

Pandemic Influenza Preparedness Programme Board

Terms of Reference

1. Introduction

- 1.1. The Pandemic Influenza Preparedness Programme (PIPP) is the umbrella programme for all activity to prepare to respond to a future Influenza pandemic in England.
- 1.2. The Departmental Board (DB) of the Department of Health (DH) formalised its relationship with the PIPP by mandating the establishment of a Programme Board (as a subcommittee of DB), which met for the first time in October 2007.
- 1.3. The Programme Board is chaired by the Director General, Global and Public Health, who sponsors the programme on the DB.
- 1.4. The Programme Board has a decision making and assurance mandate, it empowers the Pandemic Influenza Preparedness Programme Senior Responsible Owner (PIPP-SRO) to steer implementation of the Programme. The PIPP Board oversees the tripartite work delegated to DH, Public Health England and NHS England. It provides assurance that all aspects of the programme are aligned with wider cross government strategic objectives.
- 1.5. This document establishes the Terms of Reference for the PIPP Board (referred to below as 'the Board').

2. Responsibilities and scope

Key responsibilities and accountabilities

- 2.1. The Board is accountable to the DB for delivery of the PIPP, including those elements delegated to Arm's Length Bodies.
- 2.2. The Board is responsible for setting the strategic aims and objectives of the programme and for coordinating the work of stakeholder organisations to meet these objectives.
- 2.3. The Board is responsible for taking strategic policy decisions for the programme on behalf of the DB.
- 2.4. The Board is responsible for escalating to the DB any decisions relating to the programme that could impact adversely on stated Departmental and Ministerial positions.

Function of the Board

2.5. The function of the Board is:

- a) to champion pandemic influenza preparedness, provide overall direction and visible leadership for the programme within the health and social care system and Department of Health;
- b) to advise and provide continued support to the SRO of the programme (the PIPP-SRO);
- c) to take all strategic decisions related to the programme, unless they impact adversely on stated Departmental and Ministerial positions;
- d) to provide a mandate for delivery of operational aspects of the programme to the Operational Management Board, jointly chaired by Public Health England and NHS England;
- e) to provide a mandate for delivery of operational aspects of the programme to the Clinical Countermeasures Board, chaired by Public Health England;
- f) to ensure the integrity of the programme, approve its progress against strategic objectives and key milestones, assess and assure programme delivery;
- g) to assess and manage strategic risks and issues escalated to it from the Operational Management Board or Clinical Countermeasures Board that may impair the ability of the programme to achieve its objectives; and
- h) to oversee management of the budget for pandemic preparedness and support the PIPP-SRO in seeking the approvals required for Departmental expenditure.

Responsibilities relating to assurance

- 2.6. The Board is responsible for reviewing Internal Audit, Major Projects Authority (MPA) Gateway review reports on projects within the programme and ensuring the adequacy of the response to issues identified in these reports.
- 2.7. The Board is responsible for periodically reviewing its governance structures and procedures, and to initiate change where appropriate to ensure that they remain fit for purpose.
- 2.8. The Board is responsible for approving the progress of the PIPP (and constituent projects) against strategic objectives and milestones. The Board is responsible for confirming successful implementation of project deliverables and sign-off at the closure of each project.

Responsibilities relating to risk management

- 2.9. The Board will maintain a register of programme risks and issues; this includes strategic risks escalated to it by the Operational Management Board and Clinical Countermeasures Board .

- 2.10. The Board is responsible for reviewing the strategic risks and issues. It will assure the implementation of any actions to mitigate these risks (or manage issues) delegated to the PIPP-SRO, the Senior Responsible Owner for programme activities in an Arm's Length Body (ALB-SRO) or a Board member. If appropriate the Board will escalate the risk to the DB.
- 2.11. The Board is responsible for ensuring that the programme risk register is aligned with the DH High Level Risk Register.

3. Programme and stakeholder relationships

Interfaces with Arm's Length Bodies (ALB)

- 3.1. Responsibility for some elements of the programme transferred to NHS England and Public Health England on 1 April 2013 following the implementation of the changes set out in the Health and Social Care Act (2012). The Board (and PIPP-SRO) retains responsibility for the entire programme as delegated by the DB.
- 3.2. Delivery of those elements of the programme (projects) that transferred to NHS England and Public Health England on 1 April 2013 is overseen by:
- the relevant ALB-SRO; and
 - the Operational Management Board; or
 - the Clinical Countermeasures Board.
- Governance structures subordinate to the Board and PIPP-SRO are set out in Annex A.
- 3.3. The Board is responsible for providing a mandate to the Operational Management Board and the Clinical Countermeasures Board to take decisions relating to the operational implementation of preparedness planning.
- 3.4. The ALB-SROs (see Annex B) represent their organisations on the Board and are responsible for assuring delivery of pandemic preparedness activities in their organisations. They are accountable to the Board and the management board of their ALB through routine governance structures.
- 3.5. Through the Board the PIPP-SRO liaises with ALB-SROs at both NHS England and Public Health England to ensure coordinated delivery of the tripartite pandemic influenza preparedness programme.

Interface with Other Government Departments (OGDs)

- 3.6. The Board is responsible for actively supporting the PIPP-SRO in engaging with the governance arrangements for cross Government emergency planning through liaison with the Cabinet Office Civil Contingencies Secretariat (CCS). It ensures alignment between the programme and cross-Government interests by ensuring that CCS are made aware of all key policy decisions that have a cross-Governmental impact on preparedness.

- 3.7. Responsibility for liaison with OGDs on behalf of the Board sits with the PIPP-SRO or the ALB-SRO/Board Member nominated to progress specific programme elements (projects).

Relationship with local government and social care

- 3.8. Implementation of pandemic influenza preparedness plans in Local Authorities (LAs) and the social care system is the responsibility of local stakeholders including, but not limited to, (LA) Chief Executives; Directors of Adult Social Services (DASS); and Directors of Public Health (DsPH). Representatives from these bodies are members of the Board (see Annex B) and are responsible for working with DH and Department for Communities and Local Government (DCLG) policy teams to provide assurance on social care programme deliverables.

Engagement with Devolved Administrations

- 3.9. Pandemic Preparedness is a UK-wide programme and strategic decisions are taken jointly by the four health Ministers. The Devolved Administrations (DAs) are integral to successful pandemic planning across the UK. The Devolved Administrations are responsible for the major areas of pandemic influenza planning and response in their respective countries. In order to support UK wide planning and a joint response to a future influenza pandemic, DA officials will be kept informed of key decisions taken by the Board to prepare for a future pandemic in England.
- 3.10. UK-wide decisions will need to be agreed by Ministers for each country as appropriate and in line with devolved responsibility for delivery, using the 4 Nations (Officials/Ministers) governance structure.
- 3.11. The Board delegates the responsibility for engagement with the DAs to the PIPP-SRO, who with support from DH officials, the ALB-SROs and Operational Management Board will liaise with DA officials through 4-Nations meetings. The relationship between the Board, subcommittees and the DAs is shown in Annex A.

4. Programme Board administration

Membership

- 4.1. Members of the Board are senior officers (generally Senior Civil Servants or equivalent) with responsibility for preparing for a future influenza pandemic in England.
- 4.2. Members of the Board are appointed by the Programme Sponsor (Chief Medical Officer) in consultation with the PIPP-SRO and the Board.
- 4.3. The Board may ask any Ministers and other appropriate individuals to attend to assist it with discussions on any particular matter.

Quorum

- 4.4. A minimum of four members of the Board, including at least one not directly involved in the day-to-day delivery of the programme, must be present for the meeting to be deemed quorate.
- 4.5. When the Chair is absent, the Board is chaired by the PIPP-SRO.

Meetings and working pattern

- 4.6. The Board meets twice a year; the Chair of the Board may convene additional meetings, to be attended by all or part of the Board (meetings must be quorate), as deemed necessary.
- 4.7. The Chair of the Board may direct that work be taken forward between meetings. This work may be taken forward through sub-groups or other arrangements overseen by the PIPP-SRO.
- 4.8. Oversight of the response to a future pandemic is the responsibility of the Health Strategic Advisory Group (HSAG) formed at the time. During a future pandemic the Board will not meet unless asked to discuss a specific issue by the Chief Medical Officer.

Conflicts of interest

- 4.9. Board members and other attendees should declare any conflicts of interest relating to matters being discussed by the Board and, where necessary, withdraw from the relevant agenda items.

Information requirements

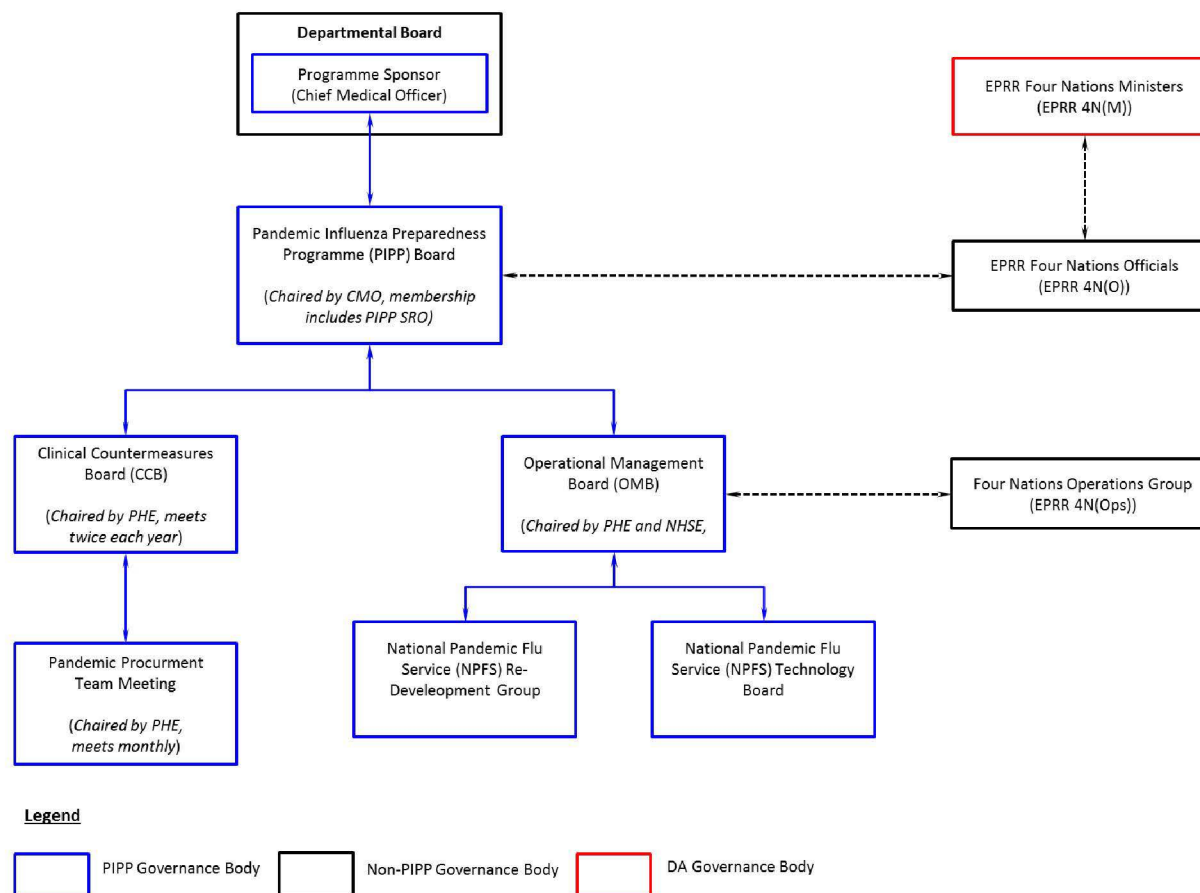
- 4.10. For each meeting, the Board will be provided with
 - a) minutes of the previous meeting and a copy of the action log maintained by the PIPP secretariat;
 - b) a progress report on the programme from each of DH, NHS England and Public Health England, summarising progress against milestones since the last meeting including:
 - key developments, achievements and forthcoming activities;
 - slippages against project milestones and implementation delays; and
 - key issues and risks for discussion.
 - c) an update on work overseen by the Operational Management Board;
 - d) an update on work overseen by the Clinical Countermeasures Board; and
 - e) information in respect of any decisions or items of note escalated to the Board together with recommendations and sufficient details to support the decision making process.
- 4.11. As appropriate, the Board is provided with Internal Audit and OGC Gateway review reports and details of the response to issues raised in the reports.

4.12. PIPP Secretariat will record all key action points and decisions at all meetings and make available to attendees and all appropriate stakeholders on request.

Board performance

4.13. The Board formally assesses its effectiveness on an annual basis and makes plans for improvement where necessary.

Governance Structure: Pandemic Influenza Preparedness Programme



(Needs updating)

ANNEX B

Membership: Pandemic Influenza Preparedness Programme Board

Chair	Clara Swinson	Director General, Global and Public Health	DH
PIPP-SRO	John Watson	Deputy Chief Medical Officer	DH
	Helen Shirley-Quirk	Director of Emergency Preparedness and Health Protection Policy	DH
	Kevin Dodds	Deputy Director, High Consequence Infectious Diseases and Immunisation	DH
	June Jackson	Head of Seasonal and Pandemic Flu	DH
	Name Redacted	Head of Pandemic Flu and HCID	DH
	Name Redacted	Non-clinical Lead, Commercial Unit	DH
	Ed Moses	Deputy Director, Social Care System Oversight	DH
NHSE SRO	Name Redacted	Principal Pharmacist	DH
	Name Redacted	Senior Principal Analyst	DH
	Tim Young	Acting Director of NHS Operations and Delivery	NHS England
	Stephen Groves	National Lead for EPRR	NHS England
PHE - SRO	Chloe Sellwood	Pandemic Influenza Resilience Manager	NHS England
	Paul Cosford	Director for Health Protection & Medical Director	PHE
	Gareth Thomas	NPFS and Infrastructure Lead	PHE
	Maria Zambon	Director, Reference Microbiology Services	PHE
	Nick Phin	Director for Infectious Disease Epidemiology Surveillance and Control	PHE
	Derrick Crook	Director, National Infection Service	PHE
	Mark Driver	Deputy Director for Operations	PHE
	Name Redacted	Head of Clinical Countermeasures Procurement	PHE
	Richard Pebody	Head (acting) of Respiratory Diseases Department and Head of Influenza and Other Respiratory Virus Surveillance Section	PHE
	Katherine Richardson	Deputy Director, Resilience and Emergencies	DCLG-RED
	Stuart Wainwright	Deputy Director, Crisis Management - Domestic Readiness and Response Team	CO-CCS
	Nick Presmeg	Director for Integrated Commissioning	Essex County Council
	Katherine Hammond	Director, Civil Contingency Secretariat	CO-CCS
	Simon Williams	Director of Social Care Improvement	LGA
	To be confirmed	A Director of Public Health	ADPH

Additional members to be invited to attend to provide subject specific advice

Name Redacted	Head of NHS Sustainability and Public Health Policy Communications Section Head - Research Programmes	DH DH
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Secretariat functions are provided by the DH Pan Flu Team.