

CABINET SUB-COMMITTEE ON SCOTTISH GOVERNMENT RESILIENCE

INFLUENZA A (H1N1) PANDEMIC – REVIEW OF THE SCOTTISH GOVERNMENT RESPONSE

PAPER BY THE CABINET SECRETARY FOR HEALTH AND WELLBEING

Purpose

1. This paper provides an assessment of the Scottish Government's response to the influenza A (H1N1) pandemic and identifies a number of lessons to be learned in light of that response. It provides an opportunity for Cabinet Sub-Committee members to note:

- ◆ The positive aspects of the response;
- ◆ The less positive aspects and areas for improvement; and
- ◆ The actions proposed to address the less positive aspects and areas for improvement.

Timing

2. For consideration at the Cabinet Sub-Committee meeting on 14 April.

Context

3. Despite initial fears, based on the information coming from the USA and Mexico, the impact of the 2009-10 influenza pandemic was not as serious as previous pandemics.

- ◆ The global count of fatalities currently stands at an estimated 16,813, as opposed to 50 million in 1918, and 3 million in 1968; and
- ◆ There were 1541 hospitalisations as a result of influenza A(H1N1) in Scotland. This placed pressure on acute care services but did not require the activation of plans to double critical care capacity.

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that considerable effort had gone into maximising pre-established links (e.g. with COSLA, Health Protection Scotland, and the Association of Directors of Social Work) and that this had supported the response.

12. Where we did less well was in the following: **clarity of roles and responsibilities, assessing sectoral preparedness, and deployment of the planning assumptions.** A brief summary of each is set out below:

Clarity of roles and responsibilities

- ◆ As with other emergency situations, the pandemic brought to the fore some confusion around the respective roles of SGoRR and those with responsibility for the policy in question, in this case pandemic flu;
- ◆ Respondents felt that a clear definition of roles, responsibilities and lead structures is required for use in both short and long-term scenarios to avoid confusion, duplication of effort, and communication gaps;
- ◆ In particular, there is a need for a greater understanding of SGoRR's role in (a) responding to the very initial emergency, but then (b) handing on specialist work to the most appropriate policy team. This is explored in Paper CSC-SGoR(10)11 with suggestions for how to improve this in future.

Assurance on the level of preparedness

- ◆ Respondents welcomed the development of the Readiness Assessment – a Red, Amber, Green analysis of different sectors' states of readiness to deal with consequences of widespread disruption. However, many felt that a more sophisticated challenge function was needed, to ensure that information reflected what was happening on the ground;
- ◆ There is some evidence that we were relatively unsuccessful in reaching small businesses and small scale operations in the voluntary sector areas during the planning phase and the response, and we need to reflect on how we ensure that information is better disseminated.

Planning Assumptions

- ◆ Respondents recognised the limitations of modelling, however it was felt that it would have been helpful to have updated the planning assumptions more quickly to reflect the picture on the ground. In effect, reflecting the most likely scenario, rather than the worst case scenario. Respondents felt it would have been helpful for the process of testing the planning assumptions to be more explicit;
- ◆ The planning assumptions which were published did not hold much weight with responders on the grounds that they did not reflect what they were experiencing.

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Actions to be taken forward following the internal Scottish Government review

- ◆ Difficulties recognised in ensuring small businesses are kept up to date – *this will be reviewed within the multi-agency sub-group of the Resilience Advisory Board which has recently been established to review the way in which information around business continuity is disseminated.*
- ◆ Investigate development of challenge function in future Pandemic Flu readiness assessments – *the relationship between the Scottish Government and SCGs in an emergency is being reviewed in light of lessons identified and the recent Audit Scotland report on civil contingencies planning. A consultation paper on this will issue at the end of 2010.*
- ◆ Need to review engagement with SCGs and their role during the pandemic – *as above.*

Actions to be taken forward as part of the UK-wide Review into the influenza A (H1N1) response.

We will oversee the work of the Review Team through Scottish Government representation on the reference group. We will consider the implications for Scotland of the emerging findings, specifically those relating to:

- ◆ A phased approach to a pandemic (containment, treatment);
- ◆ The collection, assessment and dissemination of scientific advice;
- ◆ Future strategy on vaccine procurement, including decisions around the efficacy of Advanced Purchase Agreements;
- ◆ Management of medical and consumables stockpiles;
- ◆ Future iterations of the Pandemic Flu Framework.

Planned NHS Board/SG lessons learned exercise.

- ◆ We will develop a questionnaire to issue to Boards to gain an initial insight into their experiences of the pandemic; what went well, what could be done differently etc. This will be issued to Chief Executives, with recommendations that specific sections should be reviewed by different operational leads within Boards. Policy leads within Health Directorates will also be asked to discuss this with their stakeholders at operational levels within Boards to gain their insights;
- ◆ We will use Boards' returns from these questionnaires to pull out the key issues. These will then be investigated in more detail through discussion with focus groups made up of representatives from various sectors of the health