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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 against the eight Exercise Objectives.
2. This analysis maps the 22 lessons identified against policy and planning development activities undertaken 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.

NB the Exercise Cygnus lessons informed the PFRB work programme as commissioned by NSC(THRC) in February 2017, but they do not match one-for-one.

Part 1 – Key learning themes					
Ref.	Learning theme	Overview	Linked workstreams/projects	Owner(s)	Key progress
KL1	<p>The development of a Pandemic Concept of Operations would increase understanding of the UK's Pandemic Influenza Response.</p> <p>(Lessons identified: 1,2,3,4,10,12,13,17,21 and 22)</p>	<p>The development of an overarching pandemic influenza concept of operations, 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>	CCS	<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"> • work to update sector specific pandemic preparedness plans (for example NHS England <i>Operating Framework for Managing the Response to Pandemic Influenza</i> which was updated in 2017); • learning from the response to other civil emergencies where large scale WXH coordination has been required; and • learning from preparations for a no-deal EU exit (Operation Yellow Hammer). <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 Pandemic Concept of Operations would be dependent on the UK Influenza Pandemic Preparedness Strategy 2011 being updated.</p>

Commented S 40 Are we updating this? If not, then we need to clarify as this suggests we are.

Commented S 40 To note NHSE mention and suggestion that our Op Framework shd be updated.

For info, our line on this key learning was as follows:

- We took draft NHSEI surge and escalation guidance (Pandemic Influenza – Extreme Surge Guidance for the NHS in England), which was in the process of being updated, to the Cygnus exercise
- We took the learning from the Cygnus exercise and we published in December 2017 our updated [Operating Framework For Managing the Response to Pandemic Influenza](#)

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KL2	<p>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</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>
KL3	<p>The public reaction to a reasonable worst case pandemic influenza scenario needs to be better understood</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>

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			Workstream 5	DHSC	<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>
KL4	<p>An effective response to pandemic influenza requires the capability and capacity to surge resources into key areas, which in some areas is currently lacking</p> <p>(Lessons identified: 2,3,5,6,9,14,16,17,18,19,20 and 21)</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.	Workstream 1 (health care) Workstream 2 (community care including social care) Workstream 3 (excess deaths)	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"> acute care; community care; and social care. <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"> surge planning for the acute sector, out of hospital care and adult social care; planning for recruitment and deployment of retired staff and volunteers; strengthened excess death planning; a programme of stress-testing of key sector resilience; 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 further developing our communications strategy and messaging.

Commented s.40 As it is owned by 'ALL' I probably wouldn't suggest putting further NHSE specific information in here.

Commented s.40 Our line on this was as follows: We addressed this in our [Operating Framework For Managing the Response to Pandemic Influenza](#), including the link across to social care.

We could suggest that this is mentioned, but may not be required? The Op Framework is namechecked in s.40 (where is it suggested that it shd be updated)

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Part 2- Specific lessons identified					
Ref.	Lesson identified	Linked workstreams/projects	Owner(s)	Status	Notes
LI1	Organisations should ensure that their Emergency Preparedness Resilience and Response training and exercising is consistent with best practice.	Workstream 4 (Sector resilience)	CCS	Completed	A Pandemic Flu Resilience Standard, outlining how Local Resilience Forums (LRFs) should prepare for an influenza pandemic has been published on Resilience Direct.
LI2	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.	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>[Placeholder: text from MHCLG on RED advisors supporting local level exercises]</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 undertaken across departments during Operation Yellowhammer being a case in point.</p>
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 or and during the next influenza pandemic. MHCLG established reporting templates and increased their analysis capability.</p> <p>[Placeholder: text from MHCLG on the Pan Flu Engagement group, to ensure local level needs are reflected in national level planning]</p>
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	<p>This is part of the operational planning for a future influenza pandemic and currently occurring as part of the current response to Covid-19.</p> <p>Lessons identified from the coordination of the response to the current covid-19 pandemic will be reflected in planning for future pandemics.</p>
LI5	Further work is required to inform consideration of the issues related to the possible use of population-	Workstream 1 (Health)	NHSE/I	Complete	A NHS England policy paper covering how systems will be flexed to cope with the expected surge in demand during a pandemic and the possible

Commented s.40 If we think it is odd that this is CCS owned then raise, but otherwise leave as is.

Commented s.40 We are not down as an owner for this lesson so may wish to leave this as it is.

If we wish, we could suggest we include something around annual assurance of EPRR – as per original lines:

- We have a regular programme of training and exercising delivered by PHE across the NHS at regional and local level - this programme reflects the national risk register
- This is audited annually through the EPRR assurance process to ensure training and exercising are consistent with best practice.

Commented s.40 Leave as is on the basis that if National guidance is produced we may need to reconsider our own guidance.

Commented s.40 Our line was : See NHSEI [Operating Framework For Managing the Response to Pandemic Influenza](#)

We could suggest that this is referenced ...?

Commented s.40 Does this need to be moved down into the next box?

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	based triage during a reasonable worst case influenza pandemic.]	Workstream 5 (Moral and Ethical)	DHSC	Complete	application of "population triage" has been approved by:
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)	NHSE/I	Complete	<ul style="list-style-type: none"> • the previous CMO; • CSA (now CMO); • and CNO. <p>Following approval NHS England/Improvement are finalising the strategy to be published and developing the service facing guidance that will be published when needed in the event of a future pandemic.]</p> <p>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.</p>

Commented § 40 Our line:
 •Pandemic Influenza Briefing Paper – NHS surge and triage completed 13 Dec 2017 – to CMO
 •Worked up at request of CMO (Sally Davies at the time)
 •[NOTE: this paper was an internal briefing paper to the CMO and not for publication]

Commented § 40 Suggest adding DHSC as owner given that they are leading and that consideration of surge capacity will include services that are beyond our remit (eg social care).

Commented § 40 Our line:
 •Two surge planning documents produced for CMO, one regarding population triage in hospitals (Pandemic Influenza Briefing Paper – NHS surge and triage) and the second focused on social and community care (Pandemic Influenza Briefing Paper – Adult Social Care and Community Healthcare). The latter was jointly prepared with DHSC. Both were developed at the request of the CMO.
 •These modelled the impact of service closures and triage systems and developed supporting plans for community treatment.
 •Clinical and ethical framework started but due to the complexity and four nations remit, responsibility for this was transferred to DHSC - now the Moral and Ethical Advisory group under DHSC
 •NHS Staff Passport tool completed as part of EU Exit
 •Issues around provision of paediatric services using adult staff and facilities drafted for publication but not to be published unless required.

Commented § 40 Are we doing this? Need to be clear what our role is here and our interface with DHSC. If we are not preparing this guidance then explain why eg approach superceded and will feed into new strategy?

Commented § 40 Is this the case? DHSC stated (via email) that "The information we have included in reference to the work on surge plans and health sector readiness reflects the current position as reported previously by yourselves"

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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 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 by DHSC.</p> <p>To a certain extent, 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 New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG). This advice will inform:</p> <ul style="list-style-type: none"> • a refresh of clinical guidelines for the use of antiviral medicines specific to the circulating strain of influenza; and • the content of the clinical algorithm used by the National Pandemic Flu Service to provide access to antivirals. <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>
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	Placeholder: Ongoing	[Placeholder: Progress update, to include work related to Antiviral Collection Points, to go here]

Commented § 40 Nothing wrong necessarily with the wording above, but work on basis that this could be made public and suggest keeping this short – eg:

Agreement in principle reached with stakeholders on this approach and service specification and mechanism to identify Antiviral Collection Point locations were developed and shared in draft with Regional leads. Proposal that Regional Teams work with Local Pharmaceutical Committees to identify likely sites which will be reviewed on an annual basis.

Commented § 40 DHSC comment on this (via email): “there is one area where we were concerned of potential sensitivities if we were to include an entry. This is Lesson Identified 18, where there is a possible link to agreements to provide Antiviral Collection Points. We didn't want to include something here if NHS England negotiations in this area didn't conclude, or there were separate issues being addressed with the same bodies in the current pandemic that held additional sensitivities.”

Suggest response from § 40 (2), adapted from § 40 first draft:

NHS England and NHS Improvement undertook discussions with the Pharmaceutical Services Negotiating Committee (PSNC), with agreement reached over a number of years. Agreement was reached in principle to support the concept of using community pharmacies as antiviral collection points. A service specification was drafted and agreed nationally, although it was agreed discussions would take place when required regarding pricing to ensure best outcome and fair pricing for both parties. There have also been discussions about agreeing a pricing formula that would 'future proof' the service specification, although this has not been completed. A mechanism to identify Antiviral Collection Point locations was developed, and had been shared in draft with Regional leads. PSNC agreed that Regional Teams should work with Local Pharmaceutical Committees to identify likely sites. These pharmacy addresses would be reviewed on an annual basis and shared with the distributor.

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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 were 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, Workstream 4 products included 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>
LI10	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	<p>This was identified as a two-year programme of work by the PFRB:</p> <ul style="list-style-type: none"> • Year 1 – update, improve and consolidate public health communications messages; • 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.
LI11	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.

Commented s 40 Our line on this was follows – but I think the current suggested response is fine as is:

- NHSEI EPRR structure has demonstrated this process in recent real-world events such as terrorism, no deal EU Exit preparation, Ebola

Commented s 40 (2) Agreed.

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LI12	The communications response to a pandemic is supported by involving a wide-range of stakeholders in its development and implementation.				<p>At the time of pausing this work, a draft Communications Strategy had been agreed with the CMO's of England and the Devolved Administrations. This draft Strategy sets out agreed messaging for use 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.</p> <p>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 (last refreshed in 2012) which explains:</p> <ul style="list-style-type: none"> • roles; • responsibilities; • the overarching principles of communications during a pandemic; and • what the public might expect to receive as the response progresses.
LI13	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 with a view to simplifying the process and avoiding duplication of effort.	Cross-Government and sector specific emergency preparedness responsibilities as defined by the Civil Contingencies Act 2004	<p>NHS England</p> <hr/> <p>DHSC/MHCLG</p> <hr/> <p>CCS</p>	<p>Complete</p> <hr/> <p>Complete</p> <hr/> <p>Complete (but kept under review)</p>	<p>NHS England published a new <i>Operating Framework for Managing the Response to Pandemic Influenza in December 2017</i>.</p> <p>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.</p> <p>This document, recognising the scale of any pandemic response, also sets out the planning responsibilities of NHS organisations at all levels.</p> <p>[Placeholder – Data flows from LRFs through MHCLG]</p> <p>[Placeholder – DHSC Social Care Oversight Team considering progress in parallel]</p> <p>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.</p>

Commented S 40 Our line: This is standard practice for every incident and BAU, for example Allied Health, Carillion, Grenfell, Calea

Think the response suggested here is fine?

Commented S 40 Content with this, but emphasises that we need to be clear on the status of our guidance in the reference above – ie that it is not in the process of being updated S above).

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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	[Placeholder – DFE (possibly working with BEIS on the interaction between schools closures and staff absences)] 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.
		Pandemic Influenza Bill	DHSC/CCS	Complete	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.
LI15	Consideration should be given to the impact of a pandemic influenza on British Nationals Overseas.	Workstream 4 (Sector resilience)	FCO	[Placeholder]	[Placeholder]
		National Risk Assessment Programme	CCS	Complete (and routinely reviewed)	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 and 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.
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	Significant work has been undertaken by MOD to identify potential response activities where military assistance could be provided given current capacity and capability. However, military support to any future influenza pandemic would need to be considered at the time on a case-by-case basis in line with normal 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.

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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 (as LGD for a pandemic) (possibly MHCLG as owners of the relationship with LRFS / LAs?	Ongoing	<p>The process and timeline for sharing information with responders can vary between incidents. Work has been done to improve this generally e.g. improvements to Resilience Direct, and engagement with CNI through the lead Government departments. However, there has not been specific work on the process for data sharing in an influenza pandemic.</p> <p>Where scientific advice is required to support response to a crisis 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 GLO's) for the COVID response. MHCLG also established an engagement programme including regular LRF Chair's 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"> Year 1 – develop policy options for social care and community health care surge; then Year 2 – Agree reporting routes for Adult Social Care to during a pandemic, and, review and update / publish guidance for the sector. <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</p>

Commented 5/20 DHSC is appropriately the owner here. Highlights need to ensure consistency with above – see comment re ensuring lines of responsibility are suitably defined above.

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LI19	The possibility of expanding social care real-estate and staffing capacity in the event of a worst case scenario pandemic should be examined			Year 2 -Paused	<p>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> <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> <p>[Placeholder – DHSC Social Care Oversight Team considering progress in parallel]</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.	Workstream 4 (Sector resilience)	CCS/DCMS	Complete	<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); 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>
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 <i>Planning Framework</i> 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>

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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"> • public facing guidance for the general population and businesses; and • guidance documentation for those national, regional and local agencies with a role in pandemic planning. <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>
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Commented S.40 Think the suggested response is fine.

Our line was:

We work with prisons, approved places for detention and National Offender Management Service (NOMS), and they are part of local pandemic flu planning and provision

Commented S.40 (2) Agreed.