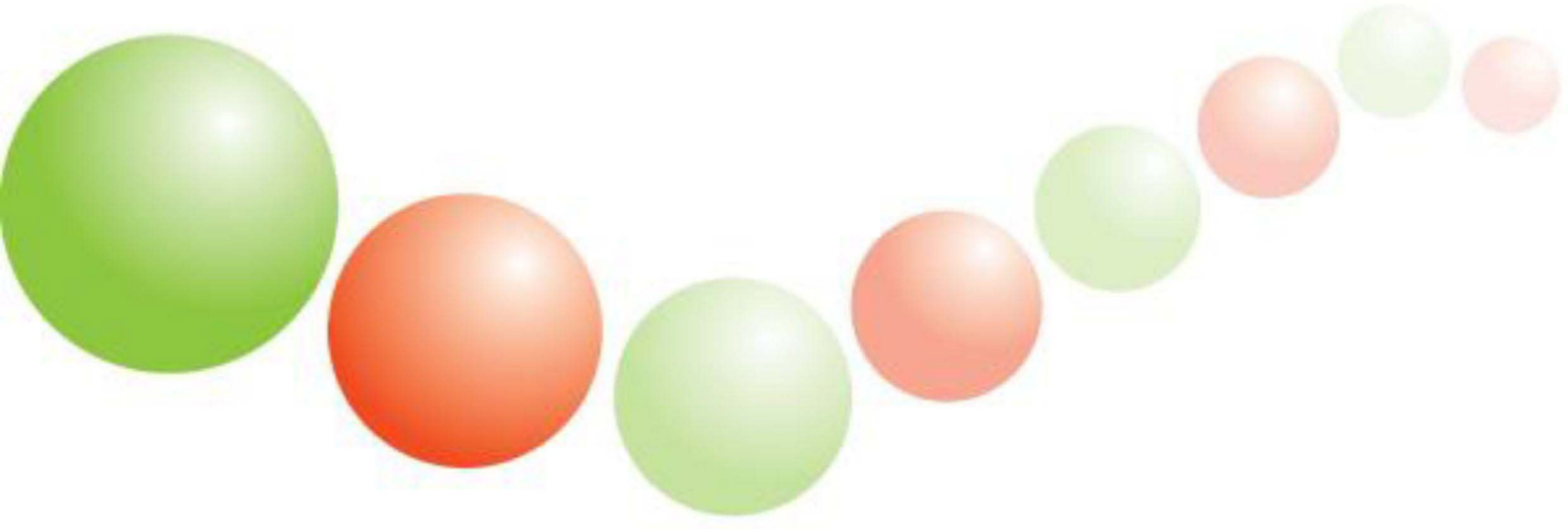
Cymru Gydnerth
Wales Resilience

Response to Swine Flu in Wales 2009/2010

Lessons Identified Report



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Section 1

INTRODUCTION

This report reviews and examines the response to swine flu in Wales. It analyses and assesses the strategic management of both the health and the wider non-health elements of the response. It synthesizes evidence provided by the responder agencies involved and the reviews completed by the Strategic Co-ordinating Groups, the National Health Service and the Welsh Assembly Government.

The purpose of the report is to evaluate to what extent the policies and strategies adopted in Wales were effective and appropriate; taking into consideration the intelligence available at the time which shaped decision-making at various stages of the response. The report also focuses upon the relationship between the Strategic Co-ordinating Groups and the Welsh Assembly Government in terms of structures, processes and communication.

Based on the evidence and the views of practitioners the report draws conclusions and makes recommendations which are designed to inform future planning at all levels.

Section 2

PRE-PANDEMIC PLANNING

Historical Evidence

Influenza pandemics pose a unique international and national threat which in addition to their potential to cause serious harm to human health, threaten wider social and economic damage and disruption. The potential for an influenza pandemic has been the highest risk to the United Kingdom for some time when assessed on the basis of likelihood and impact. It has therefore been prominent in emergency planning priorities at all levels. Although a pandemic has featured as the highest risk, the exact cause, timing or the precise nature of its impact of the pandemic has always been impossible to forecast.

A flu pandemic can occur when a new influenza virus emerges. Evidence from previous pandemics has shown that the new virus is likely to be markedly different from other circulating strains and one to which humans have little or no immunity. Because of this lack of immunity the virus is able to:

- infect more humans over a large geographical area;
- spread rapidly and efficiently from person to person;
- cause clinical illness in a proportion of those infected.

It is easily passed from person to person when an infected person talks, coughs or sneezes. It can also spread through hand/face contact after touching anything that may become contaminated with the virus. Illness develops a few days (average 2-3) after being infected and everyone is susceptible.

The symptoms are similar to 'ordinary' flu but may be more severe: characteristically sudden onset of fever, headache, severe weakness and fatigue, aching muscles and joints and respiratory symptoms such as cough, sore throat, and runny nose. Complications include bronchitis and pneumonia. In some cases the illness can prove fatal.

Past pandemics have varied in scale, severity and consequence, although in general their impact has been much greater than that of even the most severe winter 'epidemic'. People are likely to be highly infectious for four to five days from the onset of symptoms (longer in children and those who are immunocompromised) and may be absent from work for up to ten days.

It is impossible to forecast the precise characteristics, spread and impact of a new influenza virus strain. However, based on historical information and

scientific evidence the planning assumptions for a reasonably foreseeable worst case scenario used within the UK have been:

- Many millions of people around the world will become infected, up to around 50% become ill with symptoms, and a variable proportion die from the disease itself or from complications such as pneumonia.

- Up to one half of the population may become infected and between 20,000 and 750,000 additional deaths (that is deaths that would not have happened over the same period of time had a pandemic not taken place) may have occurred by the end of a pandemic in the UK.

- In the absence of early or effective interventions, society is also likely to face social and economic disruption, significant threats to the continuity of essential services, lower production levels, shortages and distribution difficulties. Individual organisations may also suffer from the pandemic's impact on business and services.

- Large numbers of staff are likely to be absent from work at any one time.

Pandemic Flu Planning in Wales

Prior to the outbreak of the swine flu pandemic there had been a concerted drive by Cabinet Office to ensure that Local Resilience Forums (LRFs) had produced, validated and tested their multi-agency pandemic flu plans. The plans were a culmination of a considerable amount of activity that had taken place on flu planning across the LRFs in Wales in previous months and which increased in intensity during the first quarter of 2009 in preparation for Exercise Taliesin on 23rd April which was designed to exercise the plans simultaneously across all 4 LRFs.

It was recognised that there still remained certain gaps in the plans in terms of the detailed arrangements on managing excess deaths and dealing with vulnerable people etc. This work was ongoing as part of a dynamic and continuous process. However, as they stood, the LRF flu plans provided a strategic framework within which the LRF could respond to a flu pandemic and, as such, established a structure and foundation from which the LRF could operate.

Exercise Taliesin tested the Pan-Wales Response Plan and influenza pandemic plans by live exercise across Wales. As well as the specifics of the flu plans the exercise also tested the generic command and control structures which would be used to manage such an outbreak in Wales. The specific objectives set out for the exercise were:

- For each Local Resilience Forum (LRF) to test its arrangements for setting up and running its Strategic Co-ordination Centre (SCC) and Strategic Co-ordinating Group (SCG) using the Gold Standard format.

- For each Local Resilience Forum (LRF) to test it multi-agency plan to deal with an influenza pandemic.

- To test the arrangements contained in the Wales Pandemic Influenza Response Arrangements

- To test the establishment and running of the Emergency Co-ordination Centre (Wales) (ECC(W).

- To test communication links across the SCCs and with the ECC(W).

The phased approach taken by the exercise enabled the SCG to be tested over different alert level periods.

In the context of swine flu it was ironic that the period of intensified pandemic flu planning which culminated in the largest exercise of its kind to be held in Wales on 23rd April was followed by an outbreak of the first real pandemic to emerge for decades and which saw the UK response commence the following day.

> *Exercise Taliesin was excellent platform for informing the response and preparedness.*
>
> *(South Wales LRF)*

The Outbreak and Spread of Swine Flu Outbreak

The 2009 swine flu pandemic was a worldwide outbreak of a new strain of H1N1 influenza virus. The virus was first detected in April 2009 in Veracruz, Mexico although evidence suggested that it had existed there for some months.

The World Health Organisation had warned countries to prepare for a new pandemic and that is why Wales and the rest of the UK had been planning for some time. However, the H1N1 swine flu virus was less severe. At the outset though, and for a considerable time afterwards, nobody could predict for certain the course this pandemic would take and Wales responded fully and effectively to ensure that all necessary measures were taken.

The virus continued to spread globally over the summer months and was declared a pandemic by the World Health Organisation (WHO) on 11 June 2009.

By the winter the Scientific Advisory Group for Emergencies (SAGE) believed that we had passed the maximum peak of the second wave for the country as a whole. Nevertheless, by March 2010, 28 people in Wales had died from swine-flu related illness with 448 people with laboratory confirmed swine flu being admitted to hospital. At its peak just under 5,000 people in Wales consulted GPs during that week but many more managed their symptoms as advised at home. Public Health Wales estimated that about 10% of the population, around 300,000 people, contracted the virus over this period.

Although experts believe that another peak is unlikely in the UK it can never be ruled out. It is still possible that the current viral strain will mutate to cause increased infection, although this risk cannot be directly quantified.

How the virus affects the southern hemisphere during their flu season will provide an indication of likely impact next winter. The WHO has recently announced that the H1N1 virus strain will be part of the northern hemisphere seasonal flu vaccination 2010/11.

Section 3

OVERVIEW OF THE RESPONSE IN WALES

The response to swine flu in Wales commenced on 24th April when the Welsh Assembly Government participated in a teleconference meeting convened by Cabinet Office which involved all Whitehall Departments and devolved administrations. Local Resilience Forum Chairs were notified of the UK response that weekend and arrangements were put in place in each LRF area the following week to establish Strategic Co-ordinating Groups to co-ordinate the local response.

The response at the UK level reflected the need to be fully prepared for a worst case situation and the central government civil contingency machinery was activated accordingly. In reality, the virus did not reach the levels of infection that are possible when any new virus emerges and the response was gradually scaled down as more information became available during the course of the pandemic.

Close liaison with Whitehall and the other devolved administrations was a critical feature of the response. This was facilitated by the Cabinet Office Civil Contingencies Secretariat (CCS) using the Cabinet Office Briefing Room (COBR) response machinery and also introducing a '4 Nations' health committee at both ministerial and official levels to consider and agree health policy. The UK Chief Medical Officers (CMOs) also had regular contact linking to UK scientific advisory committees, as did Public Health Wales with the Health Protection Agency.

The Welsh Assembly Government's response to swine flu was led at ministerial level by the Minister for Health and Social Services. The Minister was supported at official level by the cross-departmental Civil Contingencies Group (CCG) which was established in the Emergency Co-ordination Centre (Wales) (ECC(W) and supported by the Resilience Team comprising Emergencies Branch and trained volunteers from across the Assembly Government departments. The CCG was augmented by the inclusion of partner agencies such as Public Health Wales (then National Public Health Service), Police and Welsh Local Government Association (WLGA). The CCG also liaised closely with partner agencies through the multi-agency Strategic Co-ordinating Groups (SCGs) established in each police force area. When the outbreak was declared a pandemic in June other agencies were offered the opportunity to join the CCG and reconstitute it as a Wales Civil Contingencies Committee. However, under the circumstances which existed at the time the other agencies were content for the CCG to continue to operate as previously. The operation was supported by the ECC(W) which remained operational from 24th April 2009 to 29th January 2010.

Given the nature of the emergency the health sector played a key role. From the outset, a Health Emergency Response Team was established within the ECC(W) to provide an immediate link to the NHS, other UK Health Departments and the Assembly Government's corporate response. Representatives of Public Health Wales (PHW) and the Welsh Ambulance Service responded immediately as part of the Team and as the response developed they were joined by other NHS representatives.

Health and social care responded to the swine flu challenge by adapting plans to take account of information that was gathered on the nature of the virus, its likely impact on the population and services, and the availability of health countermeasures and H1N1 vaccine. In Wales, NHS and social care organisations examined and developed their contingency plans and arrangements were put in place to co-ordinate these services at a Wales level.

There was uncertainty for some time as to whether this specific swine flu virus would reach anything like the worst case scenario envisaged in the UK pandemic planning assumption of infecting up to 50% of the population. This uncertainty prompted a decision to increase and fast track stockpiling of anti-virals and other essential drugs and products such as facemasks. At the same time, contingency plans were also developed for the introduction of the National Pandemic Flu Service and introducing antiviral collection points; though these were never used.

The treatment strategy adopted in Wales was to build upon primary care services to provide anti-virals to those who needed them. This targeted approach was based on treatment through GP services with patients in high risk groups with a clinical diagnosis of flu-like illness having access to anti-virals through community pharmacies. This was supported by the development of a system to manage storage and distribution of health countermeasures and plans to increase secondary care capacity, especially critical care, to manage hospitalisations.

Planning at the pan-Wales and local levels was enhanced during the summer months though the focus was primarily on the health response and the continued use of the existing primary care system to contain and then mitigate the spread of the disease. The first wave of the pandemic peaked in July in Wales which largely lagged behind the progress of the wave in other parts of the UK. Following the summer the planning assumptions for the wider impact of the pandemic were reduced and planning on the non-health aspects of the response became less prominent.

An early decision was taken in the response to order vaccine on the understanding that it could take 6 months to get to the market. In October, Phase 1 of the H1N1/ Swine Flu Vaccination Programme was launched, targeting patients in identified priority groups such as pregnant women as well as front-line health and social care staff. Subsequently, the vaccination programme was extended to include children aged from 6 months to under 5 years old. Over 350,000 people had vaccinated against swine flu in Wales by March 2010.

The approach taken was flexible. In learning more about the virus and the direction being taken by the pandemic a decision was made at the appropriate time to cease new vaccine supply and manage the surplus.

Section 4

THE HEALTH RESPONSE

From the outset, the Welsh "Health Community" came together with a spirit of togetherness and mutual respect, keenly focussed upon the challenges ahead

A number of strategic and operational groups were quickly established, made up of all relevant partner bodies in Wales and operated in a clear hands on, problem solving capacity, dealing with issues as they arose and making firm and clear plans and decisions.

(Review of the Welsh health response to the 2009 H1N1 / Swine Flu pandemic)

Containment

Policy decisions taken by the Welsh Assembly Government on containment and making anti-virals accessible to the public in Wales were shaped by all the evidence available at the time and expert independent scientific advice. In this respect, the Welsh Assembly Government prolonged the period of containment in line with the rest of the UK with the use of anti-virals as a means of prophylaxis.

The reflections of representatives from clinicians and health service managers and from Assembly government officers regarding the health response to the H1N1 pandemic indicate examples of good practice, with professional engagement and effective leadership. This ensured that the Assembly Government responded rapidly to concerns and suggestions from front line services. It also facilitated effective and timely implementation of new policy developed in response to growing knowledge of the disease and the development of treatments and vaccine.

(Review of the Welsh health response to the 2009 H1N1 / Swine Flu pandemic)

There was confidence in Wales that primary care could provide the first line of defence against the pandemic. The position of the Department of Health on the activation of the National Pandemic Flu Service (NPFS) was therefore not considered appropriate for the number of cases being dealt with in Wales by the Welsh Assembly Government. Local circumstances dictated that this was

the most appropriate and the most cost-effective option for Wales being supported by scalable and flexible arrangements to escalate to the use of anti-viral collection points and the National Pandemic Flu Service should primary care be no longer able to cope.

> *The effectiveness of relationships provided a sound backdrop for decision making and provided the confidence for Wales to take the key strategic decision to maintain the primary care service delivery mechanism, as opposed to adopting the National Pandemic Flu Service.*
>
> *(Review of the Welsh health response to the 2009 H1N1 / Swine Flu pandemic)*

In the end, the anti-viral collection points were not required but the planning that was undertaken to prepare for their introduction needs to be further developed as does the plans in place for delivering anti-virals to patients.

> *The Antiviral collection centres were set up early and this helped in the antiviral being distributed without a need to report to the Distribution Centres. This was possible because of the good partnership working between Health Boards and the Local Authorities with the antiviral distribution centres.*
>
> *(South Wales LRF)*

However, there was concern that a consistent strategy was not introduced by Government:

> *A common, constant approach at preferably a UK or Wales level to issues such as call centres, algorithms and distribution methods must be agreed and adhered to in future in order to prevent a repetition of the current situation. Why did we have to invent local approaches when a strategic directive could have provided clarity and consistency in delivery?*
>
> *Use of the algorithm throughout Wales was a fundamental aspect of the swine flu response. However, a lack of a clear and precise direction on the use of the algorithm, the fact that guidance on use changed frequently and the late intervention to move to a national algorithm was a poor use of time and resources, created unnecessary expenditure and in some respects was damaging to morale. For example, local efforts to implement algorithms within IT networks and train staff were very far advanced before the decision to change to a pan-Wales algorithm and then subsequently focus efforts instead on Primary Care.*
>
> *Partner agencies within the LRF have been helping to address the shortfalls in the capability of the Health sector by developing co-operative multi-agency work streams where national leads have been absent. The frequently changing approach to contact centres and the algorithm by WAG has, to some extent, undermined this work.*

(Dyfed-Powys LRF)

Recommendation 1 – The work undertaken during swine flu on developing arrangements for anti-virals distribution centres, primary care, secondary care and vaccination programmes need to help inform future health emergency planning.

Action: The Welsh Assembly Government Health Emergency Preparedness Unit, working with the health sector in Wales, needs to ensure that the lessons learnt from developing these arrangements are embedded in health and LRF plans in preparation for future pandemics

Recommendation 2 - The Local Resilience Forums (LRFs) need to develop and agree detailed plans for the activation and opening arrangements for anti-viral collection points plus security considerations for each.

Action: As part of the ongoing work to develop multi-agency pandemic flu plans the LRFs need to agree a process to complete and test plans to open and maintain anti-viral collection points in their areas

Recommendation 3 - The Welsh Assembly Government should make clear its plans for the transportation, storage and distribution of anti-virals and ensure that there are contingencies in place to maintain distribution levels at critical times.

Action: The Health Emergency Preparedness Unit of the Welsh Assembly Government should work with Health Boards to develop further its plans for anti-viral distribution and these plans should form part of the LRF pandemic flu plans so that all agencies involved in the process are fully engaged.

Entering the treatment phase Wales adopted a policy of making anti-virals available only for those groups of people most at risk or who were prescribed anti-virals by clinicians – normally their GPs. Anti-virals were not made available to everyone who contracted the disease given that in most cases the virus had no life-threatening consequences. This approach was supported by health professionals and primary care in Wales.

Prophylaxis was used to protect contacts of cases during this phase and to protect those who were extremely vulnerable who were contacts of confirmed cases throughout the pandemic. Frontline staff exposed to confirmed cases were risk assessed and considered for prophylaxis during the early phase but

this became less necessary as management of patients became more routine and use of personal protective equipment became more widely used.

It was also recognised that the differing strategies adopted in England and Wales could lead to confusion by the public on the correct process to follow to have access to anti-virals, particularly in the border areas, but it was felt that it was pragmatic and appropriate to the circumstances in Wales. The rationale was to use tried and tested systems with which the public were familiar and comfortable and to maintain the principle of business as usual as far as it was feasible.

There were various views on whether prolonging containment was the best use of resources and helped to slow and contain spread to give more time to producing a vaccine. It placed increased pressure on primary care and public health staff and there were concerns that the period of containment was too long.

Health planning before swine flu meant we were well prepared with health countermeasures. Working with the Department for Health, the Welsh Assembly Government was part of a sleeping contract for pandemic specific vaccine and was also involved in developing the National Pandemic Influenza Service/Fluline as a contingency. At the local level, the strong networking and partnerships developed between the Welsh Assembly Government and all parts of the health sector allowed operational arrangements to be put in place which were flexible to respond to changing circumstances.

Prescribing anti-virals to those who fall ill from swine flu, vaccinating those most at risk and communicating how people could reduce the risk of catching the virus were all designed to protect people. These decisions almost certainly contributed to a slower spread of the virus and lower deaths than would have otherwise been faced.

> *There was concern at changing policies which sometimes lacked clarity: a key concern was initial reluctance to acknowledge the contingency role of the National Pandemic Flu Service. Whilst there was support in Wales for the policy of using primary care for antiviral treatment, divergence from this approach in England led to mixed messages to the public and professionals which had to be managed. There was some concern that bureaucracy at times impeded progress.*
>
> *(NHS Response to H1N1/Swine Flu Pandemic – De-Brief Report March 2010)*

Confusion arose regarding the distribution of protective face masks and who they should be issued to, as it was not known whether special needs teachers in schools should be included as Frontline staff. There were also issues in relation to low stocks of face masks for nebulisers. Communication problems were encountered on the provision of Type IIR fluid repellent masks. Local authorities were initially informed that masks would be provided by the Welsh Assembly Government via Local Health Boards, and were later informed supplies could not be guaranteed, by which time suppliers could not take

further orders. There was also some confusion over the suitability of the masks provided and at one stage organisations were unable to purchase their own supplies as all stocks were earmarked for NHS.

> *There was a difference between the HSE and Health PPE process and equipment. There was a distinct lack of PPE facemasks [and] no clear provisional process despite regular queries from SCG…..The wrong masks were initially recommended, there was lack of guidance on how to use them [and] there was no funding for LAs to purchase PPE.*
>
> *WAG [should] ensure that clear guidance is given regarding the distribution of face masks from the start of a pandemic and that there are sufficient supplies of face masks for frontline staff. Ensure that we are all using the correct PPE in the correct situations now.*
>
> *(South Wales LRF)*
>
> *WAG co-ordination of the supply of vaccine and PPE needs to be clear and part of the early strategic decision making. WAG needs to be working on this now*
>
> *(South Wales Infectious Diseases Group)*
>
> *Some problems were reported in relation to the use of surgical masks and FFP3 respirators despite guidance having been issued. There were many problems in relation to fit testing of FFP3 masks and it was generally considered that staff were under pressure in trying to deal with the response to the pandemic on top of day to day work.*
>
> *(NHS Response to H1N1/Swine Flu Pandemic – De-Brief Report March 2010)*

Recommendation 4 - Clear guidance is required regarding the distribution of face masks from the start of an outbreak of Pandemic Flu and sufficient supplies of face masks need to be provided for Frontline staff.

Action: The Health Emergency Preparedness Unit of the Welsh Assembly Government should work with Health Boards to develop guidance and to develop appropriate arrangements.

Treatment

Protecting the public, minimising serious illness and avoiding deaths were the primary aims of the strategy adopted in Wales to respond to swine flu. Decisions were shaped by all the evidence available at the time and expert independent scientific advice from the Joint Vaccination Committee on Immunisation (JCVI) and others. The decision to bring forward planned procurement of health countermeasures was a direct reaction to the evidence of the early impact of the disease in Mexico and the US. An early decision

was required by the UK Government to secure the maximum level of doses required for the public in the UK. Based on the evidence available at the time this decision was supported by the Welsh Assembly Government.

In Wales, the strategy adopted for the vaccination was to use the existing mechanisms for routine vaccinations because they are understood, easily accessible, flexible and robust. GP services were used to vaccinate high risks groups and occupational health for health sector staff. GPs had engaged in local planning and were prepared to deliver vaccination programmes in emergencies, with an accompanying relaxation in their routine non-urgent work. However, plans had not been prepared for the implementation of a selective vaccination programme running over several months while maintaining all of their routine work.

> *The service responded quickly and mobilised resources at short notice to implement the programme. It was noted that the Welsh Assembly Government's 'vaccination team' was very supportive and helpful in directing/ providing information and assistance in the delivery of the programme. Generally, the vaccination programme worked well with very good uptake, good team working and planning, supported by multi-agency relationships. The use of paramedics as vaccinators in some areas was considered a good use of resources and inter-agency working.*
>
> *(NHS Response to H1N1/Swine Flu Pandemic – De-Brief Report March 2010)*

At the local level, Local Health Boards reported that they had not fully anticipated the work involved and staff resources that would be needed to deliver a mass vaccination campaign when normal services were not stepped down.

> *The number [of] patients put through vaccination programme [was] less than expected. There were unrealistic expectations from Health Services promoted by WAG of funding and there were unrealistic expectations for release of staff to do jobs that are not LA responsibilities/duties.*
>
> *Investment (time, money and staff) in agreeing antiviral distribution centres which were not used properly.*
>
> *(South Wales LRF)*

Further clarification is required at the local level regarding vaccination group priorities. Questions were raised on whether vulnerability should be the sole criteria or should critical service continuity also be a factor in determining eligible groups. It was suggested that Government should review the eligibility criteria for vaccination.

On the ground, practical arrangements were put in place to manage the vaccination process through a vaccination group which proved to be effective:

The Health Board vaccination group was very well led and all tasks attributed to the group were carried out. The Vaccination Programme was coordinated by a single group which helped in good coordination with Vaccination Centres.

(South Wales LRF)

Recommendation 5 - Health Boards need to develop further the arrangements for mass vaccination in revising pandemic flu plans.

Action: The Health Emergency Preparedness Unit of the Welsh Assembly Government should work with Health Boards to develop consistent policy, plans and appropriate vaccination arrangements using the experience gained from the response to swine flu.

Pandemic Flu Plans

The planning approach taken prior to swine flu had always been to prepare for new pandemic viruses such as the avian H5N1 which are likely to cause more severe illness and death. The swine flu virus was less severe than expected. It did not fit the planning assumptions on which all planning had been based and consequently the plans that had been produced were not appropriate. This required a flexible response to ensure that the actions taken were appropriate to the circumstances which existed. This was based on a continuous reassessment of the virus as more evidence became available and a re-evaluation of the response required.

All pandemic flu plans at both pan-Wales and local levels were triggered by the declaration of UK Alert levels which did not materialise. There needed to be flexibility in local arrangements to respond to changing local circumstances. This was not envisaged during the planning process developed over the preceding years. All plans were based on the national planning assumptions for a pandemic which were much more severe than swine flu and were not geared to a less severe form of pandemic.

There were no alert levels introduced. Local/national plans reflected these. The response did not follow WHO and UK warning levels in terms of response. There was preparedness for the event through planning but the plan wasn't implemented. The outbreak did not fit the plan thus causing confusion.

(South Wales LRF)

In spite of pandemic flu being known as the highest risk and with considerable investment being made in recent years to ensure that the UK is prepared to cope with such an event, a number of gaps were exposed in plans which need to be addressed ahead of a more serious pandemic. The culture developed over a number of years in planning for a flu pandemic as the highest national risk was based on a worst case scenario and plans have

been produced against this assumption. The plans have not taken into account the various types of less severe pandemics which may arise and this resulted in a high-level response to a low-level event with swine flu.

If triggers and alert systems exist to initiate actions then they should be used. All pandemic flu plans had been based on being triggered by the declaration of UK Alert levels which did not materialise at any stage during swine flu. A more pragmatic approach is needed to planning and response. The UK Pandemic Framework advises of the need to plan for a reasonable worst case of up to a 50% clinical attack rate. This worst case scenario influenced central government response. There needs to be meaningful trigger mechanisms that are linked to response plans to enable more flexibility and scalability.

> *Initial response to the pandemic was not proportionate to the actual risk. Trigger levels were set but never followed and need to be reviewed nationally. If this is the case in the future plans should not be so reliant on trigger levels and must allow sufficient flexibility, in the early stages this topic caused confusion.*
>
> *(South Wales LRF)*

It was also felt that consideration needs to be given to refining the planning principles to consider also the effect of impact. This was evident in the response in America. Their pandemic plan factored in the concept of impact and downgraded the necessary response. They proved this principle for pandemic influenza but it would possibly be applicable in other communicable disease scenarios.

Recommendation 6 – Pandemic Flu plans in Wales should be revised to develop greater flexibility for local action to be taken based on circumstances which exist on the ground and which are not solely reliant on UK Alert Levels being formally announced.

Action: WAG and LRF Infectious Disease Groups to produce a Wales Infectious Disease Alert Levels framework and associated actions and for these to be adopted in all plans. This should form part of the review on the *Managing Infectious Diseases in Wales Framework*.

Section 5

THE NON-HEALTH RESPONSE

Managing Excess Deaths

From the first days of the swine flu outbreak there was concerted and sustained activity across Wales to ensure that plans were in place to respond to the possibility of excess deaths. There was evidence of close co-operation and joint working between local authorities in identifying potential locations for body storage facilities and necessary chilling equipment; and sites within cemeteries for possible collective burials. The "different ways of working" initiative was explored with Registrars establishing plans to deal with processing mass fatalities. There was also some engagement with local funeral directors.

As the planning assumptions gradually lowered the anticipated rates of mortality local authorities became increasingly confident of their capability to manage the expected level of excess deaths.

However, it became clear through the assessment of capability that there were concerns in some areas as to how well funeral directors would be able to cope in more serious scenarios. While the activity required to meet the demands of swine flu projections appeared to be manageable concerns were expressed on whether such a capability could be maintained under higher infection scenarios, for instance if the virus had mutated, or in the event of an avian flu pandemic.

While funeral directors do not have any formal obligations under the Civil Contingencies Act, their professional services will nevertheless be critical in maintaining smooth and effective arrangements for dealing with the deceased. Information on funeral directors' capacity for body holding is necessary so that local responders can understand the totality of local capacity and capabilities, as well as the need for support in difficult conditions.

The Assembly Government wrote to all funeral directors in Wales to remind them of the need to develop their own plans and to work in partnership with local authorities in order to strengthen local resilience.

Recommendation 7 – The Wales Fatalities Group to work with LRF Fatalities Groups to encourage greater engagement with the funeral industry in order to develop a more accurate picture of body holding capacity across Wales.

Action: The Wales Fatalities Group and LRF Fatality Groups to develop greater engagement with the funeral industry in excess deaths planning.

In the same context, questions were raised about the precise nature of the legal responsibilities of a local authority for the collection and transport of the deceased during a pandemic. This proved to be something of a grey area. Whilst there are clear duties on local authorities in respect of emergency mortuaries, burials and cremations, the legislation does not put explicit duties on local authorities to collect and transport bodies from the place of death through to burial or cremation. Permissive legal cover exists however through the Local Government Act 2000, which empowers local authorities to take any steps which they consider likely to promote or improve the economic, social or environmental well-being of their local community. Having appropriate measures in place for the collection and disposal of dead bodies is relevant to these areas.

This was interpreted locally as local authorities taking sole responsibility for collecting the dead and not leading the multi-agency planning for such incidents:

> *There was concern that Local Authorities were regarded as the default position should a solution not be obvious. Collection of bodies was the example given. Local Authorities have a responsibility to receive the dead and because no clear guidance existed on transportation it was expected that local authorities would cover this.*
>
> *Practical difficulties about body holding that require guidance from regional and central government [were] sought both by Local Authorities and Funeral Directors but [were not] fully addressed. The delays in response times to questions posed by local government [were] also an issue of concern.*
>
> *(South Wales LRF)*
>
> *WAG to be asked to clarify / confirm who is responsible for the collection of dead bodies before the next major infectious disease emergency. This is one instance of a range of issues that were raised with WAG whose response was that the matter fell to local determination. The LRF recommendation to WAG is that it should quickly resolve these referred issues.*
>
> *(South Wales Infectious Diseases Group)*

Greater clarity is therefore required on the policy of collective burials to enable local plans to be made accordingly against the national planning assumptions.

Recommendation 8 – A clear policy on body transportation and holding should be developed centrally by the Home Office Mass Fatalities Section and

the practical implementation of this policy should be adapted at the local level in Wales by the Local Resilience Forums in conjunction with the Wales Fatalities Group.

Action: WAG to work with Home Office on the development of the policy. The Wales Fatalities Group to work with LRFs on an interim solution at the local level and eventual implementation of the policy.

A coherent and integrated process clearly needs to exist to manage excess deaths. Local Resilience Forums need to identify appropriate partnership solutions and develop multi-agency plans to ensure that contingency arrangements are in place for the transport of the deceased when the capacity of the funeral industry to undertake this function is exceeded. This needs to be supported by plans for temporary body storage under such circumstances.

There had been an excessive amount of work geared towards the excess deaths issue and the lack of arrangements in place. This had caused a considerable amount of work with numerous agencies duplicating efforts. However, the advice from the Health Service predicted the levels expected were far below the national average and could adequately have been dealt with through normal arrangements.

Excess deaths plans should be reviewed and amended to take account of different ways of working together with transportation and logistical requirements for the movement of bodies. The re-use of buildings used for body storage post event is also an issue as is the impact on the supply chain. Further work is required on temporary mortuaries, funeral director engagement, business continuity management, faith communities involvement in planning and the deferral of payments and loans.

At the local level, it was felt that coronial issues in relation to certification of fact of death and body storage capacity issues needed to be resolved, and there was no national directive or guidance on this issue. Policy development work is therefore required on the death certification process to inform local planning and the timeframe required from death to burial.

Recommendation 9 – Home Office to develop a clear policy on the death registration during a pandemic.

Action: WAG to work with Home Office on the development of the policy.

Preparing for these risks remains a UK-wide planning priority and that work needs to continue against the higher risk scenarios. It is important therefore that the momentum in planning for dealing with excess deaths which was generated by swine flu is maintained and that the issues which were identified

during the response are carried through to future plans and a successful resolution.

> *[An] excess amount of work was generated towards the excess death issues and the lack of arrangements in place. This has caused a significant amount of work with numerous agencies duplicating efforts.*
>
> *(Gwent LRF)*

Recommendation 10 – Legacy issues on excess deaths need to be taken forward as LRF and pan-Wales priorities especially on temporary mortuaries, funeral director engagement, business continuity management, deferral of payments and loans and the transport of bodies.

Action: Wales Mass Fatalities Group in conjunction with Home Office Mass Fatalities Group and LRF Fatalities Group to address outstanding issues in relation to excess death planning

Social Care

The ability to identify and care for vulnerable people during a pandemic had always been regarded as one of the most difficult issues to overcome in developing pandemic flu plans. This encompassed people formally recognised as vulnerable within the health and social care sector or those who become vulnerable solely as a consequence of the pandemic or its wider impact.

Regular meetings with social services stakeholders were held throughout the response to swine flu in order to share good practice and progress in meeting the challenges. In particular, work is focused on:

- smaller providers and how their resilience can be supported
- co-ordination of preparedness between the NHS and Social Services
- clarity over the provision of face masks
- the development of status reporting
- vaccination arrangements

Although considerable progress was made in developing resilience within the social care sector during the response to swine flu further work is still required to enhance the engagement with, and preparedness in, the independent care sector.

A better understanding is needed between local authorities, the Care and Social Services Inspectorate Wales (CSSIW) and the private care sector of roles and responsibilities in terms of business continuity planning, and monitoring and regulating that plans exist for private organisations. Local authorities are reliant on the private sector in social care. Incidents were reported where private sector organisations were asked to share their

business continuity plans with local authorities but not all did. Some were reluctant to do so due to the sensitivity of the information.

Attention is still needed towards:

- small providers
- vulnerable children
- third sector engagement
- business continuity and contracts with suppliers
- testing of plans
- business recovery
- obtaining greater clarity on the expectations around Criminal Record Bureau (CRB) checks and regulatory functions so that these can be reflected in plans

A reporting system for social care ('SocCon') was introduced during the latter stages of the response.

Recommendation 11 – The work undertaken in social care for both adults and children during swine flu to enhanced the resilience of the sector needs to be continued; particularly in respect of the independent care sector.

Action: Social Services Wales to work with local authority social services departments to continue to develop the resilience of the sector against swine flu and for the arrangements to be embedded in the relevant organisational and LRF plans.

Action: Arrangements for the Social Care Condition (SocCon) reporting process which was adopted for swine flu to be integrated into emergency plans and procedures.

At the operational level, it was felt that the Social Services departments worked well as zonal arrangements were established. However, there were concerns expressed about the process of vaccinating house-bound individuals. It was also reported that PPE for nursing homes and domiciliary care workers was not readily available in some of the peaks. Some believed that greater capacity needs to be created by training all vaccinators.

Each local authority was given discretion to identify relevant staff & external agencies within their area to be included in the vaccination programme. This, it was believed, introduced a potential for inconsistency between authorities, particularly in relation to foster carers and care organisations such as Barnado's etc who operate across Authorities.

Recommendation 12 – It may be beneficial, and promote greater consistency if local authorities could agree on a standard vaccination lists not

only for staff but also external agencies and foster carers etc within their area.

Action: Local authorities to consider in the context of ongoing pandemic flu planning.

Issues over vulnerable people were highlighted and it was emphasised that there were difficulties around identifying people who were outside the recognised listings of vulnerable people who would, by the nature of the pandemic, become vulnerable. The Gwent LRF indentified 'ongoing issues around identifying vulnerable people, especially those made vulnerable due to the event.'

With the majority of partners working at capacity during the early stages of the pandemic there was a need for early engagement with the voluntary sector to support the response. In particular, the British Red Cross was seen to have the ability to respond and assist when relevant services were being stretched.

> *The introduction of services offered by the Red Cross and other voluntary organisations was felt to be of great benefit.*
>
> *Volunteer agencies felt that they could have been utilised at an earlier stage and thus been more effective.*
>
> *(Gwent LRF)*

Recommendation 13 – SCGs should be encouraged to contact and involve the Category 2 responders and the Voluntary Sector as early as possible when the risk has been identified.

Action: LRFs to factor in engagement with Category 2 responders and the Voluntary Sector to activation arrangements for SCGs.

Community Resilience

The Civil Contingencies Group saw community self-help as a principle which could be developed further to support emergency response to the swine flu pandemic. Whilst emergency response was handled by the responder agencies the wider aspects of the response could co-ordinated and managed by the community itself. Central to this was the identification and support required to vulnerable people within the society and a clearly defined line of communication to the responder agencies able to provide the required assistance and support.

A *Community Resilience Task and Finish Group* was established to take forward planning at the all-Wales level by:

- agreeing the method and structure for delivering community resilience advice and support to hard to reach groups, faith communities and the wider community; and

- agreeing the content of the advice to be disseminated as agreed by the CCG/SCG Chairs Group

9. The Group comprised:

    - Welsh Assembly Government (Emergencies Branch, Communications and Equality, Diversity and Inclusion)
    - Chair, Faith Communities Sub-Group
    - Head of Neighbourhood Policing in Wales
    - Welsh Local Government Association
    - Third Sector (British Red Cross)
    - RNIB
    - Representatives from each SCG
    - Others as appropriate

A *Faith Communities Sub-Group* was run in parallel with the Task and Finish Group to interpret the central messages being agreed into the right context for the faith communities. The Group developed a process using existing networks to advise and support faith communities.

A swine flu community update was produced which helped community groups understand the likely impact of swine flu on individuals and their wider communities. It also provided advice to people on how they could look after themselves during the outbreak.

The idea behind the update was to make sure that all of the groups and organisations that are active in communities in Wales were kept up to date with the latest information on swine flu with a view to sharing the advice as widely as possible to individuals within those communities. It helped community groups understand the likely impact of swine flu on individuals and their wider communities. It will provided advice to people on how they could look after themselves during the outbreak.

The need to identify and support vulnerable people during a flu pandemic was seen as one of the most critical features of the response. In most cases, local government social care and the health sector were aware of the high risk groups and were able to provide the necessary support. However, there were a number of people who would become vulnerable as a consequence of the pandemic and would not be captured within the lists of normal high risk groups.

This initiative was designed to target the wider population who may have become vulnerable as a consequence of swine flu and provided these people with all the information they required to help them look after themselves. Vulnerable people were better served by assistance from people they knew. The advice was targeted at these people to ensure that they had a number of friends and family available to help them should they have become ill. The

initiative also built upon the premise that the more of the general public looked after themselves the more public services and voluntary organisations could focus on those people who needed help the most.

The initiative was predicated by a communications network using local community groups to get information and advice to the hard to reach groups. The network used included voluntary groups, neighbourhood policing, faith communities and local councils.

Recommendation 14 – The initiative to encourage communities and individuals to develop greater self-resilience during flu pandemics should be built upon in future enhancements of flu plans. It should be an initiative that is taken forward more widely.

Action: The Welsh Assembly Government to establish a Wales Community Resilience Group to co-ordinate the development of community resilience in Wales.

Education

Advice to schools and other settings was reviewed after the outbreak and a Question & Answer document was produced to complement the general guidance on pandemic influenza which had been published previously. A similar Q&A was also published on the Welsh Assembly Government website for the further and higher education sectors. Both Q&As were supported by letters distributed to schools and colleges, encouraging them to stay open if at all possible, and providing them with details of their local health protection teams.

> *Panic in early stages when schools reported cases of swine flu. Specimen letters from WAG to parents, and FAQ for parents not user-friendly. Advice/instruction to schools for changing cleaning procedures was given locally, but not nationally. Budgetary pressures on schools made it difficult to increase cleaning hours.*
>
> *(Dyfed-Powys LRF)*

Reporting arrangements were put in place requires local authorities to report on the names of schools closed in their area due to swine flu and the number of children and young people affected by the closure. These reporting requirements went a little further than reporting in England in recording the names of the schools that are closed. At the local level protocols were set up for all Schools to report any absenteeism that may have a potential link to Swine Flu. This process assisted to identify potential 'hotspots' where patterns of illness may exist within Schools.

Reports for child care and other settings (e.g. youth services) required local authorities to provide indications each week of levels of disruption to services. This was provided by means of a 'Red/Amber/Green' system.

The process used for collecting this information proved to be burdensome on local responders and Strategic Co-ordinating Groups which both needed to focus their attention primarily on managing the crisis rather than facilitating data gathering.

Recommendation 15 - A more efficient means of schools data gathering needs to be developed which minimises the administrative burden on local authorities and other links involved in the data gathering process.

Action: The Welsh Assembly Government should commission the development of an on-line tool to capture the relevant school closure data more easily.

Work was undertaken with Welsh Local Government Association to ensure that all local authorities had included all child care providers and all independent school settings in their business continuity plans and that these plans were sufficiently robust.

Recommendation 16 – Robust business continuity arrangements need to be developed in early years childcare and youth services - especially those in the independent sector – and a process adopted for monitoring impact on this sector during a pandemic.

Action: Local authorities to engage with the early years childcare and youth services sectors in their areas to encourage and provide assistance in developing business continuity and to work with the sector in establishing a monitoring process during a pandemic

Similar assurances were sought on the robustness of plans to maintain home to school transport in a flu-pandemic situation. Such contingencies involved providing priority use of public transport for schools where this was used; diverting resources where needed to swap routes and contractors where required; using flexible school start times to allow for double-tripping; and the use of alternative transport such as taxis.

The Welsh Assembly Government recognised that there were two likely reasons why schools could consider closing in exceptional circumstances. Firstly, schools would need to close for health reasons to protect pupils and staff and/or reduce the spread of the virus and, secondly, for local management reasons such as staff shortages.

The power to close a school rests with the employer. In Wales this means it is the local authority in respect of community and voluntary controlled schools;

the governing body for voluntary aided and foundation schools; and the proprietor for independent schools. In practice this decision is usually delegated to the headteacher in maintained schools. This meant that a local authority could close all maintained schools in its area if it considered it appropriate to do so.

The practice adopted during swine flu of schools/local authorities seeking the advice of the National Public Health Service on closing and re-opening proved to be pragmatic and effective. School staff were advised to contact their local Health Protection Team before considering closure on health grounds. Where schools were closed due to staff shortages the practice was for the school concerned follow any local guidance or protocol the local authority had established.

Recommendation 17 – The schools closure policy adopted in Wales during swine flu of local decisions to close and re-open schools being based on advice from the Public Health Wales should be built into all local authority and LRF plans. This should identify the policy, triggers and responsibilities for school closures.

Action: Welsh Assembly Government, Local Resilience Forums and relevant responder organisations should adopt this policy in their plans

The Welsh Assembly Government also worked with Health colleagues to ensure that there was information available to independent schools (many of which are residential special schools) and so that local authorities who had children placed in residential special schools were well prepared (as part of their emergency planning), should residential schools have to close. In the event, this did not prove to be an issue. There were only closures in two schools and a pupil referral unit.

Business Continuity

The response to swine flu acted as a major catalyst to refocus public and private sector organisations on business continuity planning and management. It highlighted the need for business continuity to be developed and embedded not only in public sector business but also in private businesses and especially those linked to public service delivery such as independent care homes, early years settings and school transport providers.

> *The work carried out raised awareness within agencies of business continuity which was essential. Senior personnel are now taking more notice of BC planning as they are aware of implications to services during an incident that is affecting loss of staff.*
>
> *The slow burn nature and lower than expected impact of this incident allowed business continuity plans to be tested in a more manageable way. People were more sceptical about their plans ability if the pandemic had been worse, in general plans had not been tested*

enough and engagement was difficult with people having a never going to happen attitude, although some agencies found it raised people awareness of business continuity. The slow burn issue also placed burdens on some individuals and agencies where this work was in addition to their normal functions.

Where plans did exist and were felt to be good it allowed resources to be focused on swine flu even at the busiest times.

The incident raised awareness of the need for BCM especially with regard to independent care homes.

(South Wales LRF)

Recommendation 18 – All organisations should review their business continuity arrangements in the light of the experience of swine flu and should not allow the impetus gained in this work to slip.

Action: All organisations to review their business continuity arrangements against the national planning assumptions for pandemic flu and progress should be monitored in a multi-agency environment

Mass Gatherings

Advice was provided to symptomatic individuals that they should remain at home and consequently not attend large events to prevent the spread of the virus. However, no central policy on the cancellation of mass gatherings was introduced during swine flu. The nature of the pandemic made this unnecessary but there was considerable discussion at the local level on the principle of introducing such control measures in a more severe scenario. Indeed, some local plans for the setting up of Anti-Viral Collection Points at leisure centres were predicated by such measures being introduced at Government level.

The approach taken was that mass gathering events would likely be cancelled where the event organisers or the police service were unable to staff them on health and safety grounds.

It was evident from the feedback of local responders, and local authorities in particular, that clear policies and guidance need to be established on how Government approaches the issue of mass gatherings in order to inform and direct local planning.

Recommendation 19 – Experience from swine flu demonstrated that any government directive to limit mass gatherings would be used only as a last resort. Planning assumptions for local plans should not therefore anticipate that such measures will be introduced during a pandemic.

Action: All organisations to review their plans to ensure that no arrangements are predicated by the assumption that limits on mass gathering will be routinely imposed by government during a pandemic.

Section 6

RESPONSE STRUCTURES AND PROCESSES

The initial response to swine flu saw the central government machinery become operational in the normal way with all government departments and devolved administrations reacting to the emergency as they had done to other previous emergencies. Initial membership of both the Civil Contingencies Committee (Officials) and the ministerial Civil Contingencies Committee represented the full extent to which the information on the threat emerging from Mexico cut across all Government Departments. Had the swine flu virus developed in line with initial data from Mexico - which later proved to be unreliable – the impact would have been felt across all sectors and so necessitated the attendance of all Departments. However, it became increasingly evident that health issues would dominate and as the planning assumptions reduced the need for wider government involvement became less critical.

It also became evident that as health was the main focus of the response separate meetings of Health Ministers and officials were required to agree health policies and approaches between the four countries before the full CCC and CCC(O) meetings. This helped to reduce the CCC meetings being dominated solely by health considerations. As the threat of wider impact diminished the four nations health meeting evolved into the primary central government group dealing with swine flu.

In terms of cross-Government co-ordination and decision making the Civil Contingencies Secretariat (CCS) played a pivotal role in co-ordinating the UK's response to the pandemic and provided a balanced and proportionate lead to the response. CCS was sensitive to the position of devolved administrations and to the need to collaborate with devolved administrations to enable a common UK line to be adopted where possible.

In developing the planning assumptions on which to base the broader response Government was faced with a new and dynamic situation which made accurate assessments difficult. The assumptions proved a useful tool on which to base the level of planning but the range of the data used for the assumptions presented a wide range of possibilities. The planning assumptions determined the nature and direction of the local level response; particularly in regard to non-health issues. The gradual reduction in the likely impact of the pandemic with each revision of the planning assumptions manifested itself at the local level in the gradual diminution of activity and withdrawal by non-health agencies.

In Wales, the multi-agency response was established promptly and was sufficiently flexible to revise its way of working to meet the changing circumstances. A Civil Contingencies Group was established by the Welsh Assembly Government from the outset and linked into the central government response immediately. In the same way, the Chairs of the Local Resilience Forums took steps to establish Strategic Co-ordinating Groups to co-ordinate local planning.

The Emergency Co-ordination Centre (Wales) (ECC(W) was established to facilitate and support the Civil Contingencies Group and to provide co-ordination between the Welsh Assembly Government, UK Government and the local level. In assessing the role of the ECC(W) it was commented that it did not appear to run as it has in other emergencies with a departmental lead eg for avian flu, the Chief Veterinary Office's department leads. For pandemic flu, this was identified as a cross departmental issue. It was felt at the local level that, in retrospect, while pandemic flu will affect all aspects of society, it would probably be wise to identify public health/health as the lead department, as clearly these issues dominate during pandemic flu.

The Police took the lead at the local level in establishing and predominantly chairing the multi-agency Strategic Co-ordinating Groups in all 4 Police Force areas. The Police also led in co-ordinating the information flow from the local responders in their area to Government and vice versa. As the risk of wider social impact diminished the emphasis shifted to a health-orientated response. Yet the Police continued to Chair the SCG meetings and co-ordinate communications; a position that was maintained throughout the response. This raised questions of governance and ownership for a health emergency at the local level. Some organisations felt that the LRF response arrangements should identify the health sector as the lead agency for health emergencies and should Chair the SCG. Consideration should at least be given to succession arrangements when the wider risk is passed and the response requirements move exclusively into health.

Recommendation 20 – In taking forward their multi-agency pandemic flu plans in the light of swine flu Local Resilience Forums should consider the appropriate lead for the response and how co-ordination would be operated.

Action – LRFs to consider as part of the further development of pandemic flu planning.

The relationship between the Civil Contingencies Group and the Strategic Co-ordinating Groups created a coherent structure to integrate the response at all levels and provided a gateway for information sharing.

The development of policy, guidance, structures and processes established in the response to swine flu provides lessons for future use against more severe pandemics and in developing response plans for other risk areas.

However, local responders felt that the initial response to swine flu was over-reactive with too much information being produced and cascaded with an unrealistic and constantly changing demand for information from the local level. The Government demands for data from the local level, again primarily in terms of non-health data, were met with increasing resistance from the local level as the likelihood of more serious wider impact of the pandemic faded away. In the same way, the continued production of detailed information by Government which was cascaded to all agencies was seen with less relevance and importance as the need for a broader response disappeared.

It was also thought that the disparate way in which Welsh Assembly Government Departments distributed guidance and information within various sectors proved difficult for Strategic Co-ordinating Groups to manage and required a single gateway for information to be maintained from the Emergency Co-ordination Centre (Wales) to the SCGs.

> *Requests for information - many requests by WAG were sent directly to CEO, Dir Education, Dir Social Care etc. There is of course no issue with this, but it is frustrating when Emergency Planning Units are subsequently contacted and asked about the status of responses when they were not copied information in the original request and responses. Even more inappropriate were the times when the Emergency Planning Units were asked to chase up these requests.*
>
> *(Dyfed-Powys LRF)*

Recommendation 21 – Operational relationship between the ECC(W) and SCCs needs to be reviewed in the light of the experience of swine flu.

Action: WAG to organise a de-briefing of operations involving ECC(W) and SCC staff and for the outcome to be adopted in operational plans at both levels. The de-brief should include a review of how information from WAG Departments to the various sectors is undertaken during a pandemic flu event

In the same way, the Welsh Assembly Government was seen as trying to micro-manage the local operational response in Wales across all sectors whilst this should have been left to the SCGs and individual organisations. It was felt by some that the Welsh Assembly Government should focus on strategic and policy issues and have greater trust in organisations in implementing policy and managing the response on the ground. At the same time, there was an apparent lack of clear direction from the UK Government and Welsh Assembly Government and a delay in decision-making on key issues.

Recommendation 22 – The model developed of regular Civil Contingencies Group/Strategic Co-ordinating Group Chairs meetings during flu pandemics needs to feature in planning at LRF/WAG levels.

Action: CCG/SCG Chairs to review their working relationship during swine flu, the strategic communication between national and local level and the co-ordination of the response in Wales by the CCG and its relationship with Whitehall.

Recommendation 23 – The Welsh Assembly Government and the SCGs should consider developing a Memorandum of Understanding which sets out clearly roles and responsibilities during the response to a flu pandemic.

Action: Proposals for a MoU to be developed by the Wales Resilience Partnership Team and considered by the LRFs and the WRF

The role and performance of the Strategic Co-ordinating Group (SCG) in all Local Resilience Forums was viewed in a positive light by those involved. The SCGs demonstrated good collaborative and partnership working with representation being pitched at the right level of seniority in the early stages of the response though this petered off as the wider impact of the pandemic proved to be less severe than initially assumed. The involvement of the appropriate level of representation was seen as leading to 'precise accountability of actions'.

> *One of the positives to emerge from swine flu planning and response in DPLRF is that it [has] proved that organisations can work well together as multi agency groups in providing local solutions to the ever changing problems that we faced.*
>
> *(Dyfed-Powys LRF)*

That being said, some saw a lack of awareness among some SCGs about the LRF flu plan and gaps in knowledge among some participants.

The authority of the SCG to direct the local response during the course of the emergency was not clear. This is not set out within the provisions of the Civil Contingencies Act 2004.

It was also felt that Exercise Taliesin contributed positively towards in the sense that those involved were able to 'work together in a similar environment, building up relationships which proved to be beneficial during the real event, as there was a sense of purpose'.

Recommendation 24 – Further training and exercising is required to ensure that Strategic Co-ordinating Group members are familiar with the response structures, their specific roles and the relevant LRF plans.

Action: The Wales Training and Exercising Group, in conjunction with the LRF groups, should develop appropriate training programmes for

SCG level training.

Action: Regular SCG training and familiarisation programmes need to be embedded into the routines of the new Strategic Co-ordination Centres

The role of the Co-ordination Team/SCC/Intelligence Cell was seen as vital during the response distributing and collecting relevant information in a timely manner and to facilitate the SCGs. This will ensure a natural filtering process of information coming in, reducing the requirement for duplication and making the whole process potentially more efficient.

> *The role of WAGLO (Welsh Assembly Government Liaison Officer) at SCG was not clear and it was felt that the SCGs interpretation of the WAGLO role was wider than that of ECC(W)'s interpretation. SCG looked to the WAGLO for direction and answers but procedures identify SCG communication should be direct with ECC (W).*
>
> *(North Wales LRF)*

Recommendation 25 – The roles and responsibilities of the Welsh Assembly Government Liaison Officer (WAGLO) should be captured in a formal document to be provided to the Local Resilience Forums and the Police Emergency Planning Units.

Action: Emergencies Branch to produce the document on WAGLO roles and responsibility and to make this document widely available.

The introduction of multi-agency Silver groups was seen as beneficial to the local response with the Police, local authorities and Local Health Boards taking a prominent role. This was supported by voluntary sector groups and, in particular, the British Red Cross. Local Health Board Communications Teams helped deal with local press releases and media enquiries.

In a number of instances individual agencies established their internal response structures at Silver levels which managed the internal response and engagement with other agencies.

> *There was no SCG Exit Strategy in place. The nature of the incident did not lend itself to moving into the recovery stage and a formal incident stand down never materialised.*
>
> *(North Wales LRF)*

Section 7

COMMUNICATIONS

Media Handling Strategy

The communications strategy and media handling were vital components in the response ensuring that timely guidance and advice was provided to the public to manage concerns. Communications activity on swine flu was co-ordinated with other work on the respiratory hand hygiene and seasonal flu vaccination campaigns to avoid clashes, confusion and overloading the public with health messages.

From the outset the media were heavily engaged in Wales through a variety of means. These included specific briefings given by CMO Wales and other key public health officials including those from the National Public Health Service Wales, regular bulletins (initially daily and then weekly) updating the latest facts, figures and quotes, and news releases on key events.

Public messages in Wales had to be tailored, where necessary, to the variation in policy from England to ensure that there was a clear understanding in regard, for instance, to the process for access to anti-virals.

The Chief Medical Officer kept Assembly Members briefed on the emerging situation and health communications staff worked with the NPHS to ensure that the media were kept informed. Scientific advice was communicated to the media and public through a number of channels including specific briefings given by CMO Wales and other public health officials. The CMO and NR were consistent spokespeople throughout the pandemic and became familiar and regular sources of information. Information on the progress of the disease was also included in the daily and weekly bulletins. The National Public Health Service website was also kept up to date with epidemiological information with key data being updated on a daily basis.

A radio and press advertising campaign ran for two weeks in mid August on 'What to do if you think you have swine flu'. This was accompanied by an online factsheet giving more information. The factsheet was made available on the Welsh Assembly Government website in Welsh and English, a range of community languages, was also made available to order in Braille and audio format, and a British Sign Language video was also available to download.

Media coverage in Wales was monitored by the Welsh Assembly Government press office and any issues picked up and responded to as necessary. The media coverage in Wales was by and large balanced and, anecdotally, the

Government approach to media handling in Wales was perceived as open and helpful.

However, some feedback was critical of the overall communications and media strategy in Wales:

> *The Warning and Informing process failed at the beginning. DoH and WAG were giving conflicting information to the public and were not working with the Local Authorities and other agencies.*
>
> *(South Wales LRF)*
>
> *Top Line briefings from Cabinet Office were heavily biased to England and sometimes it was felt did not take account of local Welsh issues. It would have been helpful if differing policies/guidance between England and Wales had been highlighted.*
>
> *(Gwent LRF)*
>
> *The different policy approaches in Wales and England and as a consequence the national media messages led to some concern due to the potential for confusion amongst professionals and the public.*
>
> *(NHS Response to H1N1/Swine Flu Pandemic – De-Brief Report March 2010)*

Communications within the Stakeholders

Regular meetings were established between Assembly health officials and lead representatives from Local Health Boards, the Ambulance Service and NPHS to help manage and co-ordinate the response across the NHS. Daily and weekly health updates were published and a weekly Bulletin introduced for Health and Social Care Professionals. Direct ministerial engagement with primary care leaders and health professionals became an important feature of the health response.

A "Pandemic Flu Dashboard" and information page on Health of Wales Information Service (HOWIS) was developed which pulled together information, guidance and daily situation reporting. Regular meetings with NHS leads helped manage and co-ordinate the response across the NHS.

A specific weekly bulletin was introduced for health and social care staff which included the latest news and guidance on handling the pandemic. Other public sector stakeholders also received initially daily and then weekly bulletins containing key information about the progress of the disease and messages from the CMO and key public health officials at the then National Public Health Service. These bulletins were quickly made available to all stakeholders through the Welsh Assembly Government and NPHS websites.

Weekly communication meetings were held to engage with communications colleagues from the NHS and Local Resilience Forums in Wales to keep them

up to date with developments and to secure their help when needed. These continued throughout the pandemic and were a very useful coordination tool to join up the various levels of government from the UK down to local authorities.

An engagement campaign was developed in collaboration with the other home nations aimed at NHS and social care staff to encourage them to take up the offer of vaccination. This was disseminated through local NHS and local authority colleagues.

A Primary Care and Community Services Forum was established which became known as The Engaging Professionals Group. This allowed leaders from a range of community services to comment upon proposals and assumptions, to raise concerns and to feed in suggestions for further improvement. A weekly Professional Briefing was issued which updated professionals on recent developments and signposted them to additional sources of information.

> *Relevant communications strategies were deployed successfully and ensured that all parties were best informed at all stages….In addition, the information developed and issued to health professionals across Wales proved extremely helpful and was welcomed by recipients.*
>
> *(Review of the Welsh health response to the 2009 H1N1 / Swine Flu pandemic)*

However, it was reported at the local level that GPs did not always pick up the general e-mails distributed to them and a more appropriate method of communication will need to be considered.

Due to the nature of the event, there were large amounts of information and requests for information being sent from various sources with very tight deadlines which made for numerous duplications of information being sent from partners, which impeded their efficiency and ability to deal with the priority situation and issues. This also compounded the flow of internal information to tactical/operational staff on the SCG situational awareness of the event.

It was considered that the National Situation Reports and Top Line Briefings (SITREP) were heavily weighted towards the English situation with relative information with regard to Wales. It was identified there had been repetition of information which had caused added work to already stretched partners coping with their current workload.

> *There was a lack of coordinated communications strategy from WAG. There were conflicting messages bypassing the Intel cells. There was poor media and warning protocols by HM Government. Interference by WAG Departments who went outside agreed protocols was a challenge. There was no clear warning and informing strategy at WAG level – no leadership in public information. The Sit Reps were developed too late during the pandemic.*

There was an information overload, no coherent message from WAG, no Welsh interpretation of guidance e.g. SLD pupils – no definition. There was too much information on Swine Flu which resulted in email accounts becoming blocked.

The communication flow between ECCW, SCG and Local Authorities were insufficient. There was too much of information processed as pandemic progressed.

(South Wales LRF)

The volume of e-mails and the level of repetition of information within e-mails, sitreps and reports caused difficulty in knowing which information was the most up-to-date. The danger in this is that important information may be overlooked.

(Dyfed-Powys LRF)

Vital information and requests for information were sent through various mechanisms, outside of the LRF hub system and sometimes to the wrong recipients meaning that crucial information was not getting through.

(Powys County Council)

It is recommended that the Frequently Asked Question document should be regularly reviewed by WAG and structured so that the latest information is easily visible.

(South Wales Infectious Diseases Group)

There was good co-ordination and communication between SCG and ECC(W) (Emergency Control Centre Wales), regarding the handling of queries and responses, as the incident developed but at the start this was lacking, therefore further development of the communication routes between SCG and ECC(W) at WAG needs to be undertaken in order to ensure consistency of information to SCGs across Wales.

(North Wales LRF)

"The volume of information being distributed via internal, SCG, WAG and other sources was overwhelming"

(North Wales LRF)

Recommendation 26 – The Welsh Assembly Government should work with the Local Resilience Forums to develop an agreed communications and media handling process for pandemic flu.

Action: The Wales Warning and Informing Group to take this forward as a project involving the LRF Warning and Informing Groups in the process

Websites and Social Networking

Stakeholders in Wales were encouraged to link to the NPHS and Welsh Assembly Government sites as the definitive source of timely information in Wales. These stakeholders included local authorities; health services; business facing organisations such as the FSB; the visitor industry and education. This was achieved collectively and through departments and stakeholders were actively engaged in dissemination.

Unique visits to the key publicised Government websites in Wales show that in the last four months of 2009 there were 119,000 unique visits to the NHS Direct swine flu web pages and from April to December there were 170,000 visits to the swine flu pages of the Welsh Assembly Government website.

Although there was a policy to draw the public and practitioners to central websites for definitive advice and information some still believed that there was an overload from too many sources and an unhealthy expectation from all agencies that web based links were the best way of communication. It was felt that there were too many links and websites e.g. WAG, NPHS, NHS, LA resulting in information overload and that there is a need to consider a single source site in future for such information.

Engagement with social networks mainly took place on a UK level engaging with networks such as mumsnet etc.

Strategic Co-ordinating Group Media Strategies

Good working relationships and structures were developed between UK Government, Welsh Assembly Government and SCG Communications leads. At the local level there was no evident strategy in place amongst the SCGs and in most cases the police assumed responsibility for multi agency communications.

Recommendation 27 - The LRFs need to identify, train and practice a joint agency communications group, in which cell composition, terms of reference, methods of working, key messages and appropriate trigger points are documented.

Action: Warning and Informing Groups need to take forward this work and perfect a Communication & Engagement protocol (key messages badged to all agencies).

The media protocol that had been agreed for pandemic flu in planning was never used. Instead, an instruction was issued that all press enquiries should

be handled by NPHS or WAG. Many staff talked about communication overload and while the health professionals bulletin aimed to address this issue, further review might be appropriate. Change in communications protocols early in a national emergency should be avoided or, if necessary, communicated in a timely fashion. This aspect should be reviewed.

Strategic Co-ordinating Group Communications

Communications between responder agencies at the local level benefitted from central co-ordination facilitated primarily by the respective Police forces:

> *It was noted that having one distribution centre for information was essential to effective communication… The Information cell set up at South Wales Police helped the process and encouraged good communication amongst responders. The Cell acted as a Single Point of Contact and was a very positive and helpful resource.*
>
> *(South Wales LRF)*
>
> *[The] use of the LRF Co-ordination team (Secretariat) as a single point of contact for information gathering and dissemination, on behalf of the SCG and partners proved to be very effective.*
>
> *(Gwent LRF)*

In the same way, the SCG promoted and supported the communication structure established and 'allowed positive action and prompt response' *(South Wales LRF)*

Section 8

CONCLUSIONS

It was ironic that a worldwide pandemic started to emerge for the first time in over 40 years the day after one of Wales' largest emergency exercises to test pandemic flu response plans. However, the reality of the pandemic fell significantly below the expectations set out not only in the exercise itself but in the national planning assumptions to which planning at all levels had been geared for a number of years previously. The reaction experienced at all levels was a direct consequence of this inherent anticipation of a flu pandemic having wide-ranging socio-economic impact. The fact that Exercise Taliesin had been held the previous day and had tested all those involved on a worst case scenario served only to heighten such expectation in Wales.

The response to the pandemic at the UK level also anticipated a worst case scenario and this drove the pace of the initial response at the centre and the resultant requirements for regular and detailed information from the local level of its impact on the ground. In reality, whilst the pandemic resulted in some cases in fatalities, it generally proved to be far less severe than anticipated across both waves which resulted in the planning assumptions published periodically by Government reducing on each occasion.

The Strategic Co-ordinating Groups felt that they came together effectively in managing the response at the local level and created a synergy which will prove beneficial in responding to future emergencies. However, the relationship between the SCGs and the Welsh Assembly Government was seen in the SCG de-brief reports as one which requires attention:

> *WAG moved the goalposts during the event. WAG did not engage with emergency planners in health….There was lack of any funding from WAG to aid the response…. There was an unwillingness to accept the Mass Fatalities/Excess Deaths situation in terms of planning assumptions continued drive by WAG onto Local Authorities. There was constant monitoring by WAG with no output for feedback and assurance.*
>
> *Clear leadership is needed from WAG during an incident, this needs to be communicated clearly and directly to all agencies throughout the incident ensuring that all SCG's across Wales are receiving the same information and direction.*
>
> *(South Wales LRF)*

Many requests for guidance were passed through the system from local LRF area to WAG and in turn Cabinet Office, only to be referred back as a 'local matter for you'.

A significant number of the problems and issues which faced the LRF required action and policy decisions at WAG level. These were routinely referred up to CCS, through the WAG representative, but quite often there was an unacceptable delay in responses coming back. On a number of occasions either decisions were not made or issues which were outside the responsibility or control of local agencies were referred back for local determination. This caused frustration and hampered progress.

(Gwent LRF)

WAG should take a more strategic decision making and co-ordinating role and less of an operational role in major infectious disease emergencies. WAG should provide early clarification of the decisions, including their status, it takes together with the rationale behind a specific decision.

(South Wales Infectious Diseases Group)

Overall, the response to swine flu in Wales did not fully test the plans in place to respond to pandemic flu. In the same way, the artificiality of exercise play in Exercise Taliesin, with the various stages of a pandemic wave being played out in a single day, left little opportunity to drill down into the more detailed aspects of the plans. However, the work undertaken during swine flu, especially within the health sector, to develop plans for using primary care as the foundation of the response with plans developed for the use of anti-viral distribution centres, the National Flu Service and the implementation of a vaccination programme have established structures and processes which can be built into future planning.

In conclusion, whilst Wales is keen to recognise and learn from its experience of dealing with the H1N1 virus, the overall view from all organisations involved was that Wales pulled together like the "community" it is recognised as and delivered a proportionate response that best served the local population. In addition, the consensus in Wales is that, having dealt with the H1N1 swine flu pandemic, Wales is better placed to deal successfully with a more severe pandemic.

All those involved in the management of the pandemic and those at the sharper end of delivering care to the Welsh community should be applauded for their efforts, commitment and flexibility.

(Review of the Welsh health response to the 2009 H1N1 / Swine Flu pandemic)

Section 9

RECOMMENDATIONS

Recommendation 1 – The work undertaken during swine flu on developing arrangements for anti-virals distribution centres, primary care, secondary care and vaccination programmes need to help inform future health emergency planning.

Action: The Welsh Assembly Government Health Emergency Preparedness Unit, working with the health sector in Wales, needs to ensure that the lessons learnt from developing these arrangements are embedded in health and LRF plans in preparation for future pandemics

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Recommendation 2 - The Local Resilience Forums (LRFs) need to develop and agree detailed plans for the activation and opening arrangements for anti-viral collection points plus security considerations for each.

Action: As part of the ongoing work to develop multi-agency pandemic flu plans the LRFs need to agree a process to complete and test plans to open and maintain anti-viral collection points in their areas

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Recommendation 3 - The Welsh Assembly Government should make clear its plans for the transportation, storage and distribution of anti-virals and ensure that there are contingencies in place to maintain distribution levels at critical times.

Action: The Health Emergency Preparedness Unit of the Welsh Assembly Government should work with Health Boards to develop further its plans for anti-viral distribution and these plans should form part of the LRF pandemic flu plans so that all agencies involved in the process are fully engaged.

Recommendation 4 - Clear guidance is required regarding the distribution of face masks from the start of an outbreak of Pandemic Flu and sufficient supplies of face masks need to be provided for Frontline staff.

Action: The Health Emergency Preparedness Unit of the Welsh Assembly Government should work with Health Boards to develop guidance and to develop appropriate arrangements.

Recommendation 5 - Health Boards need to develop further the arrangements for mass vaccination in revising pandemic flu plans.

Action: The Health Emergency Preparedness Unit of the Welsh Assembly Government should work with Health Boards to develop consistent policy, plans and appropriate vaccination arrangements using the experience gained from the response to swine flu.

Recommendation 6 – Pandemic Flu plans in Wales should be revised to develop greater flexibility for local action to be taken based on circumstances which exist on the ground and which are not solely reliant on UK Alert Levels being formally announced.

Action: WAG and LRF Infectious Disease Groups to produce a Wales Infectious Disease Alert Levels framework and associated actions and for these to be adopted in all plans. This should form part of the review on the *Managing Infectious Diseases in Wales Framework*.

Recommendation 7 – The Wales Fatalities Group to work with LRF Fatalities Groups to encourage greater engagement with the funeral industry in order to develop a more accurate picture of body holding capacity across Wales.

Action: The Wales Fatalities Group and LRF Fatality Groups to develop greater engagement with the funeral industry in excess deaths planning

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Recommendation 8 – A clear policy on body transportation and holding should be developed centrally by the Home Office Mass Fatalities Section and the practical implementation of this policy should be adapted at the local level in Wales by the Local Resilience Forums in conjunction with the Wales Fatalities Group.

Action: WAG to work with Home Office on the development of the policy. The Wales Fatalities Group to work with LRFs on an interim solution at the local level and eventual implementation of the policy.

Recommendation 9 – Home Office to develop a clear policy on the death registration during a pandemic.

Action: WAG to work with Home Office on the development of the policy.

Recommendation 10 – Legacy issues on excess deaths need to be taken forward as LRF and pan-Wales priorities especially on temporary mortuaries, funeral director engagement, business continuity management, deferral of payments and loans and the transport of bodies.

Action: Wales Mass Fatalities Group in conjunction with Home Office Mass Fatalities Group and LRF Fatalities Group to address outstanding issues in relation to excess death planning

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Recommendation 11 – The work undertaken in social care for both adults and children during swine flu to enhanced the resilience of the sector needs to be continued; particularly in respect of the independent care sector.

Action: Social Services Wales to work with local authority social services departments to continue to develop the resilience of the sector against swine flu and for the arrangements to be embedded in the relevant organisational and LRF plans.

Action: Arrangements for the Social Care Condition (SocCon) reporting process which was adopted for swine flu to be integrated into emergency plans and procedures.

Recommendation 12 – It may be beneficial, and promote greater consistency if local authorities could agree on a standard vaccination lists not only for staff but also external agencies and foster carers etc within their area.

Action: Local authorities to consider in the context of ongoing pandemic flu planning.

Recommendation 13 – SCGs should be encouraged to contact and involve the Category 2 responders and the Voluntary Sector as early as possible when the risk has been identified.

Action: LRFs to factor in engagement with Category 2 responders and the Voluntary Sector to activation arrangements for SCGs.

Recommendation 14 – The initiative to encourage communities and individuals to develop greater self-resilience during flu pandemics should be built upon in future enhancements of flu plans. It should be an initiative that is taken forward more widely.

Action: The Welsh Assembly Government to establish a Wales Community Resilience Group to co-ordinate the development of community resilience in Wales.

Recommendation 15 - A more efficient means of schools data gathering needs to be developed which minimises the administrative burden on local authorities and other links involved in the data gathering process.

Action: The Welsh Assembly Government should commission the development of an on-line tool to capture the relevant school closure data more easily.

Recommendation 16 – Robust business continuity arrangements need to be developed in early years childcare and youth services - especially those in the independent sector – and a process adopted for monitoring impact on this sector during a pandemic.

Action: Local authorities to engage with the early years childcare and youth services sectors in their areas to encourage and provide assistance in developing business continuity and to work with the sector in establishing a monitoring process during a pandemic

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Recommendation 17 – The schools closure policy adopted in Wales during swine flu of local decisions to close and re-open schools being based on advice from the Public Health Wales should be built into all local authority and LRF plans. This should identify the policy, triggers and responsibilities for school closures.

Action: Welsh Assembly Government, Local Resilience Forums and relevant responder organisations should adopt this policy in their plans

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Recommendation 18 – All organisations should review their business continuity arrangements in the light of the experience of swine flu and should not allow the impetus gained in this work to slip.

Action: All organisations to review their business continuity arrangements against the national planning assumptions for pandemic flu and progress should be monitored in a multi-agency environment

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Recommendation 20 – In taking forward their multi-agency pandemic flu plans in the light of swine flu Local Resilience Forums should consider the appropriate lead for the response and how co-ordination would be operated.

Action – LRFs to consider as part of the further development of pandemic flu planning.

Recommendation 22 – The model developed of regular Civil Contingencies Group/Strategic Co-ordinating Group Chairs meetings during flu pandemics needs to feature in planning at LRF/WAG levels.

Action: CCG/SCG Chairs to review their working relationship during swine flu, the strategic communication between national and local level and the co-ordination of the response in Wales by the CCG and its relationship with Whitehall.

Recommendation 23 – The Welsh Assembly Government and the SCGs should consider developing a Memorandum of Understanding which sets out clearly roles and responsibilities during the response to a flu pandemic.

Action: Proposals for a MoU to be developed by the Wales Resilience Partnership Team and considered by the LRFs and the WRF

Recommendation 24 – Further training and exercising is required to ensure that Strategic Co-ordinating Group members are familiar with the response structures, their specific roles and the relevant LRF plans.

Action: The Wales Training and Exercising Group, in conjunction with the LRF groups, should develop appropriate training programmes for SCG level training.

Action: Regular SCG training and familiarisation programmes need to be embedded into the routines of the new Strategic Co-ordination Centres

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Recommendation 26 – The Welsh Assembly Government should work with the Local Resilience Forums to develop an agreed communications and media handling process for pandemic flu.

Action: The Wales Warning and Informing Group to take this forward as a project involving the LRF Warning and Informing Groups in the process

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Action: Warning and Informing Groups need to take forward this work and perfect a Communication & Engagement protocol (key messages badged to all agencies).
