

# EXERCISE WINTER WILLOW

## LESSONS IDENTIFIED



**CabinetOffice**



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## FOREWORD

Over 5,000 people from a large number of UK organisations representing government, industry and the voluntary sector participated in *Exercise Winter Willow*, with a common aim to check our preparation for the major disruptive challenges that an influenza pandemic may bring. The Exercise gave us an excellent opportunity to thoroughly test our plans and preparedness and was a huge logistical and organisational feat, which in itself has provided a wealth of learning which can be shared both nationally and internationally.

This report outlines the results of the evaluation of the Exercise, a structured process that has sought to involve all the organisations and participants and has therefore been, of necessity, lengthy. The aim has been to capture learning at all levels and to ensure that there is a clear link between lessons emerging and changes to our plans and procedures. Work is already underway nationally, regionally and locally to take forward the issues identified and to improve our planning and preparedness.

I would like to express my thanks and admiration for all those involved in the Exercise. The UK is clearly leading the way in the development of pandemic influenza planning and this Exercise has undoubtedly helped us to further refine and improve our plans and overall preparedness.

Secretary of State for Health

## **EXECUTIVE SUMMARY**

Exercise Winter Willow was delivered in two stages. Stage 1 was held on 30 January 2007 and comprised a national-level tabletop exercise meeting of the Civil Contingencies Committee (CCC) that simulated UK alert level 2 (first UK cases) of World Health Organisation (WHO) Phase 6. Stage 2, between 16 and 21 February 2007, followed up the decisions taken during Stage 1 with a full national exercise held over several days. This was designed to test the UK response at local, regional and national levels during UK alert level 4 (widespread cases in the UK) of WHO Phase 6. As with any exercise there was inevitably a degree of artificiality in the scenario and response and in particular it was recognised that it was likely that there would have been some weeks notice of the developing global situation and the Civil Contingencies Committee would have met regularly prior to the confirmation of the first case in the UK. However, the exercise scenario successfully tested the planning presumptions outlined in the draft *UK National Framework for Responding to an Influenza Pandemic*.

Evaluation of the Exercise has been undertaken within a structured process at local regional and national levels in England and the devolved administrations. Feedback from all levels has indicated that the exercise was helpful in checking and validating plans and communication channels although there were clearly areas for improvement. Where possible, action is already underway to ensure that issues identified are used to review and revise plans and procedures. The analysis of the issues identified will serve to inform further work on the revision of the *UK National Framework for Responding to an Influenza Pandemic* which is due to be published later this year. The issues that were raised requiring action at a national level fell broadly in to the following areas

### **Crisis Management and Co-ordination**

The Exercise was an excellent opportunity to explore working between the established crisis response structures at regional and local level with national government, the health community and, to a lesser extent, the voluntary sector and to get a better understanding of the challenges they would face during a UK pandemic. The exercise involved nine Regional Civil Contingencies Committees in England and their equivalents in the devolved administrations, fifty one local Strategic Co-ordination Groups covering the whole of the UK, all Strategic Health Authorities and a local Health Community Group for each Authority's area. In all, some 5000 participants were involved during the exercise.

Channels of communication during a pandemic are complex and there is a need to improve the linkages between established local and regional resilience structures and their equivalents in the National Health Service and to review the process of the collection and collation of daily reports in to the centre, together with clarity of the consistent use of data in describing the evolution of the pandemic.



Many aspects of the response to an influenza pandemic fall within the competence of the devolved administrations of Scotland, Wales and Northern Ireland and the Exercise highlighted several policy areas where there might necessarily be a difference in approach between administrations. The Exercise also demonstrated the need for continuing close liaison between the UK and the Republic of Ireland on pandemic influenza response planning.

At a national level, there is a need to strengthen and codify central government links with international bodies, e.g. the World Health Organisation and the European Centre for Disease Prevention and Control (ECDC).

## **Public Advice and Communication**

Communication was a key aspect of the Exercise and players were able to test the complex communications matrix that the UK-wide management of a pandemic presents. During a pandemic, a robust and co-ordinated communication approach will be necessary, particularly between the national and regional levels. Post –exercise feedback indicated that many people thought that public messages needed to be refined and that communications from central government departments and agencies needed to be better co-ordinated to ensure clarity and consistency.

For example, the central message of “business as usual” needed refining in the context of possible school closures and other measures that government might provide advice on. The message needed to be more sophisticated and would need to change as the pandemic developed.

The Exercise also highlighted the need for better engagement with the public and communities and particularly community responsibility for vulnerable people. There was a need for clearer advice to the public on the use of antiviral drugs, facemasks and other measures and on the stocking of home supplies.

## **Further Policy Development**

In testing the practical aspects of implementation of plans, there were a number of areas where policy issues need clarification or further development. Work on these areas is already underway under the management of the National Pandemic Influenza Working Group and progress will be reflected in the revised UK National Framework for Responding to an Influenza Pandemic. Key areas included:

- Travel advice (International) – the Foreign and Commonwealth Office (FCO) advice will relate to affected countries and their neighbours whilst WHO advice will focus on affected areas.
- Science advice – a review of the scientific evidence base for pandemic preparedness planning and clarifying the role of the Department of Health Science Advisory Group during a pandemic.

- Demand for countermeasures – work on the management of the surge in demand for medical supplies such as masks and antibiotics, and the arrangements for access and distribution to the public of antiviral drugs.
- High mortality issues – further detailed guidance to help local planning for the operational aspects of increased death rates during a pandemic and to ensure that faith issues are not overlooked.
- School closure advice – further work on the practical aspects of the implementation of school closures and the wider implications.
- Human resources – the Department for Work and Pensions (DWP) is working on arrangements for sickness certification and the payment of benefits during a pandemic. The Department of Health is exploring ways of sharing best practice on workforce guidance.
- Relaxation of regulations and targets – the Cabinet Office is leading work on the possibility of co-ordinated relaxation of some specific regulations and targets during a pandemic.

### **Business Continuity**

The Exercise made clear that the challenge of maintaining business continuity at local, regional and national levels during a pandemic is recognised by all organisations. However, there was a clear need for organisations to better define their linkages to others and to ensure that their business continuity plans meshed with those of their partner organisations. Issues identified included the need for good recovery plans to handle the backlog of work and further work with both voluntary and private sectors to clarify linkages and the areas of assistance that they might be able to provide.

## **INTRODUCTION**

Exercise Winter Willow was the largest of a number of exercises undertaken in the UK aimed at testing and strengthening planning for the response to an influenza pandemic. The Exercise built on exercises held in previous years, especially Exercise Shared Goal in June 2006 which tested response plans at World Health Organisation (WHO) Pandemic Phases 4 and 5. Exercise Winter Willow thus focused on WHO Phase 6, covering the period from the first case inside the UK through the development of the epidemic. The aims and objectives of the exercise are set out in Annex 1. The scenario of the Exercise, and coverage of actions to address its effects as it developed within the UK, are at Annex 2.

### **Design**

The Exercise was delivered in two stages in order to test out the response over the entire period of WHO Level 6. This also allowed organisations to test their actions and responses in order to influence the predicted pandemic curve.

- Stage 1, held on 30 January 2007, comprised a national-level tabletop exercise with meetings of the ministerial Civil Contingencies Committee (CCC) and the official-level committee CCC(O), which simulated UK alert level 2 (first UK cases) of WHO Phase 6. The decisions made by the CCC in the first phase were used to develop the scenario for the second stage of the exercise where Ministers were given the opportunity to explore the consequences of their initial decisions.
- Stage 2, between 16 and 21 February 2007, followed up the decisions taken during Stage 1 with a full national exercise held over several days designed to test the UK response at local, regional and national levels during UK alert level 4 (widespread cases) of WHO Phase 6. The exercise involved meetings of the ministerial and official Civil Contingencies Committees, Regional Civil Contingencies Committees (RCCCs) and local Strategic Co-ordination Groups (SCGs). The RCCCs and SCGs met on 16 February and responded to the issues raised in the first stage of the exercise. Their responses were passed to the Cabinet Office and added to the scenario for the central exercise play on 19 and 20 February. This part of the exercise involved almost all central government departments and their equivalents in the Devolved Administrations, as well as the regional and local public health response across the UK. The RCCCs and SCGs met again on 21 February to consider and react to the decisions made in the central part of the exercise.

### **Planning**

Planning for the Exercise involved a large number of organisations at local, regional and national level across the UK, together with many of their stakeholders.

A core planning team, consisting of representatives from the Department of Health (DH), Cabinet Office (CO) and the Health Protection Agency (HPA) set out the parameters of and overall plan for the Exercise. The team was supported by a national planning team with representatives from all government departments, devolved administrations and regional representation to manage delivery of the Exercise.

To undertake the specific detailed planning required in sponsoring departments and the key sectors, a further four sub-planning groups, reporting in to the national planning team, were established for health, the critical national infrastructure (CNI), regional resilience and communications.

In addition to the health sector, other sectors within the CNI that participated included:

- Food sector – a range of manufacturers, retailers, primary producers, and wholesalers.
- Water sector – several water companies
- Fuel sector – representatives for fuel refiners and retailers
- Transport sector – a range of transport operators covering buses, trains, air travel and shipping.

### **Exercise Play**

Over 5,000 participants played in the second stage of the Exercise across the UK.

Key issues from the regional exercises held on February 16<sup>th</sup> were fed in to the Exercise scenario for play on February 19<sup>th</sup> so that they could be addressed by CCC(O) and CCC and responses returned to regional and local players.

Ministers and senior officials from the majority of government departments and devolved administrations participated in the exercise. CCC(O) and CCC, together with the equivalent within devolved administrations, met each day. On each day of the Exercise, Ministers also held a simulated press conference with media representatives.

International representatives from the WHO, the European Centre for Disease Prevention and Control (ECDC) and the European Commission (EC) also participated in order to simulate a realistic international response to queries.

### **Learning**

The Report below focuses on the lessons identified in the Exercise that will inform future pandemic planning. However, much has also been learned in the planning, development and delivery of the Exercise itself which will contribute to future exercise planning. Specific issues include:

- The benefits of inclusive planning with representatives of all key areas
- the need to allow for a dedicated core-team and a longer period for planning
- the benefit of keeping the arrangements for delivery as simple as possible in a large exercise and
- The use of a balance of information – from pre-reading to an up-to-date website to help create wider exercise play reality

## LESSONS IDENTIFIED

### Crisis Management and Co-ordination

The almost complete coverage of Regional Civil Contingencies Committees (RCCCs) and Strategic Co-ordination Groups (SCGs) in the Exercise meant that it presented an excellent opportunity to explore the interface between established crisis response structures at regional and local level with national government, the health community and to a lesser extent the voluntary sector.

The second part of the exercise (*Winter Willow 2*) was designed to allow local SCGs and RCCCs to understand better the challenges that they would face as the UK epidemic took hold and especially to provide structured information and feedback to the central CCC and to cascade decisions and information from the CCC back to regional and local response organisations. Local and regional health teams in England were able to simulate live interaction and information exchange with the Department of Health and ultimately the CCC. The Devolved Administrations (DAs) were also fully involved at all levels and the exercise helped to clarify issues of information sharing, policy application and devolved competence.

Feedback at all levels indicated that the Exercise was helpful in checking and validating response arrangements and communication channels, although there were clearly areas where improvements could be made. It was also recognised that the structure of the Exercise constrained the engagement of the local and regional resilience tiers to a series of meetings, and several teams indicated that they would have liked to have had the opportunity for more free play.

Several themes were identified

#### Structures and Processes

- There was a degree of artificiality in the timing and scenario of the Exercise that was needed in order to build the necessary level of engagement in players. However, it was clear that the so-called 'battle rhythm' driving central government meetings and around which much of the local decision-making was centred was unhelpful in response to a 'rising tide' event such as a pandemic. The timing of meetings and deadlines for the submission of situation reports needed review to facilitate the efficient flow of information between the separate tiers of the response.
- CCC, and DA equivalents, in reality would have met regularly since WHO announced that a pandemic was almost a certainty (WHO Phase4) and a number of the issues discussed during the Exercise would have already been resolved by that stage (and are currently being progressed by central government – see the section on Further Policy Development in this report.)

- There were several requests by RCCCs for central government to consider the use of the military in support of the local crisis response. However, existing guidance<sup>1</sup> on the UK Resilience website sets out the principles for the use of defence assets in a crisis and makes it clear that contingency planning should not assume the involvement of the military.
- Many aspects of responding to an influenza pandemic fall within the competence of the Devolved Administrations. The Exercise highlighted some policy areas where there might necessarily be a difference in approach between different administrations. Ministers in the Scottish Executive, Welsh Assembly Government and Northern Ireland Executive will wish to ensure that the response made is appropriate to local needs. It was also felt that national contingency plans should be clearer on what policy and response areas fall within the responsibilities of the DAs in Scotland, Wales and Northern Ireland.
- Northern Ireland shares a land border with the Republic of Ireland and many services and supply chains have cross-border links. The Exercise showed the importance of maintaining close UK-Irish liaison on pandemic influenza response planning.
- The Exercise showed the need for links between central and local government to be further reinforced, especially in the development of policies and sharing of information on the emerging local and national situation.
- The Exercise also showed the need to improve linkages between the established regional and local resilience structures and their equivalents in the National Health Service (NHS). In particular, a better separation needed to be created between crisis response and recovery roles at the local level. It was recognised that the management of a 'rising tide' event was significantly different to a sudden incident and some regions identified the need for greater clarity in individual roles and the trigger for establishing Regional Nominated Co-ordinators, and their equivalents in the devolved administrations, under the Civil Contingencies Act 2004.

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[http://www.ukresilience.info/upload/assets/www.ukresilience.info/060710\\_revised\\_pandemic.pdf](http://www.ukresilience.info/upload/assets/www.ukresilience.info/060710_revised_pandemic.pdf) notes that "*Military assistance might be available in exceptional circumstances, at the time of an emergency, if life and property are in immediate danger. But planning for an influenza pandemic should take into account that military support may not be available if local units are deployed on operations; nor should it be assumed that local units have personnel available with either the skill or equipment to undertake specialist tasks. And military personnel themselves will be vulnerable to the illness.*"

- A final learning point in this area was that established communication links between central government and international bodies such as the WHO and the ECDC needed to be strengthened and codified.

### **Next Steps**

- National, regional and local resilience teams will wish to review their existing plans in order to codify linkages between responders and ensure that plans reflect existing guidance.
- Local responders should ensure that their multi-agency emergency response arrangements are fully integrated with specific health emergency arrangements to be activated in a pandemic.

### **Data and Reporting**

- The Exercise highlighted the need for the process for the collection of regular data and information at the local level, and its collation into reports to the centre, to be reviewed. There were several possible communication routes between local responders and the centre with the potential to lead to confusion. The templates for reporting data also needed some revision to ensure a consistent picture of the emerging situation.
- Because of the complexity of available data, there needed to be clarity on the consistent use of data on the number of cases (i.e. would the data used by UK, Great Britain or England-only? Would the devolved administrations make their own announcements?)

### **Next Steps**

- The Cabinet Office and the Department of Health are reviewing reporting templates. Existing arrangements for information-sharing will be promulgated more widely to ensure that local responders understand how the national picture will be developed.

## **Public Information and Communications**

Communication was a key aspect of exercise play and the scenario offered an important opportunity to test the very complex communications matrix that the UK-wide management of a pandemic presents, in particular communications between the various levels and teams involved in the response. However, the role of the National News Co-ordination Centre in co-ordinating messages across departments was not tested during *Winter Willow 2*. Participants would have found it helpful to have a better co-ordinated communication approach particularly between national and regional levels and to have fixed times for media updates.



Many players identified the need for messages to be refined to ensure that advice to the public from government departments and agencies is both clear and consistent. Examples are as follows

- What “business as usual” means within the context of possible advisory measures, for example, school closures. The Exercise suggested that the overall message needs to be more sophisticated, including phasing and refinement of the message as the pandemic develops.
- The need to explain differences in response either internationally or between different parts of the UK.
- Communicating the need for community responsibility for vulnerable people.
- Clear advice on the use of antiviral drugs so that the public understand the impact of any abuse of the proposed distribution system.
- Advice to the public on facemasks.
- Advice on stocking home supplies.

### ***Next Steps***

- The Department of Health, other government departments and the devolved administrations will produce a clear and agreed core script for use during a pandemic. The Cross Government Flu Communications Group will provide a forum for further work and discussion.
- The Department of Health and the Cabinet Office will continue to work with media representatives to assist in developing a better public understanding of pandemic risk and policy.
- The Department of Health and the Cabinet Office will develop protocols for the effective sharing of national communication messages for local and regional use and will continue to provide updates on progress on this work via established networks.
- The Department of Health and the Cabinet Office will also continue to review the communications strategy to identify the best channels for getting information out to the public in a timely and inclusive manner. This may include web-based information.
- The Cabinet Office, with the devolved administrations, will consider whether to issue additional advice on stocking of home supplies over and above that which is already available in the Planning for Emergencies leaflet that was sent to each household in the UK in 2004.

## **Further Policy Development**

The UK remains ahead of most countries in its development of pandemic preparedness plans, especially in the development of putative response policies for specific sectors or functions. However, exercise play was helpful in testing out the practical aspects of such policies and their associated 'planning presumptions' on the likely Government response. It also identified a number of areas, set out below, where some policy issues require further clarification and development.

### **Travel Advice**

There is potential for differing travel advice from differing sources, particularly internationally, which may cause confusion.

#### ***Next Steps***

- The Government's travel advice to British nationals is issued by the Foreign and Commonwealth Office (FCO) in consultation with DH and the Department for Transport (DfT). The FCO has confirmed that, in relation to a pandemic, UK travel advice will in future be focused on the affected country and its neighbours, with the option to refer to part of a country if appropriate. It is expected that WHO advice will relate to affected areas only.

### **Science Advice**

There was some discussion during the first phase of the Exercise on the best way of making the most effective use of complex scientific advice during a pandemic.

#### ***Next Steps***

- A science colloquium was held in April, bringing together national and international scientists to review papers on the evidence underpinning aspects of preparedness planning prepared and endorsed by the Department of Health Scientific Advisory Group (SAG). The colloquium concluded that these papers accurately summarised the best scientific advice available. Final papers summarising the scientific evidence will be resubmitted to the SAG for endorsement.
- Work is underway to clarify the role of both the SAG and the UK National Influenza Pandemic Committee during a pandemic flu outbreak.

## **Countermeasures**

A feature of the Exercise scenario was the management of the surge in demand on medical supplies, such as masks and antibiotics, which are normally purchased on a just-in-time basis. Also tested was the pressure on antiviral stocks in the event that the clinical attack rate was higher than that anticipated.

The system of access and UK-wide distribution to the public of antivirals was not tested as a part of the Exercise scenario. However, exercise play made it clear that such a system should be robust and should safeguard as far as is practicable against abuse.

## ***Next Steps***

- DH is working with the NHS to identify a range of essential health supplies and to look at options of ensuring continuity of availability. Work is also underway on the practical aspects of continuity of pharmaceutical provision.
- Discussions are continuing on the cost and benefits of a UK stockpile including masks for health professionals and antibiotics.
- Further consideration is being given to the possible prioritisation of antiviral drugs, vaccines and antibiotics in the event that they are in short supply. The principles of prioritisation will be agreed, with the focus likely to be on prioritising medically at-risk groups and front line health and social care workers if prioritisation was required.
- DH will develop a strategy for the operational aspects of antiviral allocation, including access by the public (including testing the robustness of a phone line system), distribution and ways to ensure security and avoid abuse. Consideration will be given to the feasibility of a similar system for use in the devolved administrations and to the resilience of the systems to be used.

## **Operational Aspects of High Death Rates during the Peak Times of a Pandemic**

Some areas of exercise play demonstrated that further detailed guidance to inform local planning on the operational aspects of high death rates during the peak of a pandemic would be beneficial. The consensus view is that there is a need to ensure that operational pressures still allow for dignity and respect for the deceased and their families, and that faith issues are not overlooked.

Ambulance trusts experienced a high workload, including call-outs from families whose relatives had died.

## ***Next Steps***

- The Home Office is developing policies for management of the dead during an influenza pandemic. This involves engagement with leaders in different faith communities, and the need to reflect the requirement for respect and dignity. This will lead to the production of revised guidance with similar documentation being produced for the devolved administrations.
- This work will link to that already under way in the Department of Health on the practical aspects of streamlining the death certification process.
- Guidance for ambulance services has been developed as part of the UK National Framework for Responding to an Influenza Pandemic. In the circumstances that a pandemic could present, the deployment of ambulances will be focussed on supporting patients in need of urgent medical treatment. For those that have died, families should, as normal, contact funeral directors about moving the deceased.

## **Schools**

The decision to advise schools and childcare settings to close to children when the pandemic reached their area was taken early in the Exercise. This aspect of play raised many issues about the practical and operational aspects of potential school closures, including the triggers for reopening, redeployment of staff and guidance on how to continue to handle educational assessments and examinations.

## ***Next Steps***

- The Department for Education and Schools (DFES) will work with the DH Scientific Advisory Group and with regional colleagues and devolved administrations on the practical aspects of implementation of school closures.
- DfES will also explore the issues around possible redeployment of staff in support of other services as well as the use of volunteers or retired staff.

## **Human Resource Issues**

Many players identified the need for a consistent, yet sufficiently flexible, approach across government organisations to workforce guidance. However, the Cabinet Office has already produced HR guidance for government departments and additional advice for businesses is available on the UK Resilience and Health and Safety Executive (HSE) websites

([http://www.ukresilience.info/publications/intro\\_staffadvice\\_flu\\_planning.pdf](http://www.ukresilience.info/publications/intro_staffadvice_flu_planning.pdf))  
and  
<http://www.hse.gov.uk/biosafety/diseases/pandemic.htm> respectively).

### **Next Steps**

- The Department for Work and Pensions (DWP) and HM Revenue and Customs will prepare arrangements for sickness certification and payment of benefits during a pandemic.
- Many health service organisations have begun to develop their own workforce guidance. DH is exploring ways of identifying best practice and of sharing this work. HR/workforce guidance is being developed by NHS Employers to ensure a consistent approach across the NHS.

### **Foreign Nationals**

Some Exercise players suggested that there was a lack of clarity on the assistance that can be offered to foreign nationals who may find themselves stranded in the UK.

### **Next Steps**

- Current policy presupposes that, with the exception of emergency health care, no assistance will be offered to foreign nationals. This will be made clear in future guidance.

### **Relaxation of Regulations, and Performance Targets**

Exercise play identified areas where government departments and their stakeholders, as well as response organisations at regional and local level, might wish to relax specific regulations or targets to enable the most effective response. It reinforced the value of the current practice of adopting a co-ordinated approach across response organisations at all levels to the identification and use of emergency powers.

### **Next Steps**

- As part of the current planning for a pandemic, government departments have identified possible regulations that may need to be relaxed. The Cabinet Office will lead on work to identify appropriate legislative vehicles.

## Business Continuity

The Exercise identified most clearly that throughout a pandemic business continuity will be a significant challenge to all organisations, within all tiers. At regional and local level, the Exercise was a useful opportunity to discuss in detail some of the practical areas where the voluntary sector could play an important role.

Specific business continuity issues identified included

Nationally:

- The need for consistency over what services continue to be delivered, balanced against potential regional variations in cases.
- Consideration of the potential impact of social distancing measures on some services (e.g. those provided by the National Blood Service).

Regionally

- The need for sharing of trigger points and risks with industry, especially critical national infrastructure (CNI) sectors, in order to improve regional planning.
- Adequate plans to ensure backup and succession planning for key staff.
- Further consideration of rural recovery measures.

Locally

- Further work with both voluntary and private sectors to better define linkages and the areas of assistance that they might be able to provide.

All levels

- The need for good recovery plans for managing the backlog of routine work.
- The need to consider increased demands on some services – particularly support and communications.
- The benefits of good communications between organisations where working together will make the best use of resources.
- Understanding the practical difficulties and limitations in home working – the increased numbers of people working from home contending with increased internet use (from children at home) resulting in very slow-moving internet traffic.

## ***Next Steps***

The Government has published guidance<sup>2</sup> on the UK resilience website to assist businesses with their planning. This will be developed further to reflect learning from the Exercise. In addition:

- The Department of Health will develop guidance on business continuity for health services within the next 12 months.
- The Department of Health is engaging with national voluntary agencies in order to consider issues relating to a pandemic.
- Local teams should ensure that the voluntary sector is involved early in planning to explore community engagement and support of vulnerable groups. The detail of contribution by the voluntary sector will continue to be an issue for local rather than national agreement.

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[http://www.ukresilience.info/upload/assets/www.ukresilience.info/060710\\_revised\\_pandemic.pdf](http://www.ukresilience.info/upload/assets/www.ukresilience.info/060710_revised_pandemic.pdf) and at <http://www.ukresilience.info/upload/assets/www.ukresilience.info/060516flubcpchecklist.pdf>

## CONCLUSION

The UK remains at the forefront of the global development of pandemic plans and overall preparedness. In testing our plans, processes and systems, the Exercise identified a number of areas where we need to continue to make further progress. This Report identifies those that are being taken forward at a national level.

The Exercise was an opportunity to test out the *UK National Framework for Responding to an Influenza Pandemic* and has helped to inform further work on its development and revision. The revised version will be published later this year.

*Exercise Winter Willow* has helped to bring us closer to answering some of the difficult questions that the threat of an influenza pandemic poses. It also raised a number of new issues but this is to be expected and welcomed. We are dealing with a constantly evolving threat; indeed, we may never find all the answers until the next pandemic virus actually emerges. Exercises such as *Winter Willow* are an essential part of ensuring that our plans are both robust and flexible.



## EXERCISE WINTER WILLOW

### Aim

To enhance the UK's ability to manage the effects of an influenza pandemic by practising and validating response policies and the decision-making process at national, regional and local levels.

### Objectives

- To familiarise Ministers and officials involved in the central response with the policy and response issues (including public information) that would arise at UK alert levels 2 - 4 of a pandemic at WHO Phase 6.
- To familiarise key players throughout the UK with the level of interaction between different tiers of government in such circumstances, at both national, regional and local levels.
- To simulate and analyse the impact upon the CNI and other relevant sectors such as medicine distribution, and their influence on the delivery of the UK national response.
- To test information flows, real-time modelling and access to timely expert advice during a pandemic.
- To identify gaps in our response arrangements and preparedness in order to inform the future development of policy, plans and procedures.
- To inform the development of future exercise activity, both within the UK government and more widely.

## EXERCISE WINTER WILLOW

### Summary of Exercise Scenario

The Exercise scenario set the scene for the beginning of exercise play. The key elements are set out below:

- Nov 2006 - WHO confirmed the onset of pandemic (WHO Pandemic Phase 6). By mid January 2007, the virus had been confirmed in all continents.
- UK confirmed its first case on Dec 27<sup>th</sup> 2006 in Surrey – Alert level 2 of UK plan declared by Department of Health (DH)
- 168 confirmed cases in South and South East England by mid-January 2007 – Alert level 3 of UK plan declared on January 18<sup>th</sup>
- Cumulative cases increased to 100,000 across the UK by mid-February
- On 15<sup>th</sup> February 2007, DH declared UK Alert level 4

By the start of the Exercise, responses had already been put in place across the UK in several areas, including:

- Public communications campaign initiated in June 2006 (at WHO Pandemic Phase 5)
- UK stockpile of antiviral drugs in use to treat those that became ill.
- Advice from Civil Contingencies Committee issued to Regional Civil Contingencies Committees to close school and childcare settings area by area.
- Advice to the public to continue going about their normal lives as far as practicable whilst heeding public health advice.
- Foreign and Commonwealth Office advice against travel to some of the affected countries.