

## Exercise FAIRLIGHT: Summary of observations

As part of the Government's preparations for winter agreed in early July, MOD ran Exercise FAIRLIGHT in order to "ensure [NPI] playbook measures are realistic, and that the operational delivery required to implement them are in place." The exercise took place over 2.5 days with representatives of 11 departments, including SROs and senior officials from [xx] of the top operational delivery areas, along with representatives of devolved administrations and of local resilience fora from the South West. The exercise tested 'top tier' winter plans against a series of challenges based on the SAGE Reasonable Worst-Case Scenario (RWCS) to identify areas of weakness within or between operational plans, as well as the overall Government response. [A Senior Judgement Panel of subject matter experts chaired by the Deputy Chief Medical Officer provided challenge and are aligned with the summary observations herein.]

FAIRLIGHT identified specific opportunities for departments and the Government as a whole to improve their preparations for winter. It also strengthened relationships amongst officials responsible for operational delivery, many of whom had not met in person since the crisis started. The Exercise did not subject the system and ministers to a real-time simulation that tested decision-making amidst increasing pressures – it is proposed that this is done during September.

FAIRLIGHT identified opportunities for both the centre and departments to improve preparation for the winter in four broad categories.

### A. Strategy & Communications

i) A restatement of the over-arching strategy with clear priorities for the winter (2020/21) would help government focus its effort and increase alignment and coherency between departments' objectives and plans. For example, (1) "Protect the NHS" and (2) "Back to school safely" are widely understood priorities which have facilitated prioritisation and trade-offs within and across departments. Additional priorities might include the returning to the workplace, protecting the elderly, or maximum testing. Returning the entire workforce to the workplace is likely incompatible with fulfilling priorities (1), (2) and keeping R below 1. Further strategic prioritisation is therefore needed, for example returning those under 30 to the workplace. In particular, a hierarchy of priorities is needed so that tensions between priority areas (e.g. health and the economy) are clearly understood by all.

ii) The public needs simpler and more emotionally compelling communication of NPIs that accelerates and sustains behavioural change. Participants reported that neither public (e.g. police, teachers) nor private individuals (e.g. bus drivers, shop staff, bar staff) could or would effectively enforce coverings, distancing or other NPIs. Public information campaigns (similar to those for drink driving and passive smoking) that create peer pressure to change individual behaviour are critical.

Commented [RE1]: This is true but needs to be considered alongside the fact that (e.g.) getting back to the workplace for all cannot be done safely alongside "Protecting the NHS" and "Back to School safely", so need for prioritisation with direct messaging within government of that

Commented [ARM2R1]: I completely agree with Libby – Have added suggested additional text.

iii) Communication needs to better target specific cohorts and communities with targeted messages through alternative or local channels. For example, participants emphasised the need to adapt communications to influence those groups that are hard to reach, such as convincing students to social distance and minority communities who are at particular risk. One example of recent best practice was reaching a tight-knit community in Swindon through a religious leader.

iv) NPIs need to be based on sound epidemiology to be effective and proportionate in their time and place. [xxx] Moreover, participants emphasised that NPIs were only as effective as compliance, and proposed starting with the behaviour and communications – and working back to the measures. There is an argument for sharing the principles that underly NPIs with communications experts and ask them to develop suitable communications strategy to explain the measures in place.

#### B) Command & Control

i) Bronze/Silver/Gold is well-established but capacity may be overwhelmed by multiple outbreaks and conflicting priorities under the RWCS. For example, DHSC Gold was reported to be [at capacity] on 7 September, and does not have a settled approach to taking non-health issues into account below COVID-O. (C19, CCS and D20 decision-making structures also need to be aligned ahead of concurrent crises.)

ii) National and regional/local command and control structures need to be better understood to ensure local context informs central decision-making. Participants highlighted that regional and local command and control were highly varied, poorly understood and not consistently informed or consulted. For example, greater clarity about decision-making and dispute resolution between NHS and Local Resilience Forums. Participants emphasised local engagement would lead to more effective interventions, e.g. avoiding the imposition of restrictions ahead of Eid, or unnecessarily closing down leisure centres in Leicester. An example of better practice was DfE's structured engagement with local authorities via REACT Teams.

iii) There needs to be clarity on how data is being used for decisions and where overall responsibility for data sits. The lack of clarity raises questions about its coherence and comprehensiveness. For example, participants reported issues with the obtaining and analysis of data, competing data sets at local and national level, and the fusion of quantitative and qualitative data. There should be a single recognised data picture from which all Departments draw.

#### C) Capability & Capacity

i) Public sector workforce will be under severe stress in the RWCS, both from known gaps, and-resilience across the winter, and the effects of an already tired (and in places traumatised) workforce after the first pandemic wave. For example, [participants reported that while we are well-provisioned for ITU beds and equipment there are not enough NHS workers to staff them in the RWCS]. Police and healthcare workers are also under stress, and this situation has endured since March for many.

Commented [RE3]: Worry this suggests that these are the only hard to reach groups. I would go further hence change in language

Commented [ERJ4]: SJP – Grateful for any illustrations.

Commented [RES]: AM/JVT will be better placed than me for this.

Key things that might be worth including are:

- Effective and proportionate epidemiologically might appear to be an overreaction at the time.
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Commented [ARM6]: I don't think this captures what was said. The suggestion was that we should share the principles that underly NPIs with communications experts and ask them to develop suitable communications strategy to explain the measures in place.

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Commented [ERJ7]: [NR] – How was this defined? Or should we put it in quotes?

Commented [RE8]: What data is this referring to? Is it public health data? Is it other informative data e.g. transport? Is it various data linked together? Behavioural? Is it all of these and more? Obvious places here are JBC/T&T/PHE, but ONS need to be considered in the mix too.

Commented [ERJ9]: [NR] I also remember this comment. Do we have the source back-pocket? Ideally DHSC

Commented [RE10R9]: This came from DHSC's Emily Lawson on the day, I think

ii) As things stand, current and planned testing capacity will be exceeded in the RWCS but is not reflected in departmental plans. There needs to be consistent assumptions about test capacity and prioritisation at local and national level. The assumptions maybe unachievable in aggregate, and there is no agreed and understood prioritisation of testing. If any asymptomatic testing were to continue when there were no longer enough tests for those with symptoms it would be necessary to have [prioritisation of asymptomatic testing between healthcare workers, police, vulnerable groups, CNI workers, teachers etc.]

iii) JBC's capabilities and role (particularly in decision-making) needs to be clarified (particularly in decision-making and in relation to the roles of PHE and Test and Trace) and communicated to SROs to be properly reflected in their plans. For example, participants are looking for clarity on how JBC will support the imposition of NPIs, e.g. predictive analysis. Moreover, JBC will not be at full operating capability before winter, and will need other bodies to fulfil its functions in the interim. [Participants were concerned that the JBC is focussed on reversal of easements within given localities against NPIs.]

#### D) Planning

i) A significant amount of effort has been put into winter planning, however [16] of [44] plans have not yet completed their planning through winter – this should be completed by [end September].

ii) There are several areas where plans as a whole should be strengthened:

- Government faces a confluence of risks around Christmas (e.g. returning students, financial distress, public discontent, preparations for D20) but plans do not yet have a coherent approach to these. For example, HMT's support measures are due to end between September and November, which may require renewed efforts to maintain restrictions, protect children etc;
- Specific cohorts and communities are particularly vulnerable to financial, health and social risks but the approach to these vulnerable groups would benefit from a refresh. For example, contingency planning for vulnerable groups in the event that local authorities move to statutory services only;
- Plans are not robust to concurrent events, including flooding, transition and civil unrest (possibly exacerbated by COVID-19), and would benefit from being tested and aligned to specific planning assumptions;
- Local observers felt that planning was overly centralised and would benefit from greater engagement by local actors, and would benefit from increased sharing of best practice between the devolved administrations. [xxx]

Commented [RE11]: What is plan B when testing capacity is exceeded? Also, what is the order of prioritisation across government at this point?

There's the point of tests being in the wrong place, but does that mean that your asymptomatic healthcare workers in the NE, where there are tests, get tested before symptomatic people in hospital in another part of the country?

Commented [ERJ12]: [NR] – I remember this one too. Again, do we have a source for back-pocket? Ideally DHSC.

Commented [ARM13R12]: In the RWCS we run out of tests for symptomatic people, never mind asymptomatics. And that is before we consider other respiratory infections that might lead people to ask for a test.

Commented [ERJ14]: [NR] to check this with Olly Munn.

Commented [RE15]: I think SJP were concerned we aren't clear what JBC's distinctive strategic role is compared to (e.g.) PHE and Test and Trace?

[NR] – any comments here?

Commented [ARM16R15]: Agree have suggested slightly amended text

Commented [RE17]: Think we need an admission that JBC may not be at FOC before NIHP is an entity. Also issues of multiple people fishing for the same skill sets currently

What is the plan B while NIHP set up? PHE? DHSC? T&T? While it was evident people didn't know what JBC were meant to be doing, there wasn't any gripping of the issue (or gripping of going away to ask the question) from those in the room either.

Commented [ERJ18]: Can this be more clearly stated? Grateful for suggestions.

Commented [VTJ19R18]: Unable to help

Commented [RE20]: Given current state, is this too late?

Commented [RE21]: Not sure if this is a point, but seems an oversight not to mention

Commented [RE22]: I've not picked up the point that horizontal integration between such plans is untested in this document, and seems an obvious omission?

It might sit here or in the Command and Control area but need something on this, or there's the risk upward silos continue.

Commented [ERJ23]: [NR] – Do you recall any specific illustrations of the need to engage local bodies in planning (as opposed to operational decision-making above)?

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iii) Many opportunities to improve individual planning and preparations were also identified, including prioritisation and distribution of vaccines, more flexible deployment of contact tracers, and contingency preparations for schools.

