

# Pandemic Preparedness Portfolio Board

## Terms of Reference

### 1. Introduction

- 1.1. The Pandemic Preparedness Portfolio (PPP) is the umbrella programme for all activity within health and social care to prepare for the risk of a future pandemic (as identified in the National Security Risk Assessment (NSRA) Risk 78) in England. This assessment of the pandemic risk is pathogen agnostic, reflecting the potential risks from a wide range of pathogens with pandemic potential, whilst retaining a core focus on the highest-rated and most likely risk, which continues to be a respiratory viral infection.
- 1.2. The Pandemic Influenza Preparedness Programme (PIPP) was renamed the Pandemic Preparedness Portfolio in November 2022 to reflect the expanded focus of the Board.
- 1.3. The PPP Board is chaired by the Director General for Global Health and Health Protection within the Department for Health and Social Care (DHSC) [Clara Swinson], who acts as the Pandemic Preparedness Portfolio Senior Responsible Owner (PPP-SRO) and sponsors the programme on **[TBC]**.
- 1.4. The PPP Board oversees work being undertaken in DHSC, the UK Health Security Agency (UKHSA) and NHS England (NHSE) (the tripartite) to support the government's preparedness for a future pandemic. This work comprises fourteen discrete programmes (shown at **Annex A**) each led by a Programme Director from within the tripartite. The Programme Director for each programme is responsible for setting its strategic direction and overseeing its delivery. The division of overall programme ownerships across the portfolio was agreed at the PIPP Board meeting on 8 November 2022.
- 1.5. Following the renaming of PIPP in November 2022, a Delivery Board was established with a decision making and assurance mandate. It empowers the PPP-SRO to steer implementation of the Portfolio, and provide steers on its individual programmes. The Board provides assurance that all aspects of the Portfolio are aligned with wider cross government strategic objectives.

- 1.6. This document establishes the new Terms of Reference for the PPP Board (referred to below as 'the Board').

## 2. Responsibilities and scope

### Key responsibilities and accountabilities

- 2.1. The Board is accountable to [TBC] for delivery of the PPP, including those programmes devolved to Arm's Length Bodies.
- 2.2. The Board is responsible for approving the strategic aims and objectives of the portfolio's fourteen discrete programmes, proposed by the respective Programme Directors from the tripartite.
- 2.3. The Board is responsible for taking strategic policy decisions for the portfolio on behalf of [TBC], seeking ministerial agreement where relevant for matters of government policy.
- 2.4. The Board is responsible for escalating to [TBC] 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 and assure pandemic preparedness, provide overall direction and visible leadership for the portfolio of pandemic preparedness work within the health and social care system;
  - b) to devise and manage the structure of the portfolio as a whole, ensuring its continuing applicability against the NSRA Risk 78;
  - c) to ensure the integrity of the portfolio, approve its progress against its overall strategic objectives, assess and assure delivery of programmes under the portfolio;
  - d) to assess and manage strategic risks and issues escalated to it by Programme Directors that may significantly impair the ability of programmes to achieve their objectives;
  - e) to advise and provide continued support to the PPP-SRO;
  - f) to take strategic decisions related to cross cutting pandemic preparedness strategy and policy, including but not limited to constitution of the preparedness portfolio and prioritisation of programme delivery within the mandate outlined in the key responsibilities and accountabilities;

- g) to approve Programme Directors' mandates for delivery of operational aspects and assurance to programme-level governance mechanisms within the portfolio, including [Placeholder: programme governance mechanisms as captured in PIDs];
- h) to oversee management of expenditure for pandemic preparedness, taking decisions on the prioritisation of interventions as necessary. This includes supporting the PPP-SRO in seeking the approvals required for Departmental expenditure; the UKHSA Senior Programme Director (UKHSA-SDP) for UKHSA expenditure; and the NHSE Programme Director for NHSE expenditure.

### **Responsibilities relating to assurance**

- 2.6. Until such a time that strategic governance is set up for individual programmes under the portfolio, the Board is responsible for reviewing Internal Audit, Major Projects Authority (MPA) Gateway review reports on projects within the portfolio and ensuring the adequacy of the response to issues identified in these reports.
- 2.7. The Board has overall responsibility for the assurance of the PPP's (and constituent programmes) progress against strategic objectives and milestones. This includes ensuring there is adequate external assurance and audit in place for key delivery workstreams as necessary. The Board is responsible for confirming successful implementation of programme deliverables and sign-off at the closure of each deliverable.
- 2.8. Programme Directors (PDs) are expected to maintain a working assurance of delivery within their programmes, including engagement with external assurance as appropriate.
- 2.9. 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.

### **Responsibilities relating to risk management**

- 2.10. The Board will maintain a register of portfolio risks and issues; this includes strategic risks escalated to it by PDs.
- 2.11. 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 PPP-SRO, the Programme Directors for programme activities in UKHSA or NHSE (PD) or a Board member. If appropriate the Board will escalate the risk to the [TBC].

- 2.12. The Board is responsible for ensuring that the programme risk register is aligned with the DHSC High Level Risk Register.

### 3. Programme and stakeholder relationships

#### Coordinating functions

- 3.1. DHSC's UK Health Security team holds responsibility for portfolio management, issues of cross-cutting policy and the secretariat function for the Board.
- 3.2. Responsibility for the coordination of policy development in the individual programmes, including ensuring their strategic alignment with other programmes under the portfolio, is held by:
- the relevant Programme Director (PD); and
  - in the case of UKHSA programmes, the Senior Programme Director (UKHSA-SPD) [TBC], and Centre for Pandemic Preparedness (CPP).
- 3.3. The PDs (see Annex B) represent their organisations on the Board and are responsible for setting the strategic direction and 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.
- 3.4. The PPP Board is responsible for taking significant strategic decisions that have a bearing on overall preparedness or cross-cutting implications. It is the PDs' responsibility to escalate these decisions to the Board.
- 3.5. Operational delivery and risk management of individual programmes are overseen at the Programme Directors' discretion, while ensuring that assurance is provided to the wider portfolio through the completion of quarterly reporting documents, provided by the Board Secretariat. This will include providing an assessment of programme's and indicating Governance mechanisms for individual programmes, as captured in the Programme Initiation Documents, are as follows:
- [Placeholder: programme governance mechanisms as captured in PIDs]

- 3.6. The PPP Board is responsible for approving PDs' mandates to these governance mechanisms to take decisions relating to the operational implementation of preparedness planning.
- 3.7. Through the Board, the PPP-SRO liaises with PDs at both UKHSA and NHSE to ensure coordinated delivery of the tripartite pandemic preparedness portfolio.

### **Interface with Other Government Departments (OGDs)**

- 3.8. The Board is responsible for actively supporting the PPP-SRO in engaging with the governance arrangements for cross-government emergency planning through liaison with the Resilience Directorate in the Cabinet Office Economic and Domestic Secretariat (EDS) and COBR Unit within the National Security Secretariat (NSS). The Board ensures alignment between the programme and cross-Government interests by keeping Resilience Directorate and where relevant COBR Unit updated on all key policy decisions that have a cross-Governmental impact on preparedness.
- 3.9. Responsibility for liaison with OGDs on behalf of the Board sits with the PPP-SRO and DHSC's UK Health Security team, or the PD nominated to progress specific programme elements.

### **Relationship with local government and social care**

- 3.10. Implementation of the Adult Social Care programme 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; and Directors of Public Health. Representatives from these bodies are members of the Board (see Annex C) and are responsible for working with DHSC and Department for Levelling Up, Housing and Communities (DLUHC) policy teams to provide assurance on social care programme deliverables.

### **Engagement with Devolved Nations**

- 3.11. Pandemic Preparedness is a UK-wide programme and strategic decisions are taken jointly by the four health Ministers. The Devolved Nations (DNs) are integral to successful pandemic planning across the UK. The DNs are responsible for the major areas of pandemic planning and response in their respective countries. In order to support UK wide planning and a joint response to a future pandemic, DN officials will be kept informed of key decisions taken by the Board to prepare for a future pandemic in England.
- 3.12. UK-wide decisions will need to be agreed by Ministers for each country as appropriate and in line with devolved responsibility for delivery. In these circumstances, relevant governance structures will be consulted or informed.

These include the 4 Nations' UK Health Protection Committee and Pandemic Diseases Capabilities Board attended by representatives for the devolved governments.

- 3.13. The Board delegates the responsibility for engagement with the DNs to the to the PPP-SRO and DHSC's UK Health Security team, with support from DHSC officials and the PDs. The relationship between the Board, subcommittees and the DNs is shown in Annex C.

## 4. Programme Board administration

### Membership

- 4.1. Primary membership of the Board is at Director-General level, with wider Board members being senior officers (generally Senior Civil Servants or equivalent) with responsibility for preparing for a future pandemic in England.
- 4.2. Members of the Board are appointed by the PPP-SRO.
- 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. Representation from each of DHSC, UKHSA and NHSE must be present for the meeting to be deemed quorate.
- 4.5. When the Chair (PPP-SRO) is absent, the Board is chaired by the Director for Emergency Preparedness and Health Protection in DHSC.

### Meetings and working pattern

- 4.6. The Board meets four times 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 via the portfolio's programmes or other sub-groups or arrangements overseen by the Coordination Hub, NHSE, or the CPP (in the case of UKHSA programmes).

### Conflicts of interest

- 4.8. 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**

4.9. 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 PPP secretariat;
- b) a progress report on the programmes from each of DHSC, NHS England and UKHSA, summarising progress against milestones since the last meeting including:
  - the PD's assessment of the relevant programme's overall level of preparedness;
  - key developments, achievements and forthcoming activities;
  - slippages against project milestones and implementation delays; and
  - key issues and risks for discussion.
- c) 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.

4.10. 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.













4.11. The PPP 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**

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

## ANNEX A – Overview of the Pandemic Preparedness Portfolio Programmes

[DRAFT]

<b>1 NHS Resilience [NHSE]</b>  1.1 Secondary / acute care scale capacity NHSE 1.2 Broader resilience, incl. primary care, palliative care, pharmacy, sexual health services, elective planning & recovery NHSE 1.3 Workforce: doctors, nurses, specialists, training NHSE 1.4 Excess deaths management NHSE	<b>3 Diagnostics [UKHSA]</b>  3.1 Domestic diagnostics capability UKHSA 3.2 Roll-out strategy, including the ability to scale up at pace UKHSA 3.3 Stockpiling of reagents and consumables to support the first four months of a pandemic UKHSA	<b>5 Vaccines – Policy, Supply, Storage and Distribution [UKHSA &amp; DHSC]</b>  5.1 Maintain existing vaccine capability e.g. APA, PSA UKHSA 5.2 Explore medium term resilience through a PPV stockpile UKHSA 5.3 Explore long term resilience for priority pathogens through engagement with industry. UKHSA
<b>2 Social Care Resilience &amp; Minimising Transmission [DHSC]</b>  2.1 Workforce resilience DHSC 2.2 Securing and distribution of grant funding to LAs DHSC 2.3 Deployment of clinical countermeasures including PPE and vaccines DHSC	<b>4 Surveillance and Risk Assessment [UKHSA]</b>  4.1 Horizon scanning capability UKHSA 4.2 Emerging threat analysis and assessment UKHSA 4.3 Disease outbreak and hospital pressures modelling UKHSA 4.4 International and cross-government integration UKHSA	<b>6 Medicines – Policy, Supply, Storage and Distribution [UKHSA &amp; DHSC]</b>  6.1 Build a PPP medicine stockpile UKHSA 6.2 Consider wider strategic medicine capabilities for example ITU medicines UKHSA
<b>8 NPIs, incl. Ports and Borders [DHSC / UKHSA]</b>  8.1 Effective and proportionate deployment of NPIs UKHSA 8.2 Mitigation / management of impacts of NPIs on health and social care sectors (insofar as possible) UKHSA 8.3 Cross-sector border health operating model UKHSA 8.4 Data sharing agreements to facilitate border health interventions UKHSA	<b>10 Contact Tracing and Local Health Protection / Public Health Workforce [UKHSA]</b>  10.1 Contact tracing capability, incl. scale capacity UKHSA 10.2 UKHSA's workforce ability to support and surge the wider health and social care system UKHSA 10.3 Local authority public health workforce is able to respond and surge to a pandemic UKHSA	<b>7 PPE – Policy, Supply, Storage and Distribution [UKHSA &amp; DHSC]</b>  7.1 Establish PPE stockpile that delivers a minimum level of resilience (historic PIP volumes) DHSC 7.2 Explore longer term resilience e.g. peak Covid-19 volumes DHSC 7.3 Establish capability for UK-made PPE DHSC 7.4 Channels are maintained for the rapid deployment of PPE to the health & care system DHSC
<b>9 International Pandemic Preparedness [DHSC / UKHSA]</b>  9.1 International agreements on pandemic preparedness DHSC / UKHSA 9.2 Supporting international capacity to reduce risk of outbreaks / support effective response DHSC / UKHSA 9.3 Clinical trials DHSC / UKHSA 9.4 Sample sharing DHSC / UKHSA 9.5 Bilateral and multilateral engagements DHSC / UKHSA	<b>11 EID incl. HCID Policy [TBC]</b>  11.1 Detection and risk assessment DHSC / UKHSA 11.2 Border interventions DHSC / UKHSA 11.3 Containment or suppression measures DHSC / UKHSA	<b>Coordinating Functions [DHSC apart from where indicated]</b> 12 <b>Policy:</b> incl. advice to Ministers; strategic finance and prioritisation; alignment with wider national strategies 13 <b>Planning Framework:</b> RWCS and planning assumptions; clinical scenario planning and response options 14 <b>Portfolio Management, Governance and Assurance</b> 15 <b>Operational preparedness:</b> response playbook, CONOPS and exercising [UKHSA] 16 <b>X-HMG Coordination and Engagement via PDCB</b> 17 <b>X-UK Coordination and Engagement</b> , including OTs and CDs
	<b>12 Legislation [DHSC]</b>  12.1 Draft pandemic legislation in place DHSC	<b>Supporting Functions</b> 18 <b>Communications and Guidance – Incident Response</b> [UKHSA] 19 <b>R&amp;D</b> [DHSC] 20 <b>Clinical Trials</b> [DHSC/UKHSA] 21 <b>Data and Analysis</b> [UKHSA] 22 <b>Expert Scientific and Clinical Advice</b> [DHSC/UKHSA]

## ANNEX B – List of Programme Directors

[TBC]

## ANNEX C – Governance Structure: Pandemic Preparedness Portfolio



Blue = PPP Governance Body  
Black = Non-PPP Governance Body

Green = DA Governance Body

**ANNEX D – Membership: Pandemic Preparedness Portfolio (PPP) Board**

Chair	Clara Swinson	Director General, Global and Public Health
DHSC	Thomas Waite Emma Reed Anna Wechsberg Claire Armstrong Morwenna Carrington Nikki Pitt & Richard Cienciala Hayley Butcher NR NR Name Redacted	Deputy Chief Medical Officer Director, Emergency Preparedness and Health Protection Director, International Director - Social Care Delivery Deputy Director, Health Protection Policy and UK Health Security Deputy Director (jobshare), Operational Resilience, Adult Social Care Group Head of Global & Public Health Analysis Economist, SPI-M Data and Modelling Head of Pandemic Preparedness Head of Pandemic Preparedness Analysis and SPI-M secretariat
UKHSA	Scott McPherson Isabel Oliver Susan Hopkins Hannah Taylor Meera Chand Harry Mayhew Maria Zambon Mary Ramsay Gareth Thomas Janette Browne Sarah Collins Phillipa Harvey Ollie Munn Steven Riley Jac Gardner NR Paul Sutton Will Welfare	Director General, Policy and Strategy Chief Scientific Officer UKHSA Chief Medical Adviser Director, Covid and Pandemic Policy Deputy Director, Public Health and Clinical Genomics Deputy Director, Centre for Pandemic Preparedness Director, Reference Microbiology Services Head of Immunisation Deputy Director, Vaccines, Countermeasures, and Response Deputy Director, Health Security & Protection Policy Strategy Director, Commercial Director, COVID Vaccine Unit Director General, Health Protection Ops / Testing Director General, Data Analytics and Surveillance Chief People Officer Clinical Fellow Director EPRR Director Regional Ops
NHSE	Mike Prentice Stephen Groves Chloe Sellwood Fiona Marley NR	National Director for Emergency Planning and Incident Response Director of Emergency Preparedness, Resilience and Response Deputy Head, Emergency Preparedness, Resilience and Response [TBC] Head of NHS System Resilience
Cabinet Office	Mary Jones NR	Director, Resilience, Economic and Domestic Affairs Secretariat Policy Lead, Human and Animal Health, COBR Unit