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1. Exercise Cygnus demonstrated four key learning outcomes for the UK's preparedness and response capabilities, which are supported by 22 detailed lessons identified against the eight Exercise Objectives.
2. This analysis maps the 22 lessons identified against policy and planning development activities undertaken by the UK Government and Devolved Administrations through:
  - the Pandemic Flu Readiness Board (PFRB);
  - the Pandemic Influenza Preparedness Programme (PIPP); and
  - normal 'business-as-usual' activities of those organisations with a role in pandemic preparedness.
3. An overview is presented against the Key Learning Themes, while specific work is mapped to the individual lessons identified (please note that the Exercise Cygnus lessons informed the PFRB work programme as commissioned by National Security Council subcommittee on Threats, Hazards, Resilience and Contingencies (NSC(THRC)) in February 2017, but they do not match one-for-one).
4. Overall, this analysis has found that:
  - **eight** lessons identified have been fully addressed by Government;
  - **six** lessons identified have been partially addressed by the development of new plans and policies, but some work is ongoing; and
  - work to address **eight** lessons identified is still ongoing.

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Part 1 – Key learning themes					
Ref.	Learning theme	Overview	Linked workstreams/projects	Owner(s)	Key progress
KL1	<p><b>The development of a Pandemic Concept of Operations would increase understanding of the UK's Pandemic Influenza Response</b></p> <p>(Lessons identified: 1,2,3,4,10,12,13,17,21 and 22)</p>	<p>The development of an overarching pandemic influenza <b>concept of operations</b>, which would assist with the operationalisation of the response at a strategic and tactical level by describing the role of organisations in the pandemic influenza response, how those organisations interact and key guidance and plans for each of the response elements</p>	<p>Response coordination (multiple programmes at all levels in line with statutory duties)</p>	<p>CCS</p>	<p>The overarching arrangements for responding to an emergency are described in the Central Government Arrangements for Responding to an Emergency – Concept of Operations. Developing a specific concept of operations for pandemic influenza was to be the last element of the programme of readiness, stitching together all elements of planning. This was the priority for the next year of pandemic flu plan, and it was paused for Operation Yellowhammer.</p> <p>Development of a specific concept of operations for pandemic influenza, when taken forward, will reflect not only the culmination of the cross-Government work being taken forward by the Pan Flu Readiness Board (PFRB) to address the lessons learned from Exercise Cygnus, but it would also benefit from:</p> <ul style="list-style-type: none"> <li>work to update sector specific pandemic preparedness plans (for example NHS England's <i>Operating Framework for Managing the Response to Pandemic Influenza</i> which was updated and published in 2017);</li> <li>learning from the response to other civil emergencies where large scale cross-Government coordination has been required; and</li> <li>learning from preparations for a no-deal EU exit (Operation Yellowhammer).</li> </ul> <p>Also, timing the production of a concept of operations document in this manner will ensure consistency with policies and plans developed during the programme. Developing a UK wide Pandemic Concept of Operations would be dependent on the <i>UK Influenza Pandemic Preparedness Strategy 2011</i> being updated and agreed by all four nations.</p>
KL2	<p><b>The introduction of legislative easements and regulatory changes to assist with the implementation of the response to a worst case scenario pandemic should be considered</b></p> <p>(Lessons identified: 2,3,4,5,6,7,15,16,19,20,21 and 22)</p>	<p>The Government should review the legislative options, which might include easements and regulatory changes, that would assist with the operationalisation of health care surge arrangements and keeping essential services running</p>	<p>Pandemic Influenza Bill</p>	<p>DHSC/CCS</p>	<p>Following Cygnus, CCS and DHSC, working across Government and with stakeholders including the Devolved Administrations, developed a draft Pandemic Influenza Bill. This draft legislation, to be used in the event of a future influenza pandemic, sets out the legislative easements required to support local and national response activities. Clauses to mitigate impacts on society in all four UK countries are also included.</p> <p>This draft four nations Bill formed the initial basis of the Coronavirus Act 2020.</p>

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KL3	<p><b>The public reaction to a reasonable worst case pandemic influenza scenario needs to be better understood</b></p> <p>(Lessons identified: 5,6,7,8,10,11,12 and 15)</p>	<p>Research into the potential impact on the public perception of and reaction to an influenza pandemic which matches the UK's worst case planning scenarios would assist with the development of emergency plans and the communication strategies that would be used to help implement them.</p>	<p>Pandemic Influenza Preparedness Programme</p>	<p>DHSC</p>	<p>The National Institute of Health Research (NIHR), on behalf of DHSC, holds a number of "sleeping contracts" for the provision of research support in the event of a future influenza pandemic.</p> <p>One such contract is for "<i>Evaluating and improving communication with the public during a pandemic, using rapid turnaround telephone surveys</i>". The results of this research into the behavioural impact of any pandemic and how HMG communications were being received would inform the development of messaging during the pandemic.</p> <p>All sleeping contracts were reviewed following Exercise Cygnus to ensure that they continued to meet anticipated operational requirements. Additionally, these contracts are subject to a periodic review process. Since Cygnus, three of these contracts have been expanded in scope to include the provision of scientific advice/research in the event of outbreaks of a wider range of High Consequence Infectious Diseases (HCIDs). This includes the contract for communications evaluation that has been activated for the current COVID-19 pandemic.</p>
			<p>SAGE support</p>	<p>Go Science</p>	<p>The Independent Scientific Pandemic Influenza Group on Behaviours (SPI-B) was established to support the Scientific Advisory Group for Emergencies (SAGE) in developing an understanding of how the public may react in the context of the current COVID-19 response. This group would be stood up to advise Government in the event of a future influenza pandemic.</p>
			<p>Workstream 5</p>	<p>DHSC</p>	<p>DHSC has established a Moral and Ethical Advisory Group (MEAG). This is a group of experts / advisors to advise Government on moral, ethical and faith considerations to support the development of policies and response plans both in advance of, and during, a pandemic.</p> <p>The MEAG was first utilised under Operation Yellowhammer, when it was commissioned to provide advice on a range of emergencies and public reactions that might result.</p> <p>Advice from this group established our guiding set of principles, especially on equity of treatment and fair access to resources and support through the current Covid-19 pandemic. Similar advice would be provided in the event of a future influenza pandemic.</p>

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KL4	<p><b>An effective response to pandemic influenza requires the capability and capacity to surge resources into key areas, which in some areas is currently lacking</b></p> <p>(Lessons identified: 2,3,5,6,9,14,16,17,18,19,20 and 21)</p>	<p>The lack of joint tactical level plans was evidenced when the scenario demand for services outstripped the capacity of local responders, in the areas of excess deaths, social care and the NHS.</p>	<p>Workstream 1 (health care)</p> <p>Workstream 2 (community care including social care)</p> <p>Workstream 3 (excess deaths)</p>	All	<p>Development of response capability was a key focus of workstreams initiated following Exercise Cygnus. This included a focus on</p> <ul style="list-style-type: none"> <li>• acute care;</li> <li>• community care; and</li> <li>• social care.</li> </ul> <p>Key areas of consideration were how services would be surged or reconfigured to respond to demand and where provision might be reduced. All this work has been informed by robust scientific, clinical and operational advice. This has included engagement with the relevant professional bodies.</p> <p>This work has resulted in:</p> <ul style="list-style-type: none"> <li>• surge planning for the acute sector, out of hospital care and adult social care;</li> <li>• planning for recruitment and deployment of retired staff and volunteers;</li> <li>• strengthened excess death planning;</li> <li>• a programme of stress-testing of key sector resilience;</li> <li>• closer working between CCS, DHSC and MHCLG on local engagement around pandemic influenza planning, including advice on best practice through the development of a Resilience Standard; and</li> <li>• further developing our communications strategy and messaging.</li> </ul>
			<p>Work taken forward under the Pandemic Influenza Preparedness Programme</p>		<p>PHE/Devolved Administrations</p>

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Part 2- Specific lessons identified					
Ref.	Lesson identified	Linked workstreams/projects	Owner(s)	Status	Notes
L11	Organisations should ensure that their Emergency Preparedness Resilience and Response training and exercising is consistent with best practice.	Workstream 4 (Sector resilience)	CCS / MHCLG	Completed	<p>Pandemic Influenza planning is a cross-Government effort to ensure all sectors and local organisations are represented.</p> <p>A Pandemic Flu Resilience Standard, outlining how Local Resilience Forums (LRFs) should prepare for an influenza pandemic, has been published on Resilience Direct. [NB: The Resilience Standard does not apply in Scotland]</p>
L12	Pandemic Influenza Planning should be considered a multi-agency responsibility. Specialist advice from all stakeholders needs to be available to SCGs in order for them to respond appropriately. During an influenza pandemic the manner in which specialist technical and sector specific advice is provided to local responders should be 'scaled up' so that support can be provided to multiple LRFs.				<p>MHCLG Resilience and Emergencies Division (RED) supports Local Resilience Forums (LRFs) with risk assessments and development, exercising and testing of plans. RED Resilience Advisors work alongside LRFs to bring appropriate representation from national and government agencies into this process when required.</p> <p>More broadly, the Cabinet Office works with lead departments and agencies to assure and validate crisis response planning and in the case of significant cross-cutting risks, can help shape training and exercising activity. The recent crisis response training and exercising (including two National Level exercises) undertaken across departments during Operation Yellowhammer being a case in point.</p>

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LI3	National level planning which considers the operationalisation of local level pandemic flu plans should be undertaken.	All PFRB workstreams	All	Ongoing	<p>Following discussion of the outcomes from Exercise Cygnus at a meeting of NSC(THRC) chaired by the PM, a programme of work was endorsed. This work, being taken forward by the Pandemic Flu Readiness Board will, upon completion, result in revised national level pandemic influenza response strategies and plans. Delivery of these policies will be supported by appropriate guidance for the local tier both in advance of, and during, the next influenza pandemic. MHCLG established reporting templates and increased their analysis capability.</p> <p>In January and February 2018, MHCLG, in partnership with other government departments and Local Resilience Forums, ran four pandemic workshops. These workshops brought together over 70 representatives from a wide cross section of Local Resilience Forum (LRF) organisations. The results of these workshops helped to shape national pandemic planning and ongoing engagement with LRFs.</p> <p>Workshop presentations/discussions included:</p> <ul style="list-style-type: none"> <li>• National overview.</li> <li>• Devolved Administration pandemic preparedness.</li> <li>• Pandemic preparedness.</li> <li>• Exploring local resilience.</li> <li>• Ongoing engagement.</li> </ul> <p>MHCLG led two follow up meetings with LRFs in May and September 2018 that looked in more detail at Excess Deaths, Pandemic Resilience Standard, Education, Pandemic content on Gov.uk and Pandemic Exercising. This supported the development of the national pandemic workstreams and individual planning by LRFs.</p>
		Devolved Administration planning	Northern Ireland	Ongoing	<p>Reflecting the UK-wide nature of pandemic preparedness planning, consideration has been given to how best to collect information from the lower tier in Northern Ireland, where a decision has been taken for there to be one plan for the region.</p>

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		Sector specific planning	DfT	Complete	<p>Following DfT's participation in Operation Cygnus, a variety of preparedness planning activity has been undertaken to understand the impacts of an influenza pandemic on the transport sector and to understand what key contingency planning the sector had undertaken.</p> <p>It should be noted that the sector's individual response plans were found to be up to date (as per industry responsibilities under the Civil Contingencies Act) upon re-visiting in January 2020 as part of the COVID-19 preparedness planning.</p> <p><u>Sector Security and Resilience Plan (SSRP)</u></p> <ul style="list-style-type: none"> <li>• An influenza pandemic is included within DfT's SSRP. The SSRP is intended as a high level of overview of the activities within our Transport Security and Resilience Programme to improve the security and resilience of the Transport Sector.</li> <li>• The SSRP is complemented by the Civil Contingencies RAM (Risk Assessment Matrix) that is reviewed every six months at the national and sector level to consider if any mitigations have impacted its position on the risk matrix.</li> </ul> <p><i>DfT Pandemic Overview for Transport plan</i></p> <ul style="list-style-type: none"> <li>• Key focus on an influenza pandemic within the UK.</li> <li>• Outlines operational response and contingency plans individually for             <ol style="list-style-type: none"> <li>a. key transport modes e.g. aviation, rail, roads, maritime</li> <li>b. industry partners e.g. National Rail, Road Haulage Association etc</li> <li>c. key infrastructure sites e.g. airports, ports</li> <li>d. transport operators and providers – e.g. Thomas Cook (at the time of production)</li> </ol> </li> <li>• Provides sector assurance where possible on contingency plans following liaison with industry.</li> </ul> <p><i>DfT Pandemic Flu Plan – June 2017</i></p> <ul style="list-style-type: none"> <li>• Outlines operational response, business continuity, X-Gov and DfT workstreams</li> <li>• Key planning assumption guiding preparedness planning is 30 – 50% absenteeism with industry maintaining these under review to understand if any requirement to change.</li> <li>• Transport is in a different position to most other sectors (e.g health and energy) due to the fact transport can expect a reduction in demand for services as the pandemic spreads – therefore there is a nuanced aspect of the assumed absentee rate balanced with demand for services.</li> <li>• The DfT has responsibility for some parts of the UK's Critical National Infrastructure (CNI) – depending upon the considerations made by CCS into minimum staffing levels we may review with industry current contingency planning arrangements for transport CNI. This work is captured and coordinated using the department's Sector Security and Resilience Plan.</li> </ul>
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			HMPPS	Complete	HM Prison & Probation Service was engaged with PFRB and worked closely with NHS and Public Health partners to develop planning and operational policy' which was used in the initial stages of Covid-19 response.
LI4	Meetings of the four health ministers and CMOs should be considered best practice and included as part of the response 'battle rhythm'.	N/A	DHSC	Complete	This is part of the operational planning for a future influenza pandemic and currently occurring as part of the current response to Covid-19.  Lessons identified from the coordination of the response to the current covid-19 pandemic will be reflected in planning for future pandemics.
LI5	Further work is required to inform consideration of the issues related to the possible use of population-based triage during a reasonable worst case influenza pandemic.	Workstream 1 (Health)	NHSE/I	Complete	Two surge planning documents were produced for the Chief Medical Officer (CMO), one regarding population triage in hospitals ( <i>Pandemic Influenza Briefing Paper – NHS surge and triage</i> ) and the second focused on social and community care ( <i>Pandemic Influenza Briefing Paper – Adult Social Care and Community Healthcare</i> ). The latter was jointly prepared with DHSC. Both were developed at the request of the CMO and were internal briefing papers. <b>Neither paper has been published</b> because they are intended to support the development of detailed operational guidance for the NHS.  As reported to the Pandemic Flu Readiness Board at their most recent meeting (November 2019) these briefing papers detailing the approach to "surge" to be taken England had been approved by the previous CMO, CSA and CNO; and, that NHSE/I were in the process of developing the service facing guidance that will be published when needed during a future influenza pandemic. Materials developed by NHSE/I were shared with Devolved Administration colleagues by DHSC <i>for information only</i> to facilitate a consistent UK-wide approach if the other nations so desired.  Implementing policies such as population triage has both moral and ethical implications. To provide moral and ethical advice in support of decision making, both in advance of, and during, a pandemic a Moral and Ethical Advisory Group (MEAG) has been established.
		Workstream 5 (Moral and Ethical)	DHSC	Complete	
LI6	Further work is required to consider surge arrangements for a Reasonable Worst Case Scenario pandemic. This work should be led by NHS England (on operational aspects), with DH providing oversight, assurance and policy direction with input from the Four Nations CMO meeting.	Workstream 1 (Health)	DHSC/NHSE/I	Complete	



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LI7	The DH should work with partners to further develop the strategy for the use of antivirals during a pandemic.	Work taken forward under the Pandemic Influenza Preparedness Programme	PHE/NHSE/DHSC	Ongoing (because plans to deploy clinical countermeasures in response to a future influenza pandemic are kept under review)	<p>UK plans for a future influenza pandemic support a strategy that seeks to minimise spread of infection and treat individual cases.</p> <p>An established clinical countermeasures programme, including stockpiles to ensure UK-wide access to antiviral medicines in the event of a pandemic are a key part of our plans because, when used to treat influenza, they can reduce the length of symptoms, their severity, and the likelihood of serious complications. Stockpile quantities and plans for the use of antivirals are based on robust scientific, clinical and operational advice. These plans are kept under review.</p> <p>The antiviral stockpile is managed by PHE, with contents being refreshed through procurement processes in-line with advice from the New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG) and the agreed DHSC policy position.</p> <p>Decisions on the operational management of the Pandemic Influenza Preparedness Programme stockpiles reflect a UK wide decision, with governance provided by the PHE chaired Clinical Countermeasures Board.</p> <p>The final development of a strategy for the use of antivirals in a future pandemic is dependent on the characteristics of the pandemic strain of influenza in circulation. As soon as this information is known expert advice would be sought from the (NERVTAG). This advice will inform:</p> <ul style="list-style-type: none"> <li>• a refresh of clinical guidelines for the use of antiviral medicines specific to the circulating strain of influenza; and</li> <li>• the content of the clinical algorithm used by the National Pandemic Flu Service (NPFS) to provide access to antivirals.</li> </ul> <p>The use of antivirals in a future influenza pandemic will also be informed by the stockpile composition. A commercial exercise to recontract with suppliers of these medicines is underway. This procurement programme includes, as a condition of HMT approval, a review of the product mix within the stockpiles.</p> <p>Between pandemics, PHE test the NPFS twice per year and ensure it is maintained in a manner that ensures certainty of mobilisation in the event of an influenza pandemic.</p>
LI8	PHE and NHS England should continue working together to further develop the existing community protocols for delivery of antivirals with particular consideration being given to the manner in which these arrangements are communicated to NHS Emergency Preparedness staff at the local level.	Work taken forward under the Pandemic Influenza Preparedness Programme	PHE/NHSE	Ongoing	<p>PHE has communicated the service need for antiviral collection points to be identified in advance of a future UK pandemic communicated to NHSE/I.</p> <p>NHSE/I have reached an agreement in principle with stakeholders on this approach and a service specification and mechanism to identify Antiviral Collection Point locations has been developed and shared in draft with Regional leads. A proposal that Regional Teams will work with Local Pharmaceutical Committees to identify likely sites, which will be reviewed on an annual basis, is under review.</p>

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LI9	All organisations should examine the issues surrounding staff absence to provide greater clarity for planning purposes	Workstream 4 (Sector resilience)	CCS/All	Complete	<p>CCS has led a programme of work to ensure that Departments are confident that their key sectors have adequate resilience to anticipated levels of employee absence (both peak and duration) during a severe influenza pandemic.</p> <p>Additionally, as part of the response to this recommendation, a checklist setting out business continuity steps that businesses should take has developed. However, the work to share this with businesses has been paused in recognition of the need for businesses to focus on other key Government communications about risks and contingency plans (see below on guidance).</p> <p>Through Yellowhammer planning, National Government has significantly improved its ability to surge and reallocate staff resource in the event of increased demand or significant shortage.</p>
		Sector specific planning	DEFRA	Complete	<p>Exercise Cygnus showed that water and food companies in England had well developed contingency plans for staff absence in the event of an influenza pandemic. Following the exercise, Defra undertook some follow-up work with the water sector to review planning assumptions for workforce absence and critical functions, refining contingency plans as necessary, and building on existing mutual aid frameworks.</p> <p>The water sector has not seen any significant disruption directly linked to COVID-19. COVID-19 has also shown that both the sector and government are able to respond quickly to emerging issues and can quickly implement comprehensive real time reporting on and escalation of key issues across the sector.</p> <p>The water sector is unique among utilities in that the Secretary of State has long-established powers to direct water companies in England and Wales in the interests of national security or to mitigate the effects of any civil emergency. This is primarily exercised through the Security &amp; Emergency Measures (Water &amp; Sewerage Undertakers) Direction 1998 (SEMD) under Section 208 of The Water Industry Act 1991 and associated advice and guidance. This includes an annual requirement for companies to confirm they have plans in place to maintain essential services at all times and prepare for events that have the potential to disrupt supply, including pandemic flu.</p> <p>The COVID-19 situation has presented a different set of challenges for the food supply industries from those considered in Exercise Cygnus; the absence of vaccine and immunisation, and implementation of the consequent government enhanced social distancing strategies have resulted in the temporary closure of large elements of the out-of-home sector. However, following a very significant early spike in consumer demand, the industry has responded rapidly to these changes in demand, availability has returned to normal for most items, and food supply into and across the country has remained resilient. It is reasonable to assume that the assumptions resulting from Exercise Cygnus for the food industry would remain valid in the event of an influenza pandemic.</p>

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			HMPPS	Complete	HM Prison & Probation Service (HMPPS) undertook significant work in this area. As part of developing an operational policy for Pandemic Flu, HMPPS created staffing planning assumptions in collaboration with PHE, DHSC and PHE. HMPPS conducted a full review of its preparedness to respond to a pandemic, the benefits of which having been fully realised during COVID-19.  Exercises to test resilience and further work to ensure robustness during Brexit and Yellowhammer preparations were also undertaken.
L110	Pandemic communications plans should be developed to ensure that they provide necessary reassurance, provide adequate levels of information to the public across the UK and are tailored for specific policy interventions where required.	Workstream 5 (Comms)	CCS/DHSC/All	Year 1- Paused	This was identified as a two-year programme of work by the PFRB: <ul style="list-style-type: none"> <li>Year 1 – update, improve and consolidate public health communications messages;</li> <li>Year 2 - broaden and operationalise work completed in year 1. Includes development of coherent and planned cross-Government communications messages and a Comms Concept of Operations.</li> </ul>
L111	Procedures for coordination of messaging to the public should be re-enforced and practised by DH, NHS England and PHE national teams alongside colleagues from the Devolved Administrations			Year 2 -Paused	Currently this work is paused due to the diversion of key staff to ongoing response activities.  A draft Communications Strategy (for use within Government) has been agreed with the CMOs of England and the Devolved Administrations as of May 2018. This draft Strategy sets out agreed messaging for use by the Government at each stage of the response to a future influenza pandemic, including communications support while services are surged/reconfigured to respond to the massive increase in demand.
L112	The communications response to a pandemic is supported by involving a wide-range of stakeholders in its development and implementation			Upon completion of all PFRB workstreams, including the publication of a revised UK wide pandemic preparedness strategy, consideration will be given to updating the public communications strategy (a companion to the publish preparedness strategy that was last refreshed in 2012) which explains: <ul style="list-style-type: none"> <li>roles;</li> <li>responsibilities;</li> <li>the overarching principles of communications during a pandemic; and</li> <li>what messages the public might expect to receive as the response progresses and plans are implemented.</li> </ul>	
L113	A cross-government working group should be established to consider carefully the information required to guide the response. The method of situation reporting should be considered	Cross-Government UK wide and sector specific emergency preparedness responsibilities as defined by the Civil Contingencies Act 2004	CCS	Complete (but kept under review)	The UK Government's Concept of Operations describes how the UK central government response will be organised, and the relationship between the central, regional and local tiers in England. Situation reporting continued to develop since exercise Cygnus, including developments to Resilience Direct. Other incidents, including flooding and no-deal Brexit have informed the process for situation reporting from the local level.

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with a view to simplifying the process and avoiding duplication of effort.	NHS England	Complete	NHS England published a new <i>Operating Framework for Managing the Response to Pandemic Influenza in December 2017</i> . This document sets out roles and responsibilities within NHS England at a national, regional and local level in relation to the response to a future influenza pandemic. This document, recognising the scale of any pandemic response, also sets out the planning responsibilities of NHS organisations at all levels.
	MHCLG	Complete	Throughout preparations for exiting the Eu, MHCLG worked with Local Resilience Forums and other government departments to develop and refine information flows. We trialled new methods and systems to quickly assess data and provide analysis to decision makers. This experience and learning has helped to shape the process currently in use for the Covid-19 response.
	DHSC	Complete (data collection is kept under review in response to operational requirements)	<p>Adult social care providers are expected to report data on disease outbreaks to PHE and provide notifications of certain events to CQC (e.g. of service user deaths).</p> <p>During a pandemic, care providers would provide a single, additional data collection on issues such as workforce and PPE availability through the Capacity Tracker website (for care homes) and daily CQC survey (for domiciliary care). This set of data, which is currently being collected as part of the COVID-19 response, supplies information for local authorities providing support at a local level and informs the national response.</p> <p>During current COVID-19 operational activity, DHSC collates this and other data into a daily situation report for adult social care. This is combined with information about the rest of health and care into an overall daily report which is used by Ministers and senior officials to inform their decisions. Key headlines are shared during the day and an overall summary is produced at the end of every day (7 days a week). For adult social care, the collection includes:</p> <ul style="list-style-type: none"> <li>• care home capacity;</li> <li>• domiciliary care data;</li> <li>• availability of PPE and workforce;</li> <li>• PHE data on care homes with outbreaks;</li> <li>• CQC data on total death notifications from care providers and those with confirmed or suspected COVID-19;</li> <li>• ONS data on deaths in care homes (linking it with CQC data);</li> <li>• regional trends on PHE outbreak data.</li> </ul> <p>DHSC is working with NHSE, MHCLG, LGA and ADASS to find new ways to improve data coverage and look for new data sources as new areas become a priority, such as testing for COVID-19. Lessons identified from the current pandemic will inform plans for future infectious disease outbreaks.</p>

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LI14	The Department for Education, in liaison with colleagues in the Devolved Administrations, should study the impact of school closures on society.	Workstream 4 (Sector resilience)	DFE	Ongoing	<p>Following the Cygnus exercise in October 2016, the Department for Education undertook pandemic influenza response planning activity.</p> <p>The Pandemic Flu Resilience Standard requires that LRFs set out their expectations of key local institutions (including educational establishments) in the event of a pandemic. In this they will have regard to national guidance (being the output from this programme when complete) and local needs.</p>
		Pandemic Influenza Bill	DHSC/CCS/DfE	Complete	<p>In response to work undertaken since Exercise Cygnus, the draft Pandemic Influenza Bill, prepared for use in the event of a future influenza pandemic, includes clauses and instructions to manage societal impacts of a pandemic and aid the response.</p> <p>From 2017 the DfE's Emergency Response Team began working closely with the Pandemic Flu Resilience Board (PFRB). The focus of the work was to develop an Education clause within the draft Pandemic Influenza Bill, which provided the legislative basis for the closure of educational settings.</p>
LI15	Consideration should be given to the impact of a pandemic influenza on British Nationals Overseas.	Workstream 4 (Sector resilience)	FCO	Ongoing	<p>In the period following Exercise Cygnus, the FCO continued to prepare for a range of overseas crisis responses, through the preparation of crisis management plans for all of our overseas posts, and an extensive training and exercising programme, in order to test our mission's abilities to respond to a major consular emergency overseas and on the evacuation or drawdown of staff from our overseas posts.</p> <p>It should be noted that the assumption during Operation Cygnus was that British Nationals would only seek to return to the UK to access medical care. <b>There was no assessment of the likely impact of a pandemic on international borders and travel.</b> The reference to "repatriation" referred exclusively to the return of the bodies of deceased British Nationals and not to arranging their return in the event of airline and transport stoppages.</p>
		National Risk Assessment Programme	CCS	Complete (and routinely reviewed)	<p>An update to the methodology used in the National Security Risk Assessment 2019 means that the Reasonable Worst Case Scenario (RWCS) for a future influenza-type pandemic (R95) now provides an assessment of both the domestic risk, and the risk to UK nationals overseas and UK interests. This change in methodology means that since 2019 all Government departments have been able to base pandemic planning on both the impacts felt domestically and any human welfare impacts felt on UK nationals overseas.</p>
LI16	Expectations of the Ministry of Defence's capacity to assist during a reasonable worst case scenario influenza pandemic should be considered as part of a cross-government review of pandemic planning.	Workstream 4 (Sector resilience)	MOD	Complete	<p>Significant work has been undertaken by MOD to identify potential response activities where military assistance could be provided given current capacity and capability.</p> <p>Military support to any future influenza pandemic would need to be considered at the time on a case-by-case basis and managed in line with existing, well understood processes for the provision of Military Aid to the Civil Authorities (MACA). This is because it is not possible to predict available capacity given the potential demands of other operations or the impact of the pandemic strain of influenza upon military personnel.</p>

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LI17	The process and timelines for providing and best presenting data on which responders will make strategic decisions during an influenza pandemic should be clarified	Cross-Government and sector specific emergency preparedness responsibilities as defined by the Civil Contingencies Act 2004	CCS/DHSC/MHCLG	Ongoing	<p>The process and timeline for sharing information with responders can vary between incidents and pandemics. Work has been done to improve this generally e.g. improvements to Resilience Direct, and engagement with CNI through the lead Government departments.</p> <p>Where scientific advice is required to support response to a crisis, including in the case of any future influenza pandemic, the Civil Contingencies Secretariat works closely with the Government Office for Science to ensure there is a single source of scientific advice (through SAGE - the Scientific Advisory Group for Emergencies).</p> <p>MHCLG's Government Liaison Officers (GLO) act as a two-way conduit for information between National and local level. These roles have been enhanced by Senior Civil Servants (super GLOs) for the COVID-19 response. MHCLG also established an engagement programme including regular LRF Chairs' Calls.</p> <p>Information sharing in any future influenza pandemic or other, longer-terms incidents will be informed by lessons from the COVID-19 response.</p>
LI18	A methodology for assessing social care capacity and surge capacity during a pandemic should be developed. This work should be conducted by DCLG, DH and Directors of Adult Social services (DASS) and with colleagues in the devolved administrations	Workstream 2 (community care)	DHSC	Year 1- Complete	<p>This was identified as a two-year programme of work by the PFRB:</p> <ul style="list-style-type: none"> <li>• Year 1 – develop policy options for social care and community health care surge; then</li> <li>• Year 2 – Agree reporting routes for Adult Social Care to during a pandemic, and, review and update / publish guidance for the sector.</li> </ul> <p>A policy paper on social care surge has been completed and reviewed by the previous CMO.</p> <p>On community care during a pandemic, a draft strategy has been developed. Prior to this workstream being paused, and staff being redeployed to EU exit preparedness work, this had been shared with devolved administrations and Royal Colleges for their comment (February 2019)</p> <p>Work to develop robust data and operational relationships with the social care sector did continue through EU exit preparedness work despite the pause in the PFRB programme.</p>
LI19	The possibility of expanding social care real-estate and staffing capacity in the			Year 2 -Paused	<p>Plans to issue guidance to the Adult Social Care sector are linked to a wider refresh of the guidance and strategy documentation for a future influenza pandemic.</p>

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	event of a worst case scenario pandemic should be examined	Sector specific planning taken forward with ADASS post-Cygnus and work to support the adult social care sector during Covid-19	DHSC	Ongoing	<p>Taking the recommendations from Exercise Cygnus, DHSC commissioned further work on pandemic influenza preparedness from the Association of Directors of Adult Social Services (ADASS). This was completed in the spring of 2018 and included advice and guidance on planning for a pandemic that was circulated to Directors of Adult Social Services.</p> <p>Whilst specific planning against ADASS pandemic influenza recommendations was paused because of other contingencies ( e.g. Operation Yellowhammer, ASC No-deal EU exit planning), recommendations have helped shape the response during the current pandemic, including the Care Act easements powers that enable local authorities, if necessary, to streamline processes and prioritise care for people with the most acute and pressing needs.</p> <p>Work undertaken for pandemic influenza has informed both the policy and operational response to the current COVID-19 pandemic. The Adult Social Care Action Plan sets out comprehensive measures to support the adult social care sector throughout the coronavirus outbreak. The approach is made up of four pillars: (1) controlling the spread of infection; (2) supporting the workforce; (3) supporting independence, supporting people at the end of their lives, and responding to individual needs; and (4) supporting local authorities and the providers of care.</p> <p>To help expand staffing, DHSC has put in place the necessary legislative, vetting, regulatory, and pay and conditions frameworks in 4 areas:</p> <ul style="list-style-type: none"> <li>• growing the social care workforce, whether they are new starters or returners;</li> <li>• helping to retain the current workforce by ensuring they feel well prepared, informed and valued;</li> <li>• supporting local resilience through pooling the workforce across providers; and</li> <li>• maximising use of volunteers.</li> </ul> <p>Government has published revised Discharge Service Requirements to support the safe and rapid discharge of patients who no longer need acute care.</p>
LI20	DH, NHS England, CCS and the Voluntary Sector and relevant authorities in the devolved administrations should work together to propose a method for mapping the capacity of and providing strategic national direction to voluntary resources during a pandemic. Given the experience of Exercise Cygnus, it is recommended that this work draws on the expertise of non-health departments and organisations at national and local level.	<p>Workstream 4 (Sector resilience)</p> <p>Workstream 2 (Community Care)</p> <p>Sector specific planning</p>	<p>CCS/DCMS</p> <p>Northern Ireland</p>	<p>Complete</p> <p>Complete</p>	<p>In light of lessons from Cygnus and other exercises and emergencies in recent years, CCS and DCMS have worked closely with the voluntary sector to ensure we can make best use of the valuable expertise and support to those in need which they can bring to emergencies including a pandemic.</p> <p>This has included support to the establishment of the National Emergencies Trust (NET), a registered charity in England, Wales and Scotland; improvement in national and local coordination of voluntary sector input, and support to the work of the Business Emergencies Resilience Group (BERG). As of 21 April, the NET has raised over £35 million since launching their appeal in response to Covid-19 and distributed over £17 million to frontline community organisations.</p> <p>Northern Ireland has made arrangements with the voluntary search and rescue organisations to assist with the local response.</p>

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LI21	Cabinet Office, Home Office, DCLG, MOD, DWP, MOJ and DH should work together to review the capabilities for managing excess deaths during an influenza pandemic, make recommendations for defining the required level of capability and the means to achieve it. This work should include provision within Wales.	PFRB Workstream 3 (excess deaths)	HO/CCS/DHSC/ MOJ/MHCLG/DWP/ Defra - coordinated by CCS	Ongoing	<p>A Planning Framework to provide a more coherent basis on which to plan excess deaths capabilities is under development.</p> <p>As at 27 November 2019, a draft of this new Framework, incorporating the outputs of extensive consultations with stakeholders, had been considered by members of a working group and further areas of development identified.</p> <p>It should be noted that the PFRB was alerted to concerns that capabilities in some areas were likely to be significantly below the planning assumptions at its last meeting in November 2019.</p>
LI22	Further work is required in the development of pandemic contingency plans and related procedural guidance.	Workstream 4 (sector resilience)	CCS/DHSC/All	Paused	<p>Some procedural guidance has been updated (see above), however a wider update is planned at the completion of the multi-year work programme. This will include:</p> <ul style="list-style-type: none"> <li>• public facing guidance for the general population and businesses; and</li> <li>• guidance documentation for those national, regional and local agencies with a role in pandemic planning.</li> </ul> <p>The first of these will be addressed through an update of the UK Influenza Pandemic Preparedness Strategy 2011 and associated guidance published on Gov.UK. Guidance aimed at the resilience community will be more detailed where applicable and cascaded via Resilience Direct.</p> <p>The overarching strategy document, setting out an updated UK wide strategic approach to a future influenza pandemic, cannot be progressed at this time as it is dependent on completion of all PFRB workstreams.</p> <p>The new Strategy documents, when complete, will be signed off by Ministers of the UK Government and the devolved administrations.</p>