

Exercise Bennachie – 2 December 2004 Initial Feedback

Introduction

Exercise Bennachie was a one-day tabletop exercise which aimed to test overall preparedness for dealing with SARS (and like infections with the potential for major spread and impact on society). In particular it set out to assess and explore:

- the current SARS plan,
- the provision of mutual aid in the health sector,
- business continuity in ambulance and local authority services.
- issues relating to strategic and tactical command and control structures and
- the extent of powers to enact control measures to prevent spread of the infection and maintain public order.

The exercise format was based on syndicates involving key representatives involved in the response. They singly and collectively explored a series of issues and questions related to a SARS outbreak mainly occurring in Grampian but also to a lesser extent affecting Highland and Tayside NHS Boards. The exercise was developed in 4 phases spanning a notional 10-week scenario. The media was used as a tool to drive the exercise. Feedback from the syndicate debriefing and rapporteurs, observers and umpires will be collated into a full report to be prepared by Health Protection Scotland. This brief report provides initial feedback.

Syndicates

1. NHS Grampian
2. NHS Tayside
3. NHS Highland
4. Scottish Ambulance Service
5. Local authorities
6. Grampian Regional Emergencies Committee- Strategic Group
7. Health Protection Scotland
8. Scottish Executive

Appendix 1 provides a summary of the initial feedback from each of the syndicates.

Common Themes from Initial Feedback

Overall opinion on the usefulness of the exercise was positive.

The preparedness for SARS in Scotland

- Lack of resilience in almost all services;
- Lack of PPE and isolation facilities;
- Confusion about roles and responsibilities in public communication;
- No effective channels for prompt information exchange among different groups dealing with related events;
- Gaps in guidance on local control measures involving

- health and non-health agencies;
 - Significant issues with command and control arrangements (see below)
- The current SARS plan
- Insufficient multi-agency input into SARS plan;
 - Need to streamline, iron out inconsistencies and update current plethora of national communicable disease plans;
 - Most of current local generic incident response plans and procedures appear to be adequate.
- The provision of mutual aid in the health sector
- NHS Boards work largely independently of each other – little evidence in exercise of mutual aid;
 - Little national co-ordination of NHS health protection or healthcare response.
- Business continuity in ambulance and local authority services
- Plans and procedures appropriate but little planned resilience
- Strategic and tactical command and control structures
- Confusion about local and national strategic and tactical responsibilities in dealing with an event like SARS;
 - The lead agency in the strategic response requires definition especially the responsibilities of health bodies;
 - Lack of clarity about lead national health protection agency – HPS or SEHD;
 - Decision making on key issues unclear e.g. timing of calling a major incident, communications to the public;
 - Ill defined accountability and reporting channels among the different groups involved in the response.
- the extent of powers to enact control measures to prevent spread of the infection and maintain public order
- No major issues highlighted in immediate feedback. Further information likely to be forthcoming in final report.

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Health Protection Scotland
12th December 2004.

INITIAL FEEDBACK FROM EACH OF THE SYNDICATES

NHS Grampian

Participating members came from Acute Services (including senior management Intensive care, A&E, Infectious diseases), Primary care, Infection Control, Bacteriology and virology, Public health (generic and health protection), Occupational health, communications and emergency planning. Issues identified were:

- Overall the exercise showed that strategies/policies are already in place for such an event but that its intensity and many aspects of the required response had not been anticipated. In particular many systems and departments relatively quickly experienced overload.
- A key issue was getting staff to attend work. There is a requirement for an agreed framework on this;
- Communications among systems and departments were taxed. A pre-determined communication network requires to be established which facilitates real time feedback on events on the ground;
- NHS Grampian does not have sufficient facilities to deal with this type of event - in particular there are no negative pressure facilities and not enough isolation facilities.

NHS Tayside

Participating members came from Infection Control, Bacteriology, Public health (generic and health protection), communications and emergency planning. Environmental Health (Angus Council) and Tayside Police. Issues identified were:

- The involvement of other agencies, working together, in the exercise led to a greater understanding of each others' roles
- Keeping staff informed was a priority and dealt with fairly effectively;
- There was a lack of clarity on which agency nationally (SEHD or HPS) and locally is leading and taking overall control of the situation. This extends to media handling. There was uncertainty on the nature of the local response in public communication;
- The pressure on IT infrastructure/communications was likely to impede an effective response. These are at full capacity at present;
- There are problems in accessing services for rapid diagnosis of patients' illnesses.

NHS Highland

Participating members came from Primary care, Infection Control, Bacteriology, Public health (generic and health protection), communications and emergency planning. Environmental Health (Highland Council) and Northern Constabulary. Issues identified were:

- As with Tayside, the exercise facilitated the coming together of a wide range of people around table. It facilitated the identification of gaps in local plans

- There is a plethora of national plans, several of which are quite old with inconsistencies among them. There is a need to clarify a number of issues e.g. guidance on the contacts of cases.
- Accountability to national health protection agencies (i.e. HPS or SEHD) is unclear;
- Frontline staff lack of training in PPE. Availability of PPE is inadequate;
- The place and role of the strategic co-ordinating group is unclear (who calls/who chairs/change or command and control)

Scottish Ambulance Service

Participating members came from senior management, A&E liaison, communications and personnel. Issues identified were:

- As with Grampian, current policies and procedures are adequate in terms of guiding response;
- The exercise raised awareness in respect of SARS/communicable diseases;
- There was poor communication at all levels. There is a need for a more formal internal communications structure in SAS;
- There was a shortage of people and equipment;
- The timing of when a major incident would be called is unclear. Earlier communication of the prospect of one would have led to action sooner

Local authorities

Participating members came from Aberdeen City Council and one from Moray Council. They included representatives from Environmental Health, Social Work, Learning and Leisure, Education, Communications and Emergency Planning. Issues identified were:

- The local council staff worked well together which led to a speedy response and sharing of knowledge;
- As before, there is confidence in current existing plans which enable a flexible response;
- There is a lack of information on responsibilities regarding communications with media. The use of jargon caused a lot of confusion.
- There is a lack of guidance on specific measures to be taken by local services. It is unclear who has responsibility for issuing guidance to the local authority sector.
- The Strategic group did not take the lead. Clearer definition of the roles and responsibilities of this and how it related to other groups required

Grampian Regional Emergencies Committee- Strategic Group

Participating members came from Grampian Police, Procurator Fiscal's Office, Scottish Ambulance Service, NHS Grampian, Aberdeen City Council, NHS24. Issues identified were:

- This Group reiterated the benefit from the opportunity for networking and bringing people together. The exercise re-focused attention on important issues and provided a framework to deal with shortcomings
- The issue of strategic command and control especially the role of health agencies, requires further elucidation. Clarity in reporting and accountability mechanisms is required for all teams likely to be engaged in the strategic and tactical multi-agency response to a major outbreak of communicable disease.

- The development of the SARS and other plans would benefit from multi-agency input at an earlier stage.
- There is a lack of a clear plan of communication.
- Liaison between health agencies and other stakeholders and among the latter needs to be better.

Health Protection Scotland (formerly SCIEH)

Participating members came from senior management, communications, Respiratory and Immunisation Section and emergency response. Issues identified were:

- Although slow to be established, the epidemiological case record/database provided a reliable foundation for monitoring the evolution of the outbreak;
- Teleconferencing was successful during this exercise
- There is a need for further clarification of role of HPS especially in the regional response. The timing of when to establish formal national and local command and control structures is unclear.
- HPS should consider how to improve its resilience when dealing with major incidents;
- Channels for interchanging information among national and local agencies were unclear.

Scottish Executive

Participating members came from the Health Department (including CMO Group, Performance Management, Emergency Planning, Press, Public Health) and Justice Department (Civil Contingencies). Issues identified were:

- The exercise provided an opportunity for close working among SE staff likely to be involved in the response to an event like SARS. The ability to network in the SE and the importance of personal relationships formed prior to an event were highlighted.
- Communications with other organisations were problematic. The lack of real-time information meant SE was always running behind events. Information received was often not verified
- How to address needs of public about SARS when trying to avoid panic and give appropriate answers featured prominently in decision-making. There is a need for clarity of roles and responsibilities in risk communication.
- There is a lack of inter-agency ownership of plans to deal with incidents such as SARS;
- Under current arrangements, SE would rapidly run out of people to deal with such an event. Further consideration requires to be given to SE resilience in handling major incidents.