

Exercise Silver Swan – Progress Review Event (Held 6 December 2016)

Introduction

1. Exercise Silver Swan was a series of events held in 2015 which assessed the preparedness and response of Scotland's local and national arrangements to a pandemic influenza outbreak over a prolonged period. The wider objectives embraced consideration of local and national co-ordination arrangements, health and social care service provision and consideration of capacity issues, management of excess deaths, and business continuity management.
2. The exercise report, circulated in April 2016, contained 17 high level recommendations as well as the four individual work-stream findings. To assist the consideration and implementation of the high level recommendations it was proposed that an Exercise Silver Swan progress review event be held to note and share individual or collective improvement and discuss complex cross-cutting issues where progress may have been more challenging.
3. The progress review event was held 6 December 2016 at Police Scotland College, Tulliallan. This document captures the key points presented and discussed with the aim of informing and assisting on-going pandemic influenza planning across Scotland. It also includes an update from the National Mass Fatalities Working Group who met on 14 December 2016.

Format of the progress review event

4. The event objectives were to:
 - Share and discuss progress on the recommendations contained in the Exercise Silver Swan Report
 - Share and discuss any challenging or complex cross-cutting issues around pandemic influenza response arrangements
 - Confirm what are our priorities are
5. 95 delegates with strategic responsibility for pandemic influenza planning and response attended with good representation from Health Boards and Local Authorities as well as representation from Regional Resilience Partnerships, the Scottish Government and blue-light responders. It was particularly helpful that many of the delegates were the same as those who attended the November 2015 Exercise Silver Swan coordination event.
6. The day was opened by Dr Gregor Smith, Deputy Chief Medical Officer, who covered his experience both with Exercise Silver Swan and Exercise Cygnus. Exercise Cygnus was a UK wide exercise and took place 18-20 October 2016. The Scottish Government participated in this exercise with the primary objective of exploring liaison between the Scottish Government and the UK Government along with the other Devolved Administrations.

7. He also updated delegates on progress being made by Scottish Government on the Exercise Silver Swan recommendations and confirmed that a group will be established in early 2017 to identify where partners need more guidance from the national level, both in planning and in a response.

8. This was followed by a presentation from [redacted], Scottish Government Resilience Division, and [redacted], Health Protection Scotland, on the creation of a Pandemic Flu Coordination Centre and revised guidance on responding to Public Health Incidents.

9. [redacted], Consultant in Public Health Medicine, NHS Tayside, ended the opening session by presenting the view from a responder. She concluded by saying that perhaps 'our greatest weapon will be effective engagement and communication with the public'.

10. Delegates were then given the opportunity to review the recommendations from the Exercise Silver Swan Report and provide comment on post-it notes on progress made, blockages or challenges, or any other point they wished to make (see Annex A for a summary of the progress and challenges as noted by delegates). Facilitated sessions later in the day provided the opportunity for more detailed discussion. The final plenary session asked each table to identify a key priority going forward (see Annex B for the priorities identified for consideration).

11. Based on these presentations, post-it notes and discussions key messages and themes have been extracted. These are presented in the following section.

Key messages and themes from the progress review event – for information and consideration in on-going pandemic influenza planning

Progress

Establishment of a group to identify where partners need more guidance from the national level, both in planning and in a response

(In relation to recommendation 1.2 – Review of national plans to ensure learning from Silver Swan is incorporated)

12. At the event, Dr Gregor Smith announced that a group would be established in early 2017 to identify required updates to national guidance and would report in around 6 months.

13. One of the areas that received a lot of discussion during the day was the need for clearer national guidance on moving from normal service to crisis. It was felt that more detail and mutual agreement is needed covering prioritisation of services, the suspension of targets and the trigger points for such action. There was agreement that this work needs to be done in advance of a crisis and then widely shared and understood.

Development of a Pandemic Flu Coordination Centre concept by the Scottish Government

(In relation to recommendation 2.1 - Consider how best to maximise efficient coordination of the Scottish Government response to an influenza pandemic and minimise duplication in information gathering)

14. The Scottish Government has developed the Pandemic Flu Coordination Centre concept. This centre will act as a focal point for communication to and from Responders and Resilience Partnerships, coordinate and support the activity of Scottish Government and its Directorates and liaise with external partners, UK Government and the other Devolved Administrations. This centre will ensure a clear line of reporting is in place and seek to minimise duplication through streamlined processes.

Mass fatalities – body storage and system capacity

(In relation to recommendation 6.1 – Develop guidance on body storage; and in relation to recommendation 6.2 – Monitor mortuary capacity and develop plans to increase in times of increased demands)

15. At the event many delegates were not aware of the work being undertaken by the National Mass Fatalities Working Group and the Scottish Government with regard to these two recommendations. Information had been circulated but had not been seen by all attendees. **Although this was not discussed specifically at the event, a summary is provided below and a full update is shown at Annex C.** For more information please contact [redacted], Scottish Government Resilience Division.

Body Storage Guidance – National Mass Fatalities Working Group Update

16. The central objective in dealing with excess deaths during a pandemic is always to maximise throughput at all stages of the system. However, it is recognised that despite best efforts there will inevitably be blockages or pinch points which will necessitate the need for additional body storage to supplement existing mortuary provision.

17. A short term working group (including Funeral Directors and mortuary personnel) has developed a draft outline specification for additional body storage including recommendations for accommodation and equipment, body racking, operating procedure and staffing.

18. This will continue to be developed by drawing on expertise from other stakeholders including those involved in implementing the guidance. The proposed roll out programme was agreed at the National Mass Fatalities Working Group meeting on 14 December 2016.

Monitoring mortuary capacity and develop plans to increase in times of increased demand – Scottish Government Update

19. Regional planners will monitor mortuary capacity in their area through the RRP (Regional Resilience Partnerships) Risk and Preparedness Assessment (RPA)

process. This requires recording numbers as well as developing an understanding the context of what storage is available and how it could be utilised during a pandemic.

20. It is expected that the RRP RPA returns (expected March/April 2017) will provide information on current capacity and an indication of current capability gaps along with requirements for the RRP to increase capacity if required.

Issues for further consideration

Involvement of Health and Social Care Partnerships in planning and response

(In relation to recommendation 1.4 – Produce multi-agency influenza pandemic plans which include Health and Social Care Partnerships)

21. There was clear agreement that all agencies need to work together to develop and review plans, recognising the connections between them and other interdependencies. However, the way in which HSCPs can play into the local planning and response process was less clear and appeared to present challenges at local level. The role of HSCP's as entities comprising and dependent on the local NHS Board and local authority was not fully understood.

Coordination of the response

(In relation to recommendation 2.2 – Clarify the multi-agency response arrangements for an influenza pandemic in your Resilience Partnership area)

22. There remains a feeling of uncertainty over multi-agency structures in responding to pandemic. The concept of Resilience Partnerships forming around the Health Board areas are appropriate and well understood in areas where Health Board boundaries match Local Resilience Partnership areas. However, the picture is less certain in other areas. The Preparing Scotland Response Guidance is clear about Resilience Partnerships (i.e. the right people coming together at the right time to deal with the incident or challenge) being the appropriate multi-agency group there is still some confusion over the role of Regional Resilience Partnerships and Local Resilience Partnerships.

23. One of the identified key priorities was to raise awareness of how resilience frameworks work across agencies. For reference – here is the link to the [Preparing Scotland Response Guidance](#).

Maximising staff resources

(In relation to recommendation 3.2 – Review plans to optimise use of staff resources in an influenza pandemic)

24. Exercise Cygnus included exploring the UK and Devolved level actions required to maximise the staff resources available during a pandemic, for example, in using retired doctors and student doctors and nurses. Further consideration is being given to the legislative actions which may be required during a pandemic. The Exercise Cygnus report is expected in Spring 2017.

Antivirals

(In relation to recommendation 7.1 – Review ability to distribute and issue antivirals effectively during an influenza pandemic)

25. There remains concern over the ability of Health Boards to provide the necessary resources to run antiviral collection centres during a pandemic due to the massive pressure across all their services. Further consideration is needed on the use of community pharmacies. Scottish Government is establishing a working group to explore the feasibility and actions required to make greater use of community pharmacies.

Personal Protective Equipment (PPE)

(In relation to recommendations 8.1 and 8.2 – Ensure a wide understanding of PPE plans and follow fit-testing procedures)

26. Delegates reinforced the need to develop and widely circulate clear messages on the use and value of PPE during a pandemic. These should set out who needs it and what type and importantly who would not benefit from its use. Fit-testing and availability remains a concern for many delegates. One of the identified key priorities was to review the use of PPE.

Challenges

Matching resources to priorities

(In relation to a number of the recommendations)

27. Many delegates made the point that resource pressures and competing priorities were having a significant impact on the ability to properly plan and prepare for a pandemic.

28. There was discussion on whether there is a need for more generic public health plans that can be escalated to various levels. Similarly, there was discussion about what exercises give the most value.

Involving Primary Care in planning and response arrangements

(In relation to recommendation 1.1 – Review pandemic plans to assess how they address a significant increase in the demand for services as set out in the pandemic planning assumptions)

29. There was widespread concern over how integrated Primary Care was in planning and response arrangements. Many GP practices were highlighted as operating Business Continuity plans simply to deal with day-to-day demand for services. Meaningful planning to assess how GP practices could address a significant increase in the demand for services was therefore very difficult.

Progressing the Public Communications recommendation

(In relation to recommendation 4.1 – Review arrangements for public communications including ensuring well understood processes are in place at local and national level to engage with the public during a pandemic)

30. While there was an appreciation that UK national public communication coordination arrangements are in place and that strong links already exist between communication professionals as part of the Regional Resilience Partnerships (RRPs) Public Communications Groups, delegates confirmed that more work is needed in identifying how communications should be best coordinated during a pandemic. Pre-prepared public messages, including a need to be honest over some of the more extreme measures which may be required, should be written and widely shared in advance.

31. One of the key priorities identified during the final plenary was to develop a Scotland national communications strategy to ensure consistent advice and information to the public.

Progressing the Business Continuity (BC) recommendation

(In relation to recommendation 5.1 – Establish a working group to consider BC standards in contracts for supply of key/essential services)

32. Within the NHS there was a call for National Procurement to play a stronger role in developing better BC in procurement. However, the recommendation to establish a working group to consider BC standards in procurement contracts goes beyond the NHS. Progress has been slow in identifying a lead Scottish Government policy team to take this recommendation forward.

33. Many delegates expressed concern over the standard of business continuity in GP surgeries with some suggesting that BC standards should be part of the GP contract.

Summary

34. Pandemic influenza remains the highest risk faced in the UK and it is recognised as the single most disruptive event facing Scotland. Exercise Silver Swan sought to explore and raise awareness of the complexity and sheer breadth of issues pandemic influenza will present Scotland. It did this throughout all its events with numerous points being taken away for more detailed national, regional and local consideration. The underlying aim of the Progress Review Event was to maintain momentum and ensure we all collectively continue to think about the challenges posed by a pandemic outbreak. The key points in this document should be used to inform and assist on-going pandemic influenza planning across Scotland.

35. If you have any questions about the Progress Review Event please contact [redacted], Scottish Resilience Development Service (ScoRDS).

Annex A: Progress and challenges – as noted by delegates against the Exercise Silver Swan high-level recommendations

Recommendation 1.1

Review pandemic plans to assess how they address a significant increase in the demand for services as set out in the pandemic planning assumptions (All partners).

Progress

- Some progress has been made although the pace is slow

Challenges and Discussion

- There is confusion over the different plans which are in existence and how they are coordinated
- There is a question about the validity of pandemic flu planning. Might it be better to have more generic public health plans which can be flexible and scalable to meet a variety of needs?
- A significant need was identified for greater level of engagement with primary care/GP Practices. There is concern that primary care (and other parts of the NHS) is already stretched and are using Business Continuity just to keep operating in business as usual.
- There is a conflict between the pressures being experienced at all parts of the NHS and the ability to plan effectively for a pandemic
- There was widespread agreement on the identified need for clearer national guidance on moving from normal service to crisis. This needs to cover detail on the suspension of targets and which services should be prioritised and when. It is crucial that this work is done in advance of a crisis and widely shared and understood.

Recommendation 1.2

Review national plans to ensure learning from Silver Swan is incorporated (SG).

Recommendation 1.3

Review Scottish Government planning arrangements for influenza pandemics (SG).

Progress

- None reported by delegates (Please see Progress as announced by Dr Gregor Smith on page 2 of this document)

Challenges and Discussion

- Need for meaningful national guidance on priorities, suspending targets and addressing excess deaths
- Need for greater engagement with primary care
- Need for clarification on local, regional and national command, control and coordination

Recommendation 1.4

Produce multi-agency influenza pandemic plans which include Health and Social Care Partnerships (RRPs).

Recommendation 2.2

Clarify the multi-agency response arrangements for an influenza pandemic in your Resilience Partnership area (Health Boards and RRP).

Progress

- NHS Greater Glasgow and Clyde has established an internal flu planning group including Health and Social Care Partnerships (HSCPs), acute and primary care
- Under the principle of subsidiarity, the Scottish Government are not going to be prescriptive to anyone as to how coordination is done at a local or regional level. Whilst a consistent and coordinated approach is clearly needed across Scotland, local or regional variances in structure do not in themselves cause any difficulty in terms of national coordination.

Challenges and Discussion

- HSCPs are not category 1 or 2 responders. Further consideration of their role is needed.
- HSCPs are too busy with day to day pressures to devote time to pandemic planning
- IJBs (Integrated Joint Boards) don't engage in planning
- Still some confusion over the role of RRP
- Solo working of individual organisations and between RRP
- Are Health led IMTs (Incident Management Teams) appropriate? Would LRP be better for multi-agency working?
- Uncertainty of the right geographical area to coordinate over

Recommendation 1.5

Review and exercise pandemic influenza plans regularly (All partners).

Progress

- Exercises take place regularly which test response to increased demand on services
- Organisations have held BC exercise based on Silver Swan and lots of lessons have been identified
- Plans have been reviewed
- Resource Escalatory Action Plan (REAP) used to address increase in demand and decrease in resources

Challenges and Discussion

- Table-top exercises mean real-life difficulties are poorly understood
- The full effects of a significant pandemic (such as population level triage) and the difficult clinical decisions have not been exercised
- There are competing priorities when it comes to preparing for a pandemic, mainly in terms of the pressures of operating business as usual and other risks which have to be explored. For example the establishment of HSCP and the review of acute services have detracted from the ability to exercise. There therefore needs to be national guidance on what and who should be tested and what the relative priority of this effort should be.

- Other possible reorganisations of services will impact on the ability to exercise effectively
- There are questions over the value of exercising in this area. Given the pressures on services people are working in crisis every day and senior managers need to recognise this. It would be better to share real life experiences e.g. by video clips.

Recommendation 2.1

Consider how best to maximise efficient coordination of the Scottish Government response to an influenza pandemic and minimise duplication in information gathering (SG).

Progress

- The Scottish Government has developed a Pandemic Flu Coordination Centre concept (Please see Progress on page 3 of this document). Thinking on meeting schedules and situation reporting is on-going.
- On declaration of a pandemic, the Scottish Government will commence with national coordination and leadership.

Challenges and Discussion

- It would be helpful if the data required by the Scottish Government was set in advance in terms of format, timescales and delivery method. There are remaining concerns over the frequency and timing of requests for information.
- There is a requirement to practice this coordination in an exercise

Recommendation 3.1

Investigate establishment of emergency staffing procedures for use during a pandemic in consultation with UK Government (SG).

Progress

- Exercise Cygnus explored the UK and Devolved level actions required to maximise the staff resources available during a pandemic for example in using retired doctors and student doctors and nurses. A report is expected in Spring 2017. Death Certification guidelines (in 2 November 2016 letter) were useful.

Challenges and Discussion

- There is a need to consider the use of volunteers and voluntary groups including establishing and maintaining databases
- The use of emergency staffing in key services should be coordinated to ensure the maximum impact
- There are significant business as usual staff shortages, making stepping up in an emergency even more challenging
- Need to consider PVG disclosure and other checks for example the Care omission requirements on staffing levels

Recommendation 3.2

Review plans to optimise use of staff in an influenza pandemic including:

- mechanisms for redeployment of staff within and between organisations

- increasing staff capacity through relevant arrangements (All partners).

Progress

- Many individual organisations have considered redeployment to priority areas as part of their business continuity arrangements but little progress has been made on moving staff between organisations
- Health and Social Care Partnerships could provide the opportunity for maximising staff resources in community care

Challenges and Discussion

- Business as usual pressures and the challenges faced by all organisations due to staff absences makes deployment between organisations more challenging
- Further liaison between unions, staff and management is required. Different IT systems, access arrangements etc. Linked to that, staff are on different contract arrangements.
- Who decides on the relative priorities between organisations? For example - should a nurse continue to work for the Health Board or transfer to NHS 24?

Recommendation 4.1

Review arrangements for public communications including ensuring well understood processes are in place at local and national level to engage with the public during a pandemic (SG and RRP).

Progress

- UK National coordination arrangements are already in place and practiced during Exercise Cygnus
- Strong links are already in place across Communications professionals

Challenges and Discussion

- Sample templates for media reporting would be helpful
- Clarity is needed on who leads in creating media content for websites
- Public Communication Groups at RRP level are seen as being both useful for coordination and a potential for blockage and delay at the same time

Recommendation 5.1

Establish a working group to consider BC standards in contracts for supply of key/essential services (SG).

Progress

- None reported

Challenges and Discussion

- There is concern over the standard of business continuity in GP surgeries. Should be part of the GP Contract.
- National Procurement should play a stronger role in developing better BC in procurement

Recommendations 5.2

Review the distribution of national pandemic stockpiles (SG and Health Boards)

Recommendation 7.1

Review ability to distribute and issue antivirals effectively during an influenza pandemic, including:

- use of anti-viral distribution centres versus local pharmacies
- procedures for those unable to arrange collection of antivirals (SG and Health Boards).

Progress

- Scottish Government is establishing a working group to consider feasibility and issues around using community pharmacies as the primary route for antiviral distribution.
- Further work by Scottish Government on operational issues around countermeasures will follow

Challenges and Discussion

- Review ability to distribute and issue antivirals effectively during an influenza pandemic, including the use of antiviral distribution centres versus use of local pharmacies
- Distribution will be very difficult to deliver due to other staff pressures

Recommendation 6.1

Develop guidance on body storage (RRPs and National Mass Fatalities Working Group).

Recommendation 6.2

Monitor mortuary capacity and develop plans to increase in times of increased demand (RRPs).

Progress

- Please see Annex C

Challenges and Discussion

- There was a widespread call for the updated guidance to be circulated as soon as possible
- Many Local Authorities do not deal with body storage as part of business-as-usual arrangements as these are fulfilled through mortuary provision in the NHS. The barriers to dealing with a pandemic are therefore both in terms of physical assets and staff availability/expertise.
- There remains considerable uncertainty over the balance of responsibilities between Local Authorities and NHS

Recommendation 8.1

Ensure a wide understanding of plans for distribution of PPE and prioritisation of key staff (HPS, Health Boards and RRP).

Recommendation 8.2

Follow fit-testing procedures for relevant PPE (Health Boards and HPS).

Progress

- HPS have a Scotland wide expert group on Respiratory Protective Equipment and other enhanced PPE. HPS are also currently producing a competency framework which would include preparedness and requirements during a pandemic situation and this will be delivered by March 2017. Priority groups for PPE are contained within section 2.4 of the National Infection Prevention and Control Manual (NIPCM) which is mandatory for Health Boards.

Challenges and Discussion

- Fit-testing remains a significant challenge, particularly around keeping skills current

Annex B: Key priorities – for consideration – as identified during the final plenary session at the progress review event

The final plenary session asked each table to identify a key priority going forward. The recorded priorities were as follows.

- Raise awareness of how resilience frameworks work across all agencies
- Investigate mechanisms for re-allocating staff across agencies during a pandemic
- Produce a toolbox in advance to assist with hard decisions (including ethical decisions)
- Have consistency across agencies for planning for events such a pandemic
- Get all agencies together (including Health and Social Care Partnerships) to develop/review multi-agency pandemic flu plans
- Mutually agree prioritisation of services and the trigger points for when they would be used
- Develop a national communications strategy (Scotland) to ensure consistent advice/information to the public
- Ensure helplines are coordinated – such as NHS24, Fluline etc
- Review the use of PPE
- Clarify the role of LRP (Local Resilience Partnerships) /RRP (Regional Resilience Partnerships) / SRP (Scottish Resilience Partnership)

Annex C: Mass Fatalities – Update

Body Storage Guidance – National Mass Fatalities Working Group Update

The central objective in dealing with excess deaths during a pandemic is always to maximise throughput at all stages of the system. However, it is recognised that despite best efforts there will inevitably be blockages or pinch points which will necessitate the need for additional body storage to supplement existing mortuary provision.

The Scottish Government recognises that in most Local Authorities have taken the decision to discharge their mortuary provision using NHS facilities. However the statutory duty to provide adequate mortuary provision for deaths in the community, in both normal and exceptional events, remains with Local Authorities and therefore any decision to set up additional body storage will be the responsibility of the Local Authority. The Public Health (Scotland) Act 2008 and The Civil Contingencies Act 2004 places a duty of co-operation on Local Authorities and NHS Boards to work together for the preparation of and response to emergencies so it will be expected that they work together to provide any additional body storage required in their area. The Local Authority should work closely with the NHS mortuaries in their area and draw on their expertise when planning for and setting up body storage facilities.

Taking on board the range and complexities of issues that will need to be covered in the guidance a staged approach has been adopted.

In the initial stages a short term working group has been established to develop a draft outline specification for additional body storage including recommendations for:

- Accommodation and equipment
- Body racking
- Operating procedures; and
- Staffing

Membership of the group included Funeral Directors, Local Authority representatives and mortuary personnel. The group considered existing technical guidance for setting up mortuaries.

The Guidance will continue to be developed by drawing on expertise from other stakeholders including those involved in implementing the guidance. The proposed roll out programme detailed below was agreed at the National Mass Fatalities Working Group meeting on 14 December 2016.

Proposed next stages:

- Develop Version 3 with a wider target group (Funeral Directors, LA emergency planners, Local Authority Bereavement Services, Regional Mass Fatalities Group Chair, Mortuary Manager)
- Agree final version
- Disseminate guidance through focused workshops/meetings with relevant stakeholder groups (LARGs, Funeral Directors, Regional Mass Fatalities Groups)

The first meeting of the extended working group is 23 January 2017. The working group will agree a publication date for the final version of the guidance and workshops. Updates will continue to be provided to the Regional Mass Fatalities Working Groups.

Monitoring mortuary capacity and develop plans to increase in times of increased demand – Scottish Government Update

Across all the excess deaths events delivered as part of the Silver Swan exercise programme it became clear that in most areas there was a lack of knowledge on the levels of body storage in their area and what would be available during a pandemic. It was also acknowledged that in most areas managing winter deaths could also be an issue which may indicate that current capacity in some areas should be increased to facilitate normal business.

It was therefore recommended that regional planners monitor capacity in their area through the Risk and Preparedness Assessment (RPA) process. The recommendation does not simply relate to recording numbers but to develop an understanding the context of what storage is available and how it could be utilised during a pandemic. Any reduction in capacity should be investigated and the consequences considered.

It is expected that the RPA returns for extensive mass fatalities received in March 2017 will provide information on current capacity and an indication of current capability gaps including recommendations to the RRP to increase capacity if required.