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TYNE AND WEAR FIRE AND RESCUE AUTHORITY  
EMERGENCY PLANNING UNIT

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*Committee Report*

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**Meeting : CIVIL CONTINGENCIES COMMITTEE : 31 JANUARY 2011**

**Subject : DAME HINES PANDEMIC INFLUENZA REVIEW -  
RECOMMENDATIONS**

*Report of the Chief Emergency Planning Officer*

**1.0 INTRODUCTION**

1.1 At the last meeting of the Civil Contingencies Committee on 5<sup>th</sup> November 2010, a report was presented on the findings of a review of the UK response to the influenza pandemic of 2009. Members asked for a summary of those recommendations.

**2.0 BACKGROUND**

2.1 Dame Hines concluded in her report that she considered the UK response to the pandemic to be 'highly satisfactory' and 'proportionate and effective'. However, several recommendations were made and this report seeks to clarify those recommendations.

2.2 The review considered several key factors in determining the response to the pandemic. These were:

- The central government response;
- Scientific Advice;
- The containment Phase;
- Treatment;
- Vaccine; and
- Communications

**3.0 RECOMMENDATIONS**

3.1 The review made 28 recommendations, many of which were intended for consideration by central government. The following recommendations relate to the review of the central government response:

**RECOMMENDATION 1:**

Ministers should determine early in a pandemic how they will ensure that the response is proportionate to the perceived level of risk and how this will guide decision-making. This approach should be reflected in the revised pandemic-specific Concept of Operations by summer 2011.

## **RECOMMENDATION 2:**

The Cabinet Office should enshrine the position of the four nations (within the UK) mechanism for certain types of emergencies in a revised Concept of Operations by summer 2011. The mechanism should then be included in the exercise programme for emergencies in a devolved matter.

## **RECOMMENDATION 3:**

The four health ministers should meet to discuss emergency preparedness (and a range of other issues) at least once a year. Officials should aim to meet face to face more regularly.

## **RECOMMENDATION 4:**

The Cabinet Office should review the technological support available for emergency ministerial and official meetings, to ensure that those joining in meetings remotely can be engaged as fully as possible in the discussion.

## **RECOMMENDATION 5:**

Departments should consider how best to increase the resilience arrangements for key roles in an ongoing crisis response, including those in charge of the response and committee members, and revise their resilience arrangements accordingly.

## **RECOMMENDATION 6: By December 2010:**

(i) Ministers should decide the levels of deaths for which planning is appropriate as part of the process of revising '*Pandemic flu: A national framework for responding to an influenza pandemic*'.

(ii) The Home Office, working with others including the Ministry of Justice, the Department of Health, the Cabinet Office, Communities and Local Government and the devolved administrations, should ensure that plans are in place to deal with those levels of deaths during a pandemic, linking with other elements of mass fatality management and specifying clear responsibilities for the collection, transportation, storage and burial or cremation of bodies.

- 3.2 The UK Government have not issued any formal response to the recommendations it is anticipated that the document *Pandemic flu: A national framework for responding to an influenza pandemic* will be updated to reflect these recommendations. This document has formed the basis for all pandemic influenza plans locally. The level of consistency in response and planning across the UK has been praised by Dame Hines and is due, in no small part, to this guidance being implemented effectively at local level.
- 3.3 As with any policy or framework change, local responders will review their plans and arrangements in line with any changes implemented by central

government. The new structure of the LRF has included a Health Theme Group and this would be the most appropriate mechanism to ensure that any changes are reflected locally.

- 3.4 The Strategic Health Authority (SHA) has advised local health agencies to continue to review plans in line with *current* guidance and policy. This means that the LRF Multi Agency Pandemic Influenza Plan will not undergo any significant alterations until further guidance is implemented by central government and the Department of Health (DH). A revised framework is expected to be published before spring 2011 and will inform further updates of plans after its release.
- 3.5 Recommendation 6(ii) relates to planning for excess deaths during a pandemic. Work is currently being coordinated by the TWEPUs to ensure that arrangements and business continuity plans are in place to deal with multi agency responsibilities. It is anticipated that this work will fall under the new Capacities Theme Group of the LRF when the new structure is formally implemented in 2011.
- 3.6 The following recommendations relate to the Scientific Advice part of the review:

#### **RECOMMENDATION 7:**

The Government Office for Science, working with lead government departments, should enable key ministers and senior officials to understand the strengths and limitations of likely available scientific advice as part of their general induction. This training should then be reinforced at the outbreak of any emergency.

#### **RECOMMENDATION 8:**

The four Chief Medical Officers should jointly commission further work to support key decision-making early in a pandemic by January 2011. This should consider the practicalities of developing methods to measure the severity of a pandemic in its early stages. In particular, further exploration of population-based surveillance, such as serology, should be considered.

#### **RECOMMENDATION 9:**

The Government Chief Scientific Adviser and the Department of Health should ensure that there is an appropriate balance of contribution in the Scientific Advisory Group for Emergencies for future pandemic outbreaks.

#### **RECOMMENDATION 10:**

The Cabinet Office, with the Government Chief Scientific Adviser (GCSA) and the four Chief Medical Officers (CMOs), should devise a process through which UK government ministers and the devolved administrations are presented with a unified, rounded statement of scientific advice. This process should engage CMOs (or CSAs for

other emergencies) and should be included in a revised Concept of Operations by summer 2011.

**RECOMMENDATION 11:**

The Government Chief Scientific Adviser and UK health departments should convene a working group to review the calculation of planning scenarios and how they are used in public. This should report by April 2011.

**RECOMMENDATION 12:**

The Joint Committee on Vaccination and Immunisation should report directly to the central emergency meetings in a future pandemic, although the Scientific Advisory Group for Emergencies should be used at the appropriate time to provide its challenge function. This should be clarified in a revised *COBR Response Guide for Pandemic Influenza* by summer 2011.

**RECOMMENDATION 13:**

The Department of Health should build relationships between the Behaviour and Communication sub-group of the Scientific Pandemic Influenza Advisory Committee (SPI-B&C) and the Department of Health's policy and communications teams so that the SPI-B&C's expertise can be used in addition to in-house resources in planning for vaccine uptake and other relevant policy areas.

**RECOMMENDATION 14:**

Any future Scientific Advisory Group for Emergencies should adhere as closely as possible to the established principles of scientific advice to government and should release its descriptive papers and forecasts (as distinct from any policy advice) at regular intervals. This should be clarified in a revised Concept of Operations by summer 2011.

**RECOMMENDATION 15:**

The Government Chief Scientific Adviser should provide expert technical briefings to respected scientists not directly involved with the Scientific Advisory Group for Emergencies. This would enable a wider group of experts to comment in an informed manner on the government's approach.

- 3.8 The recommendations for Scientific Advice relate to policy, guidance and frameworks to be implemented centrally. As with other recommendations, any changes will be reflected locally in plans and arrangements and coordinated by the LRF Health Theme Group.
- 3.9 Scientific and Technical Advice Cells (STAC's) are groups which may be established at strategic LRF or Regional level in the response to an influenza pandemic. A North East Science and Technical Advice (STAC) Framework exists and has been recently updated. This is in draft consultation format as at December 2010 and is again based on *current* guidance.

- 3.10 As with many other recommendations made by Dame Hines, further updates will consider any changes in national guidance and policy once these recommendations are implemented at central government level. The Northumbria LRF also has plans to implement a STAC training regime in 2011/12.
- 3.11 The following recommendations relate to the containment phase findings of the review:

**RECOMMENDATION 16:**

The Department of Health, working with others through the revision of the National Framework, should explore a more flexible, evidence-based approach to triggering actions during a pandemic than the current WHO phases and UK alert levels. In particular, this work should ensure that clear guidance is set out to enable the rapid adjustment of the prophylaxis policy as more is learned about the nature of the virus. Work to revise the National Framework should be concluded no later than March 2011.

**RECOMMENDATION 17:**

The Department of Health, working with others through the revision of the National Framework, should ensure that there is an appropriate balance between local flexibility and UK-wide public confidence in the response. A national strategic approach can and should be compatible with increased subsidiarity and therefore increased variation according to circumstances; triggers agreed and understood on a UK-wide level could be applied flexibly in different geographical areas on the basis of local circumstances. This should be set out in the revised National Framework and published no later than March 2011.

- 3.12 As with many other recommendations made by Dame Hines, these recommendations relate to inclusion of good practice into an updated version of the document '*Pandemic flu: A national framework for responding to an influenza pandemic*'. Local plans and arrangements will be updated to reflect any changes in this document which forms the basis of pandemic influenza planning.
- 3.13 The following recommendations were made in relation to the treatment phase:

**RECOMMENDATION 18:**

The Department of Health and the devolved administrations should agree triggers responsive to the capacity of primary care in the activation and stand-down of the National Pandemic Flu Service at both national and regional levels. These triggers should be set out in

the revised National Framework and published no later than March 2011.

**RECOMMENDATION 19:**

The Department of Health should commission an independent evaluation of the National Pandemic Flu Service, covering value for money, risk analysis and any potential for wider application.

**RECOMMENDATION 20:**

The four health departments should reflect on the proposals identified by the Swine Flu Critical Care Clinical Group and incorporate them, as appropriate, into the revised National Framework no later than March 2011.

- 3.14 As with previous recommendations, the National Framework will be adapted and implemented locally through the LRF.
- 3.15 Recommendation 20 relates to the Swine Flu Critical Care Clinical Group which was established in September 2009 to provide advice to the DH and the NHS on the practical issues around surging and sustaining critical care capacity within health organisations during the anticipated second wave of the pandemic during October, November and December.
- 3.16 The membership of the clinical group was drawn from medical, nursing, pharmacy and managerial colleagues and included representatives of the professional bodies involved with critical care and had members from all four countries of the UK. The key learning points identified by this group for inclusion in the National Framework revision were:

SHA's should revisit and re-energise their critical care networks, learning the lessons from the H1N1 (2009) pandemic;

The UK health departments should incorporate the learning from the pandemic into national policy and guidance to the NHS in their countries;

Engagement is needed by the professional bodies, working together, to develop further clinical advice;

The health departments, regulators and employers need to build on the work to put in place support to staff during the pandemic;

SHA's should take forward the approaches to bed management developed during the pandemic;

Work should be supported to assess the long-term capacity needed for extracorporeal membrane oxygenation (ECMO) as part of the range of treatments available for patients in severe respiratory failure; and

Local organisations should ensure that they have multi-speciality arrangements in place to support triage in surge situations and that these processes are well documented and rehearsed.

- 3.17 The following recommendations were made in relation to the Vaccine phase of the UK response:

**RECOMMENDATION 21:**

The Department of Health should negotiate advance-purchase agreements that allow flexibility over the eventual quantities purchased.

**RECOMMENDATION 22:**

The Joint Committee on Vaccination and Immunisation should be asked to advise on vaccination strategies across a range of scenarios, including severe and less severe pandemic viruses. This advice should incorporate the views of behavioural scientists and economic analysis, and be published in the revised National Framework no later than March 2011.

**RECOMMENDATION 23:**

The four health ministers should commission officials to put in place arrangements to ensure the rapid implementation of a vaccination programme during a pandemic. For example, a sleeping contract with GPs and/or other willing providers could be negotiated.

- 3.18 The recommendations are expected to be incorporated into the revised National Framework. Overall, Dame Hines commented that the DH followed good procurement practice when setting up advance-purchase agreements and that there was significant flexibility in the amount the UK could purchase. However, Dame Hines found there was less flexibility once contracts had been signed, with one supplier agreeing to a break clause but another not being willing to do so. The report recommended that advance-purchase agreements are a valuable tool in the preparedness strategy and should be pursued.

- 3.19 The following recommendations were made in relation to the Communications phase of the review report:

**RECOMMENDATION 24:**

The Department of Health and the devolved administrations should explore what more can be done to raise levels of public awareness and understanding about the key characteristics of a pandemic and the core response measures.

**RECOMMENDATION 25:**

The four UK health departments should review their use of language during pandemics to ensure that it accurately conveys the aims of the response efforts and the levels of risk. In particular, the use of the terms 'containment' and 'reasonable worst case' should be reconsidered as they are easily misunderstood. The National Framework and communications strategies should be amended to reflect such revisions by no later than March 2011.

**RECOMMENDATION 26:**

The four UK health departments should consider new ways of proactively engaging with both journalists and the public. These could include disseminating transcripts of media briefings, using podcasts and making more use of social networking and digital technology to reach specific sections of the public. The National Framework and communications strategies should be amended to reflect any changes no later than March 2011.

**RECOMMENDATION 27:**

The Cabinet Office should ensure that the communications approach (weekly briefings, Q&A sessions, regular releases of facts and figures) adopted by the Department of Health and the devolved administrations is used, where appropriate, as a model of best practice for future emergency situations.

**RECOMMENDATION 28:**

The Department of Health and the devolved administrations should discuss with professional health bodies how best to create sources of direct clinical advice for health professionals during a pandemic. This may be most appropriately hosted by one or more of the professional bodies.

- 3.20 Communication is vital in the response to an emergency. These recommendations relate to the strategy deployed nationally in the UK wide public health campaigns such as 'Catch it, Kill it, Bin it', the terminology used by clinicians and responders and the use of the media and social networking facilities. Although the findings upon which the recommendations are based relate to the 2009 influenza pandemic and will be incorporated in the National Framework revision, they are also useful when considered in a range of other scenarios. The LRF Communications Theme Group will be a good conduit for sharing these recommendations on a wider basis once the new LRF structure is formally implemented in 2011.

**4.0 CONCLUSION**

- 4.1 The implementation of these recommendations largely relies on the publication of a revised version of the document '*Pandemic flu: A national framework for responding to an influenza pandemic*' in 2011. Local responders and the LRF collectively will be the key means of



implementation at local level. The Northumbria LRF Multi Agency Pandemic Influenza Plan will be a key document to aid local responders in adapting to changes in policy and guidance.

- 4.2 The LRF Heath Theme Group, once formally established, will be able to disseminate the wider issues identified, such as the use of social media and communications with the media, back to the LRF Communications Theme Group for consideration.

## **5.0 RECOMMENDATIONS**

- 5.1 Members are asked to:
- a) Note this report; and
  - b) Agree to receive any further updates as necessary.

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### **Background Papers**

Background papers are held in the offices of the Tyne and Wear Emergency Planning Unit.-

