

Contingency Planning;

The next priority

A series of experts in Biosecurity and Public Health confirm that the NHS was not as well prepared for the pandemic as it could have been.

A report they prepared for the Inquiry will shortly appear on the Covid website. Two interesting points.

First a single plan is not good enough..... the plans need to be disease specific. A pandemic plan that was built on plans for a flu emergency did not work well and was too centrally focused.

Managers can expect an explosion of contingency planning in the coming months. Standby capacity earmarked, reserve stockpiles of PPE and equipment sourced, purchased and stored, staff redeployment plans agreed [between Trusts], in order to man quickly built Nightingale Hospitals.

It will not come cheap and soak up mountains of time. Will it all be worth it? It will take a brave manager or politician to say probably not or even maybe not!

Of course, the NHS needs sensible plans for dealing with emergencies. It has had them for years. However pandemic planning is of a much higher

order and includes most of the rest of government. Rather than leave it to the DH, who are unlikely to come out of the Inquiry clothed in glory, perhaps the Cabinet office teams or even Army might take the lead!

Second was an intriguing comment about a potential global pandemic treaty. That will keep WHO busy for the next decade although in principle it sounds like a good idea.

Then we hear from the politicians and senior civil servants.

Lead Counsel asks a colleague to question David Cameron as they knew each other!

Cameron had been worried SARS, MERS and Ebola and spent some time reorganising the national infrastructure for dealing with emergencies and resilience.

A minister chaired a horizon scanning committee and the National Security Council Threats, Hazards, Resilience and Contingencies Committee [NSC[THRC]. Their work included pandemics. Politicians had to lead in his view. It could not be left to



experts. He had raised the need for contingency planning at a G7 meeting. There had been response simulations in 2016 [Alice and Cygnus].

In the event what pandemic planning was done was based on much lower estimates of disease spread, and deaths than actually occurred. Asymptomatic spread had not been anticipated nor had school closures. Many experts thought "ready for flu ready for anything".

We then enter party politics. The impact of austerity on health and social care services and underlying health inequalities.

His defence [and others who will follow] is that if you don't have a strong economy you cannot have strong public services.

Things would have got much worse if the national deficit had not been reduced.

He had no regrets about putting the bulk of public health resources into Local Government.

Sometimes the merging of public bodies to reduce overheads was the right thing to do, he said.

**Sir Chris Wormald,
Permanent Secretary at the
DH is next.**

The DH was the lead ministry for pandemics and therefore part of the national infrastructure and resilience system.

The Departmental Management Board within the Department had no formal status or funding but acted as an advisor to the Secretary of State. He fields off criticism from some that the Secretary of State and ministers were poor attenders.

Was the DH prepared for a pandemic gets the reply; if we knew then what we know now. "We have changed our thinking based on our knowledge"

*The Lansley reforms
had, he
acknowledged.
resulted in a more
fragmented NHS.*

Counsel leads our witness through the pandemic planning processes which reveals that action to implement the Cygnus exercise in 2016 was for the most part effectively put on the back-burner to make way for Brexit planning.

70 staff were redeployed.

One of the lessons for the future he explained is what's become known as the "pathogen agnostic approach to planning", which is moving away from the "ready for flu, ready for anything" philosophy he described earlier towards a "Let's look at the roots of transmission".

Two witnesses illustrating the stresses and strains of pandemic planning and preparation whilst coping with the priorities of today and a tight economic climate.

Next Clara Swinson another senior civil servant from the DH with international responsibilities.

She is challenged about "groupthink" that influenza was the most likely to occur and needed priority.

True ,she respond, the expert advice was that the most likely scenario was pandemic flu.

We then discover that the report of Operation Cygnus was not published until recently although it had been circulated widely within government. It did report a gap in planning...

... the social care sector.