Anthony Thompson – Supplementary written evidence (RSK0084)

Introduction

There have been some important developments in how the UK prepares for civil emergencies since the Civil Contingencies 2004 Act became law, with risk assessment and risk planning as key building blocks. The following timeline lists some of the relevant laws, policy documents, risk registers and significant exercises.

Timeline

- **2004:** Civil Contingencies Act 2004
- **2005:** The Civil Contingencies Act 2004 (Contingency Planning) Regs 2005
- **2008:** National Risk Register first published
- **2009:** Exercise Prometheus (influenza pandemic desktop exercise)
- **2010:** National Risk Register published
- **2012:** National Risk Register published
- **2013:** National Risk Register published
- **2015:** National Risk Register published
- **2015:** National Security Strategy and Strategic Defence and Security Review (NSS)
- **2015/16:** High Consequence Infectious Diseases Programme established
- **2016:** Exercise Unified Response (part EU-funded live exercise in London)
- **2016:** Exercise Cygnus (cross-government command post influenza pandemic exercise)
- **2017:** National Risk Register published
- **2018:** 2nd annual report on NSS 2015 as part of the National Security Capability Review
- **2019:** Third annual report on NSS 2015
- **2019:** Technical note and checklist for country preparedness planning in EU/EEA countries issued by the European Centre for Disease Prevention and Control (ECDC)
- **2020:** London Risk Register published (version 9)
- **2020:** Coronavirus Act 2020
- **2020:** National Risk Register published (this is the seventh version since 2008)

Observations

It is worth examining some of the comments that appear in these documents, because they reflect the thinking that existed at the time and, presumably, were driven by cross-government risk assessment and risk planning processes.

National Security Strategy and Strategic Defence and Security Review 2015

The 98-page National Security Strategy and Strategic Security Review 2015 sets out the government's approach to national security for five years and how it will be implemented.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/478936/52309_Cm_9161_NSS_SD_Review_PRINT_only.pdf

The then Prime Minister, David Cameron, refers to the growing threats to the UK and the risk of pandemics in the Foreword. Chapter 4 describes how the government plans to 'protect our people' and at page 43 there is a section on 'crisis response and resilience'. Paragraph 4.131 makes specific reference to the UK's capability to respond to 'pandemic influenza and respiratory diseases.' It says:

'We have learned lessons from major incidents overseas. We have detailed, robust and comprehensive plans in place and the necessary capacity to deal with infectious diseases, including pandemic influenza and respiratory diseases. As a result of the Ebola outbreak in West Africa, we have further refined the measures we take to safeguard public health. We will publish a ***national bio-security strategy*** *in 2016, addressing the threat of natural disease outbreaks, as well as the less likely threat of biological materials being used in a deliberate attack.'*

Annex A (page 85) summarises the National Security Risk Assessment 2015. Domestic (and overseas) risks to the UK are placed into three tiers in order of importance. Each risk is assessed on the basis of a judgement of both likelihood and impact. Tier One risks are those judged to present the UK with the highest priority for action and are based on high likelihood and/or high impact.

In the 2015 assessment there were six Tier One Risks:

- Terrorism;
- International military conflict;
- Cyber;
- Public health – 'a major human health crisis';
- Major natural hazards – severe flooding for example; and
- Instability overseas.

The accompanying commentary (at page 86) to the public health risk is:

'Disease, particularly pandemic influenza, emerging infectious diseases and growing Antimicrobial Resistance, threatens lives and causes disruption to public services and the economy. The UK's vulnerability is increased by our large population and open society.'

Page 86 also includes the comment that emerging infectious diseases *'may become even more likely and/or have a greater impact over the longer term.*

National Security Strategy and Strategic Defence and Security Review 2015: first annual report 2016

The 39-page first annual report sets out the government's progress in implementing the government's commitments in the 2015 Review. Published on

7 December 2016, at page 17 (paragraph 2.49) there is the comment: '*We have continued to strengthen the UK's response to emergencies and have reviewed our response to crises working alongside partners in government, the private sector, communities and the public. This includes improving our preparedness to deal with infectious diseases …'* No details are provided.

Paragraph 2.51 states: *'We have initiated a cross-government review of our approach to the Biological Security landscape, and we intend to publish a new national Biological Security Strategy shortly. The strategy will set out how we will address the threat of natural disease outbreaks, as well as the less likely threat of biological materials being used in a deliberate attack.'*

High Consequence Infectious Disease Programme 2015/16

In 2015/16, NHS England established the High Consequence Infectious Disease (HCID) Programme
https://www.ardengemcsu.nhs.uk/showcase/case-studies/case-studies/establishing-a-high-consequence-infectious-disease-hcid-service/

The UK Government (Public Health England) published information about HCIDs online on 22nd October 2018 and their management in England at
https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid

Definition of HCID

'In the UK, a high consequence infectious disease (HCID) is defined according to the following criteria:

- *acute infectious disease*
- *typically has a high case-fatality rate*
- *may not have effective prophylaxis or treatment*
- *often difficult to recognise and detect rapidly*
- *ability to spread in the community and within healthcare settings*
- *requires an enhanced individual, population and system response to ensure it is managed effectively, efficiently and safely'*

On 21st March 2020, two days before the Prime Minister announced 'lockdown' measures, COVID-19 was removed from the list of HCIDs and the following online entry made:

'Status of COVID-19

As of 19 March 2020, COVID-19 is no longer considered to be a high consequence infectious disease (HCID) in the UK.

The 4 nations public health HCID group made an interim recommendation in January 2020 to classify COVID-19 as an HCID. This was based on consideration of the UK HCID criteria about the virus and the disease with information

available during the early stages of the outbreak. Now that more is known about COVID-19, the public health bodies in the UK have reviewed the most up to date information about COVID-19 against the UK HCID criteria. They have determined that several features have now changed; in particular, more information is available about mortality rates (low overall), and there is now greater clinical awareness and a specific and sensitive laboratory test, the availability of which continues to increase.

The Advisory Committee on Dangerous Pathogens (ACDP) is also of the opinion that COVID-19 should no longer be classified as an HCID.

The need to have a national, coordinated response remains, but this is being met by the government's COVID-19 response.

Cases of COVID-19 are no longer managed by HCID treatment centres only. All healthcare workers managing possible and confirmed cases should follow the updated national infection and prevention (IPC) guidance for COVID-19, which supersedes all previous IPC guidance for COVID-19. This guidance includes instructions about different personal protective equipment (PPE) ensembles that are appropriate for different clinical scenarios.'

National Risk Register of Civil Emergencies 2017

Page 9 of the 71-page document (Matrix A - Hazards, diseases, accidents, and societal risks) pandemic influenza is the top risk with a 5 (impact severity) x 4 (likelihood) rating. On the same matrix is 'emerging infectious disease' which is assessed as 3 (impact severity) and 4 (likelihood).

Page 34 explains the difference between seasonal influenza and pandemic flu:

'There are important differences between 'ordinary' seasonal flu of the kind that happens in winter, and pandemic flu. In a pandemic, the new virus will spread quickly and cause more serious illness in a large proportion of the population, due to the lack of immunity. There is a high probability of a flu pandemic occurring, but it is impossible to predict when, or exactly what it would be like.'

Page 34 also describes emerging infectious diseases and explains that these also could cause large numbers of people to fall ill. It continues: '*The likelihood of an emerging infectious disease spreading within the UK is assessed to be lower than that of a flu pandemic'*

Estimates of casualties are also given on page 34:

'It is difficult to forecast the spread and impact of a new flu strain or disease until it starts circulating. However, consequences may include:

(a) <u>for pandemic flu</u>:

up to 50% of the UK population experiencing symptoms, potentially leading to between 20,000 and 750,000 fatalities and high levels of absence from work.

(b) for emerging infectious diseases:

several thousand people experiencing symptoms, potentially leading to up to 100 fatalities.

(c) disruption to essential services, particularly health and education; and

(d) economic disruption, including disruption to business and tourism.

National Security Strategy and Strategic Defence and Security Review 2015: second annual report 2018

The second annual report on the 2015 Review was published in March 2018 as part of the National Security Capability Review. The 52-page report contains an update on diseases and natural hazards affecting the UK at page 6, paragraph 9. It states:

'One or more major hazards can be expected to materialise in the UK in every five-year period. The most serious are pandemic influenza, national blackout and severe flooding. We published the latest edition of the National Risk Register of Civil Emergencies in September 2017. It provides an assessment of the likelihood and potential impact of a range of different civil emergency risks that may directly affect the UK over the next five years.'

In the Annex to the March 2018 report there is a list of principal commitments from the Strategic Defence and Security Review 2015 and a colour code denoting the status of progress. On page 47 (at item 43) it states: 'We will publish a national bio-security strategy in 2016' which is coloured green indicating the work is *'in progress or ongoing.'* It was eventually published in 2018

UK Biological Security Strategy 2018

The 48-page Strategy was published on 30 July 2018.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/730213/2018_UK_Biological_Security_Strategy.pdf

Page 9 of the Strategy states:

'The 2015 National Security Risk Assessment (NSRA1), based on a judgement of both likelihood and impact, identifies a major human health crisis (such as pandemic influenza) as one of the most significant civil emergency risks facing the UK (a Tier One risk). Such an outbreak could have the potential to cause hundreds of thousands of fatalities and to cost the UK tens of billions of pounds.'

At the highest level is the National Risk Assessment (NRA) and the NSRA, which set out the most significant risks to the UK and UK interests overseas for which government should prepare. The NRA includes a number of biological risks –

from pandemic influenza to major notifiable animal disease outbreaks to deliberate biological attacks.

The Strategy has four pillars:

- Understand
- Prevent
- Detect
- Respond

Page 26 (**Respond** pillar) states the UK will:

'Have in place the right capabilities to respond effectively to significant disease outbreaks and biological incidents within the UK or affecting UK interests in order to lessen the impact, eradicate threats and ensure a swift return to normal.

Overview

No matter how hard we try, we will not be able to prevent all biological risks all the time – disease outbreaks will still occur. It is vital therefore that we have in place a swift, scalable and comprehensive response system that is flexible between risks and able to cope with new risks as they emerge.

The UK is already well served against these criteria, but there is more that we can do to ensure that these capabilities are as coordinated and agile as possible to reflect the evolving risk landscape.

Responding to biological risks when they occur The UK has in place world-leading human, animal and plant health systems that are able to respond to a wide range of potential crises – from frontline responders to expert treatment.

In the event of a significant disease outbreak in the UK, these day-to-day health systems are supported by extensive cross-Government response arrangements, including detailed contingency plans, to allow effective co-ordination and leadership – reinforced through a regular programme of training and exercises. This planning takes place at a local as well as a national level – working with Local Resilience Forums and strategic co-ordinating groups to support a UK-wide response. We maintain appropriate stockpiles of clinical countermeasures for diseases of concern (whether outbreaks are caused naturally or deliberately) and we work to ensure these are as flexible as possible to provide effective coverage against a wide range of potential scenarios. We have a strong public communications capability, to ensure that we are able to engage swiftly and clearly with the public about any action they might need to take to protect themselves or support an effective response.

Supporting this we have access (both within Government and beyond) to a cutting-edge biological sciences research and development community working to increase the effectiveness of our response, for example through development of new medical countermeasures for infectious diseases.'

Page 27 states:

'What next?

Ensuring effective planning for a UK response

We will continue to ensure that we have in place proportionate, flexible and well-tested plans to cover a range of biological risks. While acknowledging the specific challenges presented by particular diseases, these will (where possible) be impact focused and not focused on the characteristics of specific diseases, in order to allow an effective response to new and emerging risks

We will continue to develop our planning for the highest impact risks in the NRA, which include naturally occurring diseases and biological attacks.

We will develop a UK Government response plan for major international diseases to ensure that the Government is fully prepared to respond as quickly as possible to new disease outbreaks. This will build on our existing overseas crisis response planning, which ensures that we have effective mechanisms in place to communicate with, and provide consular assistance to, British nationals overseas, to support Government staff, and to ensure an effective international response.

Supporting first responders

We will continue to make it a priority to protect first responders through ensuring that they are equipped and trained properly.

Delivering strong health systems

We will use the ***High Consequence Infectious Diseases (HCID) programme*** *to strengthen the commissioning of NHS services in the UK and will ensure through the HCID programme that we address identified weaknesses in the system. This programme will include: – a defined, tiered operational response, service specifications, clinical policies and commissioning tools; – response arrangements for first contact agencies; – a governance framework for the use of novel and experimental therapies for treatment of HCID; – standards and mechanisms for responsive clinical research protocols to be implemented rapidly and effectively; – arrangements for the training, assurance and testing of facilities; – agreed arrangements for mutual aid; – arrangements for the transfer of patients across the UK to the most appropriate facilities; and – a defined response to an HCID outbreak overseas requiring medical evacuation to the UK. Better communication with the public*

We will ensure that we have effective plans in place for communication of biological risk information to the public, that these are regularly reviewed and that information is easily accessible – for example, PHE awareness raising about seasonal public health risks or Defra guidance on where to report pests and pathogens of concern.'

European Centre for Disease Prevention and Control (ECDC) Technical Note and Operational Checklist 2019

The ECDC issued a Technical Note and operational checklist for country preparedness planning in the EU/EEA countries in October 2019.

https://www.ecdc.europa.eu/sites/default/files/documents/Health-emergency-preparedness-imported-cases-of-high-consequence-infectious-diseases.pdf

London Risk Register 2019

Version (8.1) of the Register was published in January 2019.

https://www.london.gov.uk/sites/default/files/london_risk_register_2019.pdf

Page 5 of the 31-page document gives a high-level summary of the risks London faces. Pandemic influenza is a 'red risk' – a 'very high' risk. Section 3.2 (page 12) describes Pandemic Influenza under Reference H23, and H24 describes 'Emerging Infectious Diseases'.

It should be noted that in Section 3.2, Pandemic Influenza is assessed in line with the National Risk Register of Civil Emergencies 2017 with a likelihood of 4 and an impact of 5 – giving a risk score of 20. It is assessed that the upper level of deaths in the UK could be 750,000 – as per the 2017 national assessment. Unfortunately, it appears to be incorrectly graded on page 5 of the London document's 'high-level summary' with a risk likelihood of 3 (medium) and an impact of 4, giving a risk score of 12. This and other discrepancies may be administrative errors.

London Risk Register 2020

Version 9 of the Register was published in February 2020.

https://www.london.gov.uk/sites/default/files/london_risk_register_v9.pdf

The 'outcome description' assessments for Pandemic Influenza and Emerging Infectious Diseases are the same as for the 2019 document and appear to have been copied and pasted. The assessment shows that for London emerging diseases present a 'high risk' with likelihood scored at 3 and impact also at 3. This appears to be at variance with the national assessment and the comments in the UK Biological Security Strategy 2018. According to the London Risk Register (for 2019 and 2020), an emerging infectious disease '…is unlikely to provide a wider threat to the UK through sustained spread.' And then came coronavirus.

National Security Strategy and Strategic Defence and Security Review 2015: third annual report 2019

The **third annual report** on progress set out in the 2015 Review was published in July 2019.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819613/NSS_and_SDSR_2015_Third_Annual_Report_-_FINAL__2_.pdf

Page 24, paragraph 2.101 states: *'We published a National Bio-Security Strategy on 30 July 2018. We have drawn together for the first time the work taking place across government to protect the UK and its interests from significant biological risks, no matter how these occur and no matter whom or what they affect. We have set out the nature of the biological risks and the opportunities we face,*

looks at how this landscape is continuing to evolve, and explains what our response is to these challenges.'

Conclusion

There is overwhelming evidence that risk assessment and risk planning is taking place and has been over many years. The statement in the UK Biological Security Strategy 2018 that it is vital that the UK must have a 'swift, scalable and comprehensive response system' for biological threats is laudable. Whether such a system was in place for the COVID-19 response is doubtful, but one is needed for all hazards and threats. Risk assessment is a starting point and must be followed up with effective preparedness because response is a product of preparedness. In simple terms, we must move from grand words to positive action.

11 February 2021