



ACT NOW, SAVE LIVES: PREPARING FOR THE NEXT PANDEMIC

22 RECOMMENDATIONS FOR A PATH TO PREPAREDNESS,
INFORMED BY THE FINDINGS OF THE UK COVID-19 INQUIRY
AND THE EXPERIENCES OF THOSE BEREAVED BY COVID-19

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COVID-19 CLAIMED THE LIVES OF OVER 230,000 PEOPLE IN THE UK DURING THE PANDEMIC.

We suffered the third worst death toll in Western Europe despite being one of the largest economies because, as the UK Covid-19 Inquiry has heard, the UK's whole system preparedness for a pandemic was 'wholly inadequate'.¹

In the decade leading up to the pandemic the UK's ability to respond to a public health crisis of this nature was undermined by widening inequalities, reduced public service capabilities, and a lack of governmental leadership when it comes to emergency preparedness.

Plans for a pandemic were fatally inadequate; they were outdated, poorly communicated across the Government, disregarded the impact of inequalities and were primarily concerned with pandemic flu.² Regardless, however, the UK did not and does not have the capacity to scale up practical 'capabilities' such as mass testing and contact tracing or the ability to cope with a surge in demand for public services, and health services in particular, in the event of a crisis.³

This made lockdowns unavoidable. But inaction and delay in the first weeks of the pandemic led the UK to suffer stricter lockdowns for longer, which increased the pressure to ease restrictions at the wrong time, and led to further peaks and

infections and a worse second wave.⁴ The government's failure to prepare for a crisis meant that when one arrived many more died than necessary, and the government was forced to exert unprecedented control over all of our lives.

It was known that a pandemic would disproportionately harm vulnerable communities, however such pandemic planning as there was did not address inequalities, and nothing was done to mitigate vulnerabilities caused by structural discrimination, institutional racism or health inequalities.⁵

Our loved ones, colleagues and communities paid the price for that failure. Covid-19 Bereaved Families for Justice UK, made up of over 7,000 family members who lost loved ones to Covid-19, is committed to ensuring that lessons are learned and lives are saved in future pandemics.

Another pandemic is inevitable.⁶ Urgent reform will prevent the need for draconian restrictions in the future and ensure that the same deadly mistakes are not made again.

As the former Chief Scientific Advisor to the Government, Sir Patrick Vallance told the Inquiry, the UK needs flexible capabilities, backed up by responsibilities.⁷



Covid-19 Bereaved Families for Justice UK have outlined a blueprint to achieve this in our set of recommendations, grouped into three key areas:

- **Duties and Bodies**
- **Data**
- **Transparency**

These recommendations are drawn from the findings from the UK Covid-19 Inquiry and informed by the experiences of our members.

We know the true cost of inaction, and we know that if lives are to be saved in the future, these measures must be enacted as soon as possible to prevent the mistakes of the past from ever being repeated.

OUR FAMILIES WERE FAILED IN THE COVID-19 PANDEMIC. WE NOW KNOW HOW, AND EXACTLY WHAT CAN BE DONE TO PREVENT DEATHS IN THE FUTURE.

PREPARATION IS OUR BEST DEFENCE. FAILURE TO PREPARE IS INDEFENSIBLE.

THE FOLLOWING RECOMMENDATIONS HAVE ARISEN FROM EVIDENCE HEARD AT THE UK COVID-19 INQUIRY:

DUTIES AND BODIES

- 1** Instate a Secretary of State for Resilience and Civil Emergencies, responsible for resilience across central government, cooperation between devolved governments, and resilience at regional and local levels.
- 2** Responsibility for planning and preparedness for whole systems risks must lie with the Secretary of State for Resilience.
- 3** Introduce a UK Standing Scientific Committee on Pandemics, to advise on risks, resilience and preparedness.
- 4** Introduce a National Office for Resilience; an independent agency to provide independent advice to all levels of government involved in pandemic preparedness and resilience.
- 5** Place a duty on anyone involved in resilience and planning to raise issues of capacity and resources with the responsible Secretary of State so that the UK is able to respond when a pandemic hits.
- 6** Introduce a National Care Service to protect service users and workers, reduce inequalities in the industry and strengthen the whole sector ahead of the next pandemic.
- 7** The Government must introduce a statutory duty to make sure pandemic planning and guidance is up to date, and that information is shared with local levels of government.
- 8** A Cabinet Minister must hold responsibility for disabled people, not a junior minister within a department.
- 9** Ministers, advisers and civil servants must be trained in decision making under conditions of uncertainty (such as a crisis), and civil contingency management, as should local councils and other bodies relevant to a crisis response.
- 10** SAGE must diversify, ensuring devolved experts, public health professionals and international experts are included.
- 11** Conduct a cross-departmental audit of the UK's capacity to respond to an emerging infectious disease and make a business case for the financial investment required. The review must address infectious disease beds and stockpiles of pharmaceutical and non pharmaceutical countermeasures, and assets such as staffing levels and staff training.

DATA

- 12** The Government must fund research into reducing pandemic inequalities, including those arising from structural and institutional discrimination.
- 13** The Secretary of State for Resilience must update and refresh data requirements, and share data with local areas and tiers of government.

TRANSPARENCY

- 14** Establish a 'Red Team' to challenge and question Government pandemic plans and preparations.
- 15** The Government and devolved administrations must publish a committed plan to improve health inequalities.
- 16** Scientific advice should be transparent. The Government must report to the public when they have sought scientific advice, and how that request has been responded to.
- 17** Test, trace and isolate capabilities, economic support measures, including support for self isolation, must be ready to be rolled out as soon as needed.
- 18** When the whole of the UK faces an emergency, devolved administrations must be included in decision making forums such as COBR.
- 19** During times of crisis, ministerial meetings must not be held without the attendance of a member of the Independent UK Standing Scientific Committee on pandemics, to make sure the effect of any given policy on the pandemic is understood by policy makers.
- 20** The Government must be legally obliged to report to parliament and the public when they have been alerted to an incoming threat or crisis by the Standing Scientific Committee on Pandemics.
- 21** When making public health spending decisions, the Government must consider the impact of the population's health on the economy in the policy rationale.
- 22** The Cabinet Office must ensure that government decisions are debated and recorded in a formal and transparent process.

DUTIES AND BODIES WHY IT MATTERS TO LESHIE

WHEN WE NEEDED THE GOVERNMENT THE MOST, THE SYSTEMS WHICH ANY CITIZEN HAS THE RIGHT TO BELIEVE ARE IN PLACE FOR THEIR PROTECTION, WERE BROKEN OR NON-EXISTENT.



Failures at the heart of government cost lives. My father was one of many thousands of people who paid the price of these failures on the front line. As a London bus driver and a key worker, my dad Ranjith Chandrapala was required to keep working when the rest of the country had gone into lockdown.

His work was essential: his bus route delivered NHS worker's to hospitals. When the state asked him to keep working, he should have been able to do so in the knowledge that well evidenced measures were in place to keep his workplace safe. It wasn't until mid April that the life-saving decision was made to allow passengers to board buses from the middle doors, keeping them at a safe distance from bus drivers. It was, by then, too late for my dad, who contracted Covid-19 before masks had been made mandatory on public transport, and died in March 2020.

While communities across the UK did all we could to keep one another safe, responsibility and accountability in the heart of government was lacking. Without oversight from a Secretary of State for Resilience and Civil Emergencies there was no coordinated strategy to ensure that all sectors of society were ready to meet the challenges when they arose, which they inevitably would.

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LESHIE CHANDRAPALA

The Government did not take responsibility in making sure that pandemic planning guidance was up to date across government departments, or at local levels of government. In fact, while there is a legal duty for bodies like local authorities and emergency services to protect lives in the event of a crisis, there is no legal duty for departments or ministers to do the same, making it easy for them to turn a blind eye to the needs of those on the frontline.

Advisory bodies like COBR and SAGE are reactive, which means that no organisation is focused on preparing for and spotting a novel virus, despite it being at the top of the national risk register. And, at the very heart of government, in the Cabinet Office, the siloed nature of departments meant that the response was un-coordinated, disjointed and under-effective.

Nobody should die for the sake of a job. And the Government failed in its job of protecting workers like my dad. The UK Covid-19 Inquiry has uncovered exactly what was lacking, and it is time for the government to take responsibility by introducing the following duties and bodies. Learn lessons, act now, and save lives in the future.

– *Leshie Chandrapala, for her dad Ranjith*

DUTIES AND BODIES RECOMMENDATIONS

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- 10** SAGE must diversify, ensuring devolved experts, public health professionals and international experts are included.
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DATA WHY IT MATTERS TO LOBBY

DATA IS KNOWLEDGE, AND IN A CRISIS DATA HAS THE POWER TO SAVE LIVES.



At no time in recent history has this been more evident than during the height of the Covid-19 pandemic. However the UK Covid-19 Inquiry has heard that when data informed policy was needed the most, government decision making was insensitive to inequalities, and 'disregarded existing economic, social and health vulnerabilities experienced by ethnic minority groups'.⁸

Covid-19 was foreseeable and predicted. So too was the disproportionate impact it would have on people made vulnerable by structural and institutional racism, and other forms of structural discrimination and inequalities. However, institutional racism and institutional blindspots in the commissioning of research meant that policies didn't protect everyone equally.⁹ The UK saw higher Covid rates in areas of deprivation and high unemployment as fewer people had access to sick pay,¹⁰ and ONS data shows that in the first 11 months of the pandemic people with learning difficulties were 6 times more likely to die of Covid-19 than their peers without learning difficulties.¹¹

According to the former Deputy Cabinet secretary to the Cabinet Office Helen McNamara a 'disproportionate amount of attention' was given to the impact of restrictions on 'football, hunting, shooting and fishing' in No. 10.¹² On the front line, doctors were contending with ill-fitting PPE designed for white males, whilst care-workers like my father, Femi Akinnola, were fashioning PPE from scratch to protect themselves in roles that can't be conducted at a social distance. Had the impact of the pandemic on workers in his sector, or the manifestations of Covid-19 in people with different skin tones been understood and factored into pandemic planning, my dad would have had a much greater chance of being alive today. Instead, he was unable to access treatment because the hastily designed 111 service prioritised patients with a blinkered list of symptoms such as their lips turning blue. My father's never did.

Though the circumstance of my father's death may differ from others, the underlying causes are not unique. A local authority with twice the average number of ethnic minority people will have experienced a 25 per cent

higher Covid-19-related death rate. It is estimated that underlying health conditions (a symptom of inequalities to begin with) led to the black population in the UK being only 5% per cent more likely to die from Covid-19 than the white population. Further disparity in Covid mortality is likely to have been driven by the social disparities that pandemics thrive on.¹³

Gathering, analysing, and learning from the right data is the first and most crucial step in preparing for the next crisis. And the data must be gathered at and shared between all levels of government. Our needs vary across the UK and across communities, but we all deserve a government that does all it can to protect all of us, regardless of who we are, our age, or where we live.

The Covid-19 pandemic in the UK was shaped by inequalities. The next pandemic mustn't be. Our actions now will shape the data of the future; it can tell future generations how the UK learned from its mistakes to create a better, fairer society robust to any crisis, or it can tell of how we failed them. The UK must learn from the loss of my father, and from everyone else who the government failed to protect, by implementing the following measures now, before it is too late.

— *Lobby Akinola, for his dad Femi*

HAD THE IMPACT OF THE PANDEMIC ON WORKERS IN HIS SECTOR, OR THE MANIFESTATIONS OF COVID-19 IN PEOPLE WITH DIFFERENT SKIN TONES BEEN UNDERSTOOD AND FACTORED INTO PANDEMIC PLANNING, MY DAD WOULD HAVE HAD A MUCH GREATER CHANCE OF BEING ALIVE TODAY.

LOBBY AKINNOLA

DATA RECOMMENDATIONS

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TRANSPARENCY WHY IT MATTERS TO AMANDA



TIME AND TIME AGAIN THROUGHOUT THE PANDEMIC WE WERE TOLD THAT POLITICIANS WERE 'FOLLOWING THE SCIENCE'.

The UK Covid-19 Inquiry has made it clear that was a meaningless strapline, one that, according to Professor John Edmunds of SAGE, politicians used in an attempt to hide behind scientists when they had to make tough policy decisions.¹⁴ In fact, while families like mine were diligently checking the latest guidance to make sure we were doing everything we could to protect our loved ones and communities, the government was routinely ignoring scientific advice.

We now know that No 10 could have saved thousands of lives through earlier intervention. If the UK had followed the example of countries in East Asia and locked down sooner, we would have been able to lockdown for shorter periods of time. Politicians took the disastrous decision to delay lockdown because they believed, incorrectly, that if they brought in restrictions too soon the population would grow tired of them and start to break them earlier. We now know that the Independent Scientific Pandemic Insights Group on Behaviours (SPI-B), the experts instructed to advise the government on the impact of restrictions on people's behaviours, never advised the government that 'behavioural fatigue' was a risk. In fact, SAGE explicitly advised that the risk of people tiring of restrictions was no reason to delay lockdown. SPI-B's actual advice, which was to provide financial support to help people self isolate, was essentially ignored.

Often, the scientific advice given to the government was itself limited. In the early stages of the pandemic SAGE didn't take into account health data from devolved nations, meaning that those developing nation wide policies to stop the spread of the pandemic were blind to the effects of these measures in devolved nations.

Most shockingly of all, the government failed to seek any scientific advice regarding the deadly Eat Out to Help Out initiative, a policy understood by Professor Edmunds of SAGE to be 'encouraging people to take an epidemiological risk'.¹⁵

BOB BELIEVED THAT IF THE GOVERNMENT SAID IT WAS SAFE TO TRAVEL, IT WAS SAFE TO TRAVEL... TWO WEEKS LATER, BOB WENT INTO HOSPITAL AND NEVER CAME HOME. HE MAY HAVE PAID FOR THAT TRUST WITH HIS LIFE.

AMANDA PAPE

My family believed, as we had every right to, that this policy was made with the safety of the public in mind. Had we known the risks, we wouldn't have taken them. My husband Bob was a wonderful father, stepfather and foster carer, and a principled lawyer. He fell ill just after we had taken our children to Birmingham to make the most of the Eat Out to Help Out scheme. Bob believed that if the government said it was safe to travel, it was safe to travel. He wouldn't have risked his family's health under any other circumstances. Two weeks later, Bob went

into hospital and never came home. He may have paid for that trust with his life, and my family will bear the cost for ever.

It will always be up to politicians to make the big policy calls, but with greater transparency built into the systems for creating and delivering scientific advice to governments we will be better able to hold decision makers to account. Accountability is at the heart of good governance and good science alike, and it could have saved my husband's life.

– *Amanda Pape, for her husband Bob*

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ENDNOTES

1. Professor David Alexander and Bruce Mann, Expert Report provided to the Inquiry, 4.06.2023 <https://covid19.public-inquiry.uk/wp-content/uploads/2023/06/15191339/INQ000203349.pdf>
2. Matt Hancock, First Witness of Matt Hancock to the UK Covid-19 Inquiry, 12.05.2023, <https://covid19.public-inquiry.uk/wp-content/uploads/2023/06/27180554/INQ000181825.pdf>, Professor David Alexander and Bruce Mann, Expert Report provided to the Inquiry, 4.06.2023, <https://covid19.public-inquiry.uk/wp-content/uploads/2023/06/15191339/INQ000203349.pdf>
3. Professor David Heymann CBE, in oral evidence given to the UK Covid-19 Inquiry, 15.06.2023, 15.06.2023, <https://covid19.public-inquiry.uk/wp-content/uploads/2023/06/16112106/C-19-Inquiry-15-June-23-Module-1-Day-3-Amended.pdf>
4. Professor Tom Hale, in oral evidence given to the UK Covid-19 Inquiry, 11.10.2023, <https://covid19.public-inquiry.uk/wp-content/uploads/2023/10/11172039/2023-10-11-Module-2-Day-7-Transcript.pdf>
5. Professor Michael Marmot and Professor Clare Bambra, in oral evidence given to the UK Covid-19 Inquiry, 16.06.2023, <https://covid19.public-inquiry.uk/wp-content/uploads/2023/06/16185854/C-19-Inquiry-16-June-23-Module-1-Day-4.pdf>
6. Professor David Alexander, in oral evidence given to the UK Covid-19 Inquiry, 13.06.2023, <https://covid19.public-inquiry.uk/wp-content/uploads/2023/06/14102838/UK-Covid-19-Inquiry-Public-Hearing-13-June-2023-Module-1-Day-1-Transcript.pdf>
7. Patrick Vallance, in oral evidence given to the UK Covid-19 Inquiry, 15.06.2023, <https://covid19.public-inquiry.uk/wp-content/uploads/2023/06/16112106/C-19-Inquiry-15-June-23-Module-1-Day-3-Amended.pdf>
8. Professor James Nazroo and Professor Laia Becares, Expert Report provided to the Inquiry, 15.09.2023, <https://covid19.public-inquiry.uk/wp-content/uploads/2023/10/05183826/INQ000280057.pdf>
9. Professor James Nazroo, in oral evidence given to the UK Covid-19 Inquiry, 05.10.2023, <https://covid19.public-inquiry.uk/wp-content/uploads/2023/10/05193250/2023-10-05-Module-2-Day-3-Transcript.pdf>
10. Sir Christopher Whitty, in a Witness Statement to the UK Covid-19 Inquiry, 05.05.2023, <https://covid19.public-inquiry.uk/documents/inq000184638-witness-statement-of-sir-christopher-whitty-dated-05-05-2023/>, <https://covid19.public-inquiry.uk/documents/transcript-of-module-2-public-hearing-on-21-november-2023/>
11. Professor Nick Watson and Professor Tom Shakespeare, in an Expert Report to the UK Covid-19 Inquiry, 21.09.2023, <https://covid19.public-inquiry.uk/wp-content/uploads/2023/10/09184418/INQ000280067.pdf>
12. Helen McNamara, in oral evidence given to the UK Covid-19 Inquiry, 01.11.2023, <https://ukcovid19inquiry.dracos.co.uk/module-2/2023-11-01/>
13. Dr Parth Patel, Alba Kapoor, Nick Treloar, IPPR and Runnymede Trust, 19.10.2020, <https://www.ippr.org/articles/ethnic-inequalities-in-covid-19-are-playing-out-again-how-can-we-stop-them>
14. Professor John Edmunds, in oral evidence given to the UK Covid-19 Inquiry, 19.10.2023, <https://covid19.public-inquiry.uk/wp-content/uploads/2023/10/19193334/2023-10-19-Module-2-Day-13-Transcript.pdf>
15. Professor John Edmunds, in oral evidence given to the UK Covid-19 Inquiry, 19.10.2023, <https://covid19.public-inquiry.uk/wp-content/uploads/2023/10/19193334/2023-10-19-Module-2-Day-13-Transcript.pdf>

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