



House of Commons
Committee of Public Accounts

**Government
preparedness for the
COVID-19 pandemic:
lessons for government
on risk**

Forty-Sixth Report of Session 2021–22

*Report, together with formal minutes relating
to the report*

*Ordered by the House of Commons
to be printed 16 March 2022*

The Committee of Public Accounts

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Committee staff

The current staff of the Committee are Jessica Bridges-Palmer (Media Officer), Ameet Chudasama (Committee Operations Manager), Richard Cooke (Clerk), Rose Leach (Committee Operations Officer), Heather Nathoo (Chair Liaison), Ben Rayner (Second Clerk).

Contacts

All correspondence should be addressed to the Clerk of the Committee of Public Accounts, House of Commons, London SW1A 0AA. The telephone number for general enquiries is 020 7219 5776; the Committee's email address is pubaccom@parliament.uk.

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Contents

| | |
|---|-----------|
| Summary | 3 |
| Introduction | 4 |
| Conclusions and recommendations | 5 |
| 1 Lessons on risk management and communication | 9 |
| Leadership and oversight for whole-system risks | 9 |
| Variability in risk management across departments | 10 |
| Communication of the main risks facing the UK | 11 |
| International collaboration | 12 |
| 2 Lessons on pandemic preparedness | 13 |
| Learning from incidents and simulation exercises | 13 |
| Data quality and completeness | 14 |
| Formal minutes | 16 |
| Witnesses | 17 |
| Published written evidence | 17 |
| List of Reports from the Committee during the current Parliament | 18 |

Summary

The UK government was underprepared for a pandemic like COVID-19. The pandemic has exposed limitations in how the government manages risks, especially those that cut across institutional boundaries and affect multiple areas of society, and a failure to learn from actual incidents and simulation exercises. To learn from COVID-19 and be better prepared for the next major crisis, government needs to introduce robust central leadership, accountability and oversight for cross-cutting risks. It also needs to reduce variability in departments' risk management capabilities, their understanding of government's risk tolerance, and their interpretation and application of government's risk management guidance. Greater public awareness of the main risks facing the country and of what government is doing to address them would bring significant benefits, from focusing officials' minds to making the public more aware of what is being done to protect them from harm. Given the global nature of major risks, and the fact that many other governments were underprepared for the COVID-19 pandemic, the UK government also needs to promote greater international collaboration, integration and foresight to improve global readiness for emergencies.

Introduction

The scale and nature of the COVID-19 pandemic and the government's response are without precedent in recent history. Many people have died and many lives, families and businesses have been adversely affected. The pandemic has tested the government's plans to deal with unforeseen events and shocks and demonstrated the risks to which UK citizens are exposed. The government will need to learn lessons from its preparations for and handling of these risks to improve the identification, assessment and response to future risks that affect the whole system.

Conclusions and recommendations

1. **We are concerned that, if the government does not learn lessons on leadership and oversight for whole system risks, this may come at a high cost to individuals, the economy and society in the future.** Many of the major risks that the country faces would cut across institutional boundaries and affect multiple areas of government and society, if they materialised. Yet, no-one in government is tasked with forming an overarching view of whole system risks, ensuring that all departments are adequately prepared for them, and prompting departments to enhance their preparedness in the areas where they fall short. While government officials have expressed opposition to the introduction of a chief risk officer for government, opting instead for an entirely different role of Head of Risk Management profession, in our view they have demonstrated a lack of understanding of what this role would entail and the valuable insight that such a role would bring. We are concerned that their opposition may betray a resistance to constructive challenge and unwillingness to learn from the areas of the private sector which have a mature risk culture. If government does not introduce robust central oversight for risk management, it will be similarly unprepared for the next major crisis.

Recommendation: *The Cabinet Office and HM Treasury should set out how they intend to introduce robust cross-government leadership and oversight for whole-system risks. In particular, government should establish a Chief Risk Officer to consider cross-cutting risks in government and proactively manage the identification and resolution of system-wide concerns. This role should:*

- *be independent and have sufficient seniority to not only provide professional leadership and expert advice across the risk profession but also advise and constructively challenge senior leaders in government;*
 - *have the authority to establish strategic direction and coordination and integration of resources to ensure government has the necessary risk management expertise, skills and capabilities to respond to system-wide risks;*
 - *work cohesively with functions and departments to ensure risk management is joined-up across the functional agenda and aligns with national priorities;*
 - *engage with senior leaders in the public, private sector and international community to continually improve government's approach to enterprise and system-wide risk management;*
 - *be equipped with a fit-for-purpose supporting infrastructure to execute this role effectively; and*
 - *operate in cross cutting Government roles akin to the model of the Chief medical and scientific officers.*
2. **The pandemic has demonstrated variability in departments' risk management.** A recent cross-government review of risk management by the Government Internal Audit Agency highlighted significant variability across departments, including the

extent to which senior leaders promote and support risk management, departments' capabilities, and their degree of alignment to the Orange Book, the government's guidance on risk management. We are surprised that there are no uniformity in government's high-level alignment with the Orange Book and a seeming lack of appreciation for the principles of the three lines of defence model. Before the pandemic, departments lacked an agreed understanding of risk tolerance, such as which consequences of a pandemic they deemed acceptable and which consequences they needed to mitigate. It is only after departments started responding to the crisis that they reached a shared understanding of the objectives and priorities they should focus on.

Recommendation: *The Cabinet Office and HM Treasury should set out what they intend to do to ensure that there is sufficient uniformity in department's high-level interpretation of and alignment to the principles of the Orange Book. As part of this, the Cabinet Office should set out how it will ensure that departments have a shared understanding of the government's tolerance for the impacts of major risks, including what levels of impact are acceptable and what levels of impact require mitigation.*

3. **There would be significant benefits in improving the public's awareness of the main risks facing the country and what government is doing about them.** The public and Parliament have limited awareness of the main risks facing the country and of what government is doing to address them. Although government has published a public-facing national risk register since 2008, this document is not widely known. Our witnesses recognised that government has a chequered history in communicating risks to the public and acknowledged that the government's messaging on risks should be more balanced, accessible to non-experts and lend itself to practical actions. Greater public awareness of government's planning for major risks, including the work it will carry out as part of the nascent catastrophic emergencies programme, would help avoid complacency, focus the minds of the officials who are tasked with risk planning, help to ensure the public is more aware of what is being done to protect them from harm and highlight opportunities for public engagement, awareness raising and behavioural change. The Government carried out a consultation last summer on a national resilience strategy and had over a million different interactions with it. This demonstrates a high level of public interest in these matters. Equally MPs collectively received hundreds of thousands of emails at the start of the lockdown, largely because the Gov.uk website did not provide clear and intelligible advice, or provide effective mechanisms for MPs to raise constituents problems.

Recommendation: *The Cabinet Office should set out how it plans to increase public awareness of the main risks facing the UK. It should also report annually to Parliament:*

- *on what actions government has undertaken during the year to mitigate the risks covered by the catastrophic emergencies programme and provide an assessment of government's preparedness for each risk;*
- *what changes Government in making as a result of its consultations on National resilience; and*

- *what lessons Government had learnt about how to effectively communicate during the pandemic.*

4. **The pandemic has highlighted the critical role of international collaboration for managing the risks that the UK faces.** Given the increasingly interconnected nature of our world, several of the main risks facing the UK may originate abroad and, if they materialise, will require a coordinated international response. To detect them and respond to them effectively, government needs to strengthen the exchange of information with other countries, cooperate on horizon scanning and the early detection of threats, and learn from the experiences of other countries. It will also need to foster international debate on medium and long-term existential risks to humanity, which can only be addressed through concerted global action. Promoting greater international collaboration will require the UK to play a more prominent role in international forums, such as the World Health Organisation.

Recommendation: *Government should set out how it intends to drive greater international collaboration on risks, including exchanging information on threats, promoting and integrating mutual learning and coordinating responses across borders.*

5. **Government would have been better prepared for COVID-19 if it had applied learning from previous incidents and exercises.** Government was unprepared for a pandemic with widespread asymptomatic transmission, but this was not unprecedented. The early spread of HIV, too, was partly caused by the fact that it was an asymptomatic condition that could take months before being diagnosed. While government took action following major simulation exercises such as Cygnus and Winter Willow, it did not act upon exercises Valverde, relating to novel coronavirus, and Alice, relating to Middle East respiratory syndrome (MERS). This resulted in a lot of PPE in the Government's strategic stocks which was not suitable for Covid, although the department said it was still able to use "a huge amount of it". We are not convinced that government has learnt lessons from its lack of planning. For instance, it is unclear whether government would be able to reinstate the Coronavirus Jobs Retention Scheme at short notice without the implementation issues incurred when the scheme was first introduced.

Recommendation: *The Cabinet Office should set up a cross-government process to capture learning for emergency preparedness and resilience from exercises and actual incidents, including COVID-19, and to allocate clear accountabilities for applying learning. It should report annually on the implementation of each learning point.*

6. **Government's slow progress in improving data quality and completeness has hampered its preparedness for this and future pandemics.** We have repeatedly highlighted longstanding issues with the quality of data held by government and with its ability to use data effectively to support policy interventions. Our 2019 report *Challenges in using data across government* noted the lack of government-wide data standards, ageing IT systems, fragmented leadership, and a civil service culture that does not support sharing data across departmental boundaries. For instance, the contact centre that government set up as part of its programme to support those most vulnerable during the first lockdown could not get in touch with around

800,000 individuals due to missing or inaccurate NHS records. The lack of progress on data issues over the years is likely to hinder government's initiatives to improve preparedness. While government has set up a National Situation Centre which will provide real-time access to the data government needs to respond to emergencies, this will bring limited benefits if the quality of the data collected remains low. If government access to key data—such as social care data—is scaled down following the pandemic, this will further hinder preparedness for future emergencies.

Recommendation: The Cabinet Office should set out its assessment of the areas in which the data collected by the National Situation Centre are in greatest need of improvement and what it plans to do to implement those improvements. As part of this response, government should set out how it plans to retain access to the social care data required to respond to future pandemics.

1 Lessons on risk management and communication

1. On the basis of a Report by the Comptroller and Auditor General, we took evidence from the Cabinet Office and the Department of Health & Social Care (the Department) on the government's preparedness for the COVID-19 pandemic.¹

2. Emergencies can take many forms, such as natural disasters, terrorist attacks, industrial accidents, critical supply chain disruptions or disease outbreaks. The UK government and devolved administrations, along with the emergency services and other local responders, have clear responsibilities for identifying, assessing, preparing for and responding to emergencies, as well as supporting affected communities to recover. Government has risk management processes in place that aim to identify risks (including risks to individual government organisations and short-term risks to the UK as a whole), to ensure that plans are drawn up to mitigate risks and prepare for shocks, and to prevent risks from being overlooked despite short-term pressures. The Cabinet Office, through its Civil Contingencies Secretariat, is responsible for coordinating the government's planning for, and response to, major emergencies. Individual departments and other public sector organisations are responsible for identifying and managing risks in line with their desired risk appetite, including relevant national risks allocated to them by the Cabinet Office. The Department is responsible for planning for the health and social care impacts of health-related risks.

Leadership and oversight for whole-system risks

3. Government has introduced individual senior leader roles in a variety of areas, including a Chief Commercial Officer, a Chief Medical Officer, a Chief People Officer, a Chief Scientific Adviser and a National Security Adviser, who provide cohesive leadership across government in their topic areas. No one individual provides leadership and oversight for risk across government. Recent reports by the Centre for Long-Term Resilience and the House of Lord Select Committee on Risk Assessment and Risk Planning recommended the introduction of a Chief Risk Officer for government.²

4. The Cabinet Office and the Department expressed concern to us that the introduction of a Chief Risk Officer for government would take away responsibility for managing risks from departments or arm's-length bodies and their individual accounting officers. The Cabinet Office and the Department argued that no-one could have such broad expertise that they would be able to advise on all 130 risks on the National Security Risk Assessment, unlike experts such as the Chief Medical Officer, who provides expert advice on specific risks. The Department considered that the government sector, accounting for 40% of the economy, is too broad for a single individual to have oversight of risk across the sector. In response, we explained that a Chief Risk Officer would not take ownership of individual risks, which would continue to reside with individual accounting officers, and would

1 C&AG's Report, *The government's preparedness for the COVID-19 pandemic: Lessons for government on risk management*, Session 2021–22, HC 735, 19 November 2021

2 Centre for Long-Term Resilience, *Future Proof: The opportunity to transform the UK's resilience to extreme risks*, June 2021; House of Lords Select Committee on Risk Assessment and Risk Planning, *Preparing for Extreme Risks: Building a Resilient Society*, Session 2021–22, HL 110, para. 76

not need to be a subject matter expert on every single risk, but would draw on expertise across government, for instance the Chief Medical Officer and others, in advising on risk management across government.³

5. The Civil Contingencies Secretariat told the NAO that it brings pressure to bear on departments if it thinks that risks are not dealt with properly.⁴ At the evidence session we noted that, nevertheless, it would be hard for the Head of the Secretariat to direct a department's accounting officer to take action to improve preparedness for a given risk. Although the government is establishing a head of risk profession, this is a Deputy Director-level role and does not have responsibility for leadership and oversight of risks across government.

Variability in risk management across departments

6. A cross-government review of risk management by the Government Internal Audit Agency, issued in May 2021, highlighted variability in senior leadership support and promotion of risk management, including at board and executive levels; capacity and engagement in relation to risk management; approaches and frequency in undertaking horizon scanning exercises; and alignment to the Orange Book, which sets out the government's mandatory requirements and guidance on risk management.⁵ The Cabinet Office stated that, in its view, there is a high-level adherence to the principles of the Orange Book across departments. The Department stressed that interpreting government guidance is a responsibility of each individual accounting officer.⁶ Government has recently issued detailed guidance on risk appetite, risk management skills and capabilities and risk reporting.⁷

7. The three lines of defence model of risk management, widely used in the private sector, sets out what the Orange Book characterises as a "simple and effective way to help delegate and coordinate risk management roles and responsibilities within and across the organisation".⁸ Under the first line of defence, management has primary ownership, responsibility and accountability for identifying, assessing and managing risks. The second line of defence consists of functions, such as organisations' risk and compliance teams, that monitor and facilitate the implementation of effective risk management practices and facilitate risk reporting. Internal audit forms the third line of defence. The Cabinet Office expressed support for the three lines of defence model and told us that it plans to carry out a pilot in 2022 to strengthen the third line of defence by introducing audits or assessments of departments' planning for emergencies.⁹

8. The NAO found that, before the pandemic, departments lacked an agreed understanding of risk tolerance, such as which consequences of a pandemic they deemed acceptable and which consequences they needed to mitigate. The Cabinet Office agreed that government reached a shared understanding of the objectives and priorities they

3 Qq 28, 55–60, 74, 80–83

4 C&AG's Report, para. 3.14; Q 70.

5 C&AG's Report, para. 4.2; HM Government, *The Orange Book: Management of Risk – Principles and Concepts*, February 2020

6 Qq 86–95

7 Government Finance Function, *Good Practice Guide: Risk Reporting*, August 2021; *Risk Appetite Guidance Note*, October 2020, revised August 2021; *Risk Management Skills and Capabilities Framework*, August 2021

8 HM Government, *The Orange Book: Management of Risk – Principles and Concepts*, February 2020

9 Qq 49, 84–85

should focus on only at the start of a pandemic, following the establishment of its crisis response structures. Government officials told the NAO that a shared understanding of risk tolerance for many cross-government issues is still being developed.¹⁰

Communication of the main risks facing the UK

9. The National Security Risk Assessment, which sets out government’s assessment of the main risks facing the UK and its interests overseas, is classified. Government has published a summary of this assessment and of the mitigations it has put in place every two or three years since 2008.¹¹ The last edition of this public-facing National Risk Register was published in December 2020.¹² The Cabinet Office acknowledged that government has a chequered history in communicating risks to the public and stated that government’s messaging on risks should be more balanced, accessible to non-experts and lend itself to practical actions.¹³ It noted that clearer public communication of risks would help people make evidence-based choices on how to prepare for the impacts of risk events. It would also support government’s goal of engaging the wider population in government’s “judgments about what is an acceptable level of risk and what is the correct level of investment to prevent those risks in the future”. The Cabinet Office stated that clearer communication of risk is one of the foundational principles of the government’s resilience strategy, which had over one million different interactions and is due to be published in 2022.¹⁴

10. It was reported in September 2021 that the Health and Safety Executive had been notified of 103 instances of serious laboratory leaks, including nine in the most secure level-4 laboratories.¹⁵ Lack of transparency to the public about these leaks has hindered public discussion on balancing the benefits of scientific research with the risks of infection to the public. The Cabinet Office stated that the updated biological security strategy, which is due to be published in 2022, will address laboratory security.¹⁶

11. We raised the question of whether individual members of the Scientific Advisory Group for Emergencies (SAGE) should be allowed to make public statements that are inconsistent with the collective messaging of the Group. When asked if refraining from making such statements should be a condition for joining SAGE, the Department expressed concern that this might restrict the range of experts who would be willing to join the group and increase the risk of groupthink.¹⁷ The Chief Scientific Adviser and Chief Medical Officer subsequently told us in written evidence that they would regard this as a damaging and unhelpful restriction on the academic independence of individual scientists. They noted that, while the research and interpretations of individual scientists should not be excluded from the media, it is important that they make it clear when they are speaking as individuals, as opposed to members of SAGE.¹⁸

10 C&AG’s Report, para. 3.7; Q 31

11 C&AG’s Report, para 1.4

12 HM Government, *National Risk Register: 2020 edition*, December 2020

13 Q 67

14 Q 66

15 Rhys Blakely, “Safety breaches investigated at UK labs that deal with deadly viruses”, *The Times*, 17 September 2021

16 Q 48

17 Qq 33–34

18 Letter from the Government Office for Science and the Department of Health & Social Care, 27 January 2022

International collaboration

12. The Cabinet Office acknowledged the need for international co-operation to assess threats, manage risks and share information. As examples of the UK's engagement, they mentioned work carried out with the World Health Organisation (WHO) in response to Ebola; the Carbis Bay Declaration, issued in July 2021, which commits G7 countries to share results from vaccine and therapeutic trials to tackle COVID-19 and prevent future health threats; the commitment of governments and life science industry, following a discussions at a UK-hosted G7 Health Ministers' meeting in June 2021, to reduce the time to develop diagnostics, vaccines and treatments to 100 days after a new pandemic threat is identified; and the UK's role as host of the 2021 United Nations Climate Change Conference (COP26).¹⁹

13. The Cabinet Office recognised that the UK needs to further strengthen international cooperation and noted that this will be a central feature of the UK resilience strategy. The Department stated that the UK is seeking a new pandemic treaty through the WHO that would place greater obligations on countries and that it would welcome the introduction of an early international alert level, prior to the declaration of a Public Health Emergency of International Concern.²⁰ To foster public debate on existential risks to the whole of mankind, which cannot be mitigated by nations individually but require a long-term, concerted international effort, the Cabinet Office stated that it is considering including a commentary on existential risks in the next edition of the National Risk Register. The Cabinet Office pointed to efforts to tackle climate change and to regulatory work on general-purpose artificial intelligence as examples of work being carried out internationally on specific existential risks.²¹

14. Alongside greater international cooperation, the Cabinet Office noted the need to strengthen domestic collaboration on risks, especially with the private sector. The Cabinet Office stated that government is considering requiring regulated companies and those that have significant dealings with government to comply with resilience standards, and enhancing its communication to the wider private sector about risks, such those arising from just-in-time procurement.²²

19 Qq 53, 62–63

20 Q54

21 Qq 51–52

22 Q 99

2 Lessons on pandemic preparedness

Learning from incidents and simulation exercises

15. Government lacked detailed plans for several aspects of the response to COVID-19, including financial support to local authorities, identifying a large population advised to shield, and economic support schemes.²³ A submission we received from an academic research group studying the issues concerning the early childhood education and care sector arising from the government's initial pandemic response stated that preparedness for enabling that sector to switch into crisis mode in advance of the pandemic was generally poor.²⁴ The Senior Responsible Owner for Universal Credit has stated that government had not made specific plans for unemployment surges colliding with a pandemic.²⁵

16. The Cabinet Office attributed the absence of detailed planning for a pandemic like COVID-19 to the fact that they did not anticipate a disease with asymptomatic transmission which required an extended lockdown.²⁶ Yet, a large-scale infection with widespread asymptomatic transmission was not unprecedented. The early spread of HIV, too, was partly caused by the fact that it was an asymptomatic condition that could take months before being diagnosed. The Cabinet Office and the Department recognised that government needs to set out risks more broadly and be prepared for a wider range of manifestations of any given risk.²⁷

17. While government took action following major pandemic simulation exercises such as Cygnus and Winter Willow, it did not act upon some of the warnings about the UK's lack of preparedness from these simulations. For instance, at the outset of the COVID-19 pandemic, many departmental business continuity plans lacked detailed arrangements for supplier assurance, despite the fact that following Winter Willow the government had noted the need for organisations to ensure that their business continuity plans were better coordinated with those of their partners.²⁸ The Department recognised that government needed to embed lessons learned through a range of simulation exercises.²⁹

18. The COVID-19 pandemic has shown the potential large-scale economic impact of a public health emergency requiring lockdowns and self-isolation. Yet, a submission that we received from academics working on lessons from loans to support businesses through Coronavirus noted that it is unclear whether government would be able to reinstate the scheme at short notice without the implementation issues experienced when it was first introduced.³⁰ In January 2022, the NHS obtained a ministerial direction to enter into a contract for spare surge capacity with private sector health providers which, based on information available at the time of our session, will cost at least £75 million a month. During the session we noted that, had government embedded learning about planning from the early COVID-19 response, that contract might have been cheaper and might have

23 C&AG's Report, paras 3.12 & 3.19–3.20

24 Dr Kate Hardy, Dr Xanthe Whittaker, Dr Nathan Archer, Dr Helen Norman, Dr Jennifer Tomlinson and Dr Katie Cruz (Ev TRE0007)

25 Statement by Neil Couling at the webinar *The safety net in action? Universal Credit's role in the crisis and the recovery*, 27 May 2020, available at <https://www.youtube.com/watch?v=00QTmqX0kkM>, from 22'53" to 23'18"

26 Q 43

27 Qq 38–42

28 C&AG's Report, para. 3.20

29 Q 40

30 Dr Christoph Görtz, Prof. Danny McGowan and Dr Mallory Yeromonahos (Ev TRE0001)

not required a ministerial direction.³¹ We queried what percentage of NHS consultants also work for private sector health providers. The Department told us in written evidence that, based on a commercial report, about 20% of UK specialists work in private practice, and 2% work exclusively in private practice. Reports from private providers suggest that many consultants devote a small proportion of their total working time to private work and contractual provisions include that their work must not diminish the public resources available to the NHS.³²

Data quality and completeness

19. We have repeatedly highlighted longstanding issues with the quality of data held by government and with its ability to use data effectively to support policy interventions. Our 2019 report *Challenges in using data across government* noted the lack of government-wide data standards, ageing IT systems, fragmented leadership and a civil service culture that does not support sharing data across departmental boundaries. For instance, the contact centre that government set up a part of its programme to support those most vulnerable during the first lockdown could not get in touch with around 800,000 individuals due to missing or inaccurate NHS records. As we noted in our 2021 report *Challenges in implementing digital change*, scarcity of specialist digital, data and technology skills across the public and private sectors and a lack of digital skills among government's senior non-specialists limit government's ability to address these issues.³³

20. Insufficient progress made on data issues over the years has hindered government's initial pandemic response. For instance, local government initially lacked access to information from NHS Test and Trace that they needed to deliver their local pandemic response.³⁴ A submission from the International Longevity Centre UK noted that, despite successive promises from the government, "there has been a lack of coordinated information recording and record sharing between health professionals. The government has built an expansive data infrastructure to respond to the COVID-19 pandemic, but had to do so almost from scratch when it should have already existed".³⁵

21. The Cabinet Office noted that, in 2021, government set up a National Situation Centre which will provide real-time access to data government needs to respond to the emergencies set out in the National Security Risk Assessment. The Cabinet Office hopes that this will significantly enhance emergency response as it will no longer have to collect and aggregate data from scratch when a new crisis begins. While this initiative is laudable, it will bring limited benefits if the quality of the data collected remains low.³⁶

22. The Department stated that, while government's access to data from the social care system has greatly improved during the pandemic, it is likely that this access will be somewhat scaled down as the emergency subsides. It told us that this is because providing

31 Qq 12–27

32 Q 24; letter from the Department of Health & Social Care, 27 January 2022

33 Committee of Public Accounts, *Challenges in using data across government*, 118th Report of Session 2017–19, HC 2492, 25 September 2019; and Committee of Public Accounts, *Challenges in implementing digital change*, 30th Report of Session 2021–22, HC 637, 10 December 2021

34 C&AG's Report, *The government's approach to test and trace in England – interim report*, Session 2019–20, HC 1070, 11 December 2020, para. 23

35 International Longevity Centre UK (Ev TRE0002)

36 Qq 103–106

data to government comes at a significant cost to the small- and medium-scale private businesses that make up a large part of the social care system, and a balance should be sought between sector resilience and the burden on businesses.³⁷

Formal minutes

Wednesday 16 March 2022

Members present:

Dame Meg Hillier, in the Chair

Sir Geoffrey Clifton-Brown

Mr Louie French

Peter Grant

Kate Green

Antony Higginbotham

Kate Osamor

Angela Richardson

Government preparedness for the COVID-19 pandemic: lessons for government on risk

Draft Report (*Government preparedness for the COVID-19 pandemic: lessons for government on risk*), proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 22 read and agreed to.

Summary agreed to.

Introduction agreed to.

Conclusions and recommendations agreed to.

Resolved, That the Report be the Forty-sixth of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the Report be made available, in accordance with the provisions of Standing Order No. 134.

Adjournment

Adjourned till Monday 21 March at 3:10pm.

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the [inquiry publications page](#) of the Committee's website.

Wednesday 12 January 2022

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

[Q1-112](#)

Published written evidence

The following written evidence was received and can be viewed on the [inquiry publications page](#) of the Committee's website.

TRE numbers are generated by the evidence processing system and so may not be complete.

- 1 Görtz, Dr Christoph; McGowan, Professor Danny; and Yeromonahos, Dr Mallory ([TRE0001](#))
- 2 Clayton, C; Clayton, R; and Potter, M ([TRE0008](#))
- 3 Hardy, Dr Kate; Whittaker, Dr Xanthe; Archer, Dr Nathan; Norman, Dr Helen; Tomlinson, Dr Jennifer; and Cruz, Dr Katie ([TRE0007](#))
- 4 Observations of Engineers Covid Task Force ([TRE0003](#))
- 5 International Longevity Centre UK (ILC) ([TRE0002](#))
- 6 Newman, Hadley ([TRE0004](#))
- 7 Royal College of Nursing ([TRE0005](#))

List of Reports from the Committee during the current Parliament

All publications from the Committee are available on the [publications page](#) of the Committee's website.

Session 2021–22

| Number | Title | Reference |
|--------|---|-----------|
| 1st | Low emission cars | HC 186 |
| 2nd | BBC strategic financial management | HC 187 |
| 3rd | COVID-19: Support for children's education | HC 240 |
| 4th | COVID-19: Local government finance | HC 239 |
| 5th | COVID-19: Government Support for Charities | HC 250 |
| 6th | Public Sector Pensions | HC 289 |
| 7th | Adult Social Care Markets | HC 252 |
| 8th | COVID 19: Culture Recovery Fund | HC 340 |
| 9th | Fraud and Error | HC 253 |
| 10th | Overview of the English rail system | HC 170 |
| 11th | Local auditor reporting on local government in England | HC 171 |
| 12th | COVID 19: Cost Tracker Update | HC 173 |
| 13th | Initial lessons from the government's response to the COVID-19 pandemic | HC 175 |
| 14th | Windrush Compensation Scheme | HC 174 |
| 15th | DWP Employment support | HC 177 |
| 16th | Principles of effective regulation | HC 176 |
| 17th | High Speed 2: Progress at Summer 2021 | HC 329 |
| 18th | Government's delivery through arm's-length bodies | HC 181 |
| 19th | Protecting consumers from unsafe products | HC 180 |
| 20th | Optimising the defence estate | HC 179 |
| 21st | School Funding | HC 183 |
| 22nd | Improving the performance of major defence equipment contracts | HC 185 |
| 23rd | Test and Trace update | HC 182 |
| 24th | Crossrail: A progress update | HC 184 |
| 25th | The Department for Work and Pensions' Accounts 2020–21 – Fraud and error in the benefits system | HC 633 |
| 26th | Lessons from Greensill Capital: accreditation to business support schemes | HC 169 |
| 27th | Green Homes Grant Voucher Scheme | HC 635 |

| Number | Title | Reference |
|--------------------|--|------------------|
| 28th | Efficiency in government | HC 636 |
| 29th | The National Law Enforcement Data Programme | HC 638 |
| 30th | Challenges in implementing digital change | HC 637 |
| 31st | Environmental Land Management Scheme | HC 639 |
| 32nd | Delivering gigabitcapable broadband | HC 743 |
| 33rd | Underpayments of the State Pension | HC 654 |
| 34th | Local Government Finance System: Overview and Challenges | HC 646 |
| 35th | The pharmacy early payment and salary advance schemes in the NHS | HC 745 |
| 36th | EU Exit: UK Border post transition | HC 746 |
| 37th | HMRC Performance in 2020–21 | HC 641 |
| 38th | COVID-19 cost tracker update | HC 640 |
| 39th | DWP Employment Support: Kickstart Scheme | HC 655 |
| 40th | Excess votes 2020–21: Serious Fraud Office | HC 1099 |
| 41st | Achieving Net Zero: Follow up | HC 642 |
| 42nd | Financial sustainability of schools in England | HC 650 |
| 43rd | Reducing the backlog in criminal courts | HC 643 |
| 44th | NHS backlogs and waiting times in England | HC 747 |
| 45th | Progress with trade negotiations | HC 993 |
| 1st Special Report | Fifth Annual Report of the Chair of the Committee of Public Accounts | HC 222 |

Session 2019–21

| Number | Title | Reference |
|---------------|--|------------------|
| 1st | Support for children with special educational needs and disabilities | HC 85 |
| 2nd | Defence Nuclear Infrastructure | HC 86 |
| 3rd | High Speed 2: Spring 2020 Update | HC 84 |
| 4th | EU Exit: Get ready for Brexit Campaign | HC 131 |
| 5th | University technical colleges | HC 87 |
| 6th | Excess votes 2018–19 | HC 243 |
| 7th | Gambling regulation: problem gambling and protecting vulnerable people | HC 134 |
| 8th | NHS capital expenditure and financial management | HC 344 |
| 9th | Water supply and demand management | HC 378 |
| 10th | Defence capability and the Equipment Plan | HC 247 |
| 11th | Local authority investment in commercial property | HC 312 |

| Number | Title | Reference |
|---------------|--|------------------|
| 12th | Management of tax reliefs | HC 379 |
| 13th | Whole of Government Response to COVID-19 | HC 404 |
| 14th | Readying the NHS and social care for the COVID-19 peak | HC 405 |
| 15th | Improving the prison estate | HC 244 |
| 16th | Progress in remediating dangerous cladding | HC 406 |
| 17th | Immigration enforcement | HC 407 |
| 18th | NHS nursing workforce | HC 408 |
| 19th | Restoration and renewal of the Palace of Westminster | HC 549 |
| 20th | Tackling the tax gap | HC 650 |
| 21st | Government support for UK exporters | HC 679 |
| 22nd | Digital transformation in the NHS | HC 680 |
| 23rd | Delivering carrier strike | HC 684 |
| 24th | Selecting towns for the Towns Fund | HC 651 |
| 25th | Asylum accommodation and support transformation programme | HC 683 |
| 26th | Department of Work and Pensions Accounts 2019–20 | HC 681 |
| 27th | Covid-19: Supply of ventilators | HC 685 |
| 28th | The Nuclear Decommissioning Authority's management of the Magnox contract | HC 653 |
| 29th | Whitehall preparations for EU Exit | HC 682 |
| 30th | The production and distribution of cash | HC 654 |
| 31st | Starter Homes | HC 88 |
| 32nd | Specialist Skills in the civil service | HC 686 |
| 33rd | Covid-19: Bounce Back Loan Scheme | HC 687 |
| 34th | Covid-19: Support for jobs | HC 920 |
| 35th | Improving Broadband | HC 688 |
| 36th | HMRC performance 2019–20 | HC 690 |
| 37th | Whole of Government Accounts 2018–19 | HC 655 |
| 38th | Managing colleges' financial sustainability | HC 692 |
| 39th | Lessons from major projects and programmes | HC 694 |
| 40th | Achieving government's long-term environmental goals | HC 927 |
| 41st | COVID 19: the free school meals voucher scheme | HC 689 |
| 42nd | COVID-19: Government procurement and supply of Personal Protective Equipment | HC 928 |
| 43rd | COVID-19: Planning for a vaccine Part 1 | HC 930 |
| 44th | Excess Votes 2019–20 | HC 1205 |
| 45th | Managing flood risk | HC 931 |

| Number | Title | Reference |
|---------------|---|------------------|
| 46th | Achieving Net Zero | HC 935 |
| 47th | COVID-19: Test, track and trace (part 1) | HC 932 |
| 48th | Digital Services at the Border | HC 936 |
| 49th | COVID-19: housing people sleeping rough | HC 934 |
| 50th | Defence Equipment Plan 2020–2030 | HC 693 |
| 51st | Managing the expiry of PFI contracts | HC 1114 |
| 52nd | Key challenges facing the Ministry of Justice | HC 1190 |
| 53rd | Covid 19: supporting the vulnerable during lockdown | HC 938 |
| 54th | Improving single living accommodation for service personnel | HC 940 |
| 55th | Environmental tax measures | HC 937 |
| 56th | Industrial Strategy Challenge Fund | HC 941 |