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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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**THE FOLLOWING WERE ALSO PRESENT**

The Rt Hon Lord Bourne of  
Aberystwyth MP  
Department for Communities and  
Local Government

Professor Dame Sally Davies  
Chief Medical Officer

Paddy McGuinness  
Deputy National Security Adviser  
Cabinet Office

Katharine Hammond  
Director Civil Contingencies  
Secretariat

**SECRETARIAT**

Mark Lyall Grant

Name Redacted

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The Cabinet Office circulated the following papers to inform the Committee's discussion:

**1. UK Resilience**

NSC(THRC)(17)01 – UK Resilience  
Slides by the Department of Health and the Cabinet Office

NSC(THRC)(17)02 – Background Paper  
Paper by the Cabinet Office

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### PREPAREDNESS FOR HIGH PRIORITY RISKS TO UK RESILIENCE

The PRIME MINISTER said that the meeting followed the discussion on the National Risk Assessment (NRA) in Cabinet in January. The purpose was to consider the highest priority risks faced by the UK and the general level of preparedness for them. Pandemic influenza was the greatest risk, and it was right to focus on this in light of the lessons from a major exercise in 2016.

The DIRECTOR OF THE CIVIL CONTINGENCIES SECRETARIAT introduced the subject. There were good processes in place for assuring the generic plans for responding to NRA risks assessed as below the highest category, but the bespoke plans for responding to the eleven highest priority risks varied. Of these, pandemic influenza was assessed to be the highest risk, and the recent exercise had identified shortcomings in response planning. Challenges from the potential scale of illness, workforce absences and deaths were illustrated by the graphs on Slide 2. The first indicated the likely extent to which workforces might be depleted in a reasonable worst case pandemic, and the significant impact closed schools would have. Many organisations could cope with the lower planning assumptions, but some could not, and school closures would exacerbate the situation for many. The second graph showed the extent to which the likely level of demand in this scenario might overwhelm health and social care capacity by the fifth week of a pandemic; that would require very difficult decisions on the prioritisation of care. The final graph showed the extent to which the various processes and facilities that made up our national capacity to manage deaths would be overwhelmed. The UK needed to consider measures to increase capacity, which maintained an appropriate level of dignity. Local planners were expected to maintain a capability to manage around 40 percent of the number of additional deaths defined by the planning assumptions. Some fell short of this, and all areas would need additional support from Central Government to meet the full planning assumption, which was equivalent to about 750,000 excess deaths nationally. A cross-government programme of work was essential to develop a sliding scale of policy options which addressed the gaps in preparedness.

The CHIEF MEDICAL OFFICER said that it was not a matter of if, but when, the UK faced its next pandemic. By definition, there would be no immunity amongst the population to the strain, and vaccine production typically took six months. Anti-viral medication played an important role in mitigating the impact of a pandemic, but the strain could be naturally resistant to anti-viral medication, or it could develop a resistance as the pandemic spread. It was important that the potential impact on workforces was fully taken into account in planning for a pandemic. There were good

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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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measures would be difficult to justify, and would raise practical and ethical issues.

- It was important to recognise the significance of school closures to workforce absence rates, and the potential wider effects on the continuity of services. Whilst head teachers were responsible for deciding whether schools should close, closing schools during a pandemic could prevent the deaths of up to 6,000 children. But this would remove parents from the workforce. Over the coming months, the Department for Education would survey schools to gauge their preparedness for pandemic influenza.
- There were known deficiencies in the plans held by some areas of the country to manage the potential number of deceased. Work was needed to better understand why some areas fell short and what more should be done to improve local capabilities to meet the planning assumption. It would be essential to work closely with local planners to improve readiness for pandemic influenza, and to train local responders.
- The Government needed to consider whether encouraging those who were not engaged in providing essential services to remain at home, would be beneficial. It could inhibit transmission of the virus.
- The involvement of the Devolved Administrations (DAs) in Exercise Cygnus had demonstrated the importance of coordinating planning across the UK. It was important to continue to engage with the DAs, to ensure consistency across the plans, and overall levels of readiness.
- Where appropriate, the planning for pandemic influenza should draw on lessons learned from the UK's response to the Ebola outbreak in 2014, particularly the lessons around the management of burials and public messaging that slowed transmission.
- Preparedness for pandemic influenza should be informed by scenarios, which described, in detail, the potential characteristics of the pandemic and the effects it could have on the services and infrastructure in the UK.
- The food and drink industry was reasonably well prepared to withstand the projected impact on its workforce, but some de-regulatory measures might further strengthen its resilience. The energy sector would be more vulnerable.

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- Given the association between pandemic influenza and avian influenza, or strains in other animals, planning should reflect the potential requirement for resources and counter-measures should there be a concurrent outbreak of animal disease.
- Whilst the military had dedicated resources, including command and control, held at short notice to assist with a range of civil emergencies, their medical capability was based largely within the NHS.

Concluding, the PRIME MINISTER said that:

- It had been a helpful discussion, and there was general support for the work programme set out in the presentation.
- The significance of regional variations in both preparedness for pandemic influenza and the decisions that were taken, needed to be considered carefully, as the practical consequences would be hard to justify.
- In responding to a severe pandemic, the Government would be accountable for the outcome of a number of very difficult decisions. It was important that the planning for these decisions was informed by the views of moral leaders, and other senior stakeholders outside government. The Minister for the Cabinet Office should establish a dialogue with moral leaders and consider what role they might play during an actual pandemic.

The Council:

- Took note.

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ANNEX - ACTIONS ARISING

- The Department of Health and the Cabinet Office's Civil Contingencies Secretariat should take forward the programme of work set out in slide 5, working with relevant departments, to include: a draft Pandemic Flu Bill; scalable options for dealing with excess deaths; work on the implications (including legal) of differential decision-making across the UK; consideration of what more radical measures to control transmission might be effective and support departments in fulfilling their responsibility for the resilience of the sectors they represent to the risk of pandemic influenza. **Action Department: Department of Health and Cabinet Office working with relevant government departments.**
- The Minister for the Cabinet Office should consult with moral leaders and consider what role they might play during an actual pandemic. **Action Department: Cabinet Office with Department of Health, Communities and Local Government and other relevant government departments.**
- Working with junior ministerial colleagues, within the auspices of NSC THRC, the Minister for the Cabinet Office should establish a programme to explore preparedness for the remaining groups of the highest risks, without an established review process within the existing committee structure. **Action Department: Cabinet Office with contributions from the relevant government departments.**

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