

**Written evidence submitted by Dr Jennifer Bealt and Professor Duncan Shaw, Alliance Manchester Business School, The University of Manchester (CLL0049)**

We identify a number of challenges faced by the UK in preparation for a pandemic, including logistics, guidance and funding. Insights were collated from interviews with people with expertise in emergency planning from government and the NHS\*:

- County Council, Lead Emergency Planning & Resilience Consultant
- Borough Council, Safety and Resilience Manager
- Former Local Authority Chief Executive
- Former Emergency Planning, Resilience and Response Manager, NHS
- Government consultant, Business Continuity, Security & Risk Management
- Public sector leader, NHS

*“To facilitate public sector working, across different areas - NHS, social care, public health, and so on, we have had to work in new ways, previous barriers to this, such as information governance rules and regulations and individual organisation budgetary control and accountability issues have diminished helping to support the COVID response quickly” (Public sector leader, NHS)*

### **Logistics challenges**

Core logistics challenges related to stockpiling of necessary PPE. One interviewee stated that stockpiling was considered by some in the NHS as unnecessary and unfeasible (*Former Emergency Planning, Resilience and Response Manager, NHS*), and also stated that, while some organisations were given funding for a flu pandemic in 2008, the reality of a pandemic was not taken too seriously. As there was no guidance to accompany the funding, the organisation intuitively spent it – they purchased thousands of pounds worth of facemasks but had no means to store them on site, so the facemasks went to a regional distribution centre where stocks were diminished through unauthorised use. No new requisition was made after this stockpiling as the remaining unused masks expired (*Former Emergency Planning, Resilience and Response Manager, NHS*).

It was suggested that the limited capacity of organisations to manage and sustain stockpiles requires stockpiling to be done at national level with close partnership working between the government, NHS, local government and third sector to ensure supply and demand is understood from a multi-organisational perspective (*County Council, Lead Emergency Planning & Resilience Consultant and Former Emergency Planning, Resilience and Response Manager, NHS*). Stockpiling may also be considered by the private sector in their business continuity planning, despite the costs this may bring. Stockpiling plans should consider all members of the workforce in any organisation, and be accompanied by detailed deployment plans.

### **Guidance**

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\* All interviewees and identifying information is confidential

Key issues relating to guidance included organisations' implementation of guidance and access to documents, and limited support in operationalising guidance. Interview data suggested that organisations had pandemic plans, but did not run them, in part due to lack of funding, high staff turnover and resultant lack of institutional memory (*Former Local Authority Chief Executive*). In addition, it was argued that preparedness was hampered by Local Authorities' limited access to risk registers (*Government consultant, Business Continuity, Security & Risk Management*), and because organisations with potential for increased levels of institutional memory such as category 1 and 2 responders, were not adequately considered in pandemic planning. It was also argued that the capacity of category 1 and 2 responders was not adequately addressed in pandemic planning which led to limited understanding of how emergency responders could support response e.g. through more flexible roles to support surge capacity – all of which should be planned and scenario tested (*Government consultant, Business Continuity, Security & Risk Management*)

Operationalising guidance on pandemic planning and preparedness was considered challenging. Emergency plans relating to resources were considered 'too generic', and that more specific guidance on how to spend funds for the risks they were allocated to was needed e.g. spending on stockpiles guidance needs to be in place to ensure organisations know how to spend funds for the risks they are allocated to (*Former Emergency Planning, Resilience and Response Manager, NHS*). This could be supported through localised scientific/health advisors at local government level (*Government consultant, Business Continuity, Security & Risk Management*) and increased guided scenario planning where commitments are made to taking action on identified risks (*Former Local Authority Chief Executive*).

Inconsistent resilience and risk language used amongst local authorities was also cited as a barrier to effective operationalisation of pandemic guidance (*Former Local Authority Chief Executive*). Efforts to standardise language across local authorities and to increase exchanges between emergency planners and other experts may support future planning. This may require some cultural changes within organisations so they are not 'driven by the last crisis' (*Former Local Authority Chief Executive*). Finally, pandemic preparedness planning may be supported through increased integration of risks and threats in the civil contingency risk register. This would help prepare organisations for concurrent emergencies, for example, a health crisis such as COVID-19, in tandem with a natural disaster or terrorist incident (*Former Emergency Planning, Resilience and Response Manager, NHS*). The Joint Biosecurity Centre may consider evaluating multiple risks and threats in the time of COVID-19 and implications for public health.

## **Funding**

The final issues raised by interviewees related to funding, specifically the need for ring-fenced emergency planning budgets. Data suggests that preparedness planning, including running simulation models and scenario plans, was hampered or stopped due to lack of adequate funding and budgetary control (*Public sector leader, NHS and Former Local Authority Chief Executive*).