



Pan Flu Readiness Board, 27 November 2019 0930-1100 PFRB(19)13  
**Pandemic Flu Readiness Board (PFRB)**

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**Held in 10 Victoria Street  
Wednesday 27 November 2019, 0930-1100**

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**Minutes**

Chair

Katharine Hammond (CO)

Emma Reed (DHSC)

Departments present:

BEIS  
CCS (CO)  
DfE  
DHSC  
DHSC Comms  
DWP  
GO-SCIENCE  
HMPPS  
MHCLG  
MoD  
NHS ENGLAND  
PUBLIC HEALTH ENGLAND  
WALES OFFICE

**Via phone**

SCOTTISH GOVERNMENT

NORTHERN IRELAND

WELSH GOVERNMENT

HMT

MOJ

CPS

**Apologies**

NIO

**Secretariat**

CCS



**Item 1 – Welcome, Introduction, Review of Actions and Progress Update**

1. EMMA REED opened the thirteenth meeting of the Pandemic Flu Readiness Board (PFRB) by welcoming all attendees, and outlining the purpose of the meeting.
2. It has been a year since the last meeting. This is a result of all departments needing to prioritize resource on EU Exit work. However, as pandemic flu remains the number one issue on the National Risk Register it is important for the group to convene and reprioritize.
3. The new Government would also represent an opportunity to re-invigorate the board. The Chair noted that the priorities for this meeting were for departments to provide updates on progress and consider options to prioritize and re-energize work streams and the PFRB.
4. Turning to PAPER 1 and 2, EMMA REED asked STEPHEN GROVES (NHSE) to update on Work Stream 1 (Health care).
5. STEPHEN GROVES (NHSE) informed the board that the triage and escalation guidance is complete. Absence of the NHSE lead and the reorganization of NHS England and NHS Improvement has slowed progress, but the group has now been reorganized and reestablished. NHSE will be able to refocus efforts on this work stream. As a result of reorganization, the central team has more support and resource.
6. KEVIN DODDS (DHSC) updated on Work Stream 2 (Community Care). Social Care remains under a lot of pressure, and policy activity has mainly focused on Brexit preparedness and contingency planning in the event of a No Deal Brexit. There was a gap between work needed for Brexit preparedness and work on Pan Flu which needs to be bridged.
7. Turning to the Excess Deaths work stream, NR (CCS) provided an update. She explained that as CCS sought to update the guidance, CCS would need cross-government engagement, particularly from MOJ and HO. The reworked framework will be sent out to the Excess Deaths Working Group in the New Year, with the aim of finalizing and publishing the guidance in the next four months.
8. KATHARINE HAMMOND asked MHCLG to use their LRF Pandemic Flu Engagement group to seek LRF comments on the draft guidance.
9. NR (CCS) also provided an update on Work Stream 4. She noted there was no further progress on this work stream, with sharing the business



checklist paused. However, the Board should return to this work stream at an appropriate time, after EU Exit work has reduced.

10. EMMA REED sought to understand the potential options for MOD support for various sectors in a pandemic. MOD confirmed that the department was happy to provide support and was on standby to support this work stream.
11. Turning to the Pan Flu Bill Work Stream, CHERYL CAVANAGH (DHSC) provided an update before turning to [NR] (CCS) who had chaired a call with the Devolved Administrations (DAs) on the Bill the day before. [NR] thanked the DAs for their involvement and explained a version of the Bill was drafted which had the majority of clauses from Scotland and all Welsh clauses. There is also a first draft of Northern Irish clauses. A number of clauses are going back to policy teams for review.
12. EMMA REED turned to the DAs for an update and said from a DHSC perspective, they were supportive of a single UK legislative solution. However, if progress was hampered, it may be that a single nation bill would be more appropriate.
13. [NR] (SG) said all but the mental health clause have been finalized. SG have put pressure on the lawyers and policy team to progress this to complete the Scottish section.
14. [NR] (WG) said it was a matter of time before clauses were completed but agreed to send a timetable for completion by the end of the week.
15. [NR] (NI) explained that they had a first draft complete but had some difficulties completing the mental health section. There was a need to reengage policy leads. EMMA REED offered NI colleagues support from the DHSC Mental Health policy team if that would be useful.
16. [NR] (MOJ) noted that they would be interested in seeing the NI clauses on cremation, death and registration.
17. Turning to the Year 2 work streams, [NR] (CCS) explained that the Pan Flu document restructure was on hold because of ongoing EU Exit work. The LRF Pandemic Flu Resilience Standard is almost complete and will be published at the end of the year.
18. EMMA REED asked the DA's to provide an update at the next meeting on their progress on each work stream over the last year.
19. DHSC COMMS gave an update on their actions from previous Board Meetings. DHSC COMMS explained that their work has been paused due to EU Exit work. DHSC COMMS needed to engage further with the DA's on the Public Health





Communications Strategy before updating the DHSC Permanent Secretary in the New Year.

20. As DHSC COMMS have found it hard to prioritize Pan Flu work, EMMA REED offered to talk to DHSC COMMS offline to help refocus. All departments were reminded to share their contact details for their communications lead with DHSC Comms.
21. KATHARINE HAMMOND stressed that a pandemic would be a whole government problem and advised DHSC COMMS to use this as their focus, rather than a 4 nations approach.

**ACTION 1: DHSC to discuss internally their progress on action 177 and how the Social Care work stream will be re-started.**

**ACTION 2: SG to push for clearance of the mental health clause from legal/policy teams.**

**ACTION 3: NI to share clauses on cremation with MOJ**

**ACTION 4: NI to assess if support from the DHSC Mental Health policy team would be useful in progressing the Pan Flu Bill.**

**ACTION 5: DA's to share with the Board the timetable for finalising the Bill by 06 December.**

**ACTION 6: All DA's to provide a progress paper on work stream updates for the next PFRB**

**ACTION 7: ALL to share departmental comms' lead contact details with DHSC comms lead (Daniel Munden, Daniel.Munden@dhsc.gov.uk)**

**ACTION 8: DHSC EPRR and DHSC COMMS to discuss how to prioritise Pandemic Flu workstreams**

## Item 2- Work Programme Forward Look

22. KATHARINE HAMMOND introduced the next item, the Forward Look programme, which presented the work programme for the next 12 months. She noted that, as there will be a new set of incoming ministers, it is important that consistent briefing is given across Government on the importance of Pan Flu preparedness as the risk level has not changed.
23. NR (CCS) presented this item, explaining that there are number of work streams to take forward. The Excess Deaths work stream will be taken forward but cross-Government engagement is needed to complete this work



stream. To complete the Pan Flu Bill, DA support is needed. The DAs were asked to provide timelines for completing this work stream. DHSC needed to give consideration to restarting the Community Care work stream. The Public Health Comms Strategy has been cleared by the four CMO's but there is a need to discuss when ministerial clearance is required. It will also be important for departments to check that wider messages were being captured as part of the Communications Strategy.

24. DHSC noted their plans to take forward the 2011 Pandemic Flu Strategy refresh. Publication of the business checklist needs to remain paused through the EU Exit process.
25. KATHARINE HAMMOND turned to KEVIN DODDS to talk through options for aligning the PFRB Work Programme with the next cross Government Pandemic Flu exercise. He talked through the slides, explaining that the first of the slides was originally sent to NSC (THRC) at the beginning of the programme. He outlined the two proposed timelines. In response to a question regarding the level of effort and resource expected from board members, KEVIN DODDS (DHSC) noted that this would be dependent on what kind of exercise colleagues would prefer.
26. KATHARINE HAMMOND responded that it would be good to test the work streams that are finished or almost finished, like excess deaths, and it would be interesting to invite ministers to play and local participants. Operation Yellowhammer has shown that it's achievable to plan and run an exercise in a short space of time and it is within the Board's resource.
27. LOUISE SPENCER (MHCLG) said that Option 1 was preferred as it works to re-energise and refocus on Pan Flu. It would also bring assurance that the work streams are the right things to progress.
28. **NR** (MOD) did not give a preference but stated that MOD would need confidence in what was being tested in the exercise. They noted this seemed a resource intensive way to add momentum to the programme.
29. **NR** (DWP) preferred Option 1. Previously, the Board had held three exercises and these worked to drive progress forward. It would be useful to test information flows, both downwards and upwards, in the exercise.
30. JONATHAN VAN DER VEEN (HMPPS) said that Option 1 was better and suggested the exercise could focus on LRFs and tactical decision making rather than the centre.



31. STEPHEN GROVES (NHSE) questioned what problems we would want to solve in the exercise and should test operational thinking.
32. CHRIS TAYLOR (SG) said that SG does not have the resource as COP 26 is on the horizon. It was questioned whether all pan flu aspects would be tested or just what has been developed to date.
33. EMMA REED said that Option 1 was DHSC's preferred choice and there was a chance to work the legacy of Operation Yellowhammer into pandemic flu. It was noted Operation Yellowhammer has changed the operational context Government works in.
34. NICHOLAS HAMER (DWP) said that the exercise would not just be testing pandemic flu, but also testing cross Government crisis capability.
35. KATHARINE HAMMOND summarised the discussion by stating there was a clear preference for Option 1. There needs to be a clear list of what work streams to be finished prior to the exercise. All departments need to check if that list (when distributed) meets the requirements they would want to be tested in an exercise. It made sense to do the exercise relatively soon after Yellowhammer, so a March/April exercise was proposed. The exercise should be more tactically focused and on the local interaction and decisions, rather than on central decision making involving ministers. There should be a focus on particular scenarios, like excess deaths.
36. WELSH GOVERNMENT added they were keen for ministerial involvement, or to use the exercise as an opportunity to remind ministers of the impacts of pandemic flu.
37. SCOTTISH GOVERNMENT restated their concern around timings. KATHARINE HAMMOND said that she understood the issue of resource.
38. MOJ said that were keen to see the scenario design, and noted their particular interest in exploring excess deaths.
39. KATHARINE HAMMOND stressed that the exercise would be co-designed by the Board. There would be a need for cross-government engagement to achieve this aim. As the next steps for the programme seemed to have clear support, a briefing note for all to use to brief ministers will be produced.





**ACTION 9: CCS/DHSC to produce a Ministerial briefing note outlining next steps for the work programme and distribute to PFRB.**

### **Item 3 – Progress Review and Upcoming priorities**

40. Turning to PAPER 4, EMMA REED asked MHCLG to introduce their paper. Much of the work MHCLG had been doing was on pause because of EU Exit priorities. This has also affected the local resilience fora (LRFs), so there is not a varied picture from MHCLG on LRF engagement. MHCLG asked the Board what cross-Government support they could provide and what MHCLG could do to further engage with LRFs.
41. KEVIN DODDS (DHSC) asked MHCLG to test appetite for further pandemic flu work amongst LRFs as it seems that most work streams would need LRF involvement to be completed, and the Board is aware of the EU Exit pressures on LRFs. MHCLG expected that this would be missed across the country.
42. KATHARINE HAMMOND stated that it would be impossible to use all LRFs in the exercise and suggested that MHCLG work with their LRF engagement group to test where the pockets of good practice are amongst LRFs. Approximately six LRFs would be needed to usefully contribute to the exercise.

**ACTION 10: MHCLG to test LRF engagement to identify approximately six LRFs who could usefully contribute to the upcoming exercise in 2020.**

### **Item 4 – Terms of Reference for the Moral and Ethical Group**

43. Turning to PAPER 5, KATHARINE HAMMOND asked CHERYL CAVANAGH (DHSC) to introduce the paper on the Moral and Ethical Group (MEAG). CHERYL CAVANAGH noted the MEAG met in October 2019 and had expanded its original remit beyond pandemic influenza to wider health emergencies. The group would operate in two scenarios: one in emergency response mode and one in general planning mode. The first meeting focused on ways of working and practicalities of the group, as there are around twenty members.
44. CHERYL CAVANAGH stated that the MEAG Terms of Reference needed to be revised based on comments from the MEAG membership. The revised terms of reference would be brought to the PFRB again. It was noted that the MEAG group could also be used in the upcoming exercise.



45. GO SCIENCE noted that they were missing from the MEAG group and offered to provide support from SAGE.
46. KATHARINE HAMMOND asked if GO SCIENCE could share the structures and processes used to stand-up SAGE in a response with DHSC so they could investigate whether this could be replicated for the MEAG.
47. SCOTTISH GOVERNMENT asked DHSC to add references to the DA's in Annex A, paragraph 1 and 3. The structure of the Clinical Advisory Group, which the MEAG reports into, was also discussed, including who chairs this group. EMMA REED responded that for a UK wide issue, the UK CMO would chair. If there was a DA specific issue, then the relevant DA CMO would chair.

**ACTION 11: DHSC and GO SCIENCE to discuss processed for input needed from SAGE into the MEAG if required.**

**ACTION 12: GO SCIENCE to share SAGE stand-up structures with DHSC to consider whether this could be implemented for the MEAG.**

**ACTION 13: DHSC to share the Clinical Advisory Group's Terms of Reference with the DA's.**

#### **Item 5 – AOB and Next Steps**

48. KATHARINE HAMMOND invited the board to raise any further issues. It was stated that meetings usually take place on a quarterly rhythm. However, given that the general consensus was for an exercise in early 2020, a meeting will be planned for late January.