

Appendix 1 to A –Table of Lessons Identified

4x Key Learning (KL) against the exercise aim: to assess preparedness and response to an influenza pandemic in the United Kingdom
Preparedness:
KL 1. The development of a Pandemic Concept of Operations would increase understanding of the UK's Pandemic Influenza Response.
KL 2. 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.
KL 3. The public reaction to a reasonable worst case pandemic influenza scenario needs to be better understood.
Response:
KL 4. An effective response to pandemic influenza requires the capability and capacity to surge resources into key areas, which in some areas is currently lacking.
22 x Lessons Identified (LI) against the eight exercise strategic objectives
Obj 1. To exercise organisational pandemic influenza plans at local and national levels in the UK
LI 1: Organisations should ensure that their Emergency Preparedness Resilience and Response training and exercising is consistent with best practice.
LI 2: 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.
LI 3: National level planning which considers the operationalisation of local level pandemic flu plans should be undertaken.
LI 4: Meetings of the Four Nations Health Ministers and CMOs should be considered best practice and included as part of the pandemic response 'battle rhythm'.
LI 5: 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
LI 6: 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
LI 7: The DH should work with partners to further develop the strategy for the use of antivirals during a pandemic
LI 8: 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.
LI 9: All organisations should examine the issues surrounding staff absence during a pandemic to provide greater clarity for planning purposes

LI 10: 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.
Obj 2. To exercise coordination of messaging to the public
LI 11: 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
LI 12: The communications response to a pandemic is supported by involving a wide-range of stakeholders in its development and implementation.
Obj 3. To exercise strategic decision-making processes around managing the wider consequences and cross-government issues at both local and national levels during an influenza pandemic
LI 13: 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.
LI 14: The Department for Education, in liaison with colleagues in the Devolved Administrations, should study the impact of school closures on society.
LI 15: Consideration should be given to the impact of a pandemic influenza on British nationals overseas.
LI 16: Expectations of the MoD's capacity to assist during a worst case scenario influenza pandemic should be considered as part of a cross government review of pandemic planning.
Obj 4. To exercise the provision of scientific advice, including SAGE
LI 17: The process and timelines for providing and best presenting data on which responders will make strategic decisions during an influenza pandemic should be clarified.
Obj 5. To explore the social care policy implications
LI 18: A methodology for assessing social care capacity and surge capacity during a pandemic should be developed. This work should be conducted with Directors of Adult Social Services and with colleagues in the Devolved Administrations
LI 19: The possibility of expanding social care real-estate and staffing capacity in the event of a worst case scenario pandemic should be examined.
Obj 6. To explore the use of the 3rd sector to support the response
LI 20: 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 draw on expertise of non-health departments and organisations at national and local level.
Obj 7. To exercise the coordination of resources to cope with excess deaths in the community
LI 21: CO, HO, 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
Obj 8. To identify issues raised around the impact of influenza in the prison population
LI 22: Further work is required in the development of pandemic contingency plans and related procedural guidance.