

PIPP Forward Look: Review of PIPP Risk Register; Past Workstreams and Historical Exercise Recommendations; and the Pandemic Exercise Programme**Issue:**

1. This paper accompanies the refreshed PIPP risk register. It also contains an assessment of historic work on pandemic preparedness, including exercise recommendations, the pre-EU exit re-prioritisation and pre-COVID-19 PIPP work programmes, and the DHSC high level risk register (HLRR) mitigations for pandemic risks, and a review of the current need in relation to a pandemic exercise programme.

Action Required:

2. Board members are asked to:
 - **Agree** to the updates made to the PIPP risk register and note the associated mitigations.
 - **Note** the recommendations from previous exercises or work programmes that have not been 'closed', or which have changed in light of COVID-19.
 - **Agree** that outstanding recommendations regarding work on 'surge and triage' arrangements and prioritisation of antiviral and antibiotics stocks are not a priority to advance under PIPP at this time.
 - **Agree** to the proposed approach for pandemic exercising.
 - **Agree** that the future governance structures which replace the function of PIPP should include in their ToRs the need to periodically revisit historical exercise recommendations for their continued applicability to pandemic planning.
3. We do not recommend 'picking up where we left off' from the perspective of risk management, historical actions, and exercise recommendations underway prior to COVID-19, or in terms of pandemic exercising.
4. Any current assessment of risk or prioritisation needs to be made in view of the limited system capacity as partners focus on recovery of services impacted by the COVID pandemic, and the fact a pandemic emerging in the next 3-6 months would be a concurrent and compounding risk and that structures and capabilities are now in place that did not exist prior to this pandemic.

Context

5. There has been significant change in our pandemic preparedness activities and capabilities. The expanded set of capabilities developed for the COVID-19 response and the establishment of the UK Health Security Agency (UKHSA) are driving a refreshed strategic approach to pandemic preparedness. Prior to the pandemic, a reprioritisation of resources in 2018 led to certain elements of the pandemic preparedness programme being stopped or paused.
6. Furthermore, in November 2021, the National Audit Office (NAO) **report** into the government's preparedness for the COVID-19 pandemic noted that there is inconsistency in the way that risks are tracked and managed across government. In addition to an assessment of risk management, the NAO also recommends action regarding the execution of exercise recommendations:

“The Cabinet Office and other government departments should ensure that lessons from simulation exercises are communicated and embedded across government.”¹

7. The NAO found that not all lessons learned from previous pandemic preparedness exercises, including Tier 1 national exercises such as Winter Willow (2007) and Cygnus (2016), had been incorporated into government preparedness plans and that certain elements of PIPP and the PFRB’s work portfolios were paused or stopped to allow for the prioritisation of work related to EU exit.
8. In regard to pandemic exercising, there was an action (PIPP-98) from PIPP’s meeting on 12 November 2021 requesting plans for the pandemic exercise programme over 2022-23. While UKHSA has continued to test plans for managing COVID-19 through exercises, a broader pandemic preparedness exercising programme has effectively been paused during the pandemic.

Issue

9. Given the new landscape for pandemic preparedness and considering the NAO’s findings and recommendations, DHSC’s UK Health Security Team has proactively reviewed:
 - The PIPP risk register
 - Lessons learned from exercises Winter Willow and Cygnus. [Please note, there are a range of other exercises addressing the risk of High Consequence Infectious Diseases (HCIDs) - Exercise Alice, which prepared for a potential outbreak of MERS-CoV and Exercise Valverde, which simulated a novel coronavirus outbreak. Recommendations from these exercises have not been included in the assessment on the basis that their recommendations should be picked up by HCID-specific governance.]
 - Historical PIPP work programmes and pandemic risk mitigations under the current DHSC High Level Risk Register (HLRR).
10. The review considered whether risks on the PIPP register were still up to date and, which, if any, exercise recommendations or historical PIPP actions could be revisited, with work developed within the next 3-6 month window.
11. DHSC’s UK Health Security team has also commenced scoping out plans for the pandemic exercise programme, engaging colleagues in NHSEI and the UKHSA exercising team.

Risk Register

12. PIPP last formally discussed the content of the risk register in December 2020. Since this time, significant developments have taken place in relation to both the development of UKHSA and the COVID-19 pandemic.
13. Following consultation with NHSEI, UKHSA and in review against DHSC’s strategic risk register for COVID-19, the UK Health Security team has refreshed the risk register, included at **Annex A**. The Board should note:

¹ P.12, Para E. The government’s preparedness for the COVID-19 pandemic: lessons for government on risk management (nao.org.uk)

- **PIPP-R-023** around surge and triage arrangements is mirrored by a COVID-19 risk '*NHS trusts do not have sufficient capacity to meet demand*'.
- Different teams are undertaking **COVID-19 lessons learned** work, including DHSC's COVID-19 PMO team, but the risk of failing to integrate COVID-19 learnings into future pandemic preparedness is not currently captured by the PIPP or COVID-19 risk registers. **Does the Board want us to capture this specific risk, working closely with COVID-19 teams?**
- We propose that **PIPP-I-001**, which relates to claims made for personal injury by children who developed narcolepsy after vaccination during the 2009 swine flu pandemic, is removed from the register as this risk is being managed by DHSC's Routine Immunisations Team and does not report into PIPP. **Does the Board agree?**
- In line with PIPP's decision that our pandemics preparedness strategy should be expanded to address a wider range of infectious diseases hazards, there will be a need to determine whether risks related to emerging infectious diseases or HCIDs are held on the register. As noted in the DHSC Update Paper, work is ongoing between DHSC, UKHSA and NHSE to review the governance associated with the management of HCIDs.

14. The Board is asked to agree the content of the risk register.

Assessment of historical PIPP work programme and pandemic risk mitigations under the current DHSC HLRR

15. We have revisited the PIPP work programme and the department's High Level Risk Register from 2018 and 2019, before elements were paused for reprioritisation or in light of the response to COVID-19. The list of pandemic risk mitigations that currently feature on DHSC's HLRR was also included in our assessment.
16. Our assessment of these workstreams, summarised at **Annex B**, has concluded that, with the exception of work on NHS and Adult Social Care surge and triage arrangements, all workstream actions are either superseded by current governance arrangements or currently being addressed as part of the PIPP or COVID-19 programmes (e.g. refresh of the strategy or vaccine APA).
17. Prior to COVID-19, work to develop surge and triage arrangements to manage pressure on NHS services and Adult Social Care in the event of pandemic influenza was progressed to draft stage to inform clinical discussions with the then England Chief Medical Officer, Chief Scientific Advisor, Chief Nursing Officer and Chief Social Worker. However, these plans were not finalised, nor operational guidance developed. Since this point, the draft briefing documents have been released into the public domain in response to an FOIA request.
18. The context has changed significantly since the surge and triage work was commissioned by PIPP: the COVID-19 response has demonstrated that HMG is able to deploy a range of mitigations to avoid a RWCS materialising and services being overwhelmed, and the risk of NHS critical care capacity being overwhelmed is captured on the COVID-19 risk register with this series of mitigations.

19. However, due to the mitigations utilised as part of the COVID-19 response, we never reached a scenario where fully formed triage arrangements were deemed necessary for operational deployment. Whilst we recognise that a residual risk remains, a renewed focus on this work now would require significant resource at a time when capacity is stretched. **We do not recommend that this work is pursued under the PIPP board at this time. Does the board agree?**

Historical Exercise Recommendations:

20. In line with the NAO's recommendation, we have also revisited all recommendations made for pandemic influenza planning through Tier 1 (national level) exercises since 2007. Our assessment of these recommendations is included in the summary at **Annex B**.
21. Our assessment has concluded that, with the exception of six recommendations, the work in response to these recommendations has been concluded. Among the six outstanding recommendations, four relate to work on NHS and Adult Social Care surge and triage arrangements (specifically the work highlighted in the above assessment of past PIPP workstreams).
22. Of the remaining two outstanding recommendations, one is for consideration to be given to the possible prioritisation of antiviral drugs, vaccines, and antibiotics in the event of them being in short supply (see 1E in the table at **Annex B**). During the COVID-19 pandemic, the prioritisation of vaccines has been managed by the Joint Committee on Vaccination and Immunisation (JCVI). Antivirals are being distributed to those with COVID-19 and an underlying medical condition that can increase the risk of developing severe COVID-19.
23. We stockpile enough antivirals and antibiotics to cover RCWS demands for an influenza pandemic and hold an Advance Purchase Agreement for a pandemic-specific influenza vaccine for up to 70% of the population. There would be an expected ~6-month lead in time to the availability of the vaccine, during which prioritisation plans could be drawn up based upon the emerging knowledge of the pandemic influenza strain and advice from the JCVI. Likewise, the use of antivirals and antibiotics would be subject to clinical advice following an understanding of the specific characteristics of a disease outbreak. This consideration would need to inform any prioritisation decisions that would be made if stocks ran low. **We therefore do not recommend that any advance prioritisation of antibiotic or antiviral stocks is considered now. Does the board agree?**
24. The last remaining recommendation is for pandemic communications planning to be reinforced and practised by DHSC, NHS England and UKHSA national teams alongside colleagues from the Devolved Administrations (see 2A in the table at **Annex B**). We do not recommend a renewed focus on this recommendation at present, as pandemic communications planning will be redeveloped as part of the new pandemic preparedness strategy.

Pandemic exercising

25. In response to the action PIPP-98 tabled at the last Board meeting on 12 November 2021, DHSC's UK Health Security team has reviewed options for restarting pandemic exercising. The last pandemic exercise was Exercise Cygnus, a Tier 1 (national level)

command post exercise, which took place from 18-20 October 2016. The aim of the exercise was to assess the UK's preparedness and response to a pandemic influenza that was close to the UK's worst-case planning scenarios. Proposals for a tabletop pandemic influenza exercise in 2019 were delayed until 2020 due to EU exit and then postponed indefinitely due to COVID-19. UKHSA have continued to test preparedness for different COVID-19 scenarios through exercises throughout the pandemic.

26. Following discussion with colleagues in NHSEI and UKHSA, we do not recommend pursuing plans for a pandemic exercise now.
27. Given the time elapsed since the last pandemic flu exercise and the significant advancement in HMG's pandemic response capabilities since this exercise, an exercise programme designed to test the gaps in our preparedness post-COVID-19 is advisable. However, currently partners are still focused on the COVID-19 response and the recovery of their services impacted by the pandemic. Furthermore, more time is needed to fully understand where preparedness gaps lie, which will be informed by the new pandemic preparedness strategy. In time, the public inquiry into the COVID-19 pandemic may also shine a light on areas we wish to test.
28. We recommend delaying the development of a full pandemic exercising programme until these factors are more settled and we have a clearer view of the long-term risk landscape as well as up-to-date response plans. This would also allow for staff to be provided with training and guidance on how the redeveloped strategy may be deployed in practice in advance of the programme.
29. In the near term, we will undertake work to determine which elements of the health and social care systems would be most useful to examine in relation to preparedness planning. These areas could then be examined using a workshop and/or workbook approach. The learnings from this would then, in the longer term, feed into the development of a fuller pandemic exercise programme.
30. **Does the Board agree with this approach?**

Summary and recommendations:

31. The COVID-19 pandemic and creation of UKHSA have significantly altered the context for pandemic preparedness work. We do not recommend 'picking up where we left off' either from the perspective of risk management or in relation to exercise recommendations and historical actions underway prior to COVID-19. Any current assessment of risk or prioritisation needs to be made in relation to:
 - A. The limited system capacity as partners focus on recovery of services impacted by the COVID pandemic, and
 - B. That a pandemic emerging in the next 3-6 months would be a concurrent and compounding risk and that structures and capabilities are now in place that did not exist prior to this pandemic.
32. We also do not recommend 'picking up where we left off' in relation to pandemic exercising. Our pandemic preparedness has advanced significantly due to COVID-19, and pursuing a pandemic exercise is not advisable until we have had sufficient time to

identify where the remaining gaps lie in our response capability post-COVID-19 and refresh our response plans.

33. On this basis, we recommend that the Board:

- A. Reviews and agrees the content of the risk register at **Annex A**.
- B. Agrees that further action to develop surge and triage planning and plans for the prioritisation of antiviral drugs, vaccines and antibiotics in the event of them being in short supply, should not be developed further under PIPP at this time.
- C. Agrees communications planning for a pandemic should be revisited only when new pandemic preparedness plans are in place and included as part of conversations in the ongoing development of the Biosecurity Strategy.
- D. Agrees that future governance structures that replace the function of PIPP should include in their ToRs the need to periodically revisit historical exercise recommendations for their continued applicability to pandemic planning.
- E. Agrees to delay the development of a full pandemic exercising programme until the gaps in our pandemic preparedness post-COVID-19 are more fully understood.
- F. Agrees with the proposal for a workshop and/or workshop approach in the meantime to examine elements of the health and social care systems in relation to pandemic preparedness (elements to be determined).

DHSC UK Health Security

Annex A: Refreshed PIPP Risk Register (attached)

Annex B: Summary of pandemic preparedness workstreams, drawn from:

1. PIPP workstreams pre-dating the resource re-prioritisation exercise of 2018, extracted from a table presented to PIPP in October 2018
2. PIPP workstreams pre-dating pause of programme due to COVID-19, extracted from PIPP papers and minutes, October 2019
3. DHSC High Level Risk Register (HLRR) pandemic risk mitigations
4. Exercise Winter Willow recommendations
5. Exercise Cygnus recommendations

Workstream	Ref	Project	Status	Commentary
1) Clinical Countermeasures	1A	Supporting clinical trials for pandemic-specific clinical countermeasures.	Active (PIPP)	Embedding a stronger R&D programme into the clinical countermeasures programme is being considered as part of the Clinical Countermeasures Review (CMMR).
	1B	Securing an Advance Purchase Agreement (APA) for a Pandemic-Specific Vaccine (PSV).	Active (PIPP)	Underway, project being led by UKHSA.
	1C	Stockpiling or otherwise ensuring secure supply chains for pandemic clinical countermeasures.	Active (PIPP)	Ongoing programme overseen by the Clinical Countermeasures Board. Refreshed planning assumptions being addressed through CCMR.
	1D	Ensuring there is an appropriate anti-viral distribution network to replace the NPFS, incl. relevant infrastructure and staff guidance.	Active (PIPP)	Ongoing consideration of merging NPFS and COVID-19 antiviral distribution infrastructure – see PIPP-0322-D.
	1E	Practical and ethical prioritisation of clinical countermeasures including vaccines and antivirals.	For Discussion	

2) Communications	2A	Producing a revised pandemic communications strategy that adopts lessons from the C19 pandemic and historical exercise recommendations.	Paused with Dependency	Recommend re-starting this work to accompany the development of an updated pandemic preparedness strategy, in alignment with the ongoing development of the Biosecurity Strategy.
3) Data	3A	Ensuring appropriate information flows within the H&SC sectors and across government to guide a central and local government pandemic crisis response.	Active (Other Governance)	Considerations around crisis response data sharing are being actioned in the development of the CCS National Sit-Cen.
4) Excess Deaths	4A	Production of service-facing guidance and supporting infrastructure/legislation for the management of excess deaths in a pandemic scenario.	Paused with Dependency	Deaths management guidance developed for C19 pandemic. Recommend that this work is re-visited following completion of NSRA RWCS development.
5) Scientific and Ethical Advice	5A	Manage the DHSC Moral and Ethical Advisory Group incl. ongoing oversight of recruitment and contributions to pandemic preparedness planning.	Active (Other Governance)	Ownership of MEAG secretariat has moved to the DHSC Ethics Team - no representative currently sits on PIPP. (Note – if work on surge and triage arrangements is restarted, we would seek a representative to steer this.)
	5B	Oversee the recruitment and governance arrangements for scientific advice on infectious diseases. Including specifically the New and Emerging Respiratory Virus Threats Assessment Group (NERVTAG).	Active (PIPP)	

	5C	Oversee the recruitment and governance arrangements for analytical and behavioural advice to support pandemic preparedness and response plans. Specifically SPI-M and SPI-B.	Active (Other governance)	
	5D	Coordinate and commission academic advice, incl. provision of sleeping contracts, to support pandemic preparedness and response plans.	Paused with Dependency	Dependency on new strategy.
6) Governance and Assurance	6A	Ensure appropriate governance arrangements are in place for the delivery of H&SC sector pandemic preparedness, incl. provision of expert advice and emergency CONOPs arrangements.	Paused with Dependency	Paused pending new strategy and finalisation of R&Rs with UKHSA.
	6B	Assure the readiness of cross-government pandemic preparedness arrangements via the delivery of an exercising programme.	Paused with Dependency	To see above section on exercising. Stakeholders do not think that an exercising programme is proportionate now, in advance of the new strategy.
7) Strategy and Guidance	7A	Develop a revised UK Pandemic Preparedness Strategy to replace the 2011 UK Influenza Pandemic Preparedness Strategy, incl. development of RWCS and supplementary planning assumptions.	Active (PIPP)	

	7B	Ensure appropriate public-facing guidance is in place to support pandemic preparedness and response plans. Incl. guidance for foreign nationals and UK nationals abroad.	Paused with Dependency	Dependency on new strategy.
	7C	Ensure appropriate service-facing guidance is in place for the H&SC sectors to support the delivery of pandemic preparedness and response plans.	Paused with Dependency	Dependency on new strategy.
8) Legislation	8A	Ensure HMG has appropriate health protection legislation, incl. draft powers, to support pandemic response plans.	Active (Other Governance)	Being addressed through the Health Protection Powers Review (HPPR).
9) RWCS Impact Mitigation [Surge and Triage]	9A	Development of surge capacity arrangements for NHS critical care services.	Active (Other Governance)	Arrangements developed for the COVID-19 response.
	9B	Development of ethical triage arrangements in the event of a RWCS scenario where NHS critical care services are overwhelmed.	For Discussion	
	9C	Development of surge capacity arrangements for adult social care services, incl. discharge of infected patients.	Active (Other Governance)	Arrangements developed for the COVID-19 response.
	9D	Development of ethical triage (service prioritisation) arrangements in the event of a RWCS scenario where adult social care capacity is overwhelmed.	For Discussion	

10) Surveillance	10A	Routine surveillance and risk assessment of influenza variants.	Active (PIPP)	
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