Recalibrating Pandemic Risk Leadership: Thirteen Crisis Ready Strategies for COVID-19

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Abstract

Good leadership is widely regarded as a crucial component of risk and crisis management and remains an enduring theme of more than 40 years of inquiry into emergencies, disasters, and controversies. Today, the question of good leadership has come under the spotlight again as a key factor shaping how successfully nations have dealt with the COVID-19 global health crisis. Amidst plummeting levels of public trust, the worst recession of the G7, and the highest death toll in Europe, the UK's pandemic leadership response has faced especially stern accusations of incompetence and culpability for what has been described as the most catastrophic science policy failure for a generation. Addressing these issues, this paper argues for the adoption of a more pluralised UK leadership approach for handling COVID-19. Particularly, it is contended that as COVID-19 is a multifaceted problem that presents many varied and distributed challenges, UK leaders should employ a differentiated range of strategic mechanisms and processes to help improve substantive understandings and decision-making, support collective resilience, and build adaptive capacities as the crisis continues. The paper accordingly identifies and elaborates thirteen strategies, drawing on lessons and insights from the risk and crisis management field, that are proposed to serve as a useful heuristic to help guide UK pandemic leadership in this endeavour. To illustrate the value and application of each strategy, examples are provided of noteworthy leader responses to COVID-19 observed internationally thus far, as well as leadership problems that have hampered the UK's pandemic response. In conclusion, it is suggested that in as far as the conduct expected of leaders during a pandemic or other crisis should maintain and be reflective of democratic values and standards of legitimacy, these strategies may also provide broadly applicable normative criteria against which leadership performance in handling COVID-19 may be judged as crisis ready.

Keywords: COVID-19; Leadership; Risk management; Risk communication; Crisis Communication; Crisis Management; Strategy

1. Introduction

> First, they went fast, speed meant so much. Secondly, to get that speed, they mobilised the whole population, the population, the people, became their surveillance system to help find this disease, prevent the disease, but when it did occur, rapidly get isolated so that they didn't spread it to others. And that was because the population knew what the problem was, and they were a big part of the solution. That is the big, big lesson: you cannot do this by government, you cannot do it by the health authorities alone, you need it all working in synch, that's the critical piece.
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> **Dr. Bruce Aylwood, Assistant-Director General, World Health Organisation, Amanpour, 9 March, 2020**

In times of emergency leadership matters. When a crisis occurs, citizens look to elected leaders with the expectation that they will help avert danger or chart a path to safety (Boin, Stern, Hart, Sundelius 2016). If leaders are clear sighted, proactive, inclusive, and respond decisively, it is thought that harm and damages can be minimised, and trust can be gained (Fischhoff 2005; Lofstedt 2005; Lofstedt et al 2012; Nyenswah, Engineer and Peters 2016). When leaders do not take the job of addressing threats seriously and fail in these duties, they can quickly lose public support and vulnerabilities can be exacerbated with devastating consequences (Boin, Stern, Hart, Sundelius 2016; Fischhoff 1995; Johansson and Back 2017).

Yet, despite being served by more than 40 years of research insights and 'best practice' guidance, the risk and crisis management field continues to document regular accounts of frustrated leadership efforts and the re-treading of past strategic failings whenever a new risk problem is encountered (Fischhoff 1995; Leiss 1996; Lofstedt 2005; Wardman and Lofsetdt 2018). If leaders perform responsibly, and risk and crisis management is practiced effectively, this tends to be considered more the exception than the rule (Kasperson 2014; Wardman 2014). It should perhaps be of no small surprise then, that with the advent of the COVID-19 global health crisis, while some leaders can be credited for the measures they have taken to avert the virus and its impacts, other leaders can be seen to have proceeded with questionable strategies that have limited the possibilities for productively tackling the threats posed by the pandemic.

Against this backdrop, the UK government's mishandling of COVID-19 arguably stands out as particularly poor pandemic leadership response, with official statistics indicating that the nation has variously suffered the highest recorded total deaths and excess deaths per 100,000 in Europe, along with the hardest economic impact of the G7 having plunged into the worst recession since records began (Islam 2020; Scally, Jacobson and Abbasi 2020). This is despite official assessments having previously pinpointed a pandemic threat as 'number one' on the national risk register for more than a decade (Cabinet Office 2017; Freedman 2020a), along with the UK being considered the second most well-prepared nation worldwide, after the US, for such an eventuality by the Global Health Security Index (Collins, Florin and Renn 2020). Leadership absences, incapacities, a lack of direction, and serial incompetence 'at the head' of pandemic response efforts have especially come under fire for contributing to what some health experts have described as 'the greatest science policy failure for a generation' (Horton 2020). This damning criticism of an unfolding yet avoidable catastrophe stands very starkly in contrast to the portrayal of the 'great success' regularly hailed by the British Prime Minister, Boris Johnson, in his repeated acclamations of the UK government supposedly 'following the science' and introducing 'world beating' initiatives to 'defeat coronavirus', for which he feels the nation should be 'very proud' (Dalglish 2020). Meanwhile, comparable

nations, along with those ostensibly thought to be far less well-resourced and prepared for a pandemic, continue to fare much better than the UK across a host of health, social, and economic indicators (Abbey et al 2020; Islam 2020; Scally, Jacobson and Abbasi 2020).

In view of the current resurgence and record daily totals of coronavirus infections across the country, more than half of the population entering a wave of further lockdowns and restrictions, and the winter NHS crisis looming with many months – if not years – of the pandemic still left to run, questions therefore abound concerning what lessons might be learned from current strategic failings thus far, and what more can be done to help make the UK leadership response to COVID-19 more 'crisis ready' as the pandemic continues? Addressing these issues, this paper argues that if UK leaders wish to proceed less haphazardly in their handling of COVID-19 in future, a deeper engagement with the strategic insights and lessons of the past 40 years of risk and crisis management research and best practice is urgently warranted. Particularly, I contend that as COVID-19 is a multifaceted problem that presents many varied and distributed challenges, this requires a pluralised leadership approach that strategically draws from a wider range of differentiated mechanisms and processes to help increase the substantive decision-making capabilities of UK leaders, as well as to support the collective resilience and adaptive capacities of the nation in its efforts to stem the transmission and impacts of the pandemic.

The paper proceeds by first outlining a conceptual framework supporting the idea and role of pluralised leadership in risk and crisis management. Next, I specify thirteen inter-related strategies, drawn from across the risk and crisis management literature, that are proposed to serve as a useful heuristic for anchoring focal leadership priorities and practices for addressing the pandemic. To help illustrate the value of each strategy, accompanying examples are provided from internationally noteworthy leadership responses observed thus far, along with instances in which UK leadership has gone awry that underscore the problems and difficulties that can arise when failing to take these wider considerations into account. In closing, it is suggested that in as far as the conduct expected of pandemic risk leadership should maintain and reflect democratic values and standards of legitimacy, these strategies may also provide broadly applicable normative criteria against which leader risk and crisis management performance in handling COVID-19 might be judged as 'crisis ready'.

2. Conceptualising risk and crisis leadership: Towards a pluralised approach

Ideas and understandings of 'effective leadership' have been a conceptually contested and continually evolving topic of research. Interpretations of key leadership features and dynamics located within this body of work can be broadly delineated according to the respective emphasis placed on such aspects as: transactional rewards and punishments (Fairhurst and Connaughton 2014a); personal qualities and value commitments (Fairhurst and Connaughton 2014b; Jaques 2012); social identity processes and the management of interpersonal relations (Haslam, Reicher and Platow 2010; Van Dick et al 2018); and communicative mechanisms, processes and procedures (Hyvarinen and Vos 2015; Johansson and Bäck 2017). Nowadays, however, it is common to 'state-of-the-art' thinking for leadership to be considered as part of a reciprocal group or social process for expressing and supporting a particular collective identity and attaining mutually desired goals (Haslam, Reicher and Platow 2020). In this view, leadership is understood to operate through such mechanisms as communication, influence and persuasion, not by force or coercion wielded

through centralised power by a stand-alone figure ‘at the top’ (Haslam, Reicher and Platow 2010; Muller and van Esch 2020).

This perspective suggests that leadership practices and processes are as such best understood as being variously ‘meaning centred’, ‘symbolic’, ‘ideational’ and ‘networked’ activities, that are constituted through dialogue, contestation, negotiation, and language games, which serve to shape, direct, and facilitate collective acts of organising towards a goal (Boin and Hart 2003; Fairhurst and Connaughton 2014b; Johansson and Back 2017). While different forms of hard and soft power might variously make up part of the execution of authority in particular leadership domains, a group ‘bond’ also has to be identified and maintained, both within inner-group circles and wider groups of followers, for leadership to operate and be considered legitimate (Fairhurst and Connaughton 2014a; Jaques 2012; Muller and van Esch 2020). This also means that the perceived legitimacy of inputs and outputs associated with leadership decisions, communications, and policy impacts is dependent upon, and must be understood within, the context in which leadership is practiced (Boholm Corvellec and Karlsson 2012; Wardman 2014).

In terms perhaps more familiar to risk and crisis management scholars, this pluralised view essentially parallels developments in understanding that have rejected mechanistic hierarchical formulations of ‘leader-follower’ relations evoked by widely known and criticised – albeit still widely practiced – ‘decide-announce-defend’ (DAD) and ‘public deficit’ models (Richard 20202; Wardman 2008). In such models, the associations between leadership and risk and crisis management would typically be construed in reductionist individualistic terms (Jetten et al 2020), being confined to simple acts of ‘announcing’ an official view or mandate regarding whether a particular hazard is of concern and what to do about it, that has already been decided upon, is then passed down to others, and defended if it is questioned. Follower compliance with the leader’s wishes or instructions would comprise the expected goal (Jetten et al 2020). This would accordingly depend on perceptions of the leader’s personal attributes being found to be admirable, compelling and persuasive by followers, but leaving little scope for reciprocal dialogue or negotiation (Jaques 2012). Were deviation from a leader’s wishes to arise this would perhaps only occur if the personal qualities of the leader were found to be uninspiring, or there was considered to be some deficit in understanding on the part of message receivers (Wardman 2008).

Contemporary ‘state-of-the-art’ views of risk and crisis management have equally moved on from the idea of simply ensuring follower compliance through centralised unidirectional communication, and now emphasise the importance of inclusive partnership for generating substantive improvements in understanding and the quality of knowledge that is held and informs decision making (Jetten et al 2020; Johansson and Bäck 2017; Webler and Tuler 2018). For emergency preparedness and response actions to work well, people in authority are required to play a responsible leadership role in enacting and integrating inclusive and transformational communicative processes and mechanisms to help bridge critical gaps in risk knowledge and understanding (Hyvarinen and Vos 2015; Reynolds and Seeger 2005). Well designed and coherent messaging that is prominently and publicly conveyed would be considered only one of many important tasks (Fischhoff 2005; Rickard 2020). Leaders would also need to be involved in crafting a sense of shared identity and image of togetherness (Jetten et al. 2020), such as by making salient how a particular hazard or event poses a risk to all, and how in turn everyone may need to unite in action in the collective interest to mitigate a shared threat (Breakwell 2001; Drury et al 2019). To ensure collective engagement and support are integrated with domain expertise and opinion obtained from different sources,

responsive mechanisms and inclusive processes would need to be 'designed into' risk and crisis management (Collins, Florin and Renn 2020). The shared distribution and co-ordination of tasks across different locations and of varying levels responsibility, employed in a reflective and open way, would as such also be beneficial to helping build integrative collective understanding, mutual support, and collaboration.

Taken together, these broader substantive ideas of leadership and risk and crisis management underscore how pluralised components and processes play a generative role in ensuring responses are well informed and clear sighted, allowing for comprehensive views of the information and mutual support needed to direct and shape actions that best safeguard against a looming threat or imminent new danger (Fischhoff 1995; Rickard et al. 2013; Webler and Tuler 2018). In this pluralised view, leadership would accordingly be legitimately positioned to address critical gaps in knowledge and focus attention on 'what matters most' allowing for 'honest disagreements' and robust discussion to inform decisions and action (Fischhoff 1995; Wardman 2008). This would help to ensure public needs and priorities are identified, preparations are made to address them, plans are executed, and that operations quickly change track as the situation changes, or when it becomes clear that outcomes are playing out in unexpected or undesirable ways (Wardman and Mythen 2016).

3. Thirteen crisis ready strategies for confronting COVID-19

Addressing a new deadly infectious disease outbreak is never easy, viruses such as COVID-19 quickly spread and are difficult to control. However, it has also been remarked, to quote one global health expert, that deciding what to do in response to an outbreak not 'rocket science' (Sridhar 2020). This is meant in the sense that possible response options are not only broadly well-established through decades of research and applied practice in the field, but also essentially limited to four choices. These include: to 'suppress' the virus, through control measures such as 'test, trace and isolate' systems that break the chains of transmission and aim to halt virus spread completely; to 'delay', or dampen, the spread of virus through measures such as 'social distancing' and 'shielding' the most vulnerable such that health systems can cope while not aiming to eliminate the virus completely; to 'mitigate' the spread and impacts of the virus typically when it escapes control, or looks set to do so, through the use of stringent measures including lockdowns and circuit breaker restrictions that help buy more time for further planning and control preparations to be made; or to simply 'do nothing', letting the disease run its natural course, albeit this would not normally be the preferred choice for a deadly outbreak given an option to do otherwise. Added to this, the 'ramping up' of a comprehensive testing and surveillance system would generally be considered essential for helping to monitor the emergence and spread of an outbreak along with the effects of any measures taken in response to reduce the incidence of the disease (Scally, Jacobson and Abbasi 2020).

However, while this range of possible responses is easy to distinguish, this is not to say that the timing and structure of their use in the event of an outbreak is necessarily clear or intuitive from the outset, each choice has a downside, and their implementation is not problem free. The appropriateness and applicability of each approach can vary depending on the characteristics of the virus, which may not always be clear, along with the structural conditions into which an outbreak emerges. Suffice to say, with the spread of infectious disease being dependent on human interaction, emergency response plans must draw from across a range of behavioural, biomedical, epidemiological, and logistical considerations when devising specific measures to prevent or bring outbreaks under control (Ruggeri et al

2020; Smith and Gibson 2020). For instance, simple behavioural changes, such as increased handwashing and reducing interpersonal contact through social distancing, are considered vital to helping stave off the spread of the virus (Michie et al 2020). Likewise, the wearing of face masks and coverings has been widely embraced by some nations in order to help further reduce the spread of infection. At the same time, the levels of individual and social protection offered by such measures can vary according to such aspects as public awareness of the need for behavioural change, the settings in which changes are implemented, and that appropriate procedures are followed (Greenlaugh 2020). The use and effectiveness of each response will therefore depend on there being adequate levels of political will, preparedness planning and resources, along with the collective mobilisation of a health infrastructure that can put plans into action once a threat is identified.

Difficulties in 'ramping up' the supply of face masks and other Personal Protective Equipment (PPE) in light of disrupted supply lines and depleted reserves are illustrative of the kind of problems that can be encountered through a lack of foresight and forward planning, or simply being slow to respond (Bryce et al 2020). The use of any selected response measures may additionally face social, cultural and political barriers. This is especially true if the interventions prescribed are bluntly introduced or construed as draconian, as might be the case with the imposition of an invasive surveillance system or the use of restrictive quarantines and curfews (Drury et al 2019). Collective engagement, resolve, and support would therefore ordinarily be considered necessary to implementing emergency response measures effectively once the level of response required is assessed and appropriate response measures are devised and initiated (Jetten et al. 2020). Some nations might prefer to employ 'hard measures' that are made enforceable and punishable by law, while other nations may baulk at the use of strict mandates and so adopt less stringent approaches that rely on communication and dialogue, with still others employing a combination of both. Responsive leadership is therefore thought to be important to determining the appropriate level of response, the selection of appropriate emergency measures, ensuring that decisive actions are taken, accompanying instruction is provided, and advice is followed, with power, influence and legitimacy all playing a role in bringing any selected interventions into effect (Jetten et al. 2020).

Following a pluralised concept of leadership and its role in risk and crisis management, what specific strategies and mechanisms might then be considered important for aiding such processes? Drawing on current lessons and insights in the risk and crisis management, in the following sections I outline thirteen inter-related leadership strategies for tackling COVID-19 (see Table 1). These are elaborated with a view to underscoring the value of adopting a differentiated range of cross-cutting processes and mechanisms by which to support pluralised pandemic leadership capacities and collective resilience. In particular, the aim is to illustrate the benefits of moving away from narrow centralised 'top-down' approaches that currently predominate. As articulated here, these strategies can as such be taken to complement existing frameworks that place communication at the centre of the developmental stages (Fischhoff 1995), progressive phases (Reynolds and Seeger 2005), specific procedures and mechanisms (Drury et al 2019; Jetten et al 2020; Michie et al. 2020), and wider societal contexts (Rickard et al 2013) of risk and crisis management. To help demonstrate the applicability of each strategy, noteworthy international examples are also provided that are illustrative of well-conceived and executed pandemic risk leadership responses to COVID-19, along with cases of ill-founded or badly executed practices, exemplified by the UK government's poor handling of the outbreak in England especially.

3.1. Planning and Preparedness

Planning broadly refers to the process of assessing the risks faced across different areas and domains of activity and identifying the corresponding actions and resources needed. This would ideally be accompanied by preparations to prevent or reduce the likely harm suffered should an adverse event happen (Seeger 2006). Planning would therefore typically take place as part of horizon scanning and modelling processes before an event has happened, but plans also need to be updated and can evolve as a threat emerges and unfolds in unpredictable ways and new knowledge and data about the threat grows (Wardman and Mythen 2016). One beneficial outcome of planning and preparing ahead of an event is that broad protocols can be established concerning how to proceed and what procedures need to be initiated, such as opening lines of communication, along with where responsibilities reside for taking specific actions, following a surprising or unexpected event (Holmes et al 2009; Reynolds et al 2002). Having a plan, updating assessments, rehearsing response measures, and keeping emergency stocks resources well supplied can also mean that leaders remain mindful of known dangers (Seeger 2006). Best practice advice also suggests that planning processes should necessarily be inclusive and allow for advice and information exchange between multiple community sources to help ensure that respective components of the plan are representative, well integrated and operate efficiently to help realise a common purpose when initiated (Drury et al 2019).

Examples

The UK has historically been credited for its horizon scanning capabilities and having identified the risk of pandemic as the 'no.1 threat' on the national risk register for more than a decade. Previous UK governments also conducted comprehensive crisis and emergency simulation exercises, such as 'Winter Willow' and 'Exercise Cygnus' to stress test emergency response capacities and capabilities in order to identify weaknesses such as in the event of a respiratory disease outbreak (Bryce et al. 2020). These initiatives led to key warnings and spotlighted practical recommendations advising what preparations subsequently needed to be made, such as ensuring pandemic supplies were well stocked to help mitigate the possible impacts of an outbreak.

Despite these best efforts and claims to be an '*international exemplar in terms of preparedness*', as made by the Deputy Chief Medical Officer, Dr Jenny Harries, the UK turned out not to be as well prepared as presumed. For reasons that are not wholly clear, the UK government first suppressed, then subsequently failed to sufficiently act on the warnings and advice of the pre-planning assessments and exercises that it undertook (Bryce 2020). One specific problem concerned that pandemic stockpiles of personal protective equipment (PPE) and other safety equipment had been allowed to run low and out of date. It also transpired that a decade of austerity and public sector reforms had eroded public health infrastructure capacity and civil emergency response capabilities (Scally, Jacobson and Abbasi 2020). For instance, health and social care services were left chronically understaffed and poorly equipped, with little autonomy or established lines of communication. In the months prior to the outbreak, Public Health England disbanded its own network of regional labs that were otherwise intended to support the NHS during a nationwide infectious disease outbreak.

However, perhaps the gravest error in UK government planning and foresight occurred when, far from putting a '*protective ring*' around people in care homes as claimed by the Health

Secretary Matt Hancock, COVID-19 was allowed to spread through care homes resulting the deaths of more than 20,000 elderly residents. Instead, care home managers were instructed to take elderly patients discharged from hospitals who were possibly infected with coronavirus while care homes were at the same time struggling with supplies of PPE. A key part of the problem seems to have been an apparent lack of public health and emergency planning expert involvement in forming COVID-19 response plans who would otherwise likely have made a strong case for addressing these sorts of risks. Worryingly, the Prime Minister, Boris Johnson, was himself absent from essential planning for COVID-19, having missed the first five 'Cobra' national crisis committee meetings convened in late January and throughout February, leading to accusations that he was 'missing in action' and the charge that the UK had been allowed to 'sleepwalk into disaster' (Calvert, Arbuthnott and Leake 2020). In response to questions about the robustness of the UK's pandemic response, Lord Sedwill, who recently stepped down as the most senior civil servant in government, commented that, 'Although we had exercised and prepared for pandemic threats, we didn't have in place the exact measures, and we hadn't rehearsed the exact measures, for the challenge COVID-19 presented. I think there is a genuine question about whether we could have been better prepared in the first place and that is obviously a very legitimate challenge' (BBC 2020a).

3.2. Narrating a clear-sighted strategy

Related to emergency response planning is the task which could perhaps be best termed as 'narrating a strategy' (Campbell 2020). This essentially involves not only having a plan but also publicly communicating 'what the plan is' (Sellnow et al. 2019). Being proactive about letting people know what lies ahead is important to keep them informed, but also so as not to leave information vacuums that can otherwise invite unhelpful speculation and second guessing as to 'what comes next', alongside doubts about whether public leaders really know what they are doing (Leiss 1996). Narrating a strategy may therefore include conveying a clear-sighted and coherent aim that guides what the key objectives are for tackling the crisis and why (Sellnow et al. 2019). Further information can also be conveyed on how they are to be achieved, and what role different parties may respectively play in achieving the plan (Drury et al 2019). This may also include providing information about what criteria will be used for different emergency response measures, such as bringing lockdowns into effect, as opposed to simply giving instructions with vital information 'dripped down' to implement specific parts of 'the plan' on a 'need to know' basis (Bakker et al. 2019).

Examples

The New Zealand Prime Minister, Jacinda Ardern, has been credited for expertly narrating a firm national COVID-19 strategy in the early stages of the pandemic in order to take advantage of a 'window of opportunity' to stop the spread of virus before it took hold. This was exemplified through such statements as '*We go hard, we go early*' and that New Zealand '*would not accept any deaths*' (McGuire et al. 2020; Wilson 2020). Public addressees notably outlined overall strategy accompanied by explanations of how essential services would stay open, along with how measures such contact tracing and testing would work once the country entered lockdown. A simple easy to follow 'Four Stages of Alert' system was also employed to indicate how the spread and control of the virus was strategically linked to corresponding public health measures that would be taken, such as the criteria denoting when a lockdown would be introduced and eased (Wlison 2020).

Insofar as a UK government strategy for COVID-19 can be discerned, its communication has tended to be vague, seeming to reflect indecisiveness and lack a firm direction. Policies have often flip-flopped back and forth on a weekly basis with Ministers performing major policy U-turns across a range of matters. This indecisiveness and lack of clear-sightedness is perhaps best exemplified by the UK Prime Minister Boris Johnson having initially expressed the wish for the UK to try to '*strike a balance*' between meeting the competing priorities of public health, civil liberties, and the economy. In one heavily criticised TV interview, the Prime Minister stated: '*one of the theories is that perhaps you could take it on the chin, take it all in one go and allow the disease, as it were, to move through the population, without taking as many draconian measures*' (ITV 2020). While not intended to sound callous, this nonetheless demonstrated that neither a direct aim or clear path for tackling COVID-19 had been determined.

The design and implementation of the UK 'alert system' has been similarly criticised for containing vague and incoherent criteria concerning COVID-19 risk levels and the basis and rationale for initiating and easing national lockdown measures respectively. What could initially have been a useful public information tool quickly fell into disuse and became a public irrelevance for months on end. Subsequently, the alert system was revised and, after several abortive attempts, was reintroduced as a simpler 'three-tier' system for initiating local regional lockdowns. However, this new 'flagship policy' for dealing with COVID-19 in England immediately fell into disarray after being contested by local city mayors and MPs on both sides of the political spectrum on the basis that the benefits of a national lockdown were not demonstrably the case for local lockdowns when the virus is in wide in circulation. In particular, it was not made clear how local lockdowns would bring rates of infection 'R' down around the country down, indeed this had long proved elusive in areas with tight restrictions. It also means that those areas demoted as tier-three could remain so indefinitely. The insufficiency of the three-tier had in fact been previously pointed out at a public briefing by the Chief Medical Officer, Professor Chris Whitty, who stated that the new system was not likely to control the spread of virus without additional measures. This view was then confirmed to regional leaders by the Deputy Chief Medical Officer, Jonathan Tam in later communications.

Meanwhile, the Mayor of Greater Manchester, Andy Burnham, outlined the objection that the government was willing to sacrifice jobs, livelihoods, health and well-being in the North West of England to save them elsewhere, without any assurance that this would in fact be an effective health intervention. Demands for higher financial compensation to be awarded to local people and businesses suffering as a consequence were only partially met amidst much acrimony towards government leaders that the new system was divisive and represented the 'worst of all worlds', both in terms of the heavy death toll exacted alongside draconian measures that have significantly impacted on the economy and civil liberties. In short, the local lockdowns and restrictive measures imposed by the three-tier system met with fierce objections for seeming at once arbitrary, capricious, and insufficient. As the Prime Minister looks to press ahead with enforced tier-three restrictions and divide local leaders that have united in protest across the North of England, questions still remain about what the broader strategy is for tackling COVID-19, what the long-term objectives are, and how this new 'flagship' scheme fits in as part of an overall plan.

3.3. Meaning making

The concept of 'meaning making' refers to how a leader represents and 'makes sense' of risk related events in public communications (Boin and Hart 2003). This involves making risk information salient, comprehensible, and relevant, which is to say 'meaningful', for those affected, and is thought to benefit from seizing an 'opportune moment' for public connection (Boin and Hart 2003). Meaning making is particularly important because public appraisals of uncertain and unfamiliar threats can often serve to 'psychologically distance' people from 'far flung' harm, especially when they have little experiential knowledge of threats such as disease outbreaks to draw upon and so may not see the personal relevance (Joffe and Haarhoff 2002). Leaders can therefore play a constructive role not only in sounding the alarm, but also describing a new threat and contextualising its implications for individuals and wider society (Burgess 2019; Seeger 2006).

This is not to say that the meanings publicly ascribed to risks by leaders will necessarily be replicated or easily controlled because impressions are formed and mediated by multidirectional interactions and exchanges between many interlocutors who may have varying opinions (Ruben and Gigliotti 2016; Sellnow et al 2019; Wardman and Lofstedt 2018). Making new risks seem more familiar can also be a tricky process as making comparisons with other risks can backfire particularly if there are seen to try to trivialise threats encountered (Wardman and Lofstedt 2009; Bostrom 2008). Nevertheless, leaders can still play an important role in the sensemaking processes by which social representations of risk are formed and communicated. Protocols for communicating risk and uncertainty can also be pre-tested and established to help make communications clearer and easier to understand (Drury et al 2019; Fischhoff 2005; Fischhoff 2020a; Reynolds and Seeger 2005). For example, as an aid to clarification, Spiegelhalter (2020) has recently outlined how the representation of 'normal risk' can help people to make a comparative estimate of their statistical chances of dying from COVID-19 at a given age in a given year, as contrasted with all other risk in their life as a means to help put this new risk into perspective. Leaders also typically benefit from being supported by extensive government apparatus and resources, including expert advisors that confer leaders with an 'authoritative' point of view (Reynolds and Seeger 2005). Leaders can also help to establish new social norms as to what is appropriate by being a role model and demonstrating such behaviour to the wider public (Van Bevel et al 2020).

Examples

The New Zealand Prime Minister Jacinda Ardern, has proven notably adept at giving meaning to and contextualising the significance of the risks posed by COVID-19. Amongst many public addresses that resonated well with New Zealand citizens, the New Zealand Prime Minister made a timely reference to adverse events happening elsewhere in the world to help justify avoiding complacency to the threat of coronavirus at home: '*We only have 102 cases, but so did Italy once. We could see greatest loss of life in history. We are not going to make the same mistake as others'* (Jetten et al 2020; Wilson 2020).

The UK government's warnings and instructions about COVID-19 have, by contrast, been markedly ambiguous and confusing, with leaders often fudging or contradicting key messages on such issues as the level of risk posed by the coronavirus outbreak, the gravity of the crisis, and the corresponding requirements for action. Despite initially making the sober announcement that '*families are going to lose loved ones before their time*', the UK Prime

Minster, Boris Johnson, subsequently seemed to attempt to downplay concerns by claiming at a press conference that he had in any case not stopped shaking hands with COVID-19 patients on hospital wards, thereby undermining a key health message to maintain social distancing and hand hygiene (Freedman 2020b). These comments did not go unremarked when the Prime Minster subsequently contracted and unfortunately became very ill with COVID-19. The Prime Minister also attended an England rugby match at the beginning of the crisis, which was subsequently taken as a sign by organisers of the Cheltenham Festival to justify their controversial decision to go ahead with the annual race meeting. The event registered over 60,000 racegoers in attendance each day and was later subject to calls for an inquiry after health trust figures showed the coronavirus death toll to be double that of neighbouring health trusts (Tucker and Goldberg 2020).

3.4. Direction giving

Leaders can play a pivotal role in ensuring that people's information needs are met by advising not only on the likelihood, impact, and gravity of potential threats, but also providing direction and instructions concerning what specific actions they need to take in response when safeguarding against harm. Simply stated, direction giving refers to telling people 'what to do' and 'why' during a crisis, typically by providing factual, authoritative, reliable and actionable advice along with the basis for following behavioural instructions that people might need to act on during crisis events and emergencies (Boin and Hart 2003; van Bevel et al. 2020; Michie et al 2020). However, this need not mean trying to coerce people into specific action through. Leader communications can adopt 'non-persuasive' language focusing on providing 'decision-relevant' information and messaging that is clear, concise, and comprehensible (Fischhoff 2013; Michie et al. 2020; Wardman and Lofstedt 2007). This type of messaging would ordinarily be focused at the individual, or 'Me' level, with an emphasis on trying to facilitate self-efficacy, coping, and survival by helping people identify who is at risk, how they might themselves minimise such risk in advance, and what specific things to do to minimise risk or following exposure (Finucane et al. 2020). In the case of coronavirus, this might include providing behavioural guidance such as to engage in self-isolation and social distancing, the appropriate use of facemasks, to engage in hand hygiene practices, when and how to follow lockdown rules, as well as with regards what to include in emergency kits and whether there is a need or not to gather certain personal provisions when preparing for different eventualities of an outbreak (Mitchie et al. 2020).

Examples

One of the few examples of action undertaken by the UK government that was broadly well received was the early 'behaviourally focused' messaging that repeatedly directed people to '*wash hands*', and to '*Stay at Home, Protect the NHS, Save Lives*'. These communications were credited initially for achieving 'cut-through' with UK citizens by being simple, unambiguous, clear, easy to follow, thereby contributing to high levels of compliance with safety advice in the early stages of the outbreak.

Conversely, subsequent revision of this behavioural messaging to '*Stay Alert, Control the Virus, Save Lives*' when the lockdown was eased was widely derided for sliding into meaningless 'sloganeering' rather than offering a semblance of clear instruction or direction (BBC 2020b). A jumbled public address on the easing of the lockdown by the British Prime Minster was widely parodied as people were left unsure as to whether they should 'Go to

work. Don't go to work. Go outside. Don't go outside' (Mee 2020; Torjesen 2020). When asked for clarification about what government guidance to 'stay alert' actually meant, the Prime Minister rebuffed questions with the response that the public could be trusted '*to continue to apply good solid British common sense'*. Confused and unhelpful messaging lacking in clear detail has regrettably continued unabated in government communications throughout the crisis.

3.5. Differentiating and supporting people's needs

Risk and crisis management does not take place within an undifferentiated social space (Wardman 2008; Wardman 2014). Populations are characteristically made up of people with varied understandings, cultural values, and beliefs, as well as language differences and physical barriers that may warrant specific consideration (Reynolds et al 2007; Quinn 2008). Failing to take the necessary efforts to recognise, acknowledge, and accommodate people's differences, means that essential information may not reach those in need, that vulnerabilities are increased, and that health disparities and social divisions are further deepened for those who are already disadvantaged (Blumenshine et al. 2008). The inherent variety within populations therefore necessitates that different 'user groups' are not only targeted but that their views are sought, rather than stereotyped, in order to understand how their requirements might differ and how best to meet them (Goulden et al 2018). However, a further complicating issue often missed is that many communities with health disparities have not historically been well served by public institutions, and that this has contributed to their predicament. For instance, minority groups have often suffered systemic discrimination and marginalisation that has left them disenfranchised, feeling neglected, and deeply distrustful of authorities (Crouse Quinn 2008). Health advocates have accordingly argued that social justice and inequality should be a core focus of risk and crisis management efforts so as to ensure health disparities are addressed, and moreover that emergency response efforts do not result in further discrimination and exclusion through narrow design and delivery (Crouse Quinn 2008; Reynolds et al 2007). To avoid this, extra attention may need to be applied to community outreach efforts in order to open communication channels and overcome unrecognised historic barriers that have built up with official authorities over time that can frustrate efforts to 'level up' health outcomes (Reynolds et al 2007; Crouse Quin 2008).

Examples

The more 'progressive' political leaders of some nations have recognised that COVID-19 impacts upon different people in different ways, and have accordingly sought to adopt measures and communications that are broadly attentive to addressing all those affected by the pandemic. Speaking to one segment of the population that is typically neglected during crises, the Prime Minister of Norway, Erna Solberg, notably told children '*it is ok feel scared*' and to miss hugging friends. Similarly, the New Zealand Prime Minister Jacinda Ardern was credited for holding informal video conferences on Facebook, including specifically for children, to provide them with information and reassurance, such advising that the Easter Bunny was considered a keyworker (McGuire et al. 2020).

UK leaders have at various times notably struggled to recognise and address population differences. In one ongoing scandal, the government has become embroiled in controversy regarding the disproportionate number of deaths from COVID-19 affecting Black, Asian and

Minority Ethnic (BAME) groups, including those who provided frontline services for the NHS. While an investigation was being conducted into the issue, objections arose because its remit did not include addressing the question of why COVID-19 had such a disproportionate effect on BAME communities, or indeed to provide recommendations on the way forward. Subsequently, a leak of the report to journalists brought to light that recommendations were being withheld from the publication of the main report findings identifying the need for people from BAME communities to be given targeted health advice, particularly with respect to key workers in the advent of a second wave of the COVID-19 pandemic (Scally, Jacobson and Abbasi 2020). News channels reported that the release of the report findings was also pushed back due to worries surrounding global tensions following the killing of George Floyd and subsequent Black Lives Matter protests. UK government officials denied this to be the case, stating that there were issues surrounding poor data collection, and in particular data on ethnicity, which was not being systematically documented when someone died of COVID-19 outside a hospital in the community. Critics responded that the lack of communication, action, and policy implementation in relation to the findings nonetheless reflected a patent neglect by government leaders to fulfil their obligation to ensure the protection of all workers and members of the public regardless of race or ethnicity. At the time of writing many months into the crisis, the mandatory recording of ethnicity data on death certificates for COVID-19 victims still has not been implemented.

In another case, the UK government failed in its guidance and communications to vulnerable people considered at 'high risk'. In particular, a central database was found to have missed off large numbers of the elderly along with many severely disabled people due to using highly selective criteria. Those omitted from the national register included people with terminal illnesses, such as severe motor neurone disease, along with more than 100,000 children with serious medical conditions. They were then told that this was because their illness was not serious enough for them to qualify for help, and so they should rely instead on friends or local councils. At the same time, many vulnerable individuals who had received letters instructing them that they should be shielded and to stay indoors because they were at 'high risk' were nonetheless left without accompanying support to access food without leaving their homes. Meanwhile, family doctors (GPs) in turn have raised concerns about not being able to help high risk patients due to receiving very little information other than that trailed in newspapers ahead of government policy briefings. The Department of Health and Social Care later admitted 'operational delays' to their notification system.

3.6 Credibility

Credibility has long been recognised as a crucial component of risk and crisis management. The attribution of credibility generally stems from a leader being thought of as competent, fair, and able to deliver promised outcomes efficiently and effectively (Lofstedt 2005). Ideas of credibility in these regards are thus broadly encompassing, but in practical terms primarily include a leader being able to demonstrate that they are able to handle scientific details astutely, spend economic resources without waste, and make decisions with equitable outcomes following impartial procedures and due process (Lofstedt 2005; Renn and Levine 1991). The use of structural processes that ensure leaders are held accountable for their actions can also help to confer a sense of legitimacy on their right to be in a position of authority. A leader may also obtain some credibility through aligning with credible authorities and using expertise wisely (Lofstedt 2005; Wardman and Lofstedt 2006).

Examples

The German Chancellor Angela Merkel has been praised throughout the pandemic for giving calm, competent, and authoritative explanations, making good use of a background in science to show a command of the facts. This notably included what was widely regarded as a highly clear and coherent description of the virus rate of reproduction number 'R', and why reducing it was a key aim for slowing the spread of COVID-19 in Germany. Initially, public addresses and press briefings about the crisis in the UK were also well regarded as the Prime Minister, or a Cabinet Minister, was usually flanked by a health expert on either side. Placing experts 'front and centre stage' alongside Ministers meant that they could offer support when fielding technical questions from journalists, as well as provide further detailed explanations of the risk and the need for measures. The experts were in turn also credited for conducting themselves in calm and authoritative manner. All in all, this was seen to be a positive leadership move that offered public reassurance at the beginning of the crisis that the government was in fact 'following the science' as was repeatedly being claimed.

However, the 'careful staging' of UK science and politics as working 'hand in glove' began to ring hollow. The repeated statements to be 'following the science' or 'led by the science' gradually began to wear thin and came to be seen as meaningless sloganeering, particularly as government scientists and scientific evidence became increasingly at variance with the Ministerial accounts of the virus and what to do about it. After initial reassurances, it was becoming increasingly apparent that being led by science meant leaders could dodge questions and avoid accountability for decisions while the newly 'politicised scientists' could then later be blamed for any policy errors and mistakes being made (Morgan 2020). Growing science and political discord eventually culminated in the Chief Medical Officer Chris Whitty stating at a difficult press briefing that expert advisors had an even stronger wish than the Prime Minister not to be 'drawn into the politics'.

In a later controversy, it emerged that the government had departed from the science altogether when it decided to go against the government's Scientific Advisory Group for Emergency (SAGE) recommendations on 21st September to immediately activate a raft of measures to avert a 'catastrophic' second wave. These measures included a short 'circuit breaker' national lockdown to slow the spread of the virus and give time for 'test, trace and isolate' to get on track. Commenting on the insufficiency of the new 'three-tier' system of local restrictive measures elected by the Prime Minister and other Cabinet members instead, the Chief Medical Officer Chris Whitty stated plainly that he was not confident that the baseline measures of the three tiers would go far enough to stem the virus spread, and so further measure would inevitably be needed. Defending the decision to ignore the warnings from SAGE, the UK Communities Secretary, Robert Jenrick justified inaction on the basis that the government not only needed to 'take a balanced judgement' on such matters as health, education and employment, but also that 'scientific opinion' was divided on how far measures should go in any case. With this, the gradual phasing out of the 'following the science' slogan has seemingly come to a head, with Ministers now happy to readily admit going against the scientific advice offered by the government's own experts.

3.7 Transparency

The concept of transparency typically denotes the practice of making information accessible and available to public scrutiny broadly regarding data, rules, operations, procedures, inputs, and outputs (Hood 2007). Following the adage that 'sunlight is the best disinfectant' transparency is hoped to help dissuade corruption, strengthen democracy, and promote efficiency and effectiveness in government, thereby leading to greater public trust (Lofstedt and Bouder 2013). While this is appealing in principle, the public exposure of information is not straightforward and requires detailed consideration of a range of factors relating to such issues as what information is required, to whom it should be provided, in what form, when, and for what purposes (Lofstedt and Wardman 2016). This then typically requires balancing competing priorities such as timeliness against accuracy or accessibility (Garbett et al 2011; Hood 2007). For example, technical information may need certain expertise to make use and sense of information, or else it may need to be translated or curated in such a way as to make it broadly accessible and meaningful (Garbett et al 2014). Providing information immediately in 'real time' may require compromises on the completeness and the certainty with which information is assumed to correspond to actual events (Garbett et al. 2014). Sometimes a delay built into the public release of information can therefore be helpful, such that more reliable information can be provided retrospectively, or alternatively that information might be released immediately following an understanding that later updates may be required (Lancaster, Rhodes, and Rosengarten 2020). Answers to the question of what form transparency takes are as such dependent on the purposes for which the public provision of information is needed (Heald 2006), which can benefit from being established through engagement and dialogue with potential users of such information (Foster et al. 2012).

Examples

The Singapore government has placed 'radical transparency' at the forefront of its handling of COVID-19, providing public outbreak data concerning disease clusters and the demographics of those who test positive for the virus, including where they travelled and sought medical help, and when they were discharged. Outlining the basis of this approach, Deputy Prime Minister Heng Swee Keat explained: '*First and foremost, we need to provide information as clearly as possible. Because when people trust the information that we put out is accurate, then there's no need for that panic. So transparency is important in this regard, and building a high level of trust with our people*' (Tham 2020).

UK government leaders have faced a number of criticisms over a lack of transparency ranging across a host of issues, including questions about the data and advise upon which decisions have been made, as well as the suppression of key reports on preparedness planning, and the redaction of key sections of a report investigating the impact of COVID-19 on BAME workers. At one point, the advisory board for the UK's coronavirus tracking app publicly expressed concerns that the project would be compromised by a lack of transparency in the rush to deploy the technology. In Leicester, local authority officials and the City Mayor complained of Ministers taking too long to communicate with them about a lockdown extension despite repeated requests for information and consultation. They were then only given notice about the plans at 1am on the day the lockdown was instigated. The government decision had followed the early discovery of a spike in cases of infection by Public Health England, but Ministers did not share any detailed evidence with local officials about who had been infected (in terms of age and ethnicity) and where they occurred (such as the postcode area). This meant that local health services lacked vital granular information to understand

and act on the outbreak and to provide targeted messages to communities specifically affected.

Perhaps the most glaring transparency policy problem concerned the composition of expert advisory groups and the opaque basis upon which government acts on the scientific and other advice provided. One particular controversy surrounded the public clamour for the government to release SAGE meeting minutes and membership details – something the Chairs of SAGE had themselves requested much early in the crisis – when it transpired that Dominic Cummings, the Prime Minister's Special Advisor, and another Number 10 aid, were attending some of the meetings. When this 'unprecedented' breach of protocol came to light, it led to the strong admonishment by a former Chief Scientific Advisor, Sir David King, that having a powerful policy advisor present at expert meetings would inevitably compromise the impartiality and freedom with which scientific opinion could be expressed (Carrel et al 2020). Subsequently, a breakaway 'Independent SAGE' group of scientists was formed by Sir David King comprising members with wider ranging expertise, and notably including some current SAGE advisors, in order to provide trusted timely information and independent advice that was more publicly accessible.

3.8. Openness

While closely associated with transparency, the concept of openness can be distinguished as the manner in which risk and crisis management is conducted honestly, candidly, and receptively (Seeger 2006). Openness can accordingly be regarded as a process of active listening and communication that can help to bring new problems or potential difficulties to light, but for this to happen leaders may need to instil a cultural environment that lifts barriers to free expression and critique from others (Turner and Pidgeon 1997). In practical terms, this means incorporating feedback mechanisms into systems and networks that allow hard truths and alternative views to be aired without prejudicing those who do. Informational structures that encourage the reporting of problems can then allow for leaders to handle them responsively and constructively, whereas those that dissuade honesty or fail to provide opportunities for upwards communication can lead to important warning information being obscured, and a greater likelihood that 'whistle-blowers' feel they have no choice but to 'go public' with their concerns (Noort, Reader and Gillespie 2019). During a crisis being open also means not trying to 'protect' citizens from change by over-promising or stretching the truth, as when making unsubstantiated claims that normality will soon resume when this is an unlikely or uncertain scenario (Fischhoff 1995; Seeger 2006). Rather, leaders also need to acknowledge the uncertainties faced and accept the difficulties that lie ahead (Seeger 2006). They should also readily admit to errors and issue public apologies for mistakes, as opposed to trying to cover them up, pretend everything is okay, or deflect blame elsewhere when things go awry (Heath 2006). It also means not seeing crises as 'opportunities' to try and capitalise on for personal favour, such as using the timing of adverse incidents to 'bury bad news', or to push through personal projects while due process and accountability procedures are diluted or have been disrupted.

Examples

France has had its fair share of difficulties in handling the pandemic, but the French President, Emmanuel Macron, was commended for making a televised public address to more than 35 million in which he apologised that the country had '*not being prepared enough*' for the coronavirus crisis and '*mistakes had been made*' (Allen 2020). In his announcement, the President expressed that lessons were being learned, and continued efforts were required, but also that more sacrifices were yet to come. This candid admission and assessment were broadly welcomed and as a result public trust in government leadership was able to bounce back from an earlier decline.

The UK government has been accused of being patronising and defensive, often objecting to reasonable inquiries, or avoiding questions altogether about such matters as the nation's levels of preparedness and crisis response strategies. Notably, on the rare occasion when either the Prime Minister or a Cabinet member has issued an apology, this has stood as an 'exception to the rule' of never admitting error or taking responsibility for mistakes, and has only seemed to fitting in an attempt to diffuse a public row (Dinnen 2020). Instead, government leaders have preferred to go on the attack against critics, rebuffing detractors and variously accusing them of '*sniping from the side-lines*', being '*obstructive*', adopting '*the wrong tone*', attempting to '*distract the public*', and making '*endless attacks on public confidence*'. This tendency to retaliate and shift blame to has not gone unnoticed or unanswered. The Prime Minister, Boris Johnson, was roundly criticised and accused of 'cowardice' for appearing to blame care home workers for the deaths of elderly people in their care after he claimed the government had discovered they did not '*follow procedures as they could have*', comments which subsequently drew the fire of the care industry who pointedly responded that they had in fact followed the rules and guidance issued by the government to admit residents without testing amidst national PPE shortages (Chakelian 2020). Similarly, the Health Secretary appeared to be suggesting that NHS staff and other health workers were wasting scarce supplies of PPE, and that this was in part responsible for shortages (Scally, Jacobson and Abbasi 2020).), again much to the consternation of health workers when in fact the government was having difficulties in procuring enough PPE for the crisis having let supplies dwindle and then failed to ramp up supplies once the COVID-19 crisis emerged (Bryce et al 2020). In another incident, requests from local authorities and MPs in seaside towns for government assistance to deal with immense crowds of day trippers and holiday makers flocking to the beach over the summer were met with the Prime Minister admonishing them to '*show some guts and determination to champion their communities as venues for people to return and support*' (Woodcock 2020). Subsequently, a major incident was declared on the south coast as roads became blocked and local services were overwhelmed, but rather than apologising for not listening to local leader concerns beforehand, the Prime Minister condemned beach goers for '*taking too many liberties*' (Allegretti 2020).

Meanwhile, over the course of the crisis there has been a regular stream of announcements made by Ministers concerning the introduction of new 'world beating' initiatives, 'game changing' developments, and 'moon-shot' solutions. While floating the idea of rapid and widespread tests dubbed 'Operation Moonshot', the Prime Minister has also been happy to publicly convey his hope that such initiatives will help get '*lives back to normal by Christmas*' (Merrick 2020). At the same time however, repeated claims of the government's 'success' in fighting off COVID-19 became increasingly at odds with its own figures regarding the health and economic damages suffered. Slides relating to international league table comparisons were quickly dropped from presentations once the UK was shown to be topping the tables in terms of the worst number of COVID-19 cases and deaths.

Announcements concerning world beating new initiatives have subsequently come to be regarded by critics as a 'diversionary tactic' to grab newspaper headlines and deflect from current criticism, rather than serious attempts fix major problems with the UK's pandemic response. The resulting scandals over broken promises and vast sums of money wasted either on defective equipment or on secretive outsourced projects procured uncompetitively through contracts with political party donors has become the focus of media consternation (Monbiot 2020). All of which contributes to the distinct public impression that the political careers of certain Cabinet Members have 'continued to win the battle with their conscience', as one political sketch writer aptly surmised (Crace 2020).

3.9. Partnership

As the risks, damages and emergency response activities associated with infectious disease outbreaks tend to be distributed across multiple locations, agencies, and networks, pandemic leadership involves the national orchestration of partnering arrangements requiring lateral understanding, co-ordination, and power sharing to help mobilise joined-up responses and direct and resources where they are needed (Boin and Hart 2003; Ruben and Gigliotti 2016). At this community – or 'We' – level, risk and crisis management efforts thus recognise that disasters and catastrophes, along with individual resilience to such events, are shaped by social processes, and so using decentralised mechanisms can be helpful in identifying and addressing local community vulnerabilities as well as building social capital to help facilitate collective responses (Finucane et al. 2020). Decentralisation does not mean abdicating responsibility, but rather requires communication and co-ordination with local representatives working together with key stakeholder groups and local community leaders, to listen to concerns, learn from experiences and take different viewpoints into consideration (Krieger 2016). This helps to enable mutual understanding, connectedness and shared sense-making as a crisis situation unfolds and takes a new track. Partnering arrangements also benefit from engaging with communities early on during the planning stage to offer support and guidance where it might be needed, such as with the development of community disaster response plans and guidance, thereby helping to strengthen connections and integrate central authorities with community networks both in preparedness and to help deliver those plans when and if required (Finucane et al. 2020).

Examples

Following the advice of the WHO to make test trace and isolate the backbone of COVID-19 response strategies, the German government along with the Koch Institute, the national body in charge of infectious diseases, quickly moved to make widespread testing a priority. Germany has a highly decentralised health system meaning that responsibility is devolved below central government first to state government, then below that to districts, which run hospitals and health services relatively autonomously. However, with support and advice from central government, these partners managed to implement a co-ordinated, flexible and prepared response that set up comprehensive test and trace systems quickly and aggressively, using 170 labs across the country, to help stall the outbreak and prevent health systems from becoming overwhelmed.

The UK response to COVID-19 can be characterised as having been largely fragmented and disjointed across regions, businesses, and public sectors at all levels. Having initially worked

closely together, the so-called ‘four nation’ strategy for dealing with coronavirus was subsequently undermined by Number 10 marginalising the devolved administrations of Wales, Scotland and Northern Ireland from policy deliberations and decisions. The First Minister of Scotland, Nicola Sturgeon, raised specific complaints about only finding out when key policy changes had been introduced when the announcement was made in the Sunday newspapers, revealing significant fractures to the four nations approach. As a spokesperson for Nicola Sturgeon put it, if the preference is to ‘go in lockstep’, whereby all the four nations move together in a co-ordinated fashion, then for this to be meaningful each nation has to be ready, which could only occur if each nation is party to policy discussions at Number 10. Subsequently, whilst the government pressed ahead with its easing of the lockdown, the latest ‘*stay alert*’ messaging only applied to England as other regions chose instead to retain the message to ‘*stay at home*’ (BBC 2020).

Perhaps the foremost illustration of the tendency of UK leadership towards ‘turning inwards’ is the management of its centralised ‘test, trace and isolate’ system. Far from being ‘world beating’, this system, variably described as ‘shambolic’ and ‘disastrous’ by critics, has suffered a series of blunders and bordered on near collapse while continually failing to trace the 80% of contacts needed to make a meaningful difference to stemming the spread of the virus (Monbiot 2020). Initially, unlike Germany, the UK government ignored the advice of the WHO to ‘test test test’ leading to weeks of inaction, then after the belated decision to ‘ramp up’ testing capacity, there was a further three-week delay while the government undertook to develop its own ‘in house’ test when other testing options were already available. The government also ignored or rebuffed the offers of 50 testing labs across the country that could otherwise have helped to process up 100,000 tests per day, and instead of making use of local and regional health services and other existing infrastructure to conduct testing and contact tracing, chose to centralise then outsource this responsibility to private contractors to develop an entirely new system with no prior expertise or experience of testing and contact tracing requirements (Scally, Jacobson and Abbasi 2020).

When testing and tracing stopped at the end of March, it was claimed in what were considered patronising remarks made by the Deputy Chief Medical Officer, Dr Jennie Harries, that this was because WHO advice on testing ‘*was not an appropriate mechanism as we go forward*’ essentially due to the UK being professed to have a ‘developed’ health system (Sky News 2020a). It has also been proposed that the lack of focus on testing perhaps represented a mischaracterisation of COVID-19 as behaving as a ‘flu-like’ virus (Freedman 2020c). Six weeks later it was conceded at a House of Commons Select Committee inquiry that testing had in fact been a preferable strategy for the UK all along, but that it was halted due to a lack of testing and tracing capacity. In another blunder for test trace and isolate system run by Baroness Dido Harding with Serco, a rudimentary IT error associated with using outdated and insufficient software was held to be responsible for nearly 16,000 positive cases of COVID-19 being excluded from the weekly totals, which also alarmingly resulted in serous delays to tracing over 50,000 contacts. Critical observers noted that while it might be understandable to make such errors in the heat of the first outbreak, it was certainly not acceptable to make such a basic blunder many months down the line after £12bn had been spent on developing a supposedly world beating system (Monbiot 2020). With cases of COVID-19 rising, the testing system has come under increasing strain and is still struggling to meet demand, now tracing less than 60% of contacts (Booth and Parveen 2020). Meanwhile, where local authorities have taken the reigns, despite belated additional funds of only £300 million and having no central government data access, test trace and isolate has

functioned much more effectively, successfully reaching 97% of contacts (Booth and Parveen 2020).

3.10. Empathy

Empathy is understood to encompass the inter-personal processes of shared situational awareness, understanding, and feeling that someone might have with others and can be important during a crisis to engender trust in leaders (Reynolds and Quinn 2008). Which is to say, empathising with another person comprises cognitive and affective components that requires a 'projection of the self into the other' in a broadly congruent way that can make them seem trustworthy (Van Bevel et al 2020). In a communicative sense, the public expression of empathy is also a socially grounded act of emotional sharing that functionally adds, connects and endorses a particular meaning ascribed to people's understandings and experiences of events (Wardman 2006). Empathy can therefore be vital to successful communication, as when politicians often talk of 'reading the room' or the need to judge the 'public mood' when deciding how to pitch a public address. Being unduly casual or dismissive of others during emergencies can lead to public leaders being judged as callous if their actions are considered to breach the social contract of care towards citizens. It can also evoke an image of cold rationale bureaucracy, which may in turn give rise to a strong public backlash forcing retractions and apologies from chastened leaders (Boin and Hart 2003). Sometimes such attentiveness may be disingenuous if it is 'faked' simply to garner favour or trust. Nonetheless, public leaders should recognise social distress and behave respectfully. They can empathise through showing that they care and feel as others do by publicly articulating the 'shared pain' of victims whom have been affected by adverse events (Van Bevel et al 2020).

Examples

The New Zealand Prime Minister Jacinda Ardern was commended for recognising the difficulties imposed on citizens by government crisis and crisis response measures. In her address to the nation the Prime Minister acknowledged '*We may not have experienced anything like this in our lifetimes*' but appealed to New Zealander's sense of being '*creative, practical, country minded*' saying '*Thank you for all that you're about to do. Please, be strong, be kind and unite against COVID-19*' in her appeal for New Zealanders to support one another through the hard times ahead (Jetten et al 2020).

UK government leaders have been accused of being nonchalant and even callous at times in response to COVID-19. The apparent aim of adopting a 'herd immunity' strategy not only sounded callous but would have reportedly led to several 100,000s of deaths according to modelling estimates reported the team at Imperial College London who were instrumental in reversing the government's course. Commentators observed that while herd immunity may not have been the intended emergency response strategy per se, muddled briefings nevertheless gave the distinct impression that it was the plan (Freedman 2020c). Government communications have also faced a backlash for insensitive messages. One such Tweet by The Treasury to '*raise a glass*' while hailing the re-opening of pubs was hastily deleted after it was accused of being irresponsible in adopting a celebratory tone following thousands of deaths from coronavirus. Similarly, a campaign supporting a job retraining scheme was withdrawn after circulating posters promoting the notion that ballerinas should change the

life ambitions to retrain in 'cyber'. Government ministers were also accused of turning a blind eye to the needs of the most vulnerable children, including 2.2 million qualifying for free school meals due to low income, who would not otherwise be provided with enough food during the school summer holidays. Some additional provision was made only after a high-profile child food poverty campaign by the footballer Marcus Rashford, but not extended for half term apparently due to such reasons as not wishing to increase children's dependency on the state (Weale and Adams 2020).

3.11. Solidarity

The concept of solidarity refers to the social cohesion and mutual support that is shown for one another. It is important during crises because collective threats often demand collective responses. In the case of COVID-19, for instance, the actions of individuals can increase the risks faced by others. Research indicates that a sense of 'common fate' can act as a natural spur to shared social identities that foster a sense of solidarity (Drury et al 2019). Public leaders can work with these identities by such means as emphasising the 'we' in tackling problems together to emerging group norms that valuing inclusivity help support (Drury, Reicher and Stott 2020; Reicher and Stott 2020). This may in turn prompt people into acting with compassion and to provide help and support to others where it is needed (Van Bevel et al. 2020). However, punitive measures that position people problematically as potential rule breakers can have the opposite effect by essentially setting authorities against citizens rather than with them (Reicher and Stott 2020).

Examples

The leadership of the First Minister for Scotland, Nicola Sturgeon, has been praised for being able to secure public trust and adherence to coronavirus response measures largely through fostering a spirit of solidarity. In particular, the Minister stressed the importance of community and acting together while offering support instead of harsh punishment in relation to compliance with lockdown measures (Reicher 2020). Elsewhere in the UK, the Queen gave a well-received public address also emphasising the need for solidarity, stating that, '*Together we are tackling this disease, and I want to reassure you that if we remain united and resolute, then we will overcome it*' (Jetten et al. 2020). In this collective spirit, citizens up and down the country engaged in acts of mutual support including for ten weeks during the lockdown many thousands of people taking to their front doorsteps every Thursday evening to 'clap for careers' and show appreciation for the NHS, care staff, and other keyworkers. However, the clap for carers gesture of solidarity was brought to a halt by the person who introduced the initiative after it became 'politicised' by UK Ministers who, having appeared in 'photo ops' showing support on their door steps, were criticised for what was regarded as an empty gesture when hospitals were not being provided with the material equipment and support they needed to perform their jobs safely (ref).

The most unreserved criticismm was levelled at the UK government for its poor handling of the '*Cummingsgate*' scandal. In this incident, the Chief Special Advisor, Dominic Cummings, was reported to have flouted the lockdown rules several times without facing reprimand, which as a result is credited with severely undermining public solidarity and

compliance with response measures and restrictions (Sky News 2020b). The scandal focused on a 260-mile trip to stay in at family owned residence in Durham during the height of the March lockdown when his wife was suffering symptoms of coronavirus despite this being banned in government guidance. A second trip while in Durham involved driving to Barnard Castle, a picturesque tourist spot, on his wife's birthday, also with his child, apparently to check his eyesight was functioning well enough to drive all the way back to London. In his subsequent Downing Street 'rose garden' press statement made in response to calls for him to be sacked, Dominic Cummings insisted his actions were allowed under the rules, and moreover he was only doing what any responsible parent would do. This version of events was then later endorsed by the Prime Minister, along with other Cabinet members, all agreeing that he did 'what any responsible parent would have done'. One Cabinet member, Michael Gove MP, even went as far as to make the farcical claim on a national radio talk show interview that he had himself also previously driven his car to test his eyesight. This unfortunate incident, bizarre justification, and series of endorsements are thought to have established in the public mind the view that it is '*one rule for them, and another rule for everyone else*'. Consequently, *Cummingsgate* led to a dramatic plunge in trust levels and possibly more than any other event destroyed the moral authority of government to request citizens to follow the rules or criticise them if they failed to do so. Following incidences of poor compliance with social distancing and isolation requirements, the government has since resorted to heavier policing measures. This has included the use of marshals and punitive fines of up to £10,000 to try to ensure compliance with lockdown rules, a move that if anything is likely to undermine any slim sense of solidarity that might have remained amongst the general population needed for compliance with measures such as downloading the coronavirus contact tracing app and self-isolating (Reicher and Stott 2020).

3.12 Responsiveness and adaptiveness

While experience of past events can help inform and guide responses to current crises, new events do not always follow the same patterns, so it is often the case that creative and inventive ideas and solutions are required as to address problems as they unfold (Hardy and McGuire 2020). This means being responsive to the dynamics of emergencies, and being able to adapt to changing circumstances. In practical terms, this requires making 'research' and 'outreach' core functions of risk and crisis management so as to gain wide-reaching and timely information and feedback about current problems and the impacts of interventions. Following an 'adaptive systems' view, risk and crisis management must therefore take a broad view which accounts for individual understandings and behaviour, as well as the wider socioecological conditions and community contexts that shape local realities, practical constraints, and the interdependencies between them, such that material possibilities for action are factored into plans and support for collective resilience and (Finucane et al. (2020). The adaptiveness of leadership can, however, be undermined by what might be termed the 'myth of perfection' can sometimes stand as a barrier to decisive action, as summed up by Dr Mike Ryan (2020) of the WHO:

> Be fast. Have no regrets. You must be the first mover. The virus will always get you if you don't move quickly. And you need to be prepared. One of the great things in emergency response – and anyone who is involved in emergency response will know this – if you need to be right before you move, you will never win. Perfection is the enemy of the good when it comes to emergency management. Speed trumps perfection and the problem in society at the moment is everyone is afraid of making a mistake, everyone is afraid of the consequence of error. But the greatest error

> is not to move. The greatest error is to be paralyzed by the fear of failure. And I think that is the single biggest lesson I have learned in Ebola responses in the past.

A second barrier that might be termed the 'myth of maladaptive behaviour', regards misplaced assumptions that portray citizens as 'prone to panic', 'helplessness', 'civil disorder', or 'fatigue' during crises (Drury et al 2019; Reicher and Stott 2020). These myths are commonly found in the media portrayals and political discourse that individualises and pathologizes behaviour, typically harbouring a dismissive view of citizens capabilities and capacities during crises. Resisting these myths may then at first seem counter-intuitive. However, the prevalence of maladaptive and undesirable group behaviour is overexaggerated. If and when problems do 'occur', it often has a reasonable alternative basis for explanation when considered in the context of practical constraints that people face (Fischhoff 2005; Reicher and Stott 2020). This is not to say that poor conduct or errors within groups never occur, but such acts are given more coverage than they necessarily warrant. Underneath the headlines, people are commonly found to act intelligibly and adaptively when faced with crises, even in the most extreme circumstances, with research findings showing responses such as 'panic' and 'rioting' tend to be more the exception than the rule (Sheppard et al 2006). Isolated instances of maladaptive responses tend to be just that and can be typically avoided provided that people are issued with the information, physical, social and financial support they need, rather than dismissed as lazy or irrational (Mitchie et al. 2020; Sheppard et al 2006; Reicher and Stott 2020).

Examples

The Greek government acted decisively on first news of the pandemic. The testing and isolating of citizens began before the first national cases were confirmed, and an early lockdown was initiated despite economic difficulties. Officials prioritised science over politics and placed its focus on '*state-sensitivity, co-ordination, resolve and swiftness*'. Greek government officials also enacted rapid comprehensive digital reforms to change the way citizens interact with public services and government to help reduce risks to vulnerable populations. This notably included allowing the elderly to obtain digital prescriptions so they could stay at home while social distancing.

Emergency management of COVID-19 in the UK has regularly been accused of being sluggish in response to events and then acting without prior warning or clear communication, leading to a sense that measures have been rushed, panicked or contrived on little evidence supporting their use. For example, amidst ample prior warnings, the UK government emergency response was initially dithering and notably failed to act decisively either on the advice of the WHO or lessons emerging from Italy and Spain. Subsequently, the UK was slow to enter state of emergency and initiated only a partial lockdown while borders remained open. For example, on key misstep was to allow 20,000 fans to travel to Liverpool football club from Madrid, likely helping to seed the virus in the UK when Spain was thought to be the epicentre of the virus ((Scally, Jacobson and Abbasi 2020).

There was also evidence of the UK government falling prey to a disaster myth resulting in the delay of firm measures justified on the grounds that people would soon tire of them leading to further problems down the line. In particular, in early statements made by Chief Medical Officer for England, Chris Whitty, argued that '*If you move too early [with containment measures], people get fatigued. This is a long haul*.' Later it was acknowledged this was a

mistake that needlessly cost thousands of lives, first given that entering lockdown just one week earlier would have saved 20,000 lives, and second that the general population had responded incredibly positively to complying with lockdown measures despite considerable personal hardships in keeping with the British mantra to 'keep clam and carry on' (Sky News 2020c). At the time of writing, it is still not clear where the idea of 'behavioural' or 'lockdown' fatigue first arose though it was clearly factored into early modelling of the pandemic which helped to shape the choice of policy responses. Dr David Halpern, the director of the 'Nudge Unit' which provides advice to the UK government on behavioural policy, used the term in interviews before lockdown measures were announced, but said that the idea had not originated with them. Members of the advisory panel on behavioural science (SPI-B) have since also publicly stated that they had in fact argued against such a notion, being that it was not actually a scientific concept or a representation of behaviour borne out by the research evidence they had before them.

3.13. Media engagement

The media are understood to represent the primary means by which both institutions reach out to publicly communicate and wider society hears about crises (Heath 2006). This has led to the view that the media should be treated as a partner in risk and crisis management (Seeger 2005). This means that institutions must be accessible and be proactive in trying to meet the media's informational needs, and that these relations should be built up in advance of a crisis event and maintained when one occurs (Reynolds 2010). Failing in these tasks means that media outlets will likely seek information elsewhere. The fast-paced developments and advances of the 'Information Age' also present a challenging techno-cultural reality for risk and crisis management that extends beyond dealing with traditional media (Gaspar et al 2016; Panagiotopoulos et al. 2016). Essentially, online channels and social media means that citizens no longer necessarily rely on centralised communications handed from the top down, and it is possible that myth, rumour and disinformation are more easily circulated (Krause et al 2020). Online communication does however also provide additional channels and formats for government to communicate 'unfiltered' messages to the masses (Wardman 2017). This has in turn yielded 'best practices' with regards to instructive lessons having emerged. Particularly, social media should not simply be seen as an instrument for broadcasting information. While it is unrivalled for providing timely announcements and alert, social media are perhaps best understood as contributing to an ongoing interactive dialogue that has to be cultivated, curated, and maintained (Austin and Jin 2017; Eriksson 2018). For public leaders and practitioners, this has meant having to understanding and gain mastery of social media tools, techniques, and online cultures, so as to be able to 'go where the audience is', 'grab attention' and engage with others, amidst competing information providers (Brossard and Scheufele 2013; Wardman 2017). In the process, as with the traditional media, authorities have learned the value of growing a community of followers in advance of crises. In the event, they not forget or neglect the importance of traditional media, which is still regarded by many as a more credible source of information, and also provide much of the content that is subsequently shared and discussed online (Erikson 2018).

Examples

The communications team at Doncaster Council in the UK gained national praise for its engaging use of social media to advise citizens about COVID-19. One official Twitter post concerning the issue of following expert advice about social distancing notably went viral

after recounting analogous lessons from an infamous 1970s exploding whale incident in Oregon. The post ended on the observation that '*When you ignore expert advice and act like an idiot, you cover everyone else with decaying whale blubber #StayHome*'. The Tweet was praised for achieving wide reach in the local community and nationally through its use of humour whilst also providing a constructive lesson from history on the value of following scientific advice.

The UK government has been widely criticised for failing to meet the needs of the media as part of an apparent strategy to centralise control over media messaging and output. From the beginning of the crisis, the government has maintained a long boycott of several news and media outlets and morning talk show television programmes, as well as restricting some journalists from access to press briefings. Ministers have been especially sensitive to media criticism, muting and cutting off follow-up questions from journalists at press conferences. They have also been accused of gagging civil servants and blocking them from responding to questions from journalists that they did not want to be asked or answered by others present. For example, England's Chief Nurse, Ruth May, was apparently dropped from government coronavirus press briefings after refusing to give support for the actions of the Prime Minister's chief advisor Dominic Cummings. In press briefings it has been common practice only to allow one question from a journalist without allowing a follow-up question, meaning that the first question often has not been answered or subjected cross-checking. The government also took the unusual step at one point of making a pointed rebuttal of an article featured in The Times newspaper and accusing journalists of 'serious errors' and 'making up falsehoods'. The UK government's digital media communications strategy has also come under fire for being sluggish, such as being initially slow to run adverts on social media, and for being poorly co-ordinated with telecoms companies such that there were problems and delays sending text message alerts. The most notable piece of UK government social media was a 'rogue' tweet from the official Twitter account of the UK Civil Service, which apparently being critical of government Press Briefings, went viral after stating: 'Arrogant and offensive. Can you imagine having to work for these truth twisters'. The Tweet was quite understandably widely shared and liked before it was quickly taken down.

4. Recalibrating Pandemic Risk Leadership: Conclusions and recommendations

While no nation could expect to be fully prepared for COVID-19, the onset of the pandemic has nonetheless evidently revealed misplaced confidence and a number of false assumptions undergirding government assurances about the capacity of the UK to withstand and respond effectively in the event of a health crisis of such magnitude. As frailties in the UK's health and social care infrastructure were laid bare, COVID-19 also exposed an array of leadership deficiencies as the British Prime Minister and Cabinet members showed what might be described, at best, as a predilection for inadequate preparation and a poor basic grasp of the emergency response 'fundamentals' such as responsiveness, openness and partnership required to navigate the pandemic in difficult circumstances. The UK emergency response was thus marred initially by being slow to act, then subsequently by a series of reactive initiatives and practices that largely ran counter to what would otherwise be prescribed by health professionals, emergency planners and other risk and crisis experts and lessons learned from past infectious disease outbreaks in recent history.

Inasmuch as the current direction of the UK's pandemic risk leadership response to COVID-19 concerns questions not only of health and the economy, but also of 'how we want to live'

and ‘by what means’ we can hold decisions democratically accountable during a crisis, judgements of ‘bad’ pandemic leadership performance can equally be said to reflect judgements of ‘bad’ pandemic politics on the part of leaders. The characteristically narrow and centralised response adopted, has, at its worst, been considered absent or dithering at key junctures, incoherent and confused throughout, as well as being equally indifferent and combative, and repeating the same errors time and again. Meanwhile, vast sums of money have been wasted on ineffectual programmes and initiatives outsourced under opaque arrangements. Most criticism, let alone constructive advice, has been ignored or discarded, even though the poor performance displayed is plain to see.

In view of the scale and scope of the national health, economic, social, and political damages suffered so far, let alone those that are still to come, and that much of which could have been avoidable, the series of failings and deficiencies exhibited undoubtedly looks set to become a ‘textbook example’ of how not to lead through a health crisis of such magnitude. In view of these observations, this paper closes by arguing that the UK government would do better in future by recalibrating the current leadership response strategy. The concepts, strategic considerations, and exemplars outlined by this paper elaborate the benefits of adopting a more pluralised model of leadership and risk and crisis management – as shown both internationally and sometimes at home – one that is necessarily broadly attuned to the rich amalgam of transactions, individual qualities, social identity dynamics, and communicative mechanisms and exchanges that both comprise and are required of ‘good’ leadership in a crisis (Fairhurst and Connaughton 2014a; Hyvarinen and Vos 2015; Van Dick et al 2018). In closing, these lessons strongly point to the need for government to move away from an over-reliance on narrow centralisation and diktat and adopt a more differentiated suit of strategies in order to make fuller use of the many substantive and inter-personal levers which could be collectively employed to tackle COVID-19 more productively and adaptively as the crisis continues. Doing so would go some way towards ensuring that the UK leadership decisions shaping the pandemic response are founded on robust knowledge, socially representative, collectively promoted, democratically supported, and crisis ready.

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Table 1. Thirteen Pandemic Risk Leadership Strategies and Guidelines

Strategy	Guidelines
1. Plan and prepare	Anticipate major events, assess risk, specify areas of concern, identify warning signs and trigger points to mobilise action. Integrate risk communication into planning, make it part of training and preparedness exercises and embed it as part of harm mitigation strategies.
2. Narrate a clear-sighted strategy	Narrate the strategy for how the threat is to be addressed and the role people can play. Set the tone from the top, lead by example. Don't give mixed messages.
3. Meaning making	Describe the risk, explain and contextualise its significance at opportune moments of public connection.
4. Direction giving	Give clear, coherent, concise and comprehensible decision-relevant information and instructions. Emphasise efficacy.
5. Differentiating people's needs	Obtain, understand and address the varying information and support needs, preferences and concerns of different individuals, groups and cultures.
6. Credibility and trustworthiness	Show competence and commitment. Align with credible sources and use experts well. Communicate in ways that build trust. Do not over-protect or over promise, do not stretch the truth. Be accountable.
7. Transparency	Make information ascertainable, comprehensible, verifiable in a timely way.
8. Openness	Be candid, honest, and factual. Accept uncertainty. Enable critical input, allow hard truths to be aired. Admit mistakes, apologise when get it wrong. Be receptive to and listen to external concerns.
9. Partnership and co-ordination	Establish networks integrating internal and external members and agencies at all levels. Identify the needs of stakeholders, partner up and provide support where it is needed. Work together with communities, co-ordinate and pool respective strengths and resources.
10. Empathy	Show situational awareness. Acknowledge and respect others and show that feel as they do. Do not be aloof and dismissive.
11 Solidarity	Express solidarity. Emphasise and enact as sense of 'we-ness', identify that everyone is 'in it together' including leaders. Share the burden of risk and responsibility for dealing with it.
12. Be responsive and adaptive	Act quickly and decisively. Continuously evaluate and update plans and impacts and react promptly to change. Conduct dynamic risk assessments to identify wider interdependencies, needs and practical constraints. Involve stakeholders at all stages.
13. Media engagement across traditional and digital platforms	Initiate lines of communication. Meet the needs of the media. Monitor sentiment, interact with and proactively engage across traditional and digital platforms and technologies.