Department of Health
An Roinn Sláinte
Männystrie O Poustie
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EXERCISE CYGNUS

18 – 20 OCTOBER 2016

LESSONS LEARNED REPORT

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1. INTRODUCTION

This Report outlines the results of the evaluation of Exercise Cygnus which took place on 18 – 20 October 2016.

The aim of this Report is to capture learning from Exercise players, observers and planning team and provide a clear link between lessons emerging and changes to our plans and procedures.

Once this Report is published, an Action Plan will be produced through which work will commence in resolving issues identified and applying any improvements to the Department's Emergency Planning and Preparedness procedures.

1.1. Exercise Cygnus Phase 2

The purpose of Phase 2 was to *enhance the UK's ability to manage the effects of an influenza pandemic by practicing and validating response policies and the decision-making process at national, regional and local levels*.

The aim of Exercise Cygnus was to *"To assess preparedness and response to an influenza pandemic in the UK.*

1.2. Objectives

1.2.1 The UK Objectives were initially agreed with the 4 UK Countries as follows:

1. To exercise organisational pandemic influenza plans at local and national levels in the UK.
2. To exercise coordination of messaging to the public.
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 (such as excess deaths).
4. To exercise the provision of scientific advice, including SAGE, during an influenza pandemic.

1.2.2 The following additional objectives were added by England in 2016 however these were not being tested by Devolved Administrations:

5. To explore the social care policy implications during a pandemic.
6. To explore the use of the 3rd sector to support the response.
7. Exercise the coordination of resources to cope with excess deaths in the community.
8. Identify issues raised around the impact of flu in the prison population.

1.2.3 In addition to the above objectives the following overarching NI specific objectives were defined for the whole exercise as follows:

1. To exercise organisational pandemic influenza plans at Health Gold and Silver levels in Northern Ireland, specifically:
   - By exercising the 4 Nations interface [Official/CMO/Ministerial level] and Health Ministers decision-making process;
   - By exercising the interface between NI Health Gold and HSC Silver.
2. To exercise strategic decision-making processes around managing the wider consequences and cross-government issues at local level during an influenza pandemic (such as excess deaths), including the activation of the NI Central Crisis Management Arrangements.
3. To exercise coordination of messaging to the public by DOH, HSC SILVER and EIS protocol.
4. To exercise the consideration and decision making process in relation to receipt of scientific advice, including SAGE, during an influenza pandemic.

1.2.4 In order to achieve the objectives the exercise focused on specific issues including:

- managing the on-going uncertainty;
- Ministerial decisions that might be required now or in the next few weeks to mitigate the projected impact of the developing pandemic;
- review of extant health advice covering communications messages, prophylaxis and stockpiles;
- consideration of the management of excess deaths that require national decisions;
- management of Health and Social Care resources

1.2.5 To facilitate consideration of these issues, a series of scheduled meetings occurred across the 3 days of the Exercise. This included:-

- UK CMO's Teleconferences
- Cabinet Office Briefing Room (Officials) (COBR(O))
- Cabinet Office Briefing Room (Ministerial) (COBR(M))
- RHCC Strategic Cell Meeting
- Civil Contingencies Group (NI) (CCG(NI))

1.3. Scope and Methodology

The scope for the exercise was high level and strategic, with a focus on both health and social care issues and the wider government impacts. Given the focus on the strategic decision making processes it was decided that a desktop EOC would be activated to support flow of information to senior decision makers attending UK and NI meetings. A Briefing Cell was also activated in order to provide briefing for various meetings.

2. REGIONAL HEALTH COMMAND CENTRE (RHCC) STRATEGIC CELL - ANALYSIS AND RECOMMENDATIONS

The Department's overall response to the Exercise was managed from the RHCC, chaired by Dr Michael McBride Chief Medical Officer (CMO) and staffed by the relevant Policy Leads within the Department.

Feedback was gathered during the Post Exercise Hot De-brief via evaluation forms and comments made. A further cold de-brief was held with key players including Dr Michael McBride CMO, Dr Anne Kilgallen DCMO, Gerard Collins Acting Director of Population Health Directorate and Name Redacted Head of Press Office.

2.1. Most successful aspects

2.1.1. RHCC Strategic Cell participants indicated that the most successful aspects of participation by Silver (PHA/HSCB/BSO) included:

- Liaison between Silver and Gold;
- Testing completion of Silver sitrep;
- Co-ordination and information between DoH/ PHA/ HSCB;
- Level/ quality of participation across Health Silver was excellent and very apparent at the Strategic Cell meeting how well versed they were in the issues.
- Interactions between the levels of command seemed to be good from a health perspective.

RECOMMENDATION 1: Draft SITREP provided by Exercise Planners to Silver should be developed further and consideration should be given to including as template in ERP.

2.1.2. A number of positive comments were received in relation to the usefulness of testing plans. In particular with regard to the participation of a wide range of departmental players as well as the interaction with Silver achieved during Exercise Cygnus. It was also considered useful to have players who had actually managed a real live scenario. Preparatory briefings were also noted to be well structured and beneficial.

2.1.3. It was noted that the exercise had identified weaknesses in ICT responses for both emergencies and BCP. Further comments indicated that emergency planning resources need reviewed following recent changes to Departmental structures, e.g. BCP responsibilities now split, with premises, ICT and HR now separate.

RECOMMENDATION 2: Clarification to be sought on BCP leads within the Department with regard to premises, ICT and HR following departmental restructuring.

2.1.4. In relation to Communications, it was noted that the provision of CRIPS and Sitreps was very useful. Participants also commented that a telephone notification following a request for urgent information from RHCC EOC was very useful.

RECOMMENDATION 3: Consider development of process maps/check lists for routine tasks in EOC and include reference to follow up urgent emails with telephone call.

2.2. Least successful aspects

2.2.1. A participant attending a meeting in Castle Buildings commented on the lack of coverage re mobile network within specific locations within Castle Buildings – depending on participant's location the blackberry did not pick up a request for information which led to a brief delay in responding.

RECOMMENDATION 4: Planning for relocation of RHCC to Annex 3 should include assurances on mobile network coverage.

2.2.2. There were a number of comments on communication difficulties experienced by participants specifically in relation to receipt of emails and clear instructions as to what was required from recipient.

RECOMMENDATION 5: Consider development of process maps/check list for issue of emails from EOC to ensure consistency of approach and clarity for recipient.

2.2.3. A number of participants felt that emails were sent with tight deadlines but they were not made aware of the urgency.

Implementation of RECOMMENDATION 3 should address these concerns.

2.2.4. A number of participants commented that communications with colleagues in England (PHE, DH and Cabinet Office) caused difficulties. For example papers for Cabinet Office Briefing Room meetings were not received in advance of the meeting; timescales for clearing papers were unrealistic; unnecessary requests for information copied to NI; and there were decisions made on a UK basis where no communications appear to have taken place.

Feedback on the communication difficulties with England (including assurances on UK decision making processes) has been provided to DH/PHE colleagues who are drafting the Health UK Lessons Learned report

2.2.5. It was noted that there was some confusion as to whether the Department's Business Continuity Plan had been activated or not. This led to disjointed input to RHCC Strategic Cell.

Implementation of RECOMMENDATION 2 should address these concerns.

2.2.6. Feedback on the understanding of RHCC Strategic Cell Role/ Policy Role included the need for clear guidance on roles and responsibilities and the level of decisions to be taken at the meeting. There was also confusion as what paperwork was required to support decision making process.

RECOMMENDATION 6: Emergency Response Plan (ERP) Aide-memoires to be developed in relation to policy leads role in RHCC Strategic Cell

RECOMMENDATION 7: Training/Desktop Exercise for RHCC Strategic Cell members should be scheduled to provide clarity on roles and responsibilities and the decision making process.

2.2.7. Feedback from the minute taker at RHCC Strategic Cell meeting indicates that they were unable to hear everyone as a number of attendees who had their back to them.

RECOMMENDATION 8: RHCC Strategic Cell Minute Taker should sit at main table close to Chair and loggist.

2.2.8. Minute Taker also felt that there would be pressure in trying to keep up with fast paced agenda thereby running the risk that information could be missed.

RECOMMENDATION 9: Consideration to be given to providing more than one minute taker at RHCC Strategic Cell meetings if agenda warrants it.

2.2.9. In addition to all of the above, a few comments were received in relation to not adhering to battle rhythm, clearance processes and unrealistic deadlines. These are considered to have been as a result of exercise artificialities (such as extent of play within the Department and HSC) and therefore require no remedial action.

3. EMERGENCY OPERATIONS CENTRE (EOC) - ANALYSIS AND RECOMMENDATIONS

A partial desktop EOC and Briefing Cell was established in D2 Lecture Theatre and manned by members of Population Health Directorate, across the 3 days of live play. Whilst the EOC was not the main focus of the exercise, it was tested by default as the conduit for receiving and disseminating information to the RHCC Strategic Cell and provision of papers and briefing for senior management attendance at meetings. Feedback was gathered during the Post Exercise Hot De-brief via evaluation forms and comments made.

3.1. Most successful aspects

3.1.1. A number of positive comments were received on team work within the RHCC EOC. These included:

- Working well as a team with the Action Manager
- Drive and determination to succeed and meet challenging deadlines.
- Prompt relay of information within EOC
- Co-operation and team working displayed by all players.
- Flexibility of Population Health Directorate staff to support EOC.
- Team work in a stressful situation
- Flexibility of staff to remain after their allocated time – assisted the handover, and also flexibility where 1 member of staff started early.
- The willingness of everyone to work as a team to achieve a successful outcome.

3.1.2. Participants also commented that the exercise was useful in preparing and gaining experience for future roles in the EOC during an Emergency.

RECOMMENDATION 10: Consider scheduling a series of RHCC EOC desktop exercises to build on Ex Cygnus learning

3.1. Least successful aspects

3.2.1 A number of participants felt insufficiently prepared or were unclear on their role with the RHCC EOC. Comments were also received indicating that there was confusion over other participants' roles within the EOC and how the information boards are used.

RECOMMENDATION 11: Short Training sessions providing overview of EOC processes and roles should be held for EOC staff. It would be useful to hold in advance any desktop or full EOC exercises.

3.2.2 Comments were received in relation to the unsuitability of the RHCC location and the IT provided. In the main the comments on IT were related to the fact that a fully functioning EOC was not set up or tested as part of Exercise Cygnus. The remainder of the comments, e.g. dedicated MFD will be addressed by the ongoing work on relocation of RHCC to Annex 3.

RECOMMENDATION 12: The RHCC relocation project to Annex 3 should be progressed as a matter of urgency and include requirements for a dedicated MFD.

RECOMMENDATION 13: A full RHCC EOC Exercise should be carried out following relocation to new RHCC location provided training and desktop exercises have been carried out in advance.

3.2.3 Some participants commented on the white boards in the RHCC EOC noting that maintaining data in date order, adding further data, and reading print outs from boards proved difficult.

RECOMMENDATION 14: Consideration should be given to replacing existing white boards with smart boards for use in RHCC. For example the action log could be stored as an excel spreadsheet. This can then be displayed and sorted/filtered via smart board tools.

3.2.4 A number of comments were received in relation to processes within the RHCC EOC, e.g. use of trays, handling of emails into/out of RHCC EOC especially those with deadlines, prioritisation of communications within RHCC EOC, managing information flows in an efficient manner to ensure information to right person in timely manner and clear circulation lists for distribution of information.

RECOMMENDATION 15: A further Annex of Process Maps should be developed for inclusion in ERP for information flow processes including cross referencing documents with boards.

3.2.5 It was noted by participants that there was not a clear demarcation line between Information Director and EOC Manager nor was it clear how the requests for input to briefing should be handled. This issue may have been exacerbated by the collocation of the Briefing Cell and EOC staff which was an exercise artificiality.

The implementation of Recommendations 11 (EOC Training) and 12 (relocation of RHCC to Annex 3) should address most of the concerns raised.

RECOMMENDATION 16: Clear processes should be agreed for the commissioning of briefing from outside the RHCC with clear responsibilities for receipt and management of briefing input.

4. EVALUATOR ANALYSIS AND RECOMMENDATIONS

Internal Audit (IA) provided 2 Evaluators to provide input to the UK Report on Exercise Cygnus. A questionnaire was provided for completion.

The Evaluators attended a series of elements across the 3 days of live play. In addition to the input for inclusion in the report IA provided a number of observations. The following IA observations have been agreed as requiring further consideration or action and where necessary a recommendation has been made. The full set of Internal Audit observations can be found at Annex A.

4.1. IA Observations

4.1.1. **Observation 4: Staffing of EOC.** The EOC was manned by staff that would normally be responsible for making policy decisions. It was noted that some staff had to leave the EOC during the exercise to respond to requests for information in relation to policy. In the event of a real pandemic, it would not be practical to man the EOC with staff that also have a role in providing policy lead.

EPB RESPONSE

4.1.2. Observation is correct. The Planning Team had already flagged that there may be issues regarding the staffing of EOC by EPB during a severe pandemic or emergency when there will be additional pressure on policy development/decision making.

RECOMMENDATION 17: To consider updating ERP in relation to seeking additional staffing to fulfil roles normally carried out by EPB during severe pandemic or emergency.

4.1.3. **Observation 5: Roles and responsibilities.** These were not clearly defined in the EOC. The following observations were noted:

- Operations were not clearly directed and controlled by one officer;
- The Information Manager took the briefing cell lead and there was limited interaction between him and the EOC Manager;
- The EOC Manager was involved in the detail of the information received and this took the focus away from managing operations;
- The roles and responsibilities of each member of the EOC staff were not clearly defined and tasks were not clearly delegated to individuals;
- EOC staff were observed working in pairs and sometimes three people on the same task;
- On the first morning of the exercise, one officer carried round all of the written Injects without actioning them. Therefore, the team did not have access to this information.

EPB RESPONSE

4.1.4. Observations noted. In relation to the 5th bullet point, IA do not seem to be aware that this was a training opportunity and as the EOC was being run as a desktop, participants were encouraged to work in a group when possible.

4.1.5. **Observation 6:** At the beginning of the exercise, a group discussion lasting over one hour took place in the EOC about the first Injects. This put time pressure on the EOC during the remainder of the day to deal with the demands of new information as it was received.

EPB RESPONSE

4.1.6. Observation noted. The EOC aspect of Exercise Cygnus was being run as a desktop following feedback from a past exercise. Participants were encouraged to work in a group when possible and to discuss handling of injects.

4.1.7. **Observation 7:Information received by the EOC**

- As information was received in the form of Injects they were not read out to the team in the EOC. Therefore, the whole team were not aware of updated information or of new issues as they arose.
- New information was placed in the "in" tray but not actioned by anyone. There was confusion as to how to use the "in" and "out" trays with information received being placed in the wrong tray. New items were placed on top of existing papers and were therefore not being processed in the order in which they were received.
- A reference number was allocated to every new piece of information when it was recorded on the Issues Board but the reference number was not recorded onto the document. It was therefore impossible to tell from the document if it had been actioned.

EPB RESPONSE

4.1.8. Observations noted. The first bullet point seems to contradict the point above. As this was a desktop the intention was, time permitting, for a group discussion to take place on injects. However given the scale on information that arrived from England this did not happen on all occasions.

4.1.9. **Observation 8: Boards in the EOC.** Information received by the EOC was not promptly and clearly recorded as appropriate on the Battle Rhythm, Issues Board and/or Actions Board.

The following observations were made in relation to the boards.

Issues Board

- It was not updated in a timely manner;
- The EOC Manager was unclear as to what should be recorded;
- On day 1 only two issues had been added to the Issues Board by lunch time;
- The "update time" was not always updated when a new issue was recorded;
- Out of 25 issues recorded on the Issues Board, only one was cross –referenced with the Acton Board number;
- The Issues recorded lacked clarity, for example, the death of a son of an MLA was recorded as "media interest in death";
- The Issues Board was used to brief the DCMO on 20th October 2016. As the board was not kept up to date, this would mean that the brief was incomplete and inaccurate.

Action Board

- The Board was not cross-referenced.
- The person responsible for undertaking the Action was recorded as the 2 people who wrote it up on the board and not who was responsible for taking forward the action.
- A key issue relating to death certification was not added to the actions board. (The Facilitator had to instruct the EOC staff to update the board, nearly 2 hours later).

Battle Rhythm

- A meeting with the Health Committee was not added to the Battle Rhythm.

The following Injects had not been correctly recorded on the Boards in the EOC by 4.30pm on Day 2 of the exercise:

- Ref 157 was not updated on Battle Rhythm
- Ref C2/21 - not on action board
- Ref C2/22 – not on action board or issues board
- Ref C2/23 – not on any board
- Ref C2/24 – not on any board
- Ref C2/25 – not on action board
- Ref C2/26 – not on any board

SITREP board

- This was not kept up to date, for example the date & time of last COBR meeting had not been updated and the date and time of the next meeting had not been recorded.
- The figure on the board for the fatality rate had been incorrectly altered from 1.5% to 2.3%. This was identified by the CMO during

the CMO Brief on 19th October 2016 and he asked for this to be corrected.

EPB RESPONSE

4.1.10. Observations noted. Specific responses to queries are as follows:
- Health Committee Meeting had been on Battle Rhythm Board on 18 October 16.
- C2/21 was on action board at 14.15 but was not on battle rhythm board.
- C2/25 was on actions board at 14.15 and action taken.

The implementation of Recommendations 10 (EOC Desktops), 11 (EOC Training Sessions) and 13 (full EOC exercise) and 15 (an Annex of Process Maps) should address these observations

4.1.11. **Observation 9: Equipment used by the EOC.** There was only one laptop in the EOC and two in the briefing team used for the exercise. The following issues were noted:
- The user was logging in with someone else's login details;
- The mail box quickly became full and there was down time while this was rectified;
- The laptop froze and had to be re-started which resulted in a time delay

EPB RESPONSE

4.1.12. Observations noted. As previously stated to Internal Audit this was a Strategic level Exercise and not a full EOC Exercise. As such only certain roles within the EOC were 'playing' in order to facilitate information flow for the Strategic level meetings.

There were two laptops in the EOC. In line with IT policy the RHCC mail box cannot be assigned as a generic account and can only be added to an existing email account. Only certain users with EPB had access to the RHCC email account and given staff turnover during the exercise it was decided to give access to participants using certain EPB sign-ons'. This has since been rectified with all of EPB staff being given access to RHCC generic email account. However in a real emergency there will be multiple staff turnover which will include staff outside of EPB

RECOMMENDATION 18: To explore further possibility of getting a stand-alone account for RHCC email.

4.1.13. **Observation 10: Physical set-up of the EOC.** The EOC was located in the Conference Room as detailed in the Emergency Response Plan. The following points were noted:

- The lighting in the EOC was very poor. This was commented on by the CMO. (This issue was raised at the previous observation);
- There was limited mobile phone signal in the EOC. This could have an impact on communication. (This issue was raised at the previous observation).

Internal Audit is aware of plans to use Annexe 5 for EOC purposes in the future which should address the issues identified.

EPB RESPONSE

4.1.14. Observations Noted

Implementation of Recommendation 12 (relocation of RHCC to Annex 3) should address this observation.

4.1.15. **Observation 18:** A Loggist and/or note taker was not present at COBR (M) meeting.

EPB RESPONSE

4.1.16. Observation is correct. A loggist and a note taker are different roles. CO is responsible for taking notes and actions arising from COBR meeting. Loggist role is to note decision making of the person they are assigned to, e.g. CMO. As this was an exercise and we had limited pool of loggists we took decision to not play a loggist for this meeting. Planning Team has already noted issues with loggists' pool.

RECOMMENDATION 19: Remedial action required to address availability of loggists.

4.1.17. **Observation 21: Antiviral prescribing.** It was agreed between the UK participants that the National Pandemic Flu Service (NPFS) should move to a targeted approach on a national basis when issuing the antiviral drug Tamiflu. The timing of this change was based on UK wide modelling which is based on one algorithm. Given that N.I. was 2 weeks behind in the exercise scenario, this timing would not be appropriate or necessary for N.I.

There was also an issue of when the trigger had been reached for swapping from the dispensing of the drug Tamiflu to Relenza. In England it was 2.5% of the total stock pile.

It would be important to clarify the N.I. position in relation to the rest of the U.K. to inform health professionals should an actual flu pandemic occur.

EPB RESPONSE

4.1.18. Observations noted. This is not an accurate summary of issues that did arise around use of antivirals. However the lack of clarity around decision making process on a UK basis has already been highlighted to PHE in feedback.

5. EXERCISE CYGNUS PLANNING TEAM COMMENTS

During preparation for the Exercise and the 3 days of live play, the Exercise Planning Team identified a number of issues which need to be addressed to update or address gaps in current planning arrangements.

5.1. Issues Identified

5.1.1. Personnel Development Branch (PDB) maintains a list of trained Loggists who provide support to the Chair of the RHCC Strategic Cell through creating and maintaining a decision log. Currently there are a limited number of trained Loggists in the Department. During planning for Exercise Cygnus planners experienced difficulty in obtaining commitment from existing loggists to take part in the Exercise.

RECOMMENDATION 20: PDB to seek commitment from existing Loggists to participate in future exercises and offer refresher training.

RECOMMENDATION 21: PDB to recruit Loggists at SO/ DP grade and facilitate training.

5.1.2. The Aide Memories contained within the Emergency Response Plan (ERP) need to be updated to include a 'Forward look' aspect. Also certain functions are now split and dedicated Aide-memoires need to be developed.

RECOMMENDATION 22: Aide-Memoires to be reviewed and updated with additional ones developed as required.

5.1.3. During planning and exercise play, it was evident that Personal Secretaries need to be updated with briefing in order to fully support their Senior Officials.

RECOMMENDATION 23: Process Maps on Communication should ensure Private Secretaries are provided with all relevant material in order to fully support their Senior officials.

5.1.4. During live play in the RHCC EOC, an IT issue arose regarding the size of the RHCC mailbox. The mailbox quickly became full resulting in emails not being received or sent. This caused a delay in completing actions and disseminating information.

RECOMMENDATION 24: Part of RHCC EOC set-up should include request to IT Assist (via Bill Pauley) to increase mail box sizes to maximum amount available for EPB staff and RHCC mail box.

5.1.5. Feedback received from Senior Officials in Silver and Gold was that the Departmental PowerPoint template used for the GOLD SITREP was difficult to read.

RECOMMENDATION 25: Request Press Office update the Departmental PowerPoint Template to ensure it is easily read and meets www.Gov.uk guidelines for accessible communication format.

5.1.6. As a result of observations by the planning team and comments from participants a standardised approach to briefing should be identified and agreed. For example Briefing Call should consider use of annotated agendas when providing briefing for meetings.

RECOMMENDATION 26: A guidance document/templates should be produced for Briefing Cell to ensure standardised approach to briefing.

5.1.7. During exercise play it was identified that no mutual aid arrangements are in place with ROI for transfer of patients requiring ECMO.

RECOMMENDATION 27: The development of ECMO mutual aid arrangements with ROI should be explored.

5.1.8. During exercise play it was identified that the wrong information had been included in RHCC Strategic Cell papers.

RECOMMENDATION 28: A Process Map should be developed to ensure that all commissioned papers for meetings are quality assured prior to circulation.

5.1.9 During Exercise Play it became apparent that expectations of input and level of participation from other areas outside of the department was not met. This led to certain aspects of the exercise scenario not being explored to the extent that that had been expected.

RECOMMENDATION 29: Any future planning team should ensure a set of deliverables are articulated for all areas of the exercise to ensure full engagement during exercise play.

5.1.10. Internal Audit were approached to provide the Evaluation aspect of the Exercise which required input into the UK Lessons Learned Report via completion of a template provided by Department of Health (England). Following completion of the exercise it became apparent that IA were delivering something other than what had been requested.

RECOMMENDATION 30: In commissioning an evaluation of any future exercises it is critical that a TOR and agreed set of deliverables is provided and signed off at senior level.

6. FEEDBACK ON EXERCISE ORGANISATION AND OUTCOMES

Participants were asked to complete hot de-brief forms which include a section on the planning and delivery of Exercise Cygnus. They were asked to rate the following:

- The exercise was well organised
- The scenario and injects generated useful discussions
- The exercise generated important issues and lessons identified
- The aim of the exercise was achieved

by indicating if they strongly agreed, agreed, disagreed or strongly disagreed.

The majority of participants indicated that they felt the aim of the Exercise had been met and the scenario and injects generated useful discussions.

Participants also indicated that the exercise had been well organised and had generated important issues.

Full details are provided in Annex B.

Emergency Planning Branch - Exercise Cygnus Planning Team

Name Redacted

ANNEX A

No	Date observed	Meeting	Issue identified	EPB Comments
1	19/10/16 & 20/10/16		Exercise Cygnus Objectives It was agreed by the participants that the Northern Ireland (NI) exercise would cover four objectives. However, several weeks prior to the commencement of the exercise, additional objectives were added by England, an example of which was how prisons would manage the pandemic outbreak. This scenario was not to be played by NI, however, during the exercise it proved difficult for the participants to ignore. An example of this was during the Ministerial and HOCS brief on 19th October 2016 when the handling of the outbreak in prisons was discussed prior to a COBR (M) teleconference. This led to confusion and focus being diverted from the issues that were being played. The issue was again covered during the CMO's pre-brief on 20th October 2016.	Observation is correct. Assurances were provided by PHE/CO that this would be handled to avoid confusion during play however this does not appear to have happened. **Action: NFA**
2		COBR Actions paper arising from meeting on 17/10/16	A COBR paper issued detailing actions arising from a meeting on 17 October 2016 highlighted that N.I. were not answering on the aspect of the resilience of the food chain, however, the paper failed to record that N. I. was also not answering on the resilience of the prison service. This omission could have led to confusion as to the exact position of N.I. in the COBR meetings.	Observation is correct. See comments above. **Action: NFA**

No	Date observed	Meeting	Issue identified	EPB Comments
3		COBR meetings	Internal Audit was informed by Emergency Planning Branch staff that it had been agreed that at the outset of COBR teleconference calls that the lead player would make it clear that Devolved Administrations were not answering on certain topics e.g. prisons. However, this did not happen in practice.	Observation is correct. See comments above. **Action: NFA**
4	18/10/16 – 20/10/16	EOC	<u>Staffing of EOC</u> The EOC was manned by staff that would normally be responsible for making policy decisions. It was noted that some staff had to leave the EOC during the exercise to respond to requests for information in relation to policy. In the event of a real pandemic, it would not be practical to man the EOC with staff that also have a role in providing policy lead.	Observation is correct. The Planning Team had already flagged that there may be issues regarding the staffing of EOC by EPB during a severe pandemic or emergency when there will be additional pressure on policy development/decision making. **Action: To consider updating ERP in relation to staffing during severe pandemic or emergency**
5	18/10/16 – 20/10/16	EOC	<u>Roles and responsibilities</u> • These were not clearly defined in the EOC. The following observations were noted: • Operations were not clearly directed and controlled by one officer; • The Information Manager took the briefing cell lead and there was limited interaction between him and the EOC Manager;	Observations noted. In relation to the 5th bullet point, IA do not seem to be aware that this was a training opportunity and as the EOC was being run as a desktop, participants were encouraged to work in a group when possible.

No	Date observed	Meeting	Issue identified	EPB Comments
			• The EOC Manager was involved in the detail of the information received and this took the focus away from managing operations; • The roles and responsibilities of each member of the EOC staff were not clearly defined and tasks were not clearly delegated to individuals; • EOC staff were observed working in pairs and sometimes three people on the same task; • On the first morning of the exercise, one officer carried round all of the written Injects without actioning them. Therefore, the team did not have access to this information.	**Action: Further training of EOC participants and a full EOC exercise to be timetabled.**
6	18/10/16	EOC	At the beginning of the exercise, a group discussion lasting over one hour took place in the EOC about the first Injects. This put time pressure on the EOC during the remainder of the day to deal with the demands of new information as it was received.	Observation noted. The EOC aspect of Exercise Cygnus was being run as a desktop following feedback from a past exercise. Participants were encouraged to work in a group when possible and to discuss handling of injects. **Action: Further training of EOC participants and a full EOC exercise to be timetabled.**
7	18/10/16	EOC	<u>Information received by the EOC</u> • As information was received in the form of Injects	Observations noted.

No	Date observed	Meeting	Issue identified	EPB Comments
			they were not read out to the team in the EOC. Therefore, the whole team were not aware of updated information or of new issues as they arose. • New information was placed in the "in" tray but not actioned by anyone. There was confusion as to how to use the "in" and "out" trays with information received being placed in the wrong tray. New items were placed on top of existing papers and were therefore not being processed in the order in which they were received. • A reference number was allocated to every new piece of information when it was recorded on the Issues Board but the reference number was not recorded onto the document. It was therefore impossible to tell from the document if it had been actioned.	The first bullet point seems to contradict the point above. As this was a desktop the intention was, time permitting, for a group discussion to take place on injects. However given the scale on information that arrived from England this did not happen on all occasions. **Action: Further training of EOC participants and a full EOC exercise to be timetabled.**
8	18/10/16 – 20/10/16	EOC	<u>Boards in the EOC</u> Information received by the EOC was not promptly and clearly recorded as appropriate on the Battle Rhythm, Issues Board and/or Actions Board. The following observations were made in relation to the boards. <u>Issues Board</u>	Observations noted. **Action: Further training of EOC participants and a full EOC exercise to be timetabled.** See notes below

No	Date observed	Meeting	Issue identified	EPB Comments
			• It was not updated in a timely manner; • The EOC Manager was unclear as to what should be recorded; • On day 1 only two issues had been added to the Issues Board by lunch time; • The "update time" was not always updated when a new issue was recorded; • Out of 25 issues recorded on the Issues Board, only one was cross –referenced with the Acton Board number; • The Issues recorded lacked clarity, for example, the death of a son of an MLA was recorded as "media interest in death"; • The Issues Board was used to brief the DCMO on 20th October 2016. As the board was not kept up to date, this would mean that the brief was incomplete and inaccurate. <u>Action Board</u> • The Board was not cross-referenced. • The person responsible for undertaking the Action was recorded as the 2 people who wrote it up on the board and not who was responsible for taking forward the action. • A key issue relating to death certification was not added to the actions board. (The Facilitator had to instruct the EOC staff to update the board, nearly 2	

No	Date observed	Meeting	Issue identified	EPB Comments
			hours later). <u>Battle Rhythm</u> A meeting with the Health Committee was not added to the Battle Rhythm. The following Injects had not been correctly recorded on the Boards in the EOC by 4.30pm on Day 2 of the exercise: • Ref 157 was not updated on Battle Rhythm • Ref C2/21 - not on action board • Ref C2/22 – not on action board or issues board • Ref C2/23 – not on any board • Ref C2/24 – not on any board • Ref C2/25 – not on action board • Ref C2/26 – not on any board <u>SITREP board</u> This was not kept up to date, for example the date & time of last COBR meeting had not been updated and the date and time of the next meeting had not been recorded. The figure on the board for the fatality rate had been incorrectly altered from 1.5% to 2.3%. This was identified by the CMO during the CMO Brief on 19th October 2016 and he asked for this to be corrected.	On Battle Rhythm Board on 18 October 16 Unclear as to what this? C2/21 was on action board at 14.15 Not on battle rhythm board C2/25 was on actions board at 14.15 and action taken

No	Date observed	Meeting	Issue identified	EPB Comments
9	19/10/16	EOC	Equipment used by the EOC There was only one laptop in the EOC and two in the briefing team used for the exercise. The following issues were noted: • The user was logging in with someone else's login details; • The mail box quickly became full and there was down time while this was rectified; • The laptop froze and had to be re-started which resulted in a time delay.	Observations noted. As previously stated to Internal Audit this was a Strategic level Exercise and not a full EOC Exercise. As such only certain roles within the EOC were 'playing' in order to facilitate information flow for the Strategic level meetings. There were two laptops in the EOC. In line with IT policy the RHCC mail box cannot be assigned as a generic account and can only be added to an existing email account. Only certain users with EPB had access to the RHCC email account and given staff turnover during the exercise it was decided to give access to participants using certain EPB sign-ons'. This has since been rectified with all of EPB staff being given access to RHCC generic email account. **Action: In real emergency there will be multiple staff turnover which will include staff outside of EPB. Need to explore further possibility of**

No	Date observed	Meeting	Issue identified	EPB Comments
				getting a stand-alone account for RHCC email.
10		EOC	Physical set-up of the EOC The EOC was located in the Conference Room as detailed in the Emergency Response Plan. The following points were noted: • The lighting in the EOC was very poor. This was commented on by the CMO. (This issue was raised at the previous observation); • There was limited mobile phone signal in the EOC. This could have an impact on communication. (This issue was raised at the previous observation). Internal Audit is aware of plans to use Annexe 5 for EOC purposes in the future which should address the issues identified.	Observations noted. **Action: proceed with planning for move to Annex 3 subject to MSU facilitating work.**
11	18/10/16		SITREP and CRIP documents Copies of documents were not provided to the Evaluator during the exercise. This did not become apparent until attendance at meetings, making it difficult to evaluate the topics covered at meetings.	Observations noted. In discussion prior to exercise, Internal Audit were to decide which meetings they attended. Also copies of SITREPS and CRIPs were available on EOC tables however there would have been an onus on Internal Audit to indicate if they needed papers provided. Ongoing discussion took place during 3 days of exercise between Planners and

No	Date observed	Meeting	Issue identified	EPB Comments
				Internal Audit. **Action: NFA**
12	18/10/16		<u>Briefing papers</u> Briefing papers were incorrect on Day 1. They stated that the critical level was 1 and not 2. This was corrected by the participants.	Observation is correct. Due to discussion at silver level it was decided to amend this detail to provide more realistic play. Participants were advised of this change at the Exercise Brief on Day 1. **Action: NFA**
13	18/10/16		<u>Policy on dealing with deaths</u> During the exercise, reference was made to a policy dealing with deaths; however, it was not obvious to the Evaluator that this was available in the EOC during the exercise. A copy of this document was subsequently supplied to Internal Audit.	Observation noted. This document was available during the Exercise. However due to the nature of the subject matter it could not be left with other generic documents. The policy leads for the DoH aspects were aware of document and produced a policy document for RHCC Strategic Cell meeting as requested Unclear why this would have created an issue for Internal Audit.

No	Date observed	Meeting	Issue identified	EPB Comments
				Action: NFA
14	19/10/16 20/10/16	Ministerial & HOCS brief/CCGNI	Issue of deaths Mortuary capacity, body storage in general and capacity for burials were all significant issues which were discussed at the Ministerial & HOCs brief. These issues were discussed briefly at CCGNI, however; decisions were not taken in relation to each of these areas.	Observation noted. Following completion of work on the Excess Deaths Framework and CMO letter confirming extent of DoH role, these aspects are outside of DoH remit. However we are aware from a subsequent CCG(NI) meeting that further work is being undertaken by DoJ and DfC to address these issues. **Action: NFA**
15	19/10/16	Ministerial & HOCS brief	Domiciliary care Domiciliary care was raised as a major issue by the CMO but was this was not raised as an issue at any of the subsequent meetings.	Observation noted. **Action: NFA**
16	19/10/16	COBR (M)	COBR (M) teleconference Copies of the COBR (M) agenda and supporting papers had not been made available to the CMO. These were only received at 10.16am too late to be read and disseminated before the COBR (M) teleconference.	Observation is correct. This was noted in feedback to PHE. **Action: NFA**

No	Date observed	Meeting	Issue identified	EPB Comments
17	19/10/16	COBR (M)	The telephone line to the COBR (M) meeting was very poor which had an impact on communication. It was difficult to distinguish who was speaking during the teleconference. One of the COBR participants commented that something would have to be done about the quality of the line.	Observation is correct. This was noted in feedback to PHE. **Action: NFA**
18	19/10/16	COBR (M)	A Loggist and/or note taker was not present at COBR (M) meeting.	Observation is correct. A loggist and a note taker are different roles. CO is responsible for taking notes and actions arising from COBR meeting. Loggist role is to note decision making of the person they are assigned to, e.g. CMO. As this was an exercise and we had limited pool of loggists we took decision to not play a loggist for this meeting. **Action: Planning Team has already ready noted issues with loggists' pool. Remedial action required to address availability of loggists.**
19	19/10/16	4 nations CMOs	4 nations CMO teleconference New information was introduced about the cross- over of immunity from swine flu. This was not in the Exercise Cygnus papers released and appeared to be an	Observation is correct. **Action: NFA**

No	Date observed	Meeting	Issue identified	EPB Comments
			error/miss-information received from England.	
20	20/10/16	COBR (O)	COBR (O) teleconference The line quality during the COBR (O) teleconference was poor.	Observation is correct. This was noted in feedback to PHE. **Action: NFA**
21	20/10/16	COBR (O)	Antiviral prescribing It was agreed between the UK participants that the National Pandemic Flu Service (NPFS) should move to a targeted approach on a national basis when issuing the antiviral drug Tamiflu. The timing of this change was based on UK wide modelling which is based on one algorithm. Given that N.I. was 2 weeks behind in the exercise scenario, this timing would not be appropriate or necessary for N.I. There was also an issue of when the trigger had been reached for swapping from the dispensing of the drug Tamiflu to Relenza. In England it was 2.5% of the total stock pile. It would be important to clarify the N.I. position in relation to the rest of the U.K. to inform health professionals should an actual flu pandemic occur.	Observations noted. This is not an accurate summary of issues that did arise re around use of antivirals. However the actual issues have been noted by the planning team and will be taken forward in Lessons Learned report. The lack of clarity around decision making process on a UK basis has already been highlighted to PHE in feedback. **Action: Clarification on the process for and impacts of changes to antiviral policy.**
22	20/10/16	COBR (O)	Papers were not available from GB for the Teleconference. During the COBR (O) meeting Dr Kilgallen commented “are they talking about another paper or is our information incomplete?”	Observation is correct. This was noted in feedback to PHE.

No	Date observed	Meeting	Issue identified	EPB Comments
				Action: NFA
23	20/10/16	COBR (O)	<u>Key issues arising out of COBR (O) meeting</u> • NI committed to national prescribing. A decision was made during the previous day by GB to release Relenza but N.I. was not involved in the discussions or decision. NI would be forced to move to using Relenza before it is ready to do so. • A decision had been made to release antibiotic stock piles but it was unclear who made this decision. • There was the possibility of moving towards population triage. • It was difficult to determine what decisions had been made at this meeting.	Observations noted. The lack of consultation on a UK level in relation to use of stockpiles was noted in feedback to PHE. The lack of clarity on discussions at COBR was noted in feedback to PHE. **Action: NFA**
24	20/10/16	COBR (O)	TEO staff left the COBR(O) meeting immediately after the teleconference ended. Discussions on the issues raised did not take place between the N.I. participants. As the agenda for the CCGNI meeting was drafted by TEO staff, important issues may have been omitted.	Observation is correct. **Action: NFA**
25	20/10/16	CCGNI	<u>CCGNI Meeting</u> • Although population triage was discussed extensively during COBR and 4 Nation teleconferences, it was not raised as an issue at the CCHNI meeting.	Observations noted First bullet point: As this is a health issue and no decision had been taken to introduce in NI it would not have

No	Date observed	Meeting	Issue identified	EPB Comments
			• There was insufficient time to discuss the issue of deaths in adequate detail. • PHA raised the issue that the CRIP did not accurately reflect what they were being told at this meeting. The CRIP did not give the "whole picture". • Maps detailing the spread of the outbreak had been prepared by L.P.S.; however, these were not used or referred to during the meeting. • It was observed that a number of the players participated in terms of what they would do if it was a real pandemic rather than interacting on the basis of the details of the exercise. This reduced the effectiveness of the exercise.	been relevant to the CCG(NI) meeting at this point; Second Bullet Point: see observation number 14 and response; Third Bullet Point: CRIP is a UK wide document and may not go into level of detail discussed at local level; Fourth and Fifth Bullet Points: This is an issue for chair/secretariat of CCG(NI) and TEO Exercise Planners. **Action: NFA**

ANNEX B

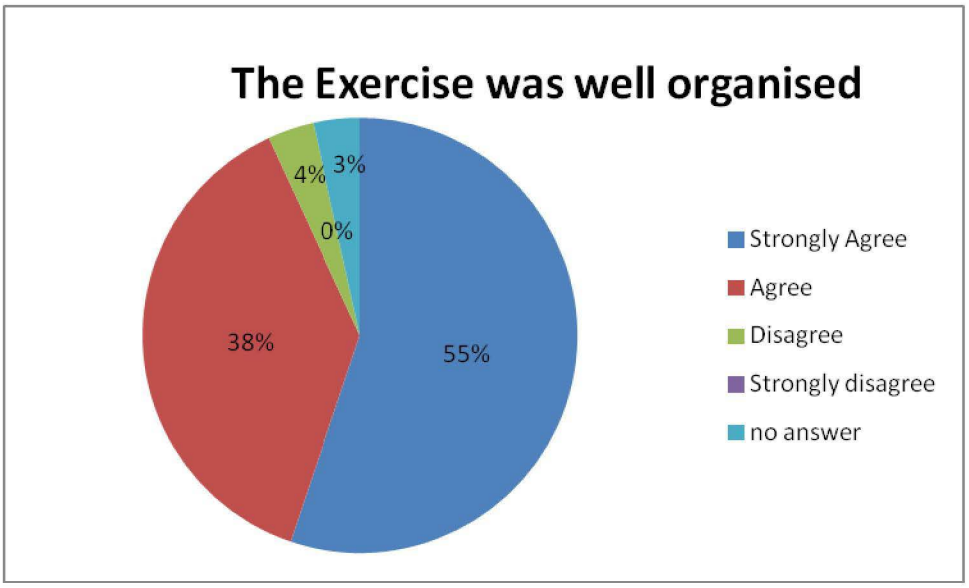
FEEDBACK STATISTICS

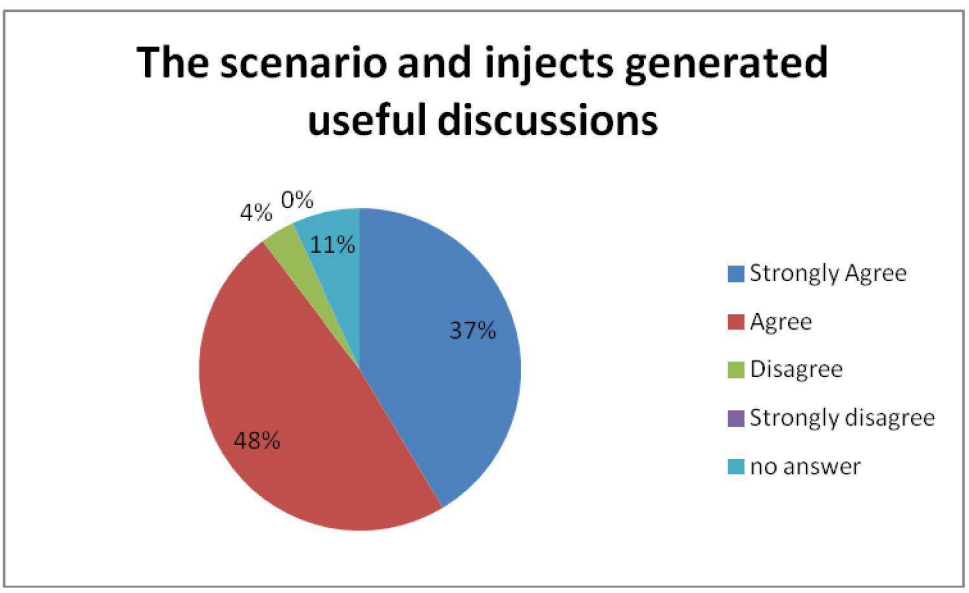
Feedback was received from Departmental players (GOLD EOC and RHCC Strategic Cell), Health and Social Care players (SILVER EOC and Incident Control Team), The Executive Office (Civil Contingencies Group (NI)), observers and from the Exercise Planning Team.

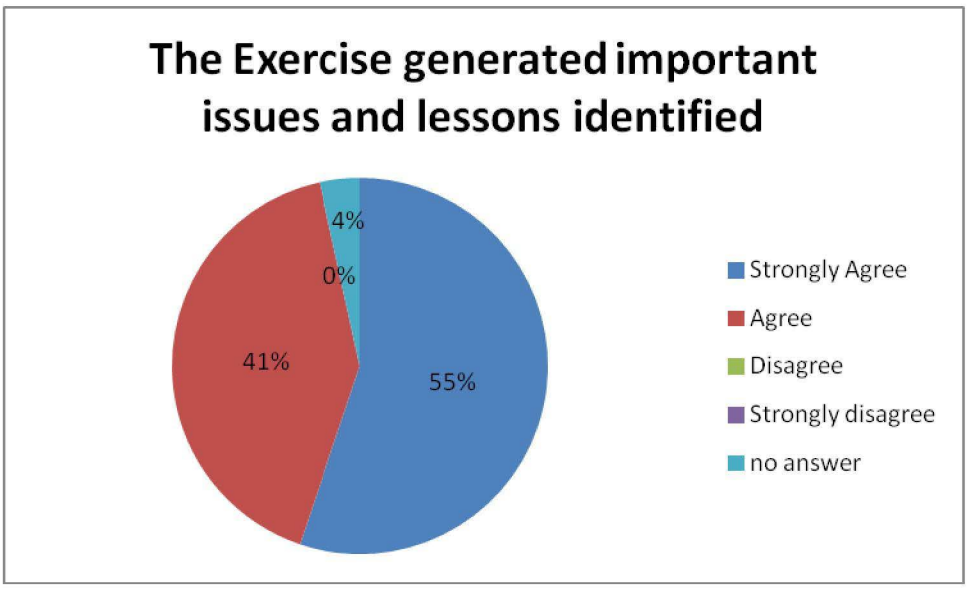
HOT DE-BRIEF COMMENTS

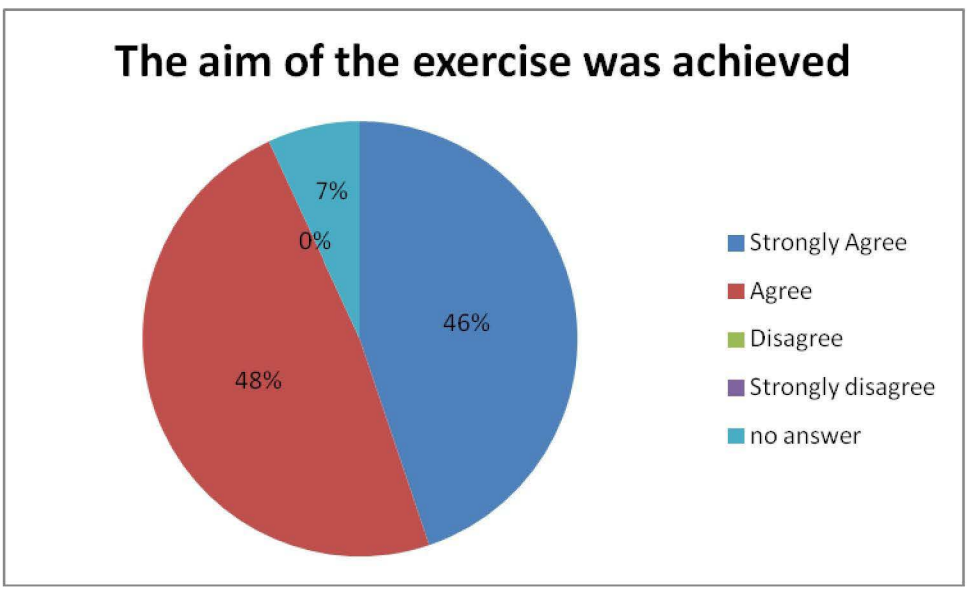
Players provided the following comments:

	Strongly Agree	Agree	Disagree	Strongly disagree	No answer	Total
The exercise was well organised	16 (55%)	11 (38%)	1 (3%)	0	1 (3%)	29
The scenario and injects generated useful discussions	12 (41%)	14 (48%)	1 (3%)	0	2 (7%)	29
The exercise generated important issues and lessons identified	16 (55%)	12 (41%)	0	0	1 (3%)	29
The aim of the exercise was achieved	13 (45%)	14 (48%)	0	0	2 (7%)	29


The Exercise was well organised
4%
3%
0%
38%
55%
Strongly Agree
Agree
Disagree
Strongly disagree
no answer


The scenario and injects generated useful discussions
4%
0%
11%
37%
48%
Strongly Agree
Agree
Disagree
Strongly disagree
no answer


The Exercise generated important issues and lessons identified
4%
0%
41%
55%
Strongly Agree
Agree
Disagree
Strongly disagree
no answer


The aim of the exercise was achieved
7%
0%
46%
48%
Strongly Agree
Agree
Disagree
Strongly disagree
no answer