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**NSC(THRC)(17)01 Meeting**

**Copy No**

**CABINET**

**NATIONAL SECURITY COUNCIL SUBCOMMITTEE**

**THREATS, HAZARDS, RESILIENCE AND CONTINGENCIES(THRC)**

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**MINUTES** of a Meeting held in the

The Cabinet Room, No.10, on **TUESDAY 21 FEBRUARY AT 1400**

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**PRESENT**

The Rt Hon Theresa May MP

Prime Minister

**(In the Chair)**

The Rt Hon Philip Hammond MP  
Chancellor of the Exchequer

The Rt Hon Amber Rudd MP  
Secretary of State for the Home  
Department

The Rt Hon Boris Johnson MP  
Secretary of State for Foreign and  
Commonwealth Affairs

The Rt Hon Sir Michael Fallon MP  
Secretary of State for Defence

The Rt Hon Elizabeth Truss MP  
Secretary of State for Justice  
Lord Chancellor

The Rt Hon Justine Greening MP  
Secretary of State for Education

The Rt Hon Greg Clarke MP  
Secretary of State for Business,  
Energy and Industrial Strategy

The Rt Hon Jeremy Hunt MP  
Secretary of State for Health

The Rt Hon Chris Grayling MP  
Secretary of State for Transport

The Rt Hon Sajid Javid MP  
Secretary of State for Communities  
Local Government

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The Rt Hon James Brokenshire MP  
Secretary of State for Northern Ireland

The Rt Hon Andrea Leadsom MP  
Secretary of State for the Environment,  
Food and Rural Affairs

The Rt Hon Priti Patel MP  
Secretary of State for International  
Development

The Rt Hon Karen Bradley MP  
Secretary of State for Culture, Media  
and Sport

The Rt Hon Ben Gummer MP  
Minister for the Cabinet Office

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plans in place to increase the capacity of hospitals, but the effect of prioritising care through measures such as population triage (prioritising care on the basis of the chance of survival rather than clinical need), would place an additional burden on the demand for care outside of hospitals. It would inevitably lead to many deaths occurring in homes or care settings.

The SECRETARY OF STATE FOR HEALTH said that, contrary to the image presented in the media, the National Health Service was extremely good at responding to emergencies. This was, in part, a reflection of the important contribution of the CHIEF MEDICAL OFFICER and colleagues who worked in public health. Exercise Cygnus had been a significant test of the country's readiness for a severe pandemic influenza strain, and there were three important lessons to learn. First, the plans for responding to an influenza pandemic should reflect the need for decisions to be taken at the right level. For example, it was not appropriate for the Government to interfere with local clinical decision-making concerning access to hospital care. Second, the preparation of a Pandemic Flu Bill would help to take the various legislative measures to streamline and augment capacity in health and other services. Third, the country's capacity to manage excess deaths needed to be improved.

The MINISTER FOR THE CABINET OFFICE agreed that Exercise Cygnus had been particularly valuable in exposing the vulnerabilities in our capability to manage the volume of deaths anticipated in a reasonable worst case scenario. Working with the relevant departments, options for stretching capacity to the required level would be developed over the coming months. The Exercise had also illustrated the political dimension to decisions concerning the more extreme measures that might need to be considered for prioritising care. The Government should open discussions with moral leaders to seek their counsel on the more sensitive aspects of pandemic influenza plans. It was also important not to overlook the other highest priority risks. A programme of reviews could be commissioned to consider preparedness for a national loss of power, widespread flooding, and extreme winter weather. The reviews could be overseen by the appropriate junior Ministers. There were already committees that reviewed preparedness for nuclear and biological threats.

In discussion, the following points were made:

- There was an important regional dimension that needed to be reflected in the planning for pandemic influenza, and in the communications strategy. The spread of the pandemic across the country would be gradual and irregular. Moreover, regional variations in the deployment and availability of response

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