Eight provisional lessons from Britain's handling of COVID-19

*Four months since the World Health Organisation declared COVID-19 a pandemic, **Sir Richard Mottram** outlines key lessons that can already be drawn about the UK's crisis management machinery.*

Crises provide an illumination and an audit of government capability and performance. It seems clear that the UK government system has performed poorly in comparison with other comparable countries in the health aspects of the outbreak. What has gone wrong and what lessons can be learned?

Lesson one: in Horizon Scanning, the past may not be a good guide to the future

The UK has a system for assessing risks through the National Risk Register of Civil Emergencies. The latest edition, published in September 2017, highlighted 'emerging infectious diseases' as an increasing risk. It suggested consequences might include 'several thousand people experiencing symptoms, potentially leading to up to 100 fatalities.' (In contrast, the estimate for pandemic flu was between 20,000 and 750,000 fatalities.) Such estimates are meant to represent a reasonable worst case. In the case of an emerging infectious disease, the assessment appears to have been driven by the comforting assumption that a future case would have a similar impact in the United Kingdom to the outbreak of Middle East Respiratory Syndrome in 2015 or Severe Acute Respiratory Syndrome (SARS) in 2003.

Lesson two: risk assessments need to lead to government action

The risk was nevertheless recognized to be significant. The purpose of the register is to trigger preparatory action for priority risks so that planning, testing of plans, and other advance steps are in place to mitigate the effects of a risk crystallizing. None of this appears to have been in place for a coronavirus outbreak.

Lesson three: there is no such thing as 'the science'

Scientific advice rightly is embedded within the government's crisis management machinery in support of decisions that are ultimately a matter for Ministers. An issue is whether Ministers understand the inherent limitations in scientific advice, particularly when there may be considerable uncertainty about the nature and dimensions of the problem being advised on, and what this implies for the choices they are being asked to make.

During this crisis, Ministers have referred to an entity called 'the science' as justification for their actions or inactions, leading to concerns that the blame for inadequate decisions might be laid at the door of the government's scientific and medical advisers. Now the minutes of the government's Scientific Advisory Group for Emergencies (SAGE) have been published, we can see Ministers would appear not to have been alone in referring to an entity of 'the science'. For example, the minutes of its thirteenth meeting on Covid-19 on 5 March record that:

> *8. SAGE advised that the science supports a combination of case isolation and whole family isolation [to be implemented within 1-2 weeks].*
>
> *9. The science supports that a third intervention has epidemiological advantages: to socially isolate those in vulnerable groups (the elderly and those with underlying conditions) approximately 2 weeks after these initial interventions.*

Lesson four: in a pandemic, the right course is speed, speed, and more speed

Well before the 3-4 weeks envisaged in this timetable were up, SAGE had revised upwards its assumptions about the speed of spread of the pandemic, and appreciated the potential impact on NHS critical care capacity. By 23 March, drawing on SAGE advice and external modelling, the government had introduced complete lockdown. This represented a clear reversal of the approach that SAGE had been following of looking to a combination of isolating those infected and their household, and the old and the vulnerable, while accepting the virus would circulate in the rest of the population. It is denied that a strategy of seeking 'herd immunity' was ever pursued, though it is clear that SAGE was convinced that countries such as China, where heavy suppression was underway, would experience a second peak once measures were relaxed. If not 'herd immunity' what was the strategy being pursued by SAGE and by Ministers?

There is a theme in SAGE's deliberations of waiting for better data before acting which might be said to be understandable given the magnitude of the social and economic consequences of lockdown. But, if experience elsewhere suggested such action was inevitable, then why wait, given the consequences of delay in relation to exponential case growth? Linked to this were occasional references to learning from developments in other countries and the actions of their governments but no real sense we might be guided by the experience of others (whether in the initial stages learning from those who had the benefit of having successfully tackled SARS or later from our European comparators.)

Lesson five: how a problem is framed has consequences.

The message of lockdown was clearly expressed: *Stay Home>Protect the NHS>Save Lives.* But protecting the NHS and saving lives were not the same thing. Steps to free-up beds by, for instance, discharging un-tested patients into care homes had outcomes in terms of deaths that might be regarded as predictable. The government did not publish a comprehensive strategy for the care home sector until 15 April. Throughout the crisis, the sector appeared to be second in the government's priorities.

Lesson six: orchestration, not top-down control

In any significant crisis there are challenges in linking together vertically the top of government, intermediate layers, and the front-line and in horizontal co-ordination – whether across Whitehall or at local level, or between government and actors in the private and third sectors. It would require more space to do justice to these issues. But areas that will attract attention in any lessons-learned exercise include the following:

- Public Health England struggled in initial case-handling, including testing, and because of inadequate stockpiles of equipment. More generally it is unclear why earlier action was not taken to build or buy-in capacity in shortage categories.
- Familiar problems have emerged in public procurement and project and programme management. The default has appeared to be to suggest direct ministerial control or that reporting directly to the Prime Minister is the answer. The system was to be galvanised into action by setting arbitrary targets, sometimes with highly challenging deadlines. Some were missed or their achievement appeared to be falsified. The government appears to have forgotten the rule for generating confidence and trust: 'Under-promise and over-perform'.
- There are numerous examples of the government failing to engage with or consult properly, whether internally (with the devolved administrations or local government in particular) or externally.

Lesson seven: the Civil Service is not the problem

Some of the issues above may well have arisen because of weaknesses in capability, in particular in parts of the civil service. Equally, other parts of the civil service seem to have performed well in policy-making and delivery (for example, the Treasury and the Department for Work and Pensions.) Any lessons-learned exercise – in contrast to a blame-shifting manoeuvre – needs to look at our whole system of government and the contributions of Ministers, special advisers, and civil servants, and of Parliament.

Lesson eight: the British way in crisis management is not 'world-leading'

Date originally posted: 2020-07-06

Permalink: https://blogs.lse.ac.uk/politicsandpolicy/covid19-crisis-management-machinery/

No ministerial statement or comment by a government spokesperson seems complete without a reference to the ‘world-leading’ or ‘world-beating’ nature of the UK’s handling of the topic at hand. The handling thus far of the COVID-19 crisis should be an important corrective to this mindset. In reality, we have much to learn from other countries. A useful discipline would be to ban such phrases from public discourse while the lessons to be learned from recent events are exposed and acted upon.

About the Author

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