



Exercise Silver Swan

Overall Exercise Report



**The Scottish
Government**
Riaghaltas na h-Alba

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EXERCISE SILVER SWAN – OVERALL EXERCISE REPORT

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Executive Summary

Pandemic Influenza remains the highest risk faced in the UK and it is recognised as the single most disruptive event facing Scotland. The last planned exercise in Scotland, Cauld Crow, was overtaken by the H1N1 (“Swine Flu”) pandemic in 2009. Exercise Silver Swan was delivered during the latter part of 2015 as a series of table top exercise across the whole of Scotland and focused on four specific areas, namely Health and Social Care, Excess Deaths, Business Continuity and overall Coordination nationally. This was a new approach to national exercising. One of the most successful aspects of this approach was that the events provided an opportunity for over 600 people to take part.

The overall aim of the exercise was to assess the preparedness and response of Scotland’s local and national arrangements for an influenza pandemic over a prolonged period. 90% of the participants considered that the specific exercise objectives were mainly or completely met.

Organisations have developed a considerable level of pandemic influenza preparedness over the years. Through the detailed discussions during Exercise Silver Swan 17 high-level recommendations have been identified. These recommendations apply to all organisations, including the Scottish Government (SG), and should be considered as part of their ongoing work to enhance preparedness for and response to an influenza pandemic.

The headlines from the four workstreams can be summarised as follows:

- **Health and Social Care** – partners in each Resilience Partnership area need to ensure they have a comprehensive, multi-agency planning framework in place to respond to influenza pandemics of varying severities. This should include a multi-agency plan.
- **Excess Deaths** – the extra deaths experienced during a pandemic mean that temporary body storage must be identified in advance as well as how to keep the whole system moving
- **Business Continuity (BC)** – most organisation depend upon contractors for the delivery of some aspect of their service so BC arrangements of these contractors becomes a critical issue
- **Coordination of the Response** – it is important that SG and partners understand the multi-agency response structure required during an influenza pandemic

How to read this report

The report is divided into three main sections:

- Introduction and Background to the exercise
- Key Findings – which detail the eight key themes that emerged from the exercise and the associated recommendations for further action
- Individual Workstream Summaries – a summary of the four workstreams and their findings noting that should you wish to see the detailed reports and recommendations from any of the workstreams, please contact the Emergency Planning Manager from either the Health Board or Local Authority

For ease of reading, the 17 high level recommendations are summarised in the table on page 4.

Required Action

To ensure that the high level recommendations are considered and actions are programmed in an effective manner.

- Scottish Government, Health Board Chief Executives, Local Authority Chief Executives, Health and Social Care Partnership Chief Officers, Regional Resilience Partnership Chairs and Health Protection Scotland are asked review the report
- Confirmation of intended action, and any progress to date, against each of the recommendations are sent to ScoRDS by end of August 2016 with copies to your Senior RRP Coordinator
- All organisations, including the Scottish Government, to attend an Exercise Silver Swan progress review event to be held in November 2016. It is intended that this event provides an opportunity to note and share individual or collective improvement and discuss complex cross-cutting issues where progress may have been more challenging

Summary of Recommendations for Further Action

Number	Recommendations	Owner
1. Pandemic planning and priority setting		
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
1.2	Review national plans to ensure learning from Silver Swan is incorporated	SG
1.3	Review Scottish Government planning arrangements for influenza pandemics	SG
1.4	Produce multi-agency influenza pandemic plans which include Health and Social Care Partnerships	RRPs
1.5	Review and exercise pandemic influenza plans regularly	All partners
2. Coordination of the response		
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
2.2	Clarify the multi-agency response arrangements for an influenza pandemic in your Resilience Partnership area	Health Boards RRPs
3. Staff capacity and redeployment		
3.1	Investigate establishment of emergency staffing procedures for use during a pandemic in consultation with UK Government	SG
3.2	Review plans to optimise use of staff resources in an influenza pandemic, including: <ul style="list-style-type: none"> mechanisms of redeploying staff, both within and between agencies increasing staff capacity through relevant arrangements 	All partners
4. Public communication		
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 & RRP
5. Supply chain interdependencies		
5.1	Establish a working group to consider BC standards in contracts for supply of key/essential services	SG
5.2	Review the distribution of national pandemic stockpiles	SG & Health Boards
6. Mass fatalities – body storage and system capacity		
6.1	Develop guidance on body storage	RRPs & National Mass Fatalities Working Group
6.2	Monitor mortuary capacity and develop plans to increase in times of increased demands	RRPs
7. Antivirals		

7.1	Review ability to distribute and issue antivirals effectively during an influenza pandemic, including: <ul style="list-style-type: none"> • the use of antiviral distribution centres versus use of local pharmacies • procedures for those unable to arrange collection of an antiviral 	SG & Health Boards
8. Personal Protective Equipment		
8.1	Ensure a wide understanding of plans for distribution of PPE and prioritisation of key staff	HPS, Health Boards & RRs
8.2	Follow fit-testing procedures for relevant PPE	Health Boards & HPS

Introduction

Pandemic Influenza remains the highest risk faced in the UK and it is recognised as the single most disruptive event facing Scotland. The last planned exercise in Scotland, Cauld Craw, was overtaken by the H1N1 (“Swine Flu”) pandemic in 2009. Exercise Silver Swan was delivered during the latter part of 2015 as a series of table top exercises across the whole of Scotland and focused on four specific areas, namely Health and Social Care, Excess Deaths, Business Continuity and overall Coordination nationally.

Authority for the Exercise

The exercise was part of the National Exercise Programme managed by the Scottish Resilience Development Service (ScoRDS). Support to develop the exercise was gained from the National Training and Exercising Functional Group before being approved by the Deputy First Minister. The exercise was sponsored by the Head of Resilience Division, Scottish Government.

Planning and Governance

A National Planning Group, made up of members from Scottish Government and agencies across Scotland, was formed to oversee the planning and delivery of the exercise.

Task and Finish Groups were established for the different workstreams of the exercise with chairs of these groups being members of the National Planning Group.

Aim and Objectives

Taking into account experiences and issues raised during the 2009 H1N1 (“Swine Flu”) response, the National Planning Group agreed that the aim of Exercise Silver Swan was to:

Assess the preparedness and response of Scotland’s local and national arrangements for an influenza pandemic over a prolonged period.

The objectives of the exercise were to:

- Explore the local, regional and national incident management and decision-making in response to a pandemic, including public communications structures.
- Examine the co-ordination role of Scottish Government resilience arrangements and the information flows between Scottish Government, Health Boards and other responders including technical advice from Scientific and Technical Advice Cells (STAC) and Scientific Advice to Government in Emergencies (SAGE).
- Exercise NHS surge capacity and counter-measures.
- Establish how the links work between Health and Social Care.
- Exercise management of excess deaths arrangements during a pandemic.

In a survey, sent to the exercise participants at the end of the programme of events, 90% of respondents agreed that the objectives were mainly or completely met. STAC and SAGE were mentioned in the objectives but it was considered at the events that specific technical advice regarding a pandemic would come from Health Protection Scotland primarily.

An early decision was taken by the National Planning Group to deliver the objectives by developing and focusing on four workstreams:

- Health and social care – the NHS and partners response
- Excess deaths – extensive mass fatalities
- Business continuity
- Coordination structures at local, regional and national levels

Exercise Format

To ensure all agencies, Local Authorities (LAs) and Health Boards in particular, had the opportunity to fully participate, a programme of events (rather than a single national exercise) were developed.

The programme involved:

- A one day Health and Social Care table-top exercise delivered in Edinburgh, Aberdeen and Clydebank with a total of 313 participants (NHS – 55%, LA – 31%, Others – 14%)
- A one day Excess Deaths table-top exercise delivered in Glasgow, Edinburgh and Inverness with a total of 201 participants (NHS – 19%, LA – 60%, Others – 21%)
- A joint one day Excess Deaths and Health and Social Care table-top exercise delivered on Orkney, Shetland and Western Isles with a total of 72 participants
- A one day Strategic Coordination table-top exercise in Perth with 76 participants (NHS – 44%, LA – 31%, Others – 25%)
- A survey to identify awareness and preparedness for dealing with staff absence and other consequences of pandemic influenza in Business Continuity Management (BCM) plans

In advance of the Health and Social Care and Excess Deaths exercises, participants were sent the detailed scenario, including figures of infection and fatality rates. At the exercise itself, participants were taken through a series of injects and asked to consider a number of questions.

To capture the issues raised at the events and collect the evidence used in this report, table facilitators were appointed to note the top three issues in each serial. Notes were also taken of the plenary discussions.

Participants were encouraged to take a note of personal action points to take back for action within their own organisations.

The true value of this exercise programme will be the extent to which discussions at the events lead to improvements being made to our local and national pandemic influenza preparedness (utilising appropriate and available resources).

Analysis of Discussions

There was inevitable overlap between discussions at the different events. These discussions have been carefully analysed to identify key themes and recommendations for further action for the overall exercise. The key themes that emerged (and associated recommendations) relate to:

1. Pandemic planning and priority setting
2. Coordination of the response
3. Staff capacity and redeployment
4. Public communications
5. Supply chain interdependencies
6. Mass fatalities – body storage and system capacity
7. Antivirals
8. Personal Protective Equipment

Key Findings

1 - Pandemic Planning and Priority Setting

At all of the Exercise Silver Swan events there appeared to be varying degrees of understanding on the purpose and coverage of the various pandemic influenza plans which are in place locally. There was widespread agreement that individual agency plans are important but they also need to dovetail into other organisations and multi-agency plans. Many participants said that the Scottish Government has a key role in setting the framework for these plans together with partner organisations.

Discussion focussed on the need for agreement and understanding of processes and the prioritisation of services once the threat of a pandemic emerges and is subsequently declared by World Health Organisation. Plans are only the starting point for dealing with a pandemic and management teams in individual organisations and Resilience Partnerships all need to be active in managing the situation. Scottish Government must have a framework in place for coordination and information gathering which is effective but offers the minimum of disruption to responder organisations during response.

The ability of all parts of health (primary care and acute services), and wider social care, to cope with the surge in demand for services is dependent on many factors, such as other pressures in place at the time and the ability to effectively reprioritise services.

Recommendations for further action

1.1 All Health Boards, Local Authorities and Health and Social Care Partnerships should review their pandemic plans, including those for prioritising services in a pandemic. Plans must be scalable for different levels of pressure on services. (See also 1.4)

1.2 The Scottish Government should review national plans to ensure learning from the exercise is incorporated.

1.3 Scottish Government should review internal planning arrangements for influenza pandemics to ensure they are sufficiently robust.

1.4 RRP's should ensure that a comprehensive, multi-agency planning framework is in place to respond to influenza pandemics of varying severities, including overseeing the production of multi-agency pandemic influenza plans, which include Health and Social Care Partnerships.

1.5 In line with existing frameworks, all plans should be subject to regular review and exercising.

2 - Coordination of the Response

There was general agreement that coordination arrangements at all levels should be put in place as soon as possible after a pandemic threat emerges. This may be in advance of formal declaration by the World Health Organisation.

It is recognised that whilst gathering information is crucial for the effective management of the pandemic, the provision of this information can be a significant burden on responder organisations. National arrangements should therefore seek to minimise such burdens and any duplication of requests.

At a local and regional level there are different arrangements across Scotland on how multi-agency Integrated Emergency Management is delivered in a pandemic. This can be achieved via Public Health Incident Management Teams (IMTs) or through Local Resilience Partnerships. One size does not necessarily fit all but all parties must be clear on how the arrangements work and the need for flexibility.

Recommendations for further action

2.1 Scottish Government has an existing framework for co-ordinating and managing the national level response to emergencies, through the Scottish Government Resilience Room (SGoRR). Scottish Government should review how best to maximise efficient coordination of response and minimise duplication in information gathering in the event of a pandemic.

2.2 RRP and Health Boards should clarify the arrangements for the multi-agency response to pandemic influenza and ensure this is clearly set-out in the multi-agency RRP/LRP pandemic flu plans.

3 - Staff Capacity and Redeployment

Pandemic influenza will lead to a significant impact on the number of staff available in all organisations. The exercise scenario used an absence rate 15% above normal levels, roughly in line with planning assumptions. There were good discussions throughout the exercise on maximising the number of staff available in key roles. However, there was a lack of detailed understanding on what the key roles were and how many staff had the necessary skills and experience to fulfil them.

There was discussion about the use of retired GPs, in particular to undertake death certification during a pandemic. This led to discussion on using retired staff in a wider variety of roles. There are challenges in retaining up to date contact lists and maintaining the skills and professional verification of retired staff.

There were also detailed discussions on using staff from other organisations, students and the voluntary sector to ensure key services were maintained.

It is important to consider the use of staff from other organisations or even recently retired staff in the provision of services and work to resolve the issues surrounding this should be carried out in the planning phase.

Human Resource departments should be closely engaged in the process of staff redeployment.

Multi-agency coordination is needed to maximise the utilisation of skills from within and across other organisations.

Specific staff resilience issues were identified from local authority registrars and in the funeral and cremation sectors. For example, there is only one company responsible for maintaining all cremators in Scotland.

There is a need to ensure all plans take into account staff welfare to ensure deployment is sustainable over a prolonged period and adequate support mechanisms are in place. Staff and their representatives need to be consulted and kept informed throughout the negotiation, planning and implementation phases of staff redeployment.

Recommendations for further action

3.1 The Scottish Government, in consultation with UK Government where appropriate, should investigate the establishment of emergency staffing procedures for use during a pandemic.

3.2 Pandemic plans must consider the impact of staff absence levels on organisations' ability to deliver services. It is recognised that Business Continuity Management arrangements for staffing are already widely in place. All partners should review plans to optimise the use of staff resources in an influenza pandemic, including:

- mechanisms of redeploying staff, both within and between agencies
- increasing staff capacity through relevant arrangements.

4 - Public Communication

The legislative duty to warn and inform the public and to manage expectations was a recurring theme throughout the Exercise Silver Swan events.

Public engagement is crucial for many aspects of the response, for example, suspending elective procedures in the NHS, antiviral distribution, understanding of delays or differences in burial and cremation and advice around public gatherings etc.

There needs to be recognition that pandemic influenza has a significant impact on all aspects of society and a declared pandemic cannot be regarded as business as usual. Much of the work on messaging can and should be done in advance as part of the planning process, including the identification of trusted sources.

Recommendations for further action

4.1 Scottish Government, in partnership with Resilience Partnership Public Communication Groups and Health Boards, should 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.

5 - Supply Chain Interdependencies

The outcomes from the Business Continuity Management (BCM) survey and discussion at the events suggests that the vast majority of organisations have BC plans in place. Whilst dealing with staff absence and identifying key services are both routinely covered in BC plans there was evidence that both require more specific investigation to ensure they are appropriate for dealing with the widespread challenges posed by an influenza pandemic.

Many organisations are reliant on contractors for the delivery of essential services, in particular for the provision of social care. A significant risk was identified in connection with the business continuity arrangements for these contracted services. There was a widespread concern that whilst the procurement processes routinely checked that suppliers had a BC plan, not enough work is done in examining how robust these plans are. This issue comes into particular focus when the back-up capacity in the public sector (particularly for care homes and day care providers) no longer exists.

The Scottish Government stockpiles a wide range of consumable and pharmaceutical products for the event of a pandemic, sufficient to cope with a modelled 'reasonable worst case' pandemic e.g. facemasks, gloves, other PPE, needles, syringes, antivirals, antibiotics etc. Not all delegates were aware that these were available to support the supply chain during a pandemic. The Scottish Government identified some work required to review assumptions and modelling in relation to the distribution of these stockpiles during a pandemic.

Recommendations for further action

5.1 The Scottish Government should establish a working group to consider Business Resilience/Continuity standards in the contracts for the supply of key or essential services. This could set the framework for individual organisations to use BC experts to examine their suppliers' BC plans with greater scrutiny.

5.2 The Scottish Government should review with Health Boards and other relevant partners, the assumptions and modelling in relation to the distribution of the national pandemic stockpiles. This process should also ensure key partners are aware of the national pandemic stockpiles.

6 - Mass Fatalities – Body Storage and System Capacity

Body storage was consistently raised as a major issue in all areas of Scotland. To varying degrees, mortuary capacity is already stretched at periods of business as usual and would not be able to expand to cope with a significant fatality rate as part of a pandemic. This would inevitably lead to the requirement for temporary body storage facilities to be introduced. While there was discussion about what additional capacity is needed and a number of suggestions made as to how that capacity should be delivered, there is more work required to identify what additional capacity is needed. Clearer guidance on how that capacity should be delivered was also discussed.

Recommendations for further action

6.1 The Scottish Government, in consultation with the National Mass Fatalities Working Group, should develop definitive guidance on body storage, including assessment of capacity in business as usual, times of increased demand (such as winter) and emergency situations.

6.2 RRP's should continue to monitor mortuary capacity in their region and develop plans to increase capacity in times when demand outstrips supply.

7 - Antivirals

The discussion in this part of the exercise focussed on the most effective format for distribution centres and the effectiveness of antivirals.

Recommendations for further action

7.1 The Scottish Government and Health Boards should conduct a national and local review of the ability to distribute and issue antivirals effectively during an influenza pandemic. This should include the suitability of antiviral distribution centres and the staffing required in addition to considering the use of local pharmacies. It should also take into account the security of venues and stock and the existing guidance on National Pandemic Flu Service system, as well as the arrangements required for those unable to organise collection of their antiviral.

8 - Personal Protective Equipment (PPE)

There is a perception amongst some participants that PPE is required for all staff dealing with members of the public during a pandemic rather than the more limited application for staff carrying out higher risk procedures involving infected patients. The difficulties associated with fit-testing was also a recurring theme.

Recommendations for further action

8.1 Health Protection Scotland (HPS), Health Boards and RRP's should ensure that the plans to distribute the stockpile of PPE, including information on prioritised key staff and groups (as identified by HPS) and when PPE should be used, are well understood.

8.2 Health Boards should work closely with HPS to ensure fit testing procedures are in place and being followed.

Individual Workstreams Summary

1. Health and Social Care Workstream

Background

Health and Social Care events were held across Scotland as part of the Exercise Silver Swan programme of activity.

Aim of the Health & Social Care Events

To improve arrangements within Health Boards and partners to respond to a significant influenza pandemic.

Objective of the Health & Social Care Events

To exercise aspects of the pandemic influenza planning arrangements of Health Boards in Scotland and relationships with primary and social care partners.

Scenario

The exercise was set around six weeks after the first pandemic cases emerged in Scotland. The scenario provided participants with the chance to consider in detail how they would deal with the large number of pandemic cases emerging and how they would prepare for the peak of the pandemic ahead. The scenario was designed with case numbers which were largely manageable, while recognising that different impacts would be specific to certain geographical locations and service areas.

Participants were provided with the modelled forecasts several weeks before the exercise and asked to consider in advance how they would manage the demand in their area. Participants were also informed of the specific subject and specialist matters which would be covered in the event. This included surge capacity, staff absence: impact and response, health and social care interdependencies, antiviral distribution and personal protective equipment.

Participants

Participants were invited from a range of organisations/sectors, focussing mainly on Health Boards, health and social care and primary care. National organisations were also represented at each event including Scottish Government, Health Protection Scotland, Scottish General Practitioners Committee, Scottish Ambulance Service, NHS 24, NHS National Procurement, the National Distribution Centre and Police Scotland.

Surge Capacity

Locally, it appears that pandemic plans require to be reviewed, to assess how they address a significant increase in demand for services in line with planning assumptions.

At the time of a pandemic, Scottish Government and Health Boards would be in close contact regarding the emerging pressures on the health system. This dialogue would include consideration of the need for and timing of any suspension of relevant standards and targets, to support the pandemic response and other ongoing priorities.

Staff Absence

All partners should consider the robustness of current plans to deal with high levels of staff absence during a pandemic, as set out in national planning assumptions and considering differing severities of pandemic. The discussion focused on what planning can be done to increase staff capacity, either by upskilling staff from less essential areas of business, or redeployment of staff from other areas within the organisation and from partner organisations, as well as consideration of use of retired staff, such as nurses or GPs. All of these considerations should minimise the impact on staff welfare. HR departments must be involved in the planning and response phase.

There is a national role in reviewing regulation around issues such as professional registration requirements, care standards and levels of disclosure arrangements during an influenza pandemic. As with any emergency, there may be an additional financial cost in maximising staff capacity. Organisations should record all additional costs incurred in the event of the potential for recovery.

Interdependencies

Information needs to be shared and local pandemic planning integrated across partners. It will be fundamental to a response to clarify the national role and response structures (in decision making, information sharing and management) where a consistent national view is required.

Antiviral Distribution

A national and local review of the suitability of antiviral distribution centres and the staffing required should be undertaken, taking into account the security of venues and stock and the existing guidance on National Pandemic Flu Service system, as well as the arrangements required for those unable to organise collection of their antiviral. It should also explore the possibility of further developing community pharmacies as a primary route for issuing antivirals during a pandemic.

There was some lively debate on the effectiveness of antivirals. Reviews on antiviral effectiveness using the latest evidence have recently taken place and support the national policy on usage and stockpiling.

Personal Protective Equipment (PPE)

Nationally it is essential that there are well understood plans to distribute the stockpile of PPE, including information on prioritised key staff and groups, as identified by HPS. Fit-testing was an issue consistently identified so Health Boards need to work closely with HPS to ensure procedures are in place and being followed.

Communications

Locally and nationally, a review of readiness to play an effective part in public and staff communications should be conducted to ensure that clear routes, lines and responsibilities are established and known in advance of a pandemic.

2. Excess Deaths Workstream

Background

Excess Deaths events were held across Scotland as part of the Exercise Silver Swan programme of activity.

Aim of the Excess Deaths Events

To exercise the excess deaths arrangements in the context of pandemic influenza and to explore how current Resilience Partnership command and communication networks could include members not generally represented e.g. Funeral Directors.

Objectives of the Excess Deaths Events

- To exercise current LRP/RRP plans for the management of excess deaths.
- To benchmark current capability across Scotland to manage excess deaths as a result of a flu pandemic.
- To explore the pinch points at the various points in the system and identify possible solutions or mechanisms for dealing with them:
 - Death Registration
 - Transfer to mortuary/funeral home/cemetery or crematorium. Not usually an essential service but would be in time of a pandemic.
 - Mortuary capacity and storage capacity at funeral homes
 - Grave diggers/crematoria capacity
 - Grief, bereavement and other emotional issues
 - Behaviours of population and willingness to alter during “emergency”
 - Links to public communication messages and the need for local messages to be consistent across the country.

Exercise Scenario

To achieve the set exercise objectives the table top scenario was designed to enable the syndicates to focus on 4 main issues:

- Maximising throughput
- Body storage
- Scaling up: staff and business resilience
- Longer term care for people and recovery

Information was provided to participants prior to the exercise indicating the death rates for each area over the 15 week flu cycle.

Participants

The exercise participants included those involved in either planning for and/or managing the excess deaths which would occur during an influenza pandemic. The roles of the participants included emergency planners/resilience professionals, bereavement services, crematorium managers, registrars, funeral directors and Scottish Environment Protection Agency.

Summary

Information gathered from the plenary discussions and feedback sessions provided sufficient evidence to identify pinch points and options for solutions.

Delegates commented that some of the actions and issues identified have been raised before, particularly around the need for national guidance on temporary body storage. They also stressed the need for action on the recommendations identified in the exercise.

The inclusion of representatives from the private sector helped to identify and discuss pinch points and issues where cooperation between the public and private sector is required. It also helped relationship building across the sectors to facilitate future discussions and collaboration in local areas.

Analysis of the exercise information and evidence identified a number of key themes:

- National consistent media messaging required
- Escalation plan to assist local/regional/national planning and response
- Guidance and framework for body storage
- National co-ordination
- Financial impact reimbursement re funerals
- Bariatric storage and mortuary capacity
- Develop cross organisational pandemic influenza plans
- Capacity
- Recovery phase

Further work is needed to assess local capacity and capability, taking into account inter-agency dependencies. This has highlighted the need to focus on maximising throughput and ensure sufficient staffing is available to manage key resources during a pandemic e.g. crematoriums, mortuaries and burial grounds.

Work is also needed to consider what assistance can be provided at a national level when local capacity levels have been reached.

Developing and maintaining relationships with funeral directors will assist with planning and response.

A number of delegates made the point that we should be mindful that any decisions made for planning and response will affect the bereaved. We should consider the dignity and needs of the individual when considering solutions and options and develop a scaled approach of adopting the least worst option for as long as possible when managing excess deaths.

If the pandemic reaches a stage where difficult decisions have to be made then appropriate public communication messaging will be key to informing the public why certain restrictions and practices have to be put into place. It is important that we consult with the agencies who are dealing with the public directly when making these decisions.

Financial impact was a significant theme both in terms of those unable to pay for funerals and increased costs for local authorities and the private sector for small independent businesses. Processes for managing this problem should be considered and developed during peace time and not during a pandemic.

The majority of the recommendations will be taken forward at a national level by the Mass Fatalities Working Group (a sub-group looking specifically at extensive mass fatalities - excess deaths). It is proposed that this group takes forward the recommendations relating specifically to excess deaths. The group will work closely with the Resilience Partnership Mass Fatalities Groups when required and report to the overall governance group for the exercise.

Locally, it is recommended that Resilience Partnerships review and monitor their current capability and capacity to manage a pandemic. It is also suggested that they consider the development of cross agency pandemic influenza plans. Given the dependency on funeral directors, it is important they are included in local pandemic planning and exercising.

3. Business Continuity Workstream

Background

A business continuity management survey was carried out and BCM was discussed at the health and social care and excess deaths events held across the country.

Aim of the Business Continuity Workstream

To provide a solution for the exercising of business continuity arrangements as part of Exercise Silver Swan in the context of pandemic influenza and raise awareness of the impact and consequences on organisations.

Objectives of the Business Continuity Workstream

- To baseline current business continuity management and awareness within the responding community and other essential services
- To develop and provide information to Local Authorities to support the delivery of promotion of business continuity management (BCM) to businesses, specifically small and medium enterprises (SMEs)
- To raise awareness of critical supply chain issues, interdependencies and key staff issues for responding organisations and essential services

Alongside the aim and objectives a number of delivery options/products were proposed as follows:

- a. The provision of an initial baseline survey based on the BCI 10 point checklist and UK Government Pan Flu checklist for businesses, the output of which was to support the other fields of planning
- b. To provide support to other workstreams (health, excess deaths & co-ordination) in preparing business continuity questions within their exercising environment
- c. The consideration of delivery of a promotion of business continuity event, including the production of BCM event template for Local Authorities to support local planning around the effects of an influenza pandemic and the loss of key personnel¹

Business Continuity Survey

The purpose of the business continuity baseline survey was threefold:

- To provide an overview of the pandemic preparedness of a wide range of organisations ahead of the Exercise Silver Swan events
- To utilise outcomes from the survey to support planning in the other work streams
- To provide an opportunity for organisations to consider their *match fitness* ahead of the Exercise Silver Swan events

A series of questions were asked covering planning, preparation, identification of critical functions, dependencies, supply chain, planning assumptions relative to pandemic influenza, staff/people implications, communication and health and wellbeing.

¹ The event for promotion of BCM has not been pursued at this time

The survey was distributed to Category 1 and 2 responders, Scottish Government and critical infrastructure organisations. From an initial distribution of 92 organisations, 57 replied. A further distribution to the voluntary sector was undertaken at a later date; however this did not impact or change the outcomes ahead of the other Exercise Silver Swan events.

The key outcomes from the survey were as follows:

- The majority of organisations have business continuity plans in place
- The planning assumptions being utilised by organisations differed across Scotland. This impacts on both the content and actions within plans and could distort capacity issues in terms of resourcing.
- Plans are not in place or fully checked and developed around the resilience of the supply chain and the implications this could have on core business
- Dependencies and interdependencies across a number of key areas are not fully considered or developed
- There is a lack of guidance for staff and where to find information

These outcomes were incorporated into the wider Exercise Silver Swan events being held, to provide an opportunity for further discussion and probing on how issues should be addressed.

Business Continuity in Silver Swan Events

At the events held across each of the regions an “expert” business continuity representative attended to provide advice and support relevant to business continuity. In order to provide an equitable approach to the expert role, further representation was sought from colleagues in each of the three Regional Resilience Partnerships to complement existing members of the Task and Finish group.

The key themes were as follows.

Supply Chain

A number of issues relating to the supply chain emerged across all of the events. This was also a theme in the results from the business continuity survey. Key areas for consideration were highlighted as follows:

- National contracts and procurement
- Impact on small to medium enterprises in terms of the supply chain
- Stockpiling and national distribution centres; better co-ordination required
- Dependencies and interdependencies

Capacity Issues

Capacity issues were raised frequently at all events, but more so during the excess deaths exercises.

Key areas for consideration were highlighted as follows:

- Shortage of specialist staff in specific areas such as crematoria
- Funeral directors are small to medium enterprises; the impact of a pandemic is likely to be far reaching

- There was an acknowledgement that business continuity plans would sustain services for a short period of time during a pandemic, before resources and recovery actions are exhausted

People Issues

There were a number of discussions with regard to staff shortages, continuation of services and how this could be managed. This aligns with the outcomes from the business continuity survey, which highlighted the difference in planning assumptions, which on top of normal absence could look very different across the regions.

Key areas for consideration were highlighted as follows:

- National discussion needed with professional bodies such as the British Medical Association
- Consider redeployment of certain professions, e.g. teachers
- Development of a multi-agency skills audit and register to help support business continuity planning
- Further training of essential staff could be undertaken prior to the impact of a pandemic
- Wider use of retired staff; acknowledged challenges with keeping Protecting Vulnerable Groups (PVG) checks up to date
- Cross sector working with health and social care integration may be easier in future, although the likely impact on this sector and increased demand are acknowledged

Contractors

A number of issues emerged in relation to key contractors and business continuity arrangements. This of course aligns with theme one, but is more specific than just the supply chain.

Key areas for consideration were highlighted as follows:

- Business continuity of key contractors such as GP practices
- The implementation of Health and Social Care Partnerships will also bring some key challenges around more procurement of contractors; having robust plans in place will be essential
- Small and medium enterprises are vulnerable in terms of the supply chain and contractor responsibilities

4. Coordination Workstream

Background

Prior to the first Exercise Silver Swan Event, a workshop was held in Perth on 27 January 2015 to consider the structures which would be put in place to facilitate coordination across Scotland during a pandemic. This led to a single strategic-level table-top exercise to explore coordination issues. This event was deliberately held after all the other Silver Swan events to allow participants to reflect on the issues already raised. The Coordination event was held at McDiarmid Park, Perth and had 76 participants in attendance.

Aim of the Coordination Event

To examine current coordination arrangements for an influenza pandemic at local, regional and national level; and constructively identify areas for improvement.

Objective of the Coordination Event

- Develop pandemic influenza coordination and strategic direction arrangements at a national level
- Develop draft arrangements which are efficient and effective and consult on these
- Examine coordination of public communications
- Agree information flow across Scottish Government, Scientific and Technical Advice Cells, Scientific Advice to Government in Emergencies, Health Boards & Resilience Partnerships

Exercise Scenario

Following an introduction from Dr Gregor Smith, Deputy Chief Medical Officer Scottish Government, there were presentations on actions arising from the declaration of a pandemic from Dr Arlene Reynolds, Senior Epidemiologist, Health Protection Scotland and on the complex coordination landscape from Allan Moffat, Head of the Response Team within the Scottish Government Resilience Division.

Participants then considered 4 sessions:

Session 1 – Early Challenges

Session 2 – Managing the Incident and Consequences

Session 3 – Information Flow

Session 4 – Shaping Future Response

Participants

Participants were invited from a range of organisations/sectors, focussing mainly on Health Boards, Health and Social Care Partnerships, Local Authorities, Resilience Partnerships and Scottish Government.

Early Challenges

The key discussions were around the structures needed for a pandemic response, both locally and nationally. It was considered critical that at a local level a suitable multi-agency group made up of relevant stakeholders met to consider the specific

health issues, as well as the consequences on all other aspects of continuation of service and public messaging.

Managing the Incident and Consequences

The discussion focussed on the need for a simple structure, much as had been discussed above. Clarity was sought on the role of Regional Resilience Partnerships and Local Resilience Partnerships in response.

Information Flow

Nationally, it was important that SG consider how best to manage reporting and information flow during a pandemic, with a view to reducing multiple reporting that otherwise could arise and ensure effective communication of national decisions as well as consistent public messaging.

Shaping Future Response

It was considered important to determine how the Health and Social Care Partnerships would fit into the multi-agency response.

All organisations should have pandemic influenza plans or review existing plans to reflect the outcomes from this exercise. Locally it is key to agree how the pandemic response will be managed – whether by Public Health Incident Management Teams or LRPs.

On declaration of a pandemic by WHO an early establishment of internal Scottish Government processes is important to provide national direction, coordination and to optimise information gathering processes.

Consistency of public messaging is key with tailoring for local use, where necessary.