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Exercise Mercury - Phase 3 29 April 2021 Summary Report

Introduction

Exercise Mercury consisted of 3 phases; aiming to consider the challenges, preparedness and response activity required for the UK to respond to the emergence of a significantly different variant of SAR-CoV-2 that impacts upon the efficacy of existing vaccines and detection methods. Phase 1 consisted of three workshop-based exercises; each focused on one of three different functions: Test, Trace and Contain. A common scenario was used across all three functions with the goal of highlighting any gaps or issues in these areas and informing the development of Phase 2. Phase 2 was sponsored by the DCMO and was a joint health exercise. The output from Phase 2 has contributed to cross government contingency planning activity and Phase 3 to inform wider preparedness.

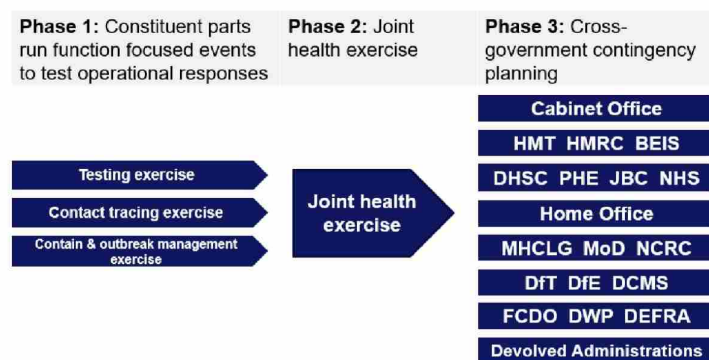


Figure 1: The three phases of Exercise Mercury

Exercise Aim:

The aim of Exercise Mercury 3 is to consider the challenges, preparedness and response activity required to respond to a significantly different variant of SARS-CoV-2 from a cross-government perspective.

Exercise Objectives:

1. Increase departmental understanding of the risk posed by a significantly different VOC to their operations and planning
2. Understand and share departmental concerns across participating departments
3. Identify and aid collaboration by ongoing departmental work streams

Overview of the Exercise:

Exercise Mercury Phase 3 was focussed on activity for cross-government contingency planning for a potential VOC outbreak. The key to the exercise was to highlight the risk that a significantly divergent SARS-CoV-2 variant may require a material change to extant processes across government and therefore may justify a revised set of planning assumptions. The exercise focussed on departments' understanding of the VOC risks to inform operations and planning, identify issues and concerns and areas for cross-departmental collaboration. Targeted challenge questions were considered in the context of two scenarios. Session one considered the arrival of a VOC into the UK; the second session escalated the situation with clusters of cases in the UK.

Key points:

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- The exercise highlighted the number of departments involved in coordinating a cross-government response to a Variant of Concern (VOC).
- The exercise highlighted the existing effective coordination and cross-departmental work going on in the current C-19 response.
- Further clarity is needed on planning and response mechanisms for VOCs, including on governance, tools and escalation routes for a VOC outbreak.
- There is a need to focus on the risk and impacts of a VOC in a post-vaccination, post-roadmap space and the different policy questions and planning efforts this would require.
- This report identifies 11 suggested actions as a result of Exercise Mercury 3.

Headline Issues

1. Departments' understanding of the VOC risks to inform operations and planning

Existing VOC planning

The importance of planning around Variants of Concern (VOCs) was emphasised and it was noted that some departments required further planning for VOCs beyond their existing COVID-19 mitigation and planning controls. Questions were raised as to whether outbreak management protocols would be the same for a VOC. It was noted that work would need to be done to identify when a VOC is especially dangerous and requires escalation or further interventions. Testing would also be needed on whether existing planning and tools can be adapted to targeted responses as necessary.

The exercise discussion noted the importance of planning the management of borders, with Department for Transport (DfT) currently working with Department of Health and Social Care (DHSC) and the Home Office (HO) to ensure border measures prevent VOCs and the possible impacts of adding red listed countries.

Coordination across the Devolved Administrations (DAs) would be important to help establish the requirements and response to a potential VOC outbreak such as the fictional variant first identified in Poland. It was noted Wales is already working with partners on cross-sectoral variants and Scotland is in the process of finalising a variant evaluation framework with Public Health Scotland to ensure surveillance systems are able to identify new variants and what an appropriate response would be.

It was noted the C19 TF Comms team are currently developing the overall VOC communications strategy, including strategic plan, and marketing development, in line with the roadmap rollout.

Impact on delivery of existing interventions

Questions were raised regarding how a VOC such as the fictional VOC would impact on departments' sectors. It was noted that a large number of migrant workers arriving into the UK would have an impact on processing time at borders and the delivery of existing interventions. This includes managing a surge in Managed Quarantine Service (MQS), and Test, Trace and Isolate (TTI). Particular concerns were raised over increasing the number of hotels for MQS and the pressures this may place on the policing and private security firms currently in place.

Migrant workers are important to the UK economy and consideration of existing border protocols (e.g. red-light protocol) would be needed to ensure a steady flow of migrant workers

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to fill these jobs. It was suggested there would need to be an urgent review of the front-line testing regime if existing testing was not effective against a VOC.

There needs to be more consideration of the options to support self isolation, and early engagement to help focus resources to prompt decisions and prioritise actions for interventions.

Suggested Action 1: C19 TF/DHSC/HMT to produce a range of options to support self isolation, particularly around engaging disadvantaged communities, where isolation has been difficult to enforce or is economically challenging.

Migrant workers

Planning around communications and messaging of interventions were recommended for migrant workers, UK nationals returning from a country with a VOC and foreign nationals planning on travelling to the UK from the source country. It was noted that the large diaspora communities in the UK would raise the risk of people arriving into the UK before a country could be designated a 'red list' country.

The exercise underlined the potential negative impacts on migrant communities, including an increase in hate crimes and community tensions, which would require coordination between HO, Police and Ministry of Housing, Communities and Local Government (MHCLG).

DHSC noted the main impacts would be on MQS capability to meet surge demand presented by migrant workers and their communities. DHSC's role would be to review the strategy with MQS and other government departments (OGDs) ensuring all parties have a line of sight on early actions.

Suggested Action 2: DHSC to produce a range of options to rapidly increase MQS capacity if required.

Downstream impacts

Participants discussed the various downstream sectoral impacts of the VOC scenario. This included impacts on educational settings, universities, schools, vulnerable children, and those in residential settings, including prisons.

There is a potential for a VOC such as the fictional variant, or those linked to migrant workforces, to impact across food industries. Department for Environment, Food and Rural Affairs (DEFRA) has a role to consider what the impacts on food supply would be if plants close down, the supply of labour is significantly disrupted, or if haulage food supply is affected by border controls. It was noted that DEFRA has prepared protocols with agencies who bring in workers to get supplies of labour from non-red list countries where possible.

The fictional scenario also presented economic impacts including employment issues, and impacts on sectors which rely on social contact. Department for Work and Pensions (DWP) stated that clear and early cross government decisions are vital as without the Coronavirus Job Retention Scheme (CJRS) there could be a double impact of spikes in infection alongside surges in claimant rate.

Lack of data about new VOC

There is a need to understand the genomics of a new variant to ensure planning and operations can occur across all sectors. The impact of an ineffective vaccine on a VOC was discussed and would have direct impacts on the speed and severity of non-pharmaceutical interventions (NPIs). In order to support response activities, surveillance information and data sharing needs to be timely and appropriate and feed into a single managed response aligned within the central governance structure.

Understanding VOC trigger points and escalation

Departments showed evidence of cross-departmental coordination within existing planning and control mitigations, however questions were asked as to whether departments should continue to operate under existing trigger points or whether they are required to change the guidance and shift to outbreak management in light of the VOC. For example, MHCLG would consider restarting the shielding programme but local authorities would need clarity in decision making criteria and potential trigger points for local interventions.

Joint Biosecurity Centre (JBC) has a role to coordinate situational awareness and response actions through the NCRC - local to national and across Whitehall - and would also be working across TTI to understand any potential implications and actions needed. This would include feeding into decisions relating to mitigating impacts on public health from those arriving from red listed countries.

Suggested Action 3: C19 TF to liaise with departments to develop coordinated planning to understand what options are available if our existing tools are ineffective in the event of a VOC outbreak, including the impact on the vaccination programme.

2. Departments' issues and concerns

Governance

It was noted there remained a need to understand at what point a VOC causes the 'chain reaction' that needs to be in place to mobilise a response. A lot of the issues departments will have to deal with across all sectors will be based on what NPIs are implemented. It was noted that governance needs to be clear, including on the thresholds that would require action, especially in the post-roadmap space.

There was an understanding of existing triggers that may change current departmental preparedness plans in the absence of a VOC, but further planning is required to understand what might change those triggers in a VOC scenario, who would be reviewing control mitigations and who dictates when these thresholds are passed. Similarly, it was noted that there needs to be consistent information flows from departments to DHSC/JBC/C19 TF to build a better understanding of the 'on-the-ground' picture and concurrent risks that could impact an operational response.

Suggested Action 4: C19 TF and UKHSA to liaise with departments to agree triggers in a VOC scenario that may change current departmental planning or posture.

Suggested Action 5: C19 TF and UKHSA to liaise with departments to agree governance structures, linked to the agreed triggers for action (action 4) that would require departmental action, including structures post the end of the Roadmap.

The exercise underlined the risks around mounting a response to a VOC combined with an increase in influenza in Winter. It was suggested early warning of VOCs would help planning significantly and NHS England and Improvement noted preparations for a potential surge in VOCs are underway, working closely with PHE/JBC and other Government Departments via JSAT/SAM.

Communications and public messaging

It was noted that communications will be critical if the impact required NPIs to be rapidly reintroduced. There was acknowledgement of the communication challenges for departments in the event of a serious VOC outbreak. Coordination is required to understand what local and national level communications should be disseminated now to ensure any potential intervention is well received, particularly as adherence will be challenging as we move through the roadmap and the public expect restrictions to ease. This includes engagement with local politicians.

There was recognition that vaccination uptake is a concern. Any future VOC response would incorporate lessons learned from the experience of the C-19 vaccination programme. In particular, early engagement and public messaging is needed if a support solution relies on a targeted sub-set of the population, either geographically or economically disadvantaged groups.

Suggested Action 6: C19 TF Comms team to develop local and national level communications that can be shared through the summer, prior to any VOC outbreak, to ensure any potential intervention is well received, recognising the interplay with ongoing roadmap developments.

Engaging communities

Issues were raised in the fictional exercise around the challenges of adherence to NPIs within the Polish community. It was noted the difficulty with which TTI has been effective in areas of lower employment that may include migrant groups. There is also the potential for protests and disorder in this space, with an ongoing perception that some communities are treated differently within local areas. In order to effectively deliver interventions in targeted communities affected by VOCs, communication of any intervention needs to occur early.

It was noted that having an expectation that MoD (through a MACA) can assist at the last minute is a high-risk assumption. It is important to consider the impact military presence may have in different communities.

Suggested Action 7: MHCLG/C19 TF to revise planning around hyper-local outbreaks among the most difficult to engage/isolated communities.

Local tier

Further planning and communication with local responders is required to ensure local authorities know what tools are available and how to access them, as well as what funding is available.

Local authorities and Directors of Public Health in particular are key to community engagement and we need to ensure they are included or well informed of any planning and coordination. The importance of continued engagement with local MPs and regions to support delivery of interventions, which will aid preparations with national politicians.

The need for clear coordination with the local tier was identified, including:

- What are the trigger points and thresholds for local containment?
- What can be decided by local areas and what will require a national level coordination?
- How can we engage with the local tier early in this process? There needs to be a clarity of communications from as early as possible on potential for local intervention in response to VOC.

Suggested Action 8: C19 TF/MHCLG/HMT to conduct further planning around how to communicate to local planners what tools and funding is available to them, as well as how to access it.

DA coordination

It was noted the current Covid 19 response coordination between the four nations is strong. However, further work is required in identifying the areas where alignment is critical, and what are the areas where it is thought variance in policy would make a critical difference to response. It was noted there has been divergence around delivery of enforcement and compliance policy between DAs.

Suggested Action 9: C19 TF to consider the areas where four nation coordination can be improved.

International focus

It was noted there is a need to understand what demands might be placed on the overseas network around a VOC, particularly if there's likely to be multiple approaches and requests from different departments. It was suggested that a global approach be adopted considering the diplomatic efforts required in the event of a VOC outbreak. The UK should be cognisant of the actions international partners may take against the UK in the event of a VOC outbreak within the country.

3. Collaboration across government departments in a response

Future

look

It was noted departments will have to adapt planning to take account of longer-term risks enduring Covid-19 transmission beyond Roadmap Step 4. The discussion highlighted the need for increased collaboration between departments in the coming months.

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Suggested Action 10: C19 TF to liaise with departments to agree response options to restart or redevelop response options, particularly if a VOC occurs after a lot of existing restrictions have been lifted (post-Roadmap).

It was noted that departments were keen to join up with other government departments on contingency planning and some needed further engagement with JBC/PHE on any changes to control mitigations. JBC stated they would work with public health and TTI colleagues to understand the extent of the issues and to what extent existing 'Contain' interventions can be used. It was noted the Covid-19 Comms Hub will continue to develop the overarching communications plan for VOCs (both preventative and response).

Suggested Action 11: C19 TF Comms team to complete and share the overall VOC communications strategy, including strategic plan.

Summary

The exercise successfully shared thinking from a range of different organisations and assisted in focusing on areas for further discussion and planning; in particular:

- Benefits of further coordinated planning to understand what options are available if our existing tools are ineffective in the event of a VOC outbreak.
- Ensure governance is clear, including on the thresholds that would require action, especially in the post-roadmap space. There was an understanding of triggers that may change current departmental preparedness plans but further planning is required to understand who would be reviewing control mitigations and who dictates when these thresholds are passed.
- Further understanding is required on the impact a VOC in the UK may have in a post-vaccination landscape, with current controls and planning accounting for effective vaccination programmes.
- There was acknowledgement of the communication challenges for departments in the event of a serious VOC outbreak. Coordination is required to understand what local and national level communications we should be doing now to ensure any potential intervention is well received, particularly as adherence may become more as roadmap easing unfolds. This includes engagement with local government/authorities.
- Recognition that enforcement of local intervention is challenging, as is delivery of a surge in Managed Quarantine Service (MQS), and Test, trace and Isolate (TTI). There needs to be more consideration of the options to support self isolation, particularly around engaging disadvantaged communities, where isolation has been difficult to enforce or is economically challenging.
- Further planning is required to understand how we are supporting the local level, including ensuring local authorities know what tools are available and how to access them, as well as what funding is available. Local authorities and Directors of Public Health in particular are key to community engagement and we need to ensure they are included or well informed of any planning and coordination.
- Planning is required around complimentary coordination and support to local authorities in the event of increased local interventions.
- It was noted the current Covid 19 response coordination between the four nations is strong. However, further work is required in identifying the areas where complimentary

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four nation VOC coordination is. Further scoping work is required to understand the responsibility departments have to lead on Devolved Administration coordination.

- The realisation that we need to not lose sight of the potential international impacts of a VOC outbreak in the UK, including the diplomatic efforts required in the event of a VOC outbreak (e.g. closure of international partner borders from UK entry).
- This summary report identifies 11 suggested actions as a result of Exercise Mercury 3.

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Annex A. Suggested Actions

| Suggested Actions | | Department(s) Responsible | Timeline |
|-------------------|--|--|-----------|
| 1 | C19 TF/DHSC/HMT to produce a range of options to support self isolation, particularly around engaging disadvantaged communities, where isolation has been difficult to enforce or is economically challenging. | <ul style="list-style-type: none"> • C19 TF • DHSC • HMT | July 2021 |
| 2 | DHSC to produce a range of options to rapidly increase MQS capacity if required. | <ul style="list-style-type: none"> • DHSC | July 2021 |
| 3 | C19 TF to liaise with departments to develop coordinated planning to understand what options are available if our existing tools are ineffective in the event of a VOC outbreak, including the impact on the vaccination programme. | <ul style="list-style-type: none"> • C19 TF • All departments | July 2021 |
| 4 | C19 TF and UKHSA to liaise with departments to agree triggers in a VOC scenario that may change current departmental planning or posture. | <ul style="list-style-type: none"> • C19 TF • All departments | July 2021 |
| 5 | C19 TF and UKHSA to liaise with departments to agree governance structures, linked to the agreed triggers for action (action 4) that would require departmental action, including structures post the end of the Roadmap. | <ul style="list-style-type: none"> • C19 TF | July 2021 |
| 6 | C19 TF Comms team to develop local and national level communications that can be shared through the summer, prior to any VOC outbreak, to ensure any potential intervention is well received, recognising the interplay with ongoing roadmap developments. | <ul style="list-style-type: none"> • C19 TF Comms team | July 2021 |
| 7 | MHCLG/C19 TF to revise planning around hyper-local outbreaks among the most difficult to engage/isolated communities. | <ul style="list-style-type: none"> • MHCLG • C19 TF | July 2021 |
| 8 | C19 TF/MHCLG/HMT to conduct further planning around how to communicate to local planners what tools and funding is available to them, as well as how to access it. | <ul style="list-style-type: none"> • C19 TF • MHCLG • HMT | July 2021 |
| 9 | C19 TF to consider the areas where four nation coordination can be improved. | <ul style="list-style-type: none"> • C19 TF | July 2021 |
| 10 | C19 TF to liaise with departments to agree response options to restart or redevelop response options, particularly if a VOC occurs after a lot of existing restrictions have been lifted (post-Roadmap). | <ul style="list-style-type: none"> • C19 TF | July 2021 |
| 11 | C19 TF Comms team to complete and share the overall VOC communications strategy, including strategic plan. | <ul style="list-style-type: none"> • C19 TF Comms team | July 2021 |

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Annex B. Key Points from Phase 2:

Detection and Surveillance:

- Identify response triggers to prompt decisions to enhance and prioritise action to counter VOC spread
- Examine the challenges posed by a migrant workforce infected with or at risk of infection from COVID-19 and determine the new public health actions required to mitigate the risks

Contingency Planning / Response:

- Identify VOC response triggers points and associated decisions to be taken in early stages of potential UK importation of a new VOC
- Agree an approach for a coordinated Pan UK strategy in response to a new VOC

Communications:

- Define the communication challenges posed by an autumn/winter period with a possible new VOC and a significant Winter Flu spread and develop mitigating actions
- Develop and refine messaging across a range of potential situations in advance to avoid delays when it is needed

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Annex C. Exercise Mercury 3 Participants List

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