

**Cross-Government Pandemic Flu Response Board – Outline Work Plan**

The work plan reflects the outcome of the recent discussion at NCS THRC and the preliminary lessons from Exercise Cygnus. A deadline of early 2018 has been set for the completion of all deliverables, although the timelines for individual strands and milestones will be determined by departments and will be coordinated by the central team supporting this group.

Broadly, the work plan falls into three phases. During the **first phase**, departments will need to prepare plans to deliver their respective products, specifying where there are dependencies and setting out milestones for their delivery. The expectation is that this work will be completed by mid-May. During **phase two**, individual plans will be collated to confirm the shape and purpose of cross-cutting deliverables. This should be completed by the end of June. **Phase three** describes the period during which departments focus on delivering the agreed products.

Objective	Activities	Deliverables	Deadline
<b>1 Health Care</b>			
An appropriate capability to provide health care in England (during a severe pandemic)	<ol style="list-style-type: none"> <li>Develop measures to allow the health sector to adapt processes and resources for the treatment of patients to meet the demand for services. (DH)</li> <li>Develop a framework to guide decisions relating to treating patients which is aligned with the steps of the model for NHS provision during periods of excessive demand, and which identifies the ethical considerations. (DH)</li> </ol> <p>The Plan should:</p> <ul style="list-style-type: none"> <li>be informed by ethical and moral advice;</li> <li>consider the practical implications of local variations in response options;</li> <li>include measures for the recovery stage; and</li> <li>include proposals for assurance and on-going maintenance.</li> </ul>	<ol style="list-style-type: none"> <li>Guidance which enables health care provision to be reconfigured to be as effective as possible, and a framework to guide decisions on treating patients, including population triage. (DH)</li> </ol>	
<b>2 Adult community and social care</b>			
An appropriate capability to provide adult social care in England (during a severe pandemic)	<ol style="list-style-type: none"> <li>Determine the likely supply and demand for social care provision during a pandemic. (DCLG/DH)</li> <li>Review existing plans for providing community-based healthcare for patients who would ordinarily receive in-patient care. (DH)</li> <li>Undertake a capability requirement analysis for social care provision during a pandemic. (DCLG/DH)</li> <li>Develop agreed policy options. (DCLG/DH)</li> <li>Develop a comprehensive plan for augmenting capacity to the required level including options for alternative models for temporary social care provision, both domiciliary and residential. (DCLG/DH)</li> </ol> <p>The Plan should:</p> <ul style="list-style-type: none"> <li>be informed by ethical and moral advice;</li> <li>consider the practical implications of local variations in response options;</li> <li>include measures for the recovery stage; and</li> <li>include proposals for assurance and on-going maintenance.</li> </ul>	<ol style="list-style-type: none"> <li>Adequate means to measure and monitor adult social care capacity. (DCLG/DH)</li> <li>A capability requirement analysis for social care provision in England. (DCLG/DH)</li> <li>A range of policy and practical options for augmenting social care capacity during a pandemic. (DCLG/DH)</li> <li>An overarching plan for augmenting social care provision. (DCLG/DH)</li> <li>Policy and practical options for managing patients who would ordinarily be treated as in-patients in the community. (DH)</li> </ol>	
<b>3 Excess deaths</b>			
Sufficient capability in England (and Wales?) to manage the volume of additional deaths during a pandemic in a respectful and acceptable manner.	<ol style="list-style-type: none"> <li>Undertake an assessment of both the current capacity and maximum surge capacity to manage excess deaths in England. (CCS)</li> <li>Undertake a review of current local and central government doctrine for managing excess deaths. (CCS)</li> <li>Develop agreed policy options (including to agreement to underlying planning assumptions). (CCS)</li> <li>Develop a comprehensive plan(s) for augmenting capacity to the required level including options for alternative models for each component of the death management process, such as body storage and disposal.</li> </ol>	<ol style="list-style-type: none"> <li>A comprehensive assessment of the local surge capacity in local death management processes, and the identification of key inhibitors and easements. (CCS)</li> <li>A range of policy and practical options for augmenting capacity to be implemented nationally and locally. (CCS, DCLG, HO, MOJ, DH, MOD)</li> <li>A comprehensive set of doctrine to support the required capacity. (CCS)</li> </ol>	

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	<p>The plan(s) should:</p> <ul style="list-style-type: none"> <li>• be informed by ethical and moral advice;</li> <li>• consider the practical implications of local variations in response options;</li> <li>• include proposals for addressing the risk of delays in discovering deaths in the community; and</li> <li>• include proposals for assurance and on-going maintenance.</li> </ul>		
<b>4 Sector resilience</b>			
<p>Departments are confident that critical sectors have adequate resilience to anticipated levels of employee absence during a pandemic.</p>	<ol style="list-style-type: none"> <li>1. Undertake a review of those planning assumptions relevant to workforce absence. (DH-SPI-M, GO Sci)</li> <li>2. Review of individual critical sectors' resilience to RWC absence rates including: <ul style="list-style-type: none"> <li>• Energy and fuel sector (BEIS)</li> <li>• Health sector (DH)</li> <li>• (Social care sector covered under serial 1)</li> <li>• Criminal justice sector (MOJ)</li> <li>• Education sector (DfE)</li> <li>• Transport sector (DfT)</li> <li>• Food and drink sector (Defra)</li> <li>• Water (Defra)</li> <li>• Defence sector (MOD)</li> <li>• Safety and security sector - Police and FRS) (HO)</li> <li>• Telecoms sector (DCMS)</li> <li>• Govt. services (all depts.)</li> <li>• Finance sector (HMT)</li> <li>• International interests (FCO/DfID)</li> </ul> </li> <li>3. Understand the impact of concurrent risks and how to manage them effectively (all depts)</li> </ol>	<ol style="list-style-type: none"> <li>1. Completed review and refinement of workforce planning assumptions. (DH-SPI-M, GO Sci)</li> <li>2. Assurance proposals from departments for critical sector resilience to pan flu. (all depts.)</li> <li>3. Completed reviews of sectors' resilience to pan flu. (all depts.)</li> </ol>	
<b>5 Cross-cutting enablers</b>			
<p>A legislative vehicle for pandemic response measures</p>	<ol style="list-style-type: none"> <li>1. Undertake audit of all potential regulations required by pan flu response measures (CCS)</li> <li>2. Develop options for pandemic influenza response bill as a flexible vehicle for regulations required during a pandemic. (CCS)</li> <li>3. Departments to identify legislative easements to respond to flu pandemic, including those to improve sector resilience. (all depts.)</li> <li>4. Review with DA's devolution aspects of legislation.</li> </ol>	<ol style="list-style-type: none"> <li>1. A complete set of draft regulations to be considered for enactment via a Pan Flu Response Bill for the UK Parliament and an agreed approach with the Devolved Administrations to legislation where matters are devolved (all depts. to contribute as appropriate)</li> <li>2. A Flu Pandemic Response Bill (ie the means or vehicle) to enact the required regulations. (CCS)</li> </ol>	
<p>A more sophisticated understanding of public expectations and reactions to a severe pandemic</p>	<ol style="list-style-type: none"> <li>1. Moral guidance to inform extreme response measures (CCS)</li> <li>2. Undertake research into likely public reactions and expectations during a severe pandemic and how this might inform planning to involve the local communities. (CCS/DCLG/DH)</li> </ol>	<ol style="list-style-type: none"> <li>1. Proposals for engaging representatives of the nation's moral leadership, and objectives for their engagement. (CCS)</li> <li>2. A meeting (s) between MCO and moral leaders. (CCS)</li> </ol>	
<p>Effective communications arrangements in place across all elements of preparedness for pandemic influenza.</p>	<ol style="list-style-type: none"> <li>1. Review of the UK Pan Flu Communications Strategy in the light of lessons from Exercise Cygnus. (DH)</li> <li>2. Development of a framework/process for assuring departmental communications plans for pandemic flu. (CO/DH)</li> <li>3. Departments to refresh respective communications plans relevant to a flu pandemic to ensure consistency and coherence. (all depts. led by CO Comms)</li> </ol>	<ol style="list-style-type: none"> <li>1. Refreshed UK Pan Flu Communications strategy. (DH)</li> <li>2. Refreshed departmental communications plans for Pan Flu and the communications elements of other relevant plans such as excess deaths. (all relevant depts.)</li> <li>3. A programme to engage with LRFs (DCLG/CCS)</li> </ol>	