public health scare that I can remember was before that, in the 1980s, with HIV, which was a classic and lethal example of very high risk, asymptomatic transmission. The reason it was so deadly was that people could be highly infectious for months or years, and have no idea there was anything wrong with them.

Why did the experience of HIV not lead the experts to recognise that? Although we might not have known of a respiratory virus with those characteristics in existence at the time, surely somebody should have recognised the possibility that it would happen, and that a lot of the preparations we had made for things such as flu, in its various guises, would not give us adequate protection against a respiratory virus with the unusual characteristic of asymptomatic transmission?

**Sir Chris Wormald:** I will go first. The Committee raises extremely important and interesting questions, which I am sure are the ones that people will want to reflect on; I know our scientific advisers do, as I am sure will come up in the public inquiry.

As you say, there are colossal differences between HIV and a respiratory disease. As Ms Swinson has set out, we were acting on scientific advice based on the best evidence available at the time, and our scientists continued to believe that it was the advice, based on what we knew at the time, that was appropriate.

Whether this assumption is correct, I am sure will be tested, but it was certainly thought that if you were ready for an influenza pandemic, which this Committee knows has the potential to be considerably more serious than even the very serious situation we have had with covid, then you were also ready for lots of other threats, whether they were influenza or not. In a number of cases, that has turned out to be correct.

We have used huge chunks of the influenza plan in our response to covid. Some of the most vital things we did prior to the pandemic were things like the investments that NIHR was making in the vaccines network, which provided the foundations for creating new vaccines at speed; ditto on therapeutics. In fact, all sorts of things that we did in relation to both influenza and the other preparations that Ms Swinson has described fundamentally changed the course of the pandemic.

Are there other things on top of that? Clearly, yes. As I have said—I think I have said it to this Committee, but I have certainly said it to a Committee—one of the things that this kind of thing does is basically test your national resilience, not just your planning. What is your resilience? In things such as vaccines, where we were very strong in therapeutics and have always been very strong, they have performed exceptionally well. In some areas, as I say, this virus has put a spotlight on domestic capability to create PPE and on our diagnostic capacity, which, as I say, the nature of the disease put a



particular strain on. Clearly, we were nothing like as good at those at the beginning of the pandemic as we were with the vaccines and therapeutics, just to take those examples.

What happened will obviously be debated a lot, but I would conclude that an awful lot in our preparations for a flu pandemic massively helped not just us but the whole world, particularly around vaccines, and there were other areas where clearly we could have been as strong as we were at vaccines and therapeutics. All those are debatable positions, which I completely accept, and I am sure the question you raise will continue to be debated both in general and in scientific communities, as you have pointed to, but those would be my reflections.

**Q43 Peter Grant:** Thank you. I want to move to Mr Chisholm, to look at the impact of the restrictions that had to be imposed and the extent to which we were prepared or not prepared for that. One of our colleagues on the Committee asked a question quite early on and was told by a representative of BEIS, I think, that effectively there had been no preplanning for the economic impact of a lockdown or partial lockdown.

From what we have heard today, Mr Chisholm, would it be reasonable to say that there was a risk of a respiratory virus whereby an apparently healthy person could be highly infectious, to put it in laypersons' terms, and that that was the factor that meant social distancing, and effectively a lockdown of parts of industry, became necessary? The missing piece of the jigsaw that I have now been able to get to is: was it the lack of realisation of that risk that ultimately meant that the Government were ready for some of the health impacts and to take action for an emergency health response, but that the emergency response to help industries that had been shut down simply was not there? Was that all because of the fact that nobody had identified the potential risk of a respiratory virus that could be so easily transmitted by people who did not seem to be so ill?

**Alex Chisholm:** I think there is a very strong connection there because, as we have heard, the asymptomatic character of coronavirus did require, in the end, the social distancing rules and, ultimately, the lockdown. It was both the comprehensiveness and duration of that that had the huge economic and social effects that you refer to.

Going back a little bit before we go forward again, it is the case that the two big exercises that Clara referred to—Winter Willow and Cygnus—were big cross-government exercises. They involved multiple Departments, and the preparations overseen by the pandemic flu readiness programme looked at food supplies, schools, port operations, public events, criminal proceedings, HMRC's functions and so forth. All of that was part of it, and it enabled us to be ready—for example, with the legislative provisions, with the surge capacity, and with some of the continuity arrangements that enabled the Government to continue to operate, even during the period of the lockdown. I think it is also the case that when we look at the speed and effectiveness of the response, although some of those preparations beforehand by the economic Departments do not look as comprehensive as those put in place



## HOUSE OF COMMONS

by the Department of Health, the response was nevertheless very rapid. Other countries had to put in place employment support schemes, and I think it was from the announcement that there was a lockdown to the putting in place of a comprehensive employment support—

**Q44 Chair:** That is after the event. We are talking about the planning.

**Alex Chisholm:** It was three and a half weeks, and we sustained employment at a very high rate.

**Q45 Chair:** No one is disagreeing with you on that. I am not disagreeing at all. We have covered that a lot. What we are trying to look at is risk planning ahead. Yes, lots of amazing things happened at pace, but we are looking at that planning for risk. It is that pre-planning that Mr Grant is trying to probe. Can we focus on that? Otherwise we will revisit everything that has happened since the pandemic started, which would take us more than the afternoon.

**Sir Chris Wormald:** We will all get the chance to do that at length, I am sure.

**Chair:** Yes, I am sure. You will be called to give evidence, no doubt.

**Sir Chris Wormald:** I would add a couple of things in answer to Mr Grant's question. One point of nuance: some level of social distancing and what are known as non-pharmaceutical interventions have been in all the plans. For example, the flu plan talks about the shutting of schools and so on. The question is the magnitude as opposed to the existence. Again, my friend the chief medical officer points out that actually a number of these things have been in pretty much every single human response to pandemics since the beginning of time, including those ones in the 20th century. The question is about the magnitude of the NPIs that were needed in this case, and the level of planning.

I go back to my point about resilience versus plans. The reason it was able to be done in three and a half weeks is that we have a very sophisticated benefits system, a very sophisticated HMRC, a very sophisticated Treasury, who are able to do those things. I will not go over the history of the three and a half weeks, but, as I say, there is a balance between the question you asked—"Do we have strong institutions and systems that are able to respond to the unexpected?"—as opposed to "Ah, yes, Y has happened, I will take plan 16D off the shelf and implement that". Well, an awful lot of learning is actually, strong, resilient institutions that know what they do and can react to things that were not predicted. That has been hugely important, alongside planning. That we had planned all that vaccine stuff and all that was obviously very important, but you also need things that are capable of responding quickly to the unexpected things. That is certainly going to be another of my learning points after the pandemic. When we are looking at our systems, the question to answer is not just, "Do they have a plan?" but "Are they a strong enough thing to stand up and deal with what happens?" That needs to be a greater part of our thinking.



## HOUSE OF COMMONS

**Alex Chisholm:** Yes, and just to make another point, if I may, about learning from crises, we should not only learn from health crises for economic support. Obviously, we have had a number of economic crises and, in particular, I think the response was strong and rapid because of the experience of the global financial crisis and learnings from that—in particular, the understanding from previous historic recessions that you need to maintain the continuity and the link between employees and employers, and that if you break that, you can get considerable long-term unemployment and scarring effects; and, equally, in a major supply and demand side shock of this kind, of almost unprecedented scale, the Government have to step in and provide considerable financial support in the form of grants to businesses. I do not think that was something that needed to be worked at by only a kind of health-focused desktop exercise or preparations of that kind; it was also something that was learned from our own economic history, and that enabled us to respond quickly.

The other thing is that it is not just the, if you like, intention and the know-how about what you are trying to do. It is also the ability to do it. The other thing I would emphasise is that we have learned how investment in digital systems, which I know we have discussed in this Committee before, is critical to speed of response. That was very clear in the ability to increase universal credit payments through a digital-only route and for HMRC to be able to make digital payments back to firms and self-employed people. All of that would have been almost unimaginable in the analogue, paper-based environment. So, historic and recent history to invest in those very important systems did enable us to respond very quickly.

**Q46 Chair:** Perhaps I will make the observation about whether investing in those systems was designed to deal with an emergency or investing in those systems was designed to deal with a better service to consumers, as with HMRC. You are not suggesting, Mr Chisholm, that that was all there as part of your magic risk management programme?

**Alex Chisholm:** Absolutely not, but we ought to be aware that making improvements in customer service levels and overall efficiency, which absolutely drove those investments, also improves your ability to respond very quickly. And that was very evident, as I say. On one evening, I think, 140,000 universal credit applications were processed online. Again, that would not have been possible without—

**Sir Chris Wormald:** Yes, it is the sort of point I am making: do you have an underlying resilient system, as opposed to can you turn things—

**Chair:** We are going to dig into that a bit more, starting with Sir Geoffrey Clifton-Brown again.

**Q47 Sir Geoffrey Clifton-Brown:** Sir Chris, brief question with a brief answer, please: what will be the role and remit of the new pandemic disease capabilities board?

**Sir Chris Wormald:** That is one for Clara.



## HOUSE OF COMMONS

**Clara Swinson:** That is right. Jointly, between the Department of Health and Social Care and the Cabinet Office, that is the cross-Government programme and board looking at preparations for response to all pandemics.

Q48 **Sir Geoffrey Clifton-Brown:** Okay, thank you. Sir Chris, I am sure that you will tell me that this, too, should have been a question for the Chief Scientific Officer, but you are a very good— **Sir Chris Wormald:** I'll give it a go, though.

**Sir Geoffrey Clifton-Brown:** You are a very good spokesman in his place. You may not remember, but on 17 September *The Times* stated that HSE—the Health and Safety Executive—had been notified of 103 incidents of serious laboratory leaks, including from nine of our most secure CL4 laboratories, and also including the 2007 incident at Pirbright, which led to the foot and mouth incident, when 2,000 cattle were slaughtered.

Some people have made the point that we should be less secretive about these leaks and more open, and debate the difficulty of keeping laboratories secure as opposed to the benefits of research.

**Sir Chris Wormald:** This one is not for me, but it is for Mr Hargreaves.

**Sir Geoffrey Clifton-Brown:** Sorry—Mr Hargreaves.

**Roger Hargreaves:** Obviously, the pandemic has raised interest in biological security issues more generally, so in the integrated review last year we committed to update the biological security strategy. Work on that is now under way, led out of the Cabinet Office, and the intention is to deliver that new strategy—or the refresh of that strategy—during the course of this year. Lab security is one of the topics that will be covered by that. But it is a broad-ranging topic, and looks at both threats and opportunities; it is a very wide-ranging field.

In terms of the UK's own record on security, it is actually very good. We have some of the most stringent regimes in the world, and these are all examples of incidents, but incidents that have been well handled and learnt from, and the lessons have been incorporated into the regulatory regime. But the specific point will be addressed in the strategy this year.

Q49 **Sir Geoffrey Clifton-Brown:** Thank you; that is very helpful. Can I come back, perhaps either to Mr Chisholm or yourself, to the questions that I was asking about the role of the CRO, and ask you about the fundamental principles, or the three lines of defence, included in the Orange Book, the Government's standard risk management in the public sector? The first line—Departments, ALBs, local authorities, etc—own their own risks, second-line functions oversee risks and provide guidance, best practice, oversight and advice, and the third line is that internal audit provides assurance. Is that hierarchy well embedded in the Cabinet Office?

**Alex Chisholm:** Yes, it is, and indeed I think that the Government are happy that the Orange Book remains fit for purpose; I think that it was reviewed and updated just in October last year, but not substantially in the



## HOUSE OF COMMONS

light of the pandemic. Those three lines of defence seem the right approach to us.

The point that you were getting at beforehand, I think, was that if you have multiple different crises at the same time and if you have things that are of very long duration and system-wide, you may need to look a bit harder at that lead Government Department-type approach, because that puts a terrific amount of strain on a single Government Department, even a very capable one, such as DHSC, in that situation.

So that is probably a tweak and I am sure that there are other tweaks that we can give it, but I think the basic three-lines approach is correct and it is certainly observed in the Cabinet Office and other Departments that I see.

**Q50 Sir Geoffrey Clifton-Brown:** So, just perhaps to add to that final bit about multiple problems at the same time, it might not just be, say, a health pandemic. What would have happened, for example, if we had had a serious flooding incident in the middle of the pandemic? These are the sorts of scenarios that I think the Government need to plan for—not just one type of disaster but multiple types of disaster.

**Alex Chisholm:** That is absolutely right, and that is also the reality of working in Government. Again, the Committee has heard and Parliament has heard about the experience of dealing with the Kabul evacuation and relocation last year. That came to a zenith in August. There are other types of crisis that we have had to deal with and that is the essence, I suppose, of the work of the Civil Contingencies Secretariat.

**Roger Hargreaves:** The Civil Contingencies Secretariat is set up to deal with short-duration events—two or three weeks' worth of emergency, or maybe a little longer in certain circumstances. Certainly it was heavily engaged at the start of the pandemic, but the intention was always that after that period we would revert to normal or, because the situation will have passed or the situation will be under control, it could be moved back into policy functions in Departments.

In the case of an enduring problem, as we saw with covid, new structures need to be created to deal with it. In the covid case, the covid taskforce was created, and that has been looking after covid as an issue and leading the co-ordination work in Government. We in CCS have been getting on with both dealing with other emergencies as they have come up, and also building future capability such as the work in the board, which is considering pandemic planning across Government. So the system is designed to deliver that, although we think there could be improvements, particularly how you transition into those taskforces to deal with the enduring emergencies.

**Sir Chris Wormald:** I should point out, because I think this is a very interesting point, that exactly the same happens at departmental level. I have an emergency directorate that works for Clara. It deals with the mini, short-term incidents, many of which turn up for this Committee— WannaCry or whatever—and it is designed to deal with a short-term incident and how

to deal with it. To create a system able to manage a pandemic that has gone on for two years, we have completely restructured the entire Department around our covid battle plan, which Clara also runs.

Obviously, you can do that, but the interesting question to reflect on is that, of course, at the beginning of these crises you do not know whether you are in an incident or the next two years and counting of our lives. We have very sophisticated systems for incident management, and we are capable of building at speed systems to manage something over a long period of time. One of the challenging bits was the crossover between the two, and one of the bits that we will want to think about is how we do that better. For the crossover from an incident, we have to restructure how we do government or how a Department runs itself.

**Q51 Sir Geoffrey Clifton-Brown:** Thank you very much. Mr Hargreaves, can I ask you about top-level existential risks to mankind? Hopefully, we will not get beyond anything we have seen so far, but we have to at least think about it. I have no way of judging this academically, but it would be interesting if your Department did. A book has just been published by Toby Ord of Oxford University—I do not know whether you are familiar with it but, if not, it is worth looking at—and it has a table of the probabilities of existential risks to mankind. Interestingly enough, natural risks are one in 10,000 over the next 100 years, but man-made risks are one in six. A major risk is uncontrolled artificial intelligence. Would your Department look at those top-level existential risks to mankind?

**Roger Hargreaves:** I have read the book. It is not the most uplifting book after a day in the bunker, but it is nevertheless really interesting. I have met Toby Ord and his team two or three times. Indeed, when the last Paymaster General launched the call for evidence on the resilience strategy last summer, she name-checked his work because it is very relevant to the way we consider risks in future.

The nature of existential risks is quite different to some of those that we are preparing for now and it requires handling in a different way. As the book explains and as the general thinking about existential risks explains, these are things that cannot be dealt with on a national basis. They require a global response because they are things that affect the potential of humankind, not just individual parts of the world.

Our thinking at the moment is that we cannot do something very precise around these existential risks in the way that we do with our national risk register at the moment, but we can do something probably more effective, which is initiate a broader public debate about these existential risks, so we are thinking about how, when we publish the next version of the national risk register, we can offer some commentary alongside it about some of these very wide-ranging existential threats in order to foster broad national and international debate.



## HOUSE OF COMMONS

Solving those problems is not a short-term job; some of those problems are very big and will take decades of effort. It is about starting the process, rather than just coming up with a plan.

**Q52 Sir Geoffrey Clifton-Brown:** Is there any work going on, by the UN or whoever else, on these worldwide existential risks, so that people are at least recognising them, if not necessarily coming up with solutions?

**Roger Hargreaves:** I am not aware of any work on these risks as a category or cluster. However, among the risks I number some that are the focus of either sustained academic interest or substantial international effort. Climate change is one example; obviously there is a huge architecture internationally looking at that. Whereas some of the risks you described around artificial intelligence are the subject of a lot of academic, business and public debate, but are not the subject of a programme of work.

All of these things are a journey. A good example of something that has been on that journey are nuclear weapons, which have been cited as the most prominent recent example, but are a good case study for beginning that debate publicly. It is only by shining a light on it that progress is made internationally.

**Alex Chisholm:** On the specific example you mentioned of generalpurpose artificial intelligence, it is obviously an area of great concern for the UK and other responsible countries around the world. You may have had a chance to listen to the Reith lectures last year; the third one addresses that exact topic. As you heard from that—as you have indicated you did—there is a lot of international regulatory work being put in place.

**Sir Geoffrey Clifton-Brown:** Very interesting it was too, that Reith lecture.

**Q53 Dan Carden:** Following on from that, I am particularly interested to hear from Ms Swinson and Mr Hargreaves on international co-operation throughout this pandemic. World leaders often talk of multilateralism and wanting to work together. However, throughout the pandemic we have seen vaccine nationalism, and the EU threatened to refuse to export vaccines. I wondered, aside from the rhetoric of world leaders, what does the machinery of government look like between states, and what lessons can be learned? What should the Committee be looking at?

**Clara Swinson:** I am happy to talk a little about that. Obviously, the Department of Health and Social Care leads on our engagement with the World Health Organisation, on both the response to the current pandemic and our response to all emergencies. There has been lots of work done with them previously on the response to Ebola. Then there are groups such as the G7, consisting of likeminded countries. The UK having the presidency last year meant that a large health track of work was done, and the leader's track came up with the Carbis bay declaration, covering collaboration on clinical trials. That is something that the UK has led on for covid-19, but the declaration covered how it would be done for other diseases. The 100-day vaccine challenge is something that the



## HOUSE OF COMMONS

Government's chief scientific advisor led.

On vaccines, there is a balance to be struck with what countries have done individually. However, the donations to the COVAX coronavirus vaccine facility, co-ordinated by the WHO—both in kind and in money—are an incredibly important part of our response to minimise the impact of covid worldwide. It is only when there is less circulation worldwide that the world as a whole can move on from pandemic to endemic.

**Q54 Dan Carden:** Do you think preparedness could be better, in terms of international co-operation? I understand that we have seen a lot of realtime responses throughout the pandemic. Do you feel like there is enough engagement at the international level to prepare for future emergencies?

**Clara Swinson:** There certainly is a lot of engagement, but whether that is enough given what countries have been through over the last couple of years is a question that I think most countries are asking themselves. In terms of the responsibilities for countries under the international health regulations, you may know that we are seeking a new pandemic treaty through the WHO that would place greater obligations on countries.

On WHO reform overall, at the start of this a pandemic was declared, and before that it was a public health emergency of international concern, but one thing I would have liked to see is a kind of earlier alert level that is not definite but which puts countries on notice of the type of threats. There is a range of things that we are working with different countries on in order to strengthen the WHO architecture, as we did after Ebola. Obviously, if you can get things agreed through the WHO, they are worldwide, but by its very nature that is a harder and longer thing to do than getting bilateral agreements or agreements between multilateral, smaller groups of countries.

**Dan Carden:** Thank you. Mr Hargreaves?

**Roger Hargreaves:** We plan to recognise this point in the resilience strategy. In the call for evidence, we proposed six thematic areas, the sixth of which was resilience in a global context. The UK is a very open society with extensive trading relationships and human relationships around the world, and therefore responding to emergencies in partnership with other countries is a very likely situation, and emergencies arising abroad but coming to and affecting the UK is very likely. The networks that we maintain internationally have to be protected as part of any approach to resilience. We recognise that we have to do even more on this. It will be a very central feature of the strategy.

**Q55 Shaun Bailey:** A couple of points from me. I want to examine the pandemic diseases capability board a bit more. Surely one of the successes of the board will be around how it assesses risk going forward. In response to the previous question from Sir Geoffrey Clifton-Brown, I detected something of a reticence to hand over a degree of responsibility. Sir Chris, how are you balancing that, in terms of handing over those responsibilities? Do you



## HOUSE OF COMMONS

feel comfortable handing over those responsibilities to this new control board? How are you going to try to balance that out?

**Sir Chris Wormald:** Having a cross-Government thing is absolutely essential. I don't think anyone would debate that. I don't think there is any reticence about handing things over. There are definite questions about at what level it is right to hold which responsibility. I will take the example of the chief risk officer, which we were debating earlier. You can make a very good case for that, but it also has downsides. The question is who actually does what. I put it to you that, when it comes to who is going to advise the Prime Minister on the likelihood of something turning into a pandemic or not, you probably want that to be the chief medical officer. You might have a chief risk officer in the room or you might not. The person you will definitely have in the room— In the UK's case, it would be a view from the four chief medical officers, and they are the right set of people to advise on that risk. That is not to say that you do not need things in the centre that look across the piece in the way that Alex and Roger described. However, in designing these systems, you definitely need that top bit, and then you need particular expertise, which is normally held at departmental level.

Q56 **Shaun Bailey:** I get that, but if we are talking about one civil service, surely that responsibility trickles down. You joined the service in 1991, didn't you?

**Sir Chris Wormald:** You are very well informed.

Q57 **Shaun Bailey:** When you joined the civil service in '91—a bit before my lifetime, Chair—you would have had a degree of responsibility to identify that risk, and that would feed up the chain, wouldn't it?

**Chair:** Just to remind you how long you have been serving, Sir Chris.

**Shaun Bailey:** So surely, if we take that approach, I can see the logic of who ultimately delivers that advice, but would you not accept that it is for the whole organisation to have some degree of responsibility? It does not matter who is delivering the message.

**Sir Chris Wormald:** Oh, of course. It is not about who delivers the message.

Q58 **Shaun Bailey:** But I do have some slight concerns if we take your rationale on the CRO point, which is to almost say that there is a reluctance to have that purse. On the CRO point, in the same way, it would still sit within that structure, wouldn't it? It would still be your responsibility, alongside the officials underneath you, to feed into that risk culture. I am just struggling to understand, on this point, where the reluctance is for a centralised role. The Boardman review identified this need for centralisation.

**Sir Chris Wormald:** The questions are not about whether it exists; it is the "who does what". In my example, it is not simply about who is delivering the message; it is about whose judgment. One of the key responsibilities of a CMO is to synthesise medical and scientific advice and take a judgment about what—



Q59 **Shaun Bailey:** But, Sir Chris, the CMO is not looking at all the information. The CMO is going to be advised further down the chain.

**Sir Chris Wormald:** No, of course. The question is what happens when it gets to the centre, and whose judgment and advice. Of course you need the cross co-ordination bit, but you also need serious experts in their field who are taking, as Professor Whitty does, personal responsibility and accountability for a piece of advice, not as a contribution to anything. Of course I am advised by lots of people, but I, as chief medical officer, am advising x in line with my professional responsibilities. The chief scientific advisor does the same, and the chief of general staff does the same.

Q60 **Shaun Bailey:** Perhaps I am being a bit slow, but in a structure that has the collaboration that you just talked about, which I completely endorse and agree with, surely that would happen because you would talk to each other. Whoever is analysing that central responsibility for risk is going to be having those conversations in the room, so the accountability— whether that is the CMO or you as the permanent secretary—would still ultimately be able to provide that advice.

**Sir Chris Wormald:** Oh, absolutely. I am not really disagreeing with you. What I am saying is you have to have the right levels of accountability. You need the central bit, and then you need a departmental bit. You could take the example of accounting officers. If I sat here and said, "Well, that's a money question and it's a matter for the Treasury, so I advise the Treasury," as opposed to, "In line with my responsibilities, I am accountable for this set of money and I answer your questions on them," that is not saying that the Treasury does not have a phenomenally important role. It is not saying that I don't advise them and that they don't co-ordinate across Government, but it is saying that, at departmental level, there are some people who have accountability and responsibility for things. Really, we are talking about that. I am not disagreeing with your model at all. It is the distribution of responsibility that we need to look at.

**Chair:** Mr Chisholm wants to come in.

**Alex Chisholm:** It may help the Committee to make a distinction between risk management as a profession and as a practice. We agree that we need to have a head of risk management profession with us who is responsible for the practices, skills and frameworks and for trying to make sure we have the correct capabilities across Government. That is a good thing, so there we are kind of a tick. Where we are just being cautious— you are right to use the word "reticence"—we do not want to say that the risk owners in all cases are that same person, because it would be impossible, when you look at the 130 different risks on the national risk register, for someone who is an expert on nuclear also to be the person who is good for floods, counterterrorism and all the other things out there. Hopefully, that clarifies what we mean.

Q61 **Shaun Bailey:** That is useful. If we just look at vaccine procurement, though, that was an example where risk got streamlined and centralised, and it was



a huge success. If we are taking this point about learning lessons from the pandemic and looking at Kate Bingham's work around that, is there not an argument there? I appreciate what you say about the level of risks that you have to deal with, but is that not an example of how that can actually operate more effectively?

**Sir Chris Wormald:** I think—this is going to sound awful—it supports both our cases. As you say, it was centralised and it has been exceptionally effective, but it also involved getting some serious, serious experts in that particular field from both within and beyond the civil service, and giving them considerable freedom of action, accountability and resources, and then letting them get on with it.

I think that supports your point that there are things that are best done once, in a centralised place, but that doesn't necessarily mean in the Cabinet Office—the vaccine taskforce was not in the Cabinet Office. That mostly proves your case on centralisation, but it also proves mine about the balance between looking across and serious specialism, when you are managing risk.

**Shaun Bailey:** There seems to be some tentative agreement on that, but I will leave it there, Chair.

**Sir Chris Wormald:** I think we agree more than we have been suggesting.

**Chair:** We talked about good, clear, straightforward communication earlier, so let's strive for that in the last bit of this session. Sir Geoffrey Clifton-Brown is going to set us an example, and hopefully our witnesses will reciprocate.

Q62 **Sir Geoffrey Clifton-Brown:** Mr Chisholm, going back to my previous exchange with you and Mr Hargreaves, what is the UK doing to make sure it has the strongest possible representation in the international forums where you are dealing with these very large, perhaps existential, episodes of risk?

**Alex Chisholm:** I am afraid I will have to answer that in terms of which types of risk we are trying to deal with.

Q63 **Sir Geoffrey Clifton-Brown:** Mr Hargreaves said, and he is quite right, that these very big, existential risks cannot be dealt with by the UK. It doesn't matter what it is—whether it is climate change or whatever it is— it requires international cooperation.

**Alex Chisholm:** Yes, and that is absolutely right. The UK has always played a huge part in those international debates for that reason, but the forum will vary according to which type of risk we are dealing with. If it is a pandemic, it tends to be World Health Organisation-type organisations, or if we are talking about financial risk, it is IOSCO and things like that. All those are different fora, and we participate super-actively in them.

As we have discussed on other occasions, probably the single biggest long-term risk is around climate change. Obviously, the UK has just hosted



## HOUSE OF COMMONS

COP26, which is the international mechanism for trying to mitigate that risk in a very purposeful way. Again, we didn't have to volunteer to host that. We did it because we wanted to play our part and we thought it was very important. We thought we were quite effective in that international co-ordination effort.

I agree with the sentiment behind your question. These are global problems requiring global solutions, which is why we play our full part in those fora as part of our global Britain effort.

**Q64 Sir Geoffrey Clifton-Brown:** To come back from a multi-country scenario to something that the UK can control itself, let us talk about assessing risk, and the different ways that the private and public sectors assess risk. In some ways, the private sector is better at assessing risks than the public sector, partly because it is required to do so, for example by the regulator in the financial services sector, but there are other examples. What is being done by the Cabinet Office to align risk assessment between the private and public sectors more closely?

**Alex Chisholm:** Could we answer that in two parts? First, I will ask Roger to say something about the changes we are making to the way in which we approach the national security risk assessment in the light of feedback we have had from the House of Lords, among others. Then I might say something about the other part of the risk apparatus.

**Roger Hargreaves:** The NSRA process gets reviewed every round, but in light of the pandemic experience, we decided to do a much more fulsome review of the methodology this time round. That took place through the course of last year. We got the Royal Academy of Engineering to look at the way in which we did the private sector scrutiny and how we did the NSRA, and we went through our usual round of inviting external comment and bringing in many experts, inside and outside Government, to offer their views.

That has confirmed the merits of the NSRA as a tool for the purposes for which we use it. It is quite different to a lot of other risk-management challenges that organisations have inside the public sector, but also in the private sector, so there aren't necessarily easy things to lift across.

We are now proceeding with the NSRA in a slightly different format, with a broader approach to different worst-case scenarios. The risks are slightly more broadly drawn. For example, we are now talking about a pandemic risk rather than a pandemic influenza risk.

We are also looking at different timeframes. One of the challenges with risk is whether you look over a short timeframe, where you maybe understand better what the future holds, or whether you project further ahead, which provides for greater planning. There are also other changes we expect to bring in over time—for example, moving away from a cycle every two years to something that is updated more frequently and is more live as a tool. These are, on one level, technical adjustments, but they do respond both to



our experience over the last two or three years and what we see by way of best practice externally—

**Q65 Sir Geoffrey Clifton-Brown:** Before Mr Chisholm comes in, how often do you anticipate that those national risk assessments would be at least looked at to see whether they need updating, let alone updated?

**Roger Hargreaves:** At the moment we do them every two years, with a two-year horizon. For this round, we will look out to a five-year horizon, but still update it every two years, and the intention is that as soon as we practically can, we will move to live updates, so that there is a tool that you can look at any time and see the latest version. That doesn't mean necessarily creating a whole industry perpetually updating the risk, because the real prize is a focus on credible planning, but it doesn't mean something that is updated on a two-yearly basis and then left alone for the intervening period.

**Alex Chisholm:** I have a couple of things to add. I don't want to repeat things that we have said to you in writing, because you have them in those letters—the two letters of June and November set it out a bit. Obviously, it is incredibly important to enhance the professional capabilities of the people responsible for risk management, not just people who have risk management in their job title, but all of us who are involved in that. There has been a big effort to upgrade our skills in that regard.

We have also published new guidance documents—risk appetite, the good practice guide, risk reporting and risk management skills—and we are developing a new risk management strategy, which will be published shortly, as well as the move to create a head of the risk management profession that I mentioned already. All of those things do show that we recognise the need to further upgrade our management of risks, and in doing so, absolutely learning from the private sector where we can. One of the things you mentioned there was about what gets reported, in order to have that transparency and sense of accountability. Again, as part of the enhancements introduced by the Government finance function, I know they have added to the reporting requirements for Departments in their annual reports about what risks they face and what steps they have taken about that.

There is another area I would highlight, and I have been very much involved in all of this. If we look at the work of our audit risk and assurance committees, a few years ago perhaps they tended to focus a little bit on their own needs within a particular Department or arm's length body. We have now created a very strong network so that they join together and share experiences. I appear in front of them and they also come along to our civil service board, and so on. We are making sure that we can see those cross-cutting risks and we are learning from each other. A lot of the people who work on those audit committees are themselves from different backgrounds. They have come out of the energy sector or the financial services sector. So, again, they are bringing some external challenge to what we do.



**Q66 Sir Geoffrey Clifton-Brown:** Those are both very useful, comprehensive answers from both of you, and it is great to know that you are doing all that, but it is fairly high-level stuff. How are we going to bring the public—our constituents—into all this? How are we going to communicate this to the public? Could we, for example, make a report to Parliament on an annual basis, that could be debated by Parliament and might get some publicity, so the public knows what you are doing?

**Alex Chisholm:** I am very open to that. The idea of public engagement was at the core of the integrated review last spring when we published it. Obviously, the experience of the pandemic has really re-enforced that these massive, national, system-wide risks affect everybody, and there is no point just feeling that there is a group of specialists working in Government somewhere dealing with it; we have all had to deal with the consequences. That is the whole basis for that public consultation. As you heard from Roger earlier, a huge number of people have responded and engaged with that. That is what we want. We want people to feel that there are multiple actors within this, and also that the judgments about what is an acceptable level of risk and what is the correct level of investment to prevent those risks in the future cannot only be made by experts. They have to have parliamentary involvement and they have to engage the wider population.

**Q67 Sir Geoffrey Clifton-Brown:** As we said at the beginning, I think the response to that consultation shows that there is an appetite from the public out there to engage in this sort of issue, much more than there was probably before coronavirus.

**Alex Chisholm:** Yes.

**Roger Hargreaves:** We have said in the context of the resilience strategy that risk, and much clearer communication about risk, is one of the three foundational principles of it. We think that risk is the currency—the common means of exchange—around resilience that really motivates people and incentivises individuals and organisations to do the right thing, because then they can make their own choices based on evidence, so we expect the resilience strategy to spell out a much more ambitious approach to public communication on risk.

It has a little bit of a chequered history. Sometimes the Government talks to people about risk; we had “Protect and Survive” or the “Preparing for Emergencies” booklet about 15 years ago, which were at times mocked, and in some respects were successful and in other respects not. Talking to people about risk is a great way to cut through, but it has to be balanced and presented in a way that lends itself to practical action and connects with people—not just experts, but the public at large.

**Q68 Chair:** Thank you very much. Certainly, communications is one of the things we pick up.

I just want to go back to the risk officer role. Listening to colleagues’ questions and to what you have said, it seems that there is a real



## HOUSE OF COMMONS

institutional resistance across Whitehall to having a central risk officer, yet you have a medical officer, a science officer and all the rest—we can list them all. I think you said that you were “hesitant”, Mr Chisholm; you used that word. Can you just explain why? I do not understand what the problem is, given that the private sector has this role in every major organisation.

**Alex Chisholm:** Yes, and I can see that there are some precedents there, but they are very different. A bank is a large organisation and faces lots of different types of risk, but they are of a certain type: they are financial risks, and those are very different to the 130 different types of risk—those are just the high-level ones, of a particular level of severity and probability—that we include in the national risk register, so it would be difficult to say that one person had the expertise to be able to be an authority on all those topics.

Again, I emphasise that we agree we need to have a common practice and a head of the risk management function to be responsible for that across Government, but that is from a centre of excellence basis. What we do not want is to undo the sense of responsibility that people have for risks, and I know that Parliament has been very supportive of accounting officers being responsible for the risks in front of you. Obviously, there is the PAC, but also the whole structure we have for our major projects: “Who’s the senior responsible officer?” We want those people to have that responsibility.

**Q69 Chair:** Absolutely, but the two are not contrary. The risk officers in the private sector are planning up to 100 years for all sorts of worst-case scenarios and bringing in expertise. It might be that you have a risk exercise—Mr Hargreaves no doubt does this sort of work—where you say, “We’re going to do scenario planning for this risk”, and then you bring in the chief medical officer if it is about medical stuff, or you bring in someone about critical infrastructure if that is what it is about, but you need somebody doing that planning. At the moment, Mr Hargreaves, it seems that a lot of the civil contingencies bit of the risk register is in your bag, so would you say you are the nearest equivalent we have to a chief risk officer?

**Roger Hargreaves:** The role I have is making sure that we have, essentially, a risk register based on a common understanding—a common methodology—that then supports the work done by lead organisations in response to it. That requires a degree of understanding on our part, but not the sort of deep expertise across all risks that you would find the CMO would have around—

**Q70 Chair:** With respect, Mr Hargreaves—not that you do not have clout, I am sure—I would suggest that it would be hard for you to go and tell an accounting officer in a Department what to do, if you are the one responsible for risks in your own Department. There seems to be a resistance to having someone to challenge your roles as accounting officers, or as experts in your Departments, about something that is a bigger risk. I have been on pandemic planning Cabinet committees in the past, and we still didn’t see all the breadth of the risk that this pandemic has led to: economic, health, business, school, education. All of those



## HOUSE OF COMMONS

needed their own level of risk. Each Department definitely had a role, but where was the big, overarching clout?

**Sir Chris Wormald:** There are two things in what you said, because as I say, I do not think we actually disagree as much as we are perhaps presenting.

**Chair:** Go on—help me along here.

**Sir Chris Wormald:** The challenge function you have just described is absolutely essential.

Q71 **Chair:** Where is that now? We don't have it, do we?

**Sir Chris Wormald:** That is the work that my colleagues have described: having something strong and central that is doing the cross-government risks—those that go beyond more than one Department—and the challenge, professional leadership, systems, good practice and all that. That, I think, is all common ground.

The bit of what you said—it was when you talked about telling what to do. I will stick with my own territory: I do not want a situation where somebody who is not an epidemiologist thinks they can tell the chief medical officer what to do. That is my—

Q72 **Chair:** No, that is not what I was saying.

**Sir Chris Wormald:** No, sorry, that is exactly what you said; those were exactly your words. This is what I mean—

Q73 **Chair:** No, not to tell the chief medical officer what to do—not for a minute. But if there is a risk and you are doing a risk exercise, you will need to bring in the chief medical officer to advise on that.

**Sir Chris Wormald:** You did actually use the phrase “tell what to do”, but—

**Chair:** Yes, sorry, I used the phrase “tell what to do”—tell what to do in an exercise where you are trying to plan for a risk.

**Sir Chris Wormald:** Perhaps I misunderstood you.

**Chair:** But not to command other chief officers.

**Sir Chris Wormald:** Exactly, yes. So the line up to the point I have just described, that sort of role, I think would be highly beneficial. Something that goes beyond that—I should say that some other countries do this; it is a perfectly possible model.

Q74 **Chair:** Let's go back to the private sector. In, say, banking, a bank would lose its licence if it did not manage risk properly. There is no equivalent in Whitehall.

**Sir Chris Wormald:** No, and I don't think there can be. You are talking about 40% of—

**Chair:** There can, actually.

**Sir Chris Wormald:** No, sorry, you're talking about 40% of the economy, so when you try to choose the person—

**Chair:** But the regulator has huge powers over banks if they don't manage their risks properly, if they're not—

**Sir Chris Wormald:** Oh sorry, yes. I misunderstood what you meant.

Q75 **Chair:** There is no equivalent in Whitehall. It's pretty impossible, in a political system, to have some regulator to pull you up and say, "Sorry, your Department can't operate now, because you haven't met the"—well, there's an idea!

**Sir Chris Wormald:** I think Parliament, rather than somebody else, is supposed to hold us to account.

Q76 **Chair:** The other brake is public opinion, or I suppose that might be filtered through the politicians who are in power at any time. Each Government is worried about its own tomorrow problem and its own five-year horizon problem, broadly speaking; let's be honest. So there is a bit of challenge there about the grip of politicians on the risk issues, because there is a cost to mitigating risk and that is a cost that cannot be used for other agendas that the Government of the day wants to deal with.

It seems to me that what I have just uncovered there, Sir Chris, in your answer, is a real Whitehall mentality: "It's my Department. I'm the accounting officer. I'm responsible." On one level, that is right. On another level, though, where is the ability to have that very rigorous challenge across the piece. You know, Mr Chisholm, sitting in the Cabinet Office, how hard it is to influence Whitehall Departments. I have been on this Committee for 10 years. It takes a long time to make that change.

**Sir Chris Wormald:** Yes, okay. I think we completely agree, actually. It would obviously be tremendously convenient for me if somebody else was accountable for all my risks—that would obviously be lovely—but I genuinely do not think that is the right way forward.

Q77 **Chair:** You are the accounting officer, so—

**Sir Chris Wormald:** Yes, and that is what you expect of me.

The kind of role I just described is, I think, very, very important. And then we do, of course, have the equivalence of what you described in banking—well, maybe not the equivalence. We do it at sector level, so the CQC, when it is looking at care homes and hospitals, is doing risk assessments and asking those institutions how they are managing risk. We do it at sector level.

**Chair:** Yes, exactly.

**Sir Chris Wormald:** I think the question is one of practicality. For something that covers 40% of the economy, is there a person whom you



## HOUSE OF COMMONS

would appoint who is actually able to do that across 40% of the economy? I am not sure that you could. To the level of systems, as we were just debating, I think you can, and I do think that is an important way forward.

But I don't think it can run like the chief risk officer of a bank. That is more equivalent to the head of the CQC—

**Q78 Chair:** Can I pick you up on the CQC example? The CQC will assess risk in the social care sector, but the CQC would not have planned or measured their risk management for a pandemic of the nature that we have just seen, where they had to make decisions—not just one care home but the whole sector could not allow visitors, and had to have mitigations in place and so on. That is part of the role, surely, of an overarching risk officer—

**Sir Chris Wormald:** Exactly, and I am not saying this system does not have to be improved. As I say, I am agreeing with a large quantity of what you are saying.

**Q79 Chair:** There is resistance to having a chief risk officer.

**Sir Chris Wormald:** Saying we are going to have a single person in Government who is going to manage all that is a very, very simple answer and it sounds quite appealing. I am not sure it is practical; that is my point. That can be debated. I think it is certainly practical to the limits that you and I were just agreeing on, in terms of looking at the systems etc. It is when you get down to the management of individual risks—I may have slightly misunderstood what you are saying.

**Q80 Chair:** The Orange Book lays out the tiers, which you have to have, as Sir Geoffrey raised. Everybody has a responsibility. It is a bit like with cybersecurity. We each have to have our own passwords, from the bottom to the top. However, somebody has an overarching responsibility. Banks do not deal only with financial issues. No body stands alone in dealing with just its professional area, because they have to deal with the outside risk coming in. The chief risk officer has that role. It seems to me that your problem with this is that you cannot think of an individual who would be capable of being appointed to that position.

**Sir Chris Wormald:** I think that is a pertinent point.

**Q81 Chair:** How do you know until you try? There are people out there doing this work.

**Sir Chris Wormald:** As I say, I think we agree on more than we think. However, I don't think your parallel is appropriate.

**Chair:** The chief scientific officer has to cover a range of scientific issues. That is a very important job.

**Sir Chris Wormald:** Yes, it is a very tough job.

**Chair:** Maybe before that was created, people thought that was impossible.



## HOUSE OF COMMONS

**Sir Chris Wormald:** As I say, my question is practicality, not principle. The biggest bank—I do not know this off the top of my head—is probably 0.1% of the economy or something like that. We are talking here about 40% of the economy. There is lots to learn from the private sector, I agree with Sir Geoffrey on that, but you are talking about a scale that is way off the chart of anything in the private sector.

**Chair:** But with the talented accounting officers we have in Whitehall, I'm sure they could—

**Sir Chris Wormald:** As I say, I think it is a practical debate, not a principle debate.

**Chair:** Very briefly, Mr Chisholm, because I want to bring in Sir Geoffrey, and I am aware of the time.

**Alex Chisholm:** Very briefly, it has been a very helpful debate, and I think we enthusiastically agree about the need for external challenge—we have a lot of it, but we could use more of it—and on the need for more common practice in this area. We do not want to do anything to weaken the chains of responsibility and expertise. I suppose that is the area of debate.

The only other thing I want to add is that we have focused a lot on risk, but the other central area is resilience and trying to invest in our ability to predict, anticipate, head off, prevent, deal with, mitigate, respond to and recover from crises as they come along. That is an area where we will invest a lot of new effort as part of our resilience strategy, as I said before.

Q82 **Chair:** That is resilience of the public sector, particularly, isn't it?

**Alex Chisholm:** It is national resilience, so it is the whole economy and the whole of society.

Q83 **Sir Geoffrey Clifton-Brown:** I am sitting here with increasing frustration listening to the resistance to having a CRO. I think it is a misunderstanding—perhaps between us, or perhaps by you—of the function of a CRO. The function of a CRO is not to take away the responsibility for risk from the individual accounting officers, such as you two in your two Departments. It is to advise across government as to what should be done and what needs to be done in planning for a risk. What will the population stand for, in terms of Government regulation— behavioural science, if you like—relating to a particular pandemic and a particular risk? How will risks be spread across different Departments in Government, let alone local government? We have not even talked about local government's role in a pandemic this afternoon.

I would have thought there is a huge role for a CRO to actually—he wouldn't be usurping any of your powers. He would actually be complementary to the chief medical officer, the chief scientific officer and, indeed, to all your roles as accounting officers. He is another resource that could be called on in a pandemic, or in planning for a pandemic.



**Chair:** Or she.

**Sir Geoffrey Clifton-Brown:** Or she, yes.

**Alex Chisholm:** We certainly need the structures and the capability for that. To use the particular example that you gave on how the general public are likely to react to rules and regulations in relation to a pandemic, we identified the need for that through our previous exercise, which is why the Government created the scientific pandemic insights group, which provides that exact function and states who the experts are, what the challenge is—

**Sir Geoffrey Clifton-Brown:** SPI-M.

**Alex Chisholm:** SPI-M, exactly. We agree that we need to have the structures in place. I suppose we are sceptical that a single person can hold all that knowledge and responsibility.

Q84 **Chair:** They don't; they are supported by a matrix of other people, like Mr Hargreaves, the chief medical officer, the chief scientific officer and the Environment Agency. All these bodies would feed in. It is about a matrix, is it not? Mr Hargreaves, surely you are doing that work already.

**Roger Hargreaves:** It is worth saying that a lot of what has been described there is what we do already, in terms of challenging Departments, offering that expertise across the piece or providing doctrine frameworks for assessment of how people are performing. The extension we have been considering, and working towards a pilot on, is moving from the sort of functional support, the second line of defence, into the third line, which is some form of audit or assessment process around departmental planning that measures, in a slightly more separate way, the standard of performance—akin to the work that the IPA does to look at major projects—and the extent to which we deliver. So we are thinking about potentially using that model, but around emergency planning. That will deliver much of what you describe.

Q85 **Chair:** What timeframe will you introduce that in?

**Roger Hargreaves:** We will be looking to do the pilot this year. We have already done quite a bit of work on it. What it does not do is put that responsibility into the hands of a single individual, but what it does do in terms of the substance of the proposal is deliver the outcomes that you describe.

**Chair:** Okay, that is very helpful.

Q86 **Shaun Bailey:** Just one quick question. At present, are you confident that there is a consistent interpretation across government as to the way in which you are to interpret the Orange Book and the risks presented within it? How I interpret the exchange we have just had is that at present it is really down to the individual Department to frame that risk response and that interpretation. If that is the case—I hope I have misinterpreted, to be



## HOUSE OF COMMONS

honest—and I have interpreted that correctly, is that not absolutely inefficient beyond belief?

**Sir Chris Wormald:** No, I do not think it is quite that. It is exactly like the accounting officer responsibility. It is in the end my personal responsibility to interpret managing public money. I am advised by my friends at the Treasury, who also have a key role in ensuring it is done consistently across government, but the ultimate decision is mine. I think we are talking about the same thing, which is why I don't think we really disagree.

Q87 **Shaun Bailey:** But, Sir Chris, you are one civil service, aren't you?

**Chair:** That is a long pause.

**Sir Chris Wormald:** Not personally. Just to be clear, you are not suggesting, I don't think, that that should not be my personal responsibility.

Q88 **Shaun Bailey:** I am not saying that, but what I am saying is that there should be consistency. The point I am making is about consistency.

**Sir Chris Wormald:** And as I say, if you take that example, it is quite clearly the Treasury's role to ensure consistency, but it is still my final decision.

Q89 **Shaun Bailey:** I would just say, Sir Chris, that that exchange is incredibly telling in the context of the conversation that we have just had. I get that that is your decision as the accounting officer. I don't think anyone is suggesting that we take that away, but that mantra—the point we have tried to get across as a Committee is that it is not about pulling that away; it is about providing—

**Sir Chris Wormald:** Yes, sorry, as I say—

Q90 **Shaun Bailey:** Can I just push you on that last point? You are one civil service, aren't you?

**Sir Chris Wormald:** Well, legally—

**Chair:** Not you personally.

**Sir Chris Wormald:** We are both one civil service and we are statutory Departments with specific legal powers and responsibilities.

Q91 **Shaun Bailey:** But it is the team mentality, surely. You operate on behalf of Her Majesty's Government.

**Sir Chris Wormald:** Yes, of course we do, but it is not a defence for me when I am exercising my accounting officer decisions to say, "The Treasury told me so."

Q92 **Shaun Bailey:** So as a member of team civil service, you would want consistency throughout. You want your colleagues in the Treasury or in the Department for Education to operate on that basis.

**Sir Chris Wormald:** Of course I want consistency. I am finding it genuinely extraordinary that I am arguing this case to the Public Accounts Committee,

but I do actually believe that those personal responsibilities that individuals have within one civil service are really important.

**Q93 Chair:** Nobody is suggesting for a minute that that is not the case. We are probably talking at cross-purposes here. What Mr Hargreaves has outlined is doing the work on resilience at a practical level. What we are saying is that there needs to be an organisation that can challenge you and call you out, just like an audit—in fact, the audit process might be a part of this. Just as the NAO has a responsibility to make you know that you are going to be held to account by them and by this Committee for what you do, and by any other forum with Ministers, on risk we are looking for a similar reassurance.

**Sir Chris Wormald:** Yes, and that is all congruent.

**Alex Chisholm:** It is congruent.

**Q94 Chair:** It is almost like you want to hold on to your own power to the extent that you do not want anyone else to—

**Alex Chisholm:** No, that is not the case. Just to reassure Mr Bailey, there is just one Orange Book. It is not that there are different versions of the Orange Book that apply in different parts of government. Equally, the Centre of Excellence guidance on risk appetite, risk reporting and risk management is issued across the whole of the civil service. What we are talking about when we talk about enhancing that is to say that obviously there are 450,000 people out there. Would everyone be able to recite parts of the Orange Book? No, obviously not.

**Q95 Shaun Bailey:** No, I fully understand that, but the point I was trying to get across was that as the separate accounting officers responsible for the structures in the Departments, you do have to determine how those structures operate to fit within the principles of the Orange Book. To be honest, Chair, I am aghast that the civil service cannot get uniformity in its interpretation of the core principles of risk management. From my perspective, having worked in financial services and having listened intently to your interpretation today, I am pretty horrified because, surely, from an efficiency point of view and from everything that we talk about, it would make sense for a single, straightforward interpretation as to how risks are managed.

What it sounds like at the moment is a patchwork, for whatever reason, for the structure thing that you have come into. I am not saying that you have created it, but you have come into it. There is a risk of structures that allows you to interpret those principles.

The point I am really trying to get across to both yourself, Mr Chisholm, and to Sir Chris is the inefficiency behind this, because surely, as the joined-up team, which we hear all the time, that the civil service is it would make more sense to have, at least, a high-level consistent interpretation of these risks and, not taking away from your roles as accounting officers, maybe a more granular way in which you advise or interpret them.



## HOUSE OF COMMONS

The point I was trying to make is around efficiencies and the interpretation of the Orange Book. It sounds to me, from what I have gleaned from the pair of you, is that at the moment while that sits individually with accounting officers, there is a real possibility of inconsistencies there, which could cause issues down the line. I assume that is a fair interpretation from my perspective, Mr Chisholm.

**Alex Chisholm:** There is a common set of principles that apply right across, and there is a very high level of adherence to that. Could that be higher still? Could that be something that we have more compliance over, more auditing over and more training about? That is absolutely territory that should be looked into, but it would not be right for you to come away saying that there is a different version of risk management applying in each different part of the civil service, because there is a common set, no question.

**Q96 Chair:** I am aware of time, so let us try and move on a bit. I ask Ms Swinson and Mr Hargreaves: what would you do differently, in the light of what you know now nearly two years into the pandemic, if you were two years out from a potential pandemic?

**Clara Swinson:** Sadly, we are always possibly two years out from a pandemic, so it is a question we should be asking ourselves continually. In terms of the health risks, we should be drawing those more broadly, which is related to the point earlier about HIV. If you look at the national risk register last out in 2020, it draws those more broadly, which is across viral risks—blood-borne or airborne—and bacterial risks, such as antimicrobial resistance. We are looking at a range of risks.

Then, on the other side, as colleagues have said, we need to think about the resilience of our systems to the range of risks. Of course, in retrospect, it is easy to say, “Perhaps we should have had a specific plan for this specific thing that arose”, but, of course, we are not going to know what the specific risk that does occur is, so our preparations and planning need to be on the basis of the resilience that our systems have to respond to a range of risks.

**Q97 Chair:** It is not fair to ask you about resilience and funding, because it is a huge issue. We have discussed a lot with Sir Chris about how tight you can pull a budget before it loses its resilience. Mr Hargreaves, what about from your perspective?

**Roger Hargreaves:** There are three key lessons for me from the pandemic. First, you need to be able to mobilise the whole system of Government and the whole system of the public sector on an enduring basis to deal with a crisis that rolls on. Secondly, there must be tools available to mobilise the whole of society in support. Thirdly, because those are both very complex things, you need data and data management systems to help you control that process. We have made big strides on data. We have got some big ambitions on the whole of society in the resilience strategy and on mobilising



the whole of the system while we are still part of that process. We need to lock those lessons in through the pandemic diseases capabilities board and into our wider planning across a broader range of risks, particularly catastrophic risks.

**Q98 Chair:** Nobody would disagree with any of that, but then the challenge is how to get individual Departments to do it when they are facing, say, a 5% efficiency cuts programme. That is presumably, Mr Hargreaves, where it gets above your pay grade.

**Roger Hargreaves:** Well, if we knew we were two years out, that would be an easier argument to make.

**Q99 Chair:** Yes, but we do not know, so you are having to persuade politicians that they could be left standing when the music stops, but everyone thinks it won't happen to them. On the point about mobilising the system, what about the private sector? In different situations and particularly in the pandemic, there have been real roles for the private sector. Businesses have struggled and some have done well. Some have been able to provide support; some have needed support. How do you factor that into your planning?

**Roger Hargreaves:** We see three blocks of roles and responsibilities. One group is the public sector. The second group is a partner group; that includes major voluntary organisations, those bits of the private sector most adjacent to Government, plus academia—critical infrastructure, for example. The third group consists of businesses and the public at large. Each of those groups would be a theme in the resilience strategy, and each of those needs a slightly different approach. The public sector is straightforward—needs decisions and resource.

**Chair:** More command and control.

**Roger Hargreaves:** Yes, but the bit of the private sector most adjacent to the public sector is often the most heavily regulated. Therefore, there are some regulatory choices to be made, particularly about whether we might do more on a horizontal rather than vertical basis, so that we can ask for consistent standards around resilience. When it comes to businesses at large, plus the public, we get to one of the earlier points about communication on risk, so that that individuals can make their own choices about how best to respond when they have a better understanding of the world—in particular, the degree of uncertainty around potential emergencies.

**Q100 Chair:** We have seen the challenge posed by just-in-time deliveries, and now we have challenges with the border because of Brexit and the pandemic. We have seen challenges faced by businesses that have to have in place the logistics to provide home deliveries where people would have previously gone to the shops. Does your level of planning get into that level of detail with those businesses that are critical to delivering services to the public, even in a fairly state-dominant country like ours?



**Roger Hargreaves:** Our definition of critical national infrastructure is quite wide and, for example, would include major food supply networks. Some of the sectors in CNI are heavily regulated, while others are less so. However, all of them have, as a consequence of both Brexit and coronavirus, improved their own understanding of volatility and the weaknesses of “just in time” and the strengths of “just in case”. We are seeing them move on their own, but there are some regulatory choices for the Government about whether expectations around resilience might be bolstered, as they are with other public goods where we want to bring incentives for individual companies in line with public incentives.

**Q101 Chair:** Mr Chisholm, at the Cabinet Office—the top of this as it stands at the moment—are there any plans to have a proper overview of the regulation of bits of the system that the Government do not control, such as the private sector and businesses, to make sure they have the resilience to cope with those situations?

**Alex Chisholm:** The structure for dealing with that is through the national security risk assessment and the lead Government Department. As part of that, Departments with those responsibilities are meant to work with the sectors they have responsibility for, and firms within that sector. If they have key dependencies within that, that is absolutely one of the risks that needs to be managed as part of our resilience strategy.

**Q102 Chair:** Obviously, Mr Hargreaves, you mentioned data and we have done a lot of data on this Committee. I think you would agree that we are a long way off getting everything where it needs to be. It is a 20-year job, if everything went smoothly, to get data and digital systems into a place where they would be fully resilient.

**Roger Hargreaves:** Do you mean in terms of the resilience of their systems, or the way in which—

**Q103 Chair:** I mean the data that you need to be able to know, for example, where the vulnerable are. The NHS had a pretty good system of communicating with people, but there were obviously gaps in that. I think that I have different addresses on the record because I have not been to a hospital since I moved to a new house, and there seems to be different systems. We all know that there are gaps in the system. There is data management at a more personal and then at a macro level, and then there are digital systems.

**Roger Hargreaves:** The very big thing that we have done there is that last year we launched the new national situation centre. That is designed to be a focal point for the aggregation and processing of these data streams. Government do not have access to perfect data everywhere, but there is a huge amount of data in Government that has in the past been difficult to access.

**Q104 Chair:** That is only going to be as good as what is fed into it, isn't it?



**Roger Hargreaves:** Yes, but the point about the situation centre is that they are not beginning the process of ingesting information when the crisis begins; instead they are building a very wide data set across the whole of the economy and society before crises happen. When we have a problem they will be able to turn to the information that we already have.

Q105 **Chair:** Will that be in real time, and fed in from HMRC, DWP and the NHS?

**Roger Hargreaves:** Yes, there is a huge amount of data that is held there, and it is increasing all the time. We identify a box of information that is potentially useful for dealing with crises and it is brought into the system. We have interfaces designed to manage that smoothly.

Q106 **Chair:** Do you have a strong funding stream for that?

**Roger Hargreaves:** Yes, it has been well funded this year, and we have been able to make big progress and launch the centre. The range of data it is pursuing is driven by the NSRA; there is a clear link up between our assessment of risk, those areas where we think we face problems, and the data we are collecting. That does not mean that we will have everything that we need when a crisis begins, but it does mean that we will be 60% or 70% of the way down the road, rather than starting from zero. It is a massive shift in what we can deliver—we hope.

Q107 **Chair:** We can marry that to some of the work we have been doing on data imaging.

**Alex Chisholm:** That is true of operational centres around Government as well. We talked about the border flow service in the EU exit context, which gives a real-time view of the movement of goods around the border system. If you had the chance to go down to Exeter to visit the Met Office and you were there during a major storm, you would see enormous amounts of data coming in, which is available to advise all the warnings and actions taken across the country during a storm.

**Chair:** There's a temptation to go to Devon.

**Alex Chisholm:** You'd have to go before the storm, I suppose, to be safe.

Q108 **Nick Smith:** A trip to Devon sounds lovely. Mr Hargreaves, I am interested in your point about private sector alignment to your Cabinet Office view on risk. How well aligned is the private care sector to the risks that you anticipate for that bit of our world?

**Roger Hargreaves:** I'm not sure I would be best placed to judge that. Maybe DHSC colleagues would be better—

Q109 **Nick Smith:** That's why I'm asking you. That sector was such an important part of the pandemic, wasn't it? I am trying to get a specific example of risk appreciation in one really important part of our healthcare world. That's why I looked to Mr Hargreaves and not you, Mr Wormald.



**Sir Chris Wormald:** I wasn't concentrating enough on your question, because you started with "Mr Hargreaves", but I think I'm with you. As we have debated many times, there are obvious weaknesses in the care system. This goes to your question to Mr Hargreaves: one of the things we struggled with most early in the pandemic, and on which we have made some of the biggest improvements, is the data from the care system about what is actually happening. As you know, these are private businesses, and they don't particularly like giving us vast amounts of data—it's a huge cost, and so on—but, during the pandemic, they have done so. It has enormously improved our knowledge of the sector and our ability both to intervene in it and to contribute to the kind of cross-Government stuff that Roger does.

There will, of course, be questions at the end of the pandemic. First, of the emergency stuff we were doing that is not normal practice, how much do we actually want to keep? It does allow us to have a more resilient care sector in the way you describe. Secondly, what is the burden on private businesses, which have people to employ and services to deliver, and so on? I'm sure that will be a question—

**Nick Smith:** It's an atomised sector, as well—there are big businesses but also lots of small businesses.

**Sir Chris Wormald:** We have talked about this to the Committee before. There are actually very few big businesses, quite a lot of medium-sized businesses and a lot of small-sized businesses—it is very atomised. It doesn't naturally generate data in the way that some sectors do. That will be a call for us: to what extent do we want to move most public service standards of data to the centre, as it were, in a private market for resilience, and is that appropriate? I'm sure people will have different views. I think that the answer will end up being more than we had prepandemic, but probably not as much as we had at the height of the crisis. The right relationship is probably somewhere between the two, which will allow us to do the resilience things that the Chair was talking about, but which still respects private businesses and their need to operate.

Q110 **Peter Grant:** Mr Chisholm, a few minutes ago you mentioned the amount of data that is collected by the Met Office as part of a warning system of potentially severe weather incidents. Can I widen that out a bit? There are a lot of potential threats where our preparedness relies either on systems that we have here or, in some cases, co-operation from other countries; I suppose an example is the World Health Organisation, which probably didn't cover itself in glory in the early months of this pandemic.

First of all, in relation to the process that should have been applied by the World Health Organisation, have the Government made representations to try to get that process improved in the future? We can't have a situation where the domestic agenda of the seat of a pandemic effectively dictates the information that is shared with the rest of the world. If the Chinese had admitted person-to-person transmission when they knew about it, we would have had two or maybe three months longer to prepare before the



## HOUSE OF COMMONS

pandemic caught us. I appreciate that you are limited as to what you can say about the Chinese Government, but is that issue being taken back to the World Health Organisation to try to get them to tighten up their processes, so that domestic agendas are less able to get in the way of a country's international obligations?

**Clara Swinson:** I am happy to take that. As I mentioned before, the ability to get agreement right across all countries represented in the WHO is a slower process, but how the WHO responded in the early part of the pandemic, and its responsibility as an organisation—it is the member states' responsibility under the international health regulations to report new diseases—is definitely something that has been raised not just by this country, but by many others.

Q111 **Peter Grant:** More generally, Mr Chisholm, when the Government is looking at the potential risks of things happening, do you explicitly include a scenario where the system fails or malfunctions at exactly the wrong time? In particular, do you explicitly recognise an increased risk in those areas where we are reliant on co-operation from other Governments? Sometimes it is from Governments with whom we have very good relations, but sometimes we are relying on co-operation from Governments that we might not be speaking to at the time. Are those factors specifically built into the risk assessments where they are relevant?

**Alex Chisholm:** I am not sure exactly how best to answer that. Certainly, the need to co-operate with other Governments in assessing risks, managing risks and sharing information is undoubtedly key—for example, for the management of pandemics and other international, global issues. That is why we have put so much effort into it, and it continued to function very effectively over the last two years of the pandemic. It has reinforced the importance of it, but it has not shown a breakdown of that system.

Looking forward, a lot of the fundamental organisations derive their authority and structures from the United Nations; it is a family of different bodies from that. If there was any fracturing in that system—people talk about bifurcation of the global system—obviously that would undermine the fundamental, multilateral agreements that support all that activity.

You also mentioned the single point of failure-type issues. Obviously, there is a huge level of reliance on access—sometimes real-time access—to data through digital systems. Things that hit all those digital systems at one time are very threatening—the type of risk that was described earlier by Sir Geoffrey, who referred to the book by Toby Ord. That is why we put so much effort into things such as cyber-security, our response to that, and the resilience that we have in our own digital systems. But we do recognise that there are some events.

One of the risks that we have on the national risk register is space weather—solar storms and things like that. If we had a Carrington event that takes out all Earth-based electronic systems, there is no question but that it would be very difficult to deal with. The fact that we have this increasingly digital



## HOUSE OF COMMONS

world is mainly a very good thing, but it undoubtedly creates some vulnerabilities.

**Q112 Peter Grant:** Thank you. Finally, following on from that, one of the obvious advantages of having as reliable information as possible about the nature and scale of what you are facing is that it is easier to get informed judgments about when the Government needs to act and, effectively, when the Government needs to start to restrict our liberties. I think a lot of Governments maybe now wish they had shut their borders in February, which would have been seen to be premature but probably

would have bought a lot of time.

As a result of everyone's experience over the last couple of years, do you have a clear picture as to where the Government's risk appetite is—either for a lot of spending, or for a false alarm and egg on the face? Would you take emergency action that turns out not to have been needed, because it is better doing that than not taking the action that was needed? Do you have a clear feel for where the Government's appetite lies along that spectrum, and have you noticed any change as a result of the last couple of years?

**Alex Chisholm:** I would be interested in hearing the views of other colleagues on this. Because we have lived through the pandemic, I suppose that risk is very much in our faces and therefore I would expect that, for at least a period of time, conversations within Government—and indeed between taxpayers and Ministers—to be very focused on managing risks in future and improving our resilience.

The risk, I suppose, is that over time that diminishes, and to some extent that has been the experience. So, a useful thing for the PAC and other parts of Parliament to do is to try to keep us focused on those long-term issues.

**Chair:** Don't worry—we will.

**Alex Chisholm:** The resilience strategy is a strategy out to 2030. It is intended to be medium-term, even long-term, in its outlook—very horizon-gazing.

As you know, the pressures come in very strongly every day for Government to spend money on something more immediately. If you think about the large areas of expenditure that we could have made—we couldn't have bought a load of vaccines, which have been expensive, because they didn't exist. Ditto the testing equipment—it didn't exist, or the particular tests we had.

We would never have bought the enormous amounts of PPE, because Parliament would rightly have said, "Why are you buying billions of items of PPE, which then have to be written off every two years?". We would have been doing that for decades. I think it is inconceivable that we would have done that.



## HOUSE OF COMMONS

Could we have invested more in some of our other capabilities, including some of our diagnostics, which relates to the point that Chris made earlier? Very likely, yes. When we look at how we much make here versus how much we make in other countries, we have shifted that, including in terms of PPE but also diagnostics. Some of our vaccine production capability, thanks to the work of the vaccine taskforce, has now been embedded in the UK, and I think that is going to be important for the future.

I think it has shifted the dial, but you are right to suggest that that will require constant attention, so that people do not move back into hoping that bad things won't happen, because if we have learned anything it is that bad things can happen, and that major risks are major risks and affect the whole country.

**Sir Chris Wormald:** I will add just a couple of things. Having been the spokesman for everyone else, I will now bid for other people's budgets.

As I have said before, of the money that we have spent, the money spent on R&D and science has been money very well spent, when you look at the impact of some comparatively small investments in UK Research and Innovation, and in vaccines and all that. That didn't build capabilities; that created the science that meant that we could create capabilities when we needed them, and that has been true across vaccines and therapeutics.

I think a big lesson of this is investment in basic science, R&D and the translation of R&D into actual products. That is an area where we are under-invested. I mean, you are probably always under-invested, but that is one of the big lessons.

On your question about risk profiles, they have evolved quite a lot during the pandemic. As I think was reflected earlier, when we are taking decisions right at the beginning with very little information indeed, then you take the information you have got and then there is quite a lot of judgment. What you have seen over the two years is the Government being more and more specific about what its triggers for action are and what those actions will be.

If you look at the winter plan that we published, our strategy said what our plan B was and the circumstances in which we would trigger our plan B. That is obviously a much more sophisticated description of risk than what we did right at the beginning, just because we knew lots more, so I think you have seen that evolution.

There is a very significant limit to it, though, because particularly when we are trading off health consequences against economic consequences, both sides of that equation are very uncertain. You will have seen the correspondence that my colleague, Sir Tom Scholar, has had with your sister Committee on this. It is very, very difficult to say, "This type of lockdown or this NPI will have the following economic consequence", even when you do it, let alone predict it in advance. Also, as we have seen with this virus, it continually surprises and changes, etc. Therefore, what the health

consequence of a particular variant or whatever will be is also difficult to say.

We can undoubtedly make it much more sophisticated, but in the last resort we are always dealing with two variables where there are considerable unknowns, which means that there has to be a judgment bit. I think you have seen it evolve, but there is a sort of natural limit. You can't get to, "There's a nice algorithm that will make these decisions". That would be a deeply, deeply awful place to get to.

**Chair:** Thank you very much. It has been a really interesting discussion.

We will be snapping at your heels on this and hope that our successor Committees will do the same. We will try to push you to have a system that means that we give Whitehall and politicians the space to make decisions that are potentially nugatory spending, and things like that, so that is not seen as a bad thing. We could debate previous Budgets over the last decade or so, but I will resist the temptation at this hour to do that.

I thank you very much indeed for the time. The transcript will appear uncorrected on the website, thanks to our colleagues at *Hansard*, in the next couple of days. We aim to publish our report in the next—well, I cannot predict when. Like you, I cannot see into the future. But in the next couple of months.

Thank you very much for your time.