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1. COBR Meetings

Page 5 states that COBRA meetings of Exercise Cygnus were attended by "Ministers and Health Officials from the Devolved Administrations"**- Please provide the title of Scottish Government Ministers (including the First Minister), Cabinet Secretaries and health officials that attended each of the four COBRA meetings.**

The Exercise Cygnus report on page 5 states that "The exercise activity was based around four **simulated** COBR meetings". No ministers were involved.
2 officials (Deputy Chief Medical Officer and Director of Performance & Delivery Directorate) participated in a role play.

2.1 SG Feedback (Health Protection Unit)

Public Health England

EXERCISE CYGNUS
PARTICIPANT LESSONS IDENTIFIED AND FEEDBACK FORM

Name (optional) **REDACTED**……. Role in exercise **REDACTED** observer

1. For me the two least successful aspects of managing the response to the incident were:

The difficulty in actually making hard decisions (e.g. re: population triage) Lack of clarity around the roles and expectations of different parts of the SG in the response.

2. For me the two most successful aspects of managing the response to the scenario were:

Good engagement by senior SG people. Effective meetings.

3. The most significant thing I have learnt from the exercise is:

Pan flu is much worse, more complicated and with far more complex far-reaching implications than I had realised. It is not a bad public health incident, it is more like being at war with something.

4. My organisation can use this to develop their flu response planning by:

Clarifying roles, responsibilities and expectations in pan flu planning, and developing a firm SG plan for delivering what needs to be done. Increasing senior visibility of the challenges and risks of the top NRA risk.

. Please use the box below to add any further comments

SECTION 2: Feedback about the organization of the exercise. We would be grateful for feedback about your experience of the exercise organization. If you Disagree with any of the statements please explain why so that we can develop future exercises.

Exercise Content	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**
A. The exercise was well organised	☐	x	☐	☐
B. The scenario and injects generated useful discussions	☐	y	☐	☐
C. The exercise generated important issues and lessons identified	y	☐	☐	☐
D. The aim of the exercise was achieved	☐	v	☐	☐

Any additional comments

Please return this form to your local exercise controller

2.2 SG Feedback (Health Resilience Unit - 1)

Public Health England

EXERCISE CYGNUS

PARTICIPANT LESSONS IDENTIFIED AND FEEDBACK FORM

Name (optional) **REDACTED**……………. Role in exercise Participant

1. For me the two least successful aspects of managing the response to the incident were:

1. Not taking the opportunity to further explore the consequences of the scenario in the community, where the majority of health and social care provision would take place
2. communications technology between the 4 nations is still insufficient – better systems would provide much benefit

2. For me the two most successful aspects of managing the response to the scenario were:

1. More detailed consideration of the likely consequences of a serious pandemic, particularly for secondary care health provision
2. Getting involvement of some Ministers and senior officials in difficult decisions

3. The most significant thing I have learnt from the exercise is:

The need to develop further guidance in relation to how health and social care organisations need to respond to a serious flu pandemic, including the directive role of national government in such circumstances.

4. My organisation can use this to develop their flu response planning by:

1. Building greater knowledge and buy-in of SG policy areas to their role in a pandemic and in the planning phase.
2. If the exercise leads to the generation of additional helpful guidance for local responders and this is subsequently reflected in their panning, then this will be helpful.

5. Please use the box below to add any further comments

1. Important the lessons learned from exercise leads to specific actions afterwards to improve national (UK and DA) pandemic planning and response
2. Exercise provides and opportunity to raise profile of the importance of pandemic flu planning

SECTION 2: Feedback about the organization of the exercise. We would be grateful for feedback about your experience of the exercise organization. If you Disagree with any of the statements please explain why so that we can develop future exercises.

Exercise Content	Strongly Agree	Agree	Disagree	Strongly Disagree
A. The exercise was well organised	☐	X	☐	☐
B. The scenario and injects generated useful discussions	☐	X	☐	☐
C. The exercise generated important issues and lessons identified	☐	X	☐	☐
D. The aim of the exercise was achieved	☐	X	☐	☐

Any additional comments

Please return this form to your local exercise controller

2.3 SG Feedback (Health Resilience Unit - 2)

EXERCISE CYGNUS
PARTICIPANT LESSONS IDENTIFIED AND FEEDBACK FORM

Name (optional) REDACTED……………. Role in exercise …………Observer……..

1. For me the two least successful aspects of managing the response to the incident were:

1. Communication links between the 4 nations. Technology needs to better to ensure UK nations can effectively contribute to incident
2. The messaging and comms was not clear and view that this could have been tested/challenged more. This will an extremely important and sensitive area which could have been exercised more fully especially 4 nations messages.

2. For me the two most successful aspects of managing the response to the scenario were:

1. Areas of policy thinking and discussion at 4 nations. Got to understand thinking across the UK in developing responses and plans
2. From Scotland perspective having some key policy leads in the room was extremely beneficial. This is an area that will take in a lot of SG business areas.

3. The most significant thing I have learnt from the exercise is:

3. To plan and formulate some clear policy advice (in some sensitive areas) for Ministers with colleagues in SG and wider across 4 nations.

4. My organisation can use this to develop their flu response planning by:

1. Yes, the exercise provided opportunity for SG policy areas to come together and discuss pan flu arrangements. This will need to be built on and incorporated into business as usual.
2. Need to consider further focussed exercises in Scotland and perhaps some simulation and or scenario events.

5. Please use the box below to add any further comments

1. Overall thought exercise was helpful from SG perspective. Need to ensure that we maintain engagement with other policy areas
2. Complex area and need to ensure that we consider (on a proportionate basis) what policy advice should be developed short, medium and long term
3. Need to raise profile of risk (not just pan flu) with senior management and Ministers to keep them aware
4. Comms area needs to be developed (do we need to start a programme of messages now and build on existing public health messaging) or use current messaging
5. The use of social media platforms need to be further developed and also things like apps etc

SECTION 2: Feedback about the organization of the exercise. We would be grateful for feedback about your experience of the exercise organization. If you Disagree with any of the statements please explain why so that we can develop future exercises.

Exercise Content	Strongly Agree	Agree	Disagree	Strongly Disagree
A. The exercise was well organised	☐	☐	☐	☐
B. The scenario and injects generated useful discussions	☐	☐	☐	☐
C. The exercise generated important issues and lessons identified	☐	☐	☐	☐
D. The aim of the exercise was achieved	☐	☐	☐	☐

Any additional comments

Please return this form to your local exercise controller

2.4 Health Protection Scotland Feedback

Public Health England

EXERCISE CYGNUS

PARTICIPANT LESSONS IDENTIFIED AND FEEDBACK FORM

Name (optional) …Health Protection Scotland… Role in exercise …Public Health Expert……..

1. For me the two least successful aspects of managing the response to the incident were:

No ministerial buy-in in Scotland (as PHE led) for the exercise so difficult to fully play out scenario, particularly in relation to population based triage issues. No planning for disorder issues as a result of population based triage and antiviral stock available and groups targeted (?is there a need to consider use of Declaration of martial law in this situation). Lack of knowledge of PPE advice across the UK.

2. For me the two most successful aspects of managing the response to the scenario were:

First ever exploration of population based triage issues and recognition of the sheer size of ask – good step forward. Important that there was the opportunity to challenge the option for providing for up to the whole population anti-virals in advance via the post.

3. The most significant thing I have learnt from the exercise is:

There is a need to revisit all the modelling assumptions (including schools closure and impact). Need to have robust contingency plans to ensure key sites e.g. Canderside site still functions during a pandemic. Need to consider the change in the population's behaviour during a pandemic and anticipate a higher level of staff absenteeism than originally thought to accommodate people's legitimate concerns or travel restrictions.

4. My organisation can use this to develop their flu response planning by:

Clarify role of HPS with SG. Clarify NSS resilience business continuity issues. Media injects re PPE showed the need to have a better understanding of PPE advice across the UK and stocks of surgical masks. Need to have IT capability to allow people to work remotely in light of population behaviour change or necessary restrictions to travel.

5. Please use the box below to add any further comments

SECTION 2: Feedback about the organization of the exercise. We would be grateful for feedback about your experience of the exercise organization. If you Disagree with any of the statements please explain why so that we can develop future exercises.

Exercise Content	Strongly Agree	Agree	Disagree	Strongly Disagree
A. The exercise was well organised	X			
B. The scenario and injects generated useful discussions	X			
C. The exercise generated important issues and lessons identified	X			
D. The aim of the exercise was achieved	X			

Any additional comments

Whilst DAs had a limited role in the exercise it was a very good opportunity to consider the reality of the scenario and its impact.

Please return this form to your local exercise controller

2.5 SG Feedback (Excess Deaths Team)

EXERCISE CYGNUS
PARTICIPANT LESSONS IDENTIFIED AND FEEDBACK FORM

Name (optional) ………… **REDACTED**………… Role in exercise – participant **REDACTED**

1. For me the two least successful aspects of managing the response to the incident were:

- Effect of staff absence rates and consequences not explored sufficiently. Cumulative effective of those off due to caring duties and bereavement would result in higher absence rates.
- During the pandemic is too late to consider putting in measures and additional training for them to be effective. Advance planning is required.

2. For me the two most successful aspects of managing the response to the scenario were:

- Recognition of the need for doctors to be available to sign death certificates as well as dealing with the living. Options to cover this issue need to be considered in advance.
- Issue being recognised by CMO will help identify a solution – issue been around for a while and needs addressed

3. The most significant thing I have learnt from the exercise is:

- Planning in SG for excess deaths is further ahead as a result of a national exercise in 2014 and have been developing solutions similar to those discussed in the exercise so events evolved as expected.

4. My organisation can use this to develop their flu response planning by:

- Provides further evidence that solutions would align with England Wales and will continue to align with colleagues in cabinet office.

5. Please use the box below to add any further comments

SECTION 2: Feedback about the organization of the exercise. We would be grateful for feedback about your experience of the exercise organization. If you Disagree with any of the statements please explain why so that we can develop future exercises.

Exercise Content	Strongly Agree	Agree	Disagree	Strongly Disagree
A. The exercise was well organised	☐	x	☐	☐
B. The scenario and injects generated useful discussions	☐	x	☐	☐
C. The exercise generated important issues and lessons identified	☐	x	☐	☐
D. The aim of the exercise was achieved	☐	x	☐	☐

Any additional comments

Please return this form to your local exercise controller

Appendix 2 to
Annex J to
Cygnus Briefing Document
Dated 30/09/16

Exercise Cygnus Evaluation Questionnaire - Word Version (Draft)

Thank you for agreeing to be an evaluator for Exercise Cygnus. Please use this questionnaire as the basis of your evaluation. It is available in Word format (this version) or as an on-line survey. You will be sent a link to the on-line version of this questionnaire that you can use if you prefer. You should only complete ONE version of the questionnaire.
The evaluation will form the basis of the Exercise report. All the information provided in this evaluation will be anonymised in the exercise report. The answers you provide cannot be seen by other participating organisations.

The questions:
Each of the questions refers to each of the objectives set for the exercise. Each question contains guidance about who should answer the question and which objective the question relates to.
- Please try and answer all of the questions relevant to you.
- You MUST answer questions 1 - 5
- Please write answers in the grey boxes. There is no word limit but please try to keep your answers short. The boxes will expand when you write in them

If there are questions you cannot answer please write "No answer" in the space provided.

Submitting your questionnaire:
- Please submit this document by 10 Nov 2016 at the latest. You can submit the on-line version of the questionnaire at any time by pressing "Save".
- If you are completing this in word format please attach it to an e-mail and send it to cygnus@phe.gov.uk by 10 Nov 2016

Terminology:
- "Your organisation" means the organisation that you are evaluating.
- An "organisation" includes: any organisation or sub-unit of an organisation participating in the exercise
- "National organisations" are the Devolved Administrations, PHE NICC and national centres, NHS England ICC(N) government departments and COBR
- "Local organisations" are SCGs and organisations participating alongside SCGs, NHS England DCOs and PHECs
- "International organisations" those organisations operating at an International level such as the WHO

PART A – ALL TO COMPLETE

1 Which organisation are you evaluating?

Scottish Government

2. Please provide an email address which we can use to contact you if required?*

Your email address will be used to identify you as one of the nominated evaluators and for us to confirm which organisation you are evaluating. Please only provide ONE e-mail address per organisation. Where there is more than one evaluator you should both use the same questionnaire.

REDACTED

1. Executive summary - OBLIGATORY All evaluators please complete the following
2. Here you should record the most important lessons you have identified during your evaluation of Exercise Cygnus. Please make sure they are complete before you submit your questionnaire.

3. Based on the experience in Cygnus which elements of the plan and policy should be considered best practice and continued?

If you have no observations on a heading please enter "not observed"

Keeping close links in place between the 4 Nations. The 3 sets of meetings at Chief Medical Officers, Public Health and COBR are all useful.

4. Based on the experience in Cygnus, which elements of the public communication should be considered best practice and continued?

If you have no observations please enter "not observed"

Not fully observed due to the limited public communication aspects of the exercise. Holding dedicated meetings for senior Comms officers would be a useful addition to the sequence of meetings.

5. Based on the experience in Cygnus, which elements of the strategic decision making should be considered best practice and continued?

If you have no observations please enter "not observed"

The close links between the 4 Nations in reaching joint decisions. Underlines the need to make sure Ministers and senior officials are fully informed about the severity of pandemic flu and the hard decisions which might be needed.

6. Based on the experience in Cygnus, which elements of the provision of scientific advice should be considered best practice and continued?

If you have no observations please enter "not observed"

The 4 Nations Chief Medical Officers meeting were useful in discussing and agreeing advice around the Health aspects of the pandemic. Similarly the 4 nations public health meeting are essential and should continue.

7. Based on the experience in Exercise Cygnus which elements of the plan and policy arrangements should be developed?

If you have no observations please enter “not observed”.

There should perhaps be separate meetings of COBR looking at briefing Ministers on the England only issues and then bring the devolved administrations in to discuss the 4 nations issues. Technology for 4 Nations meetings should also be improved. Poor sound quality.

8. Based on the experience in Cygnus, which elements of the public communication should be developed?
If you have no observations please enter "not observed"
The messaging and public comms could have been tested and challenged more during the exercise. There is likely to be some disagreement over messages and the mechanism for reaching agreement should be further explored.

9. Based on the experience in Cygnus, which elements of the strategic decision making should be developed?
If you have no observations please enter "not observed"
Communicating the really tough decisions e.g. suspending normal service moving through to Population Level Triage to Ministers and senior officials in Government departments.

10. Based on the experience on Cygnus, which elements of the provision of scientific advice should be developed?
If you have no observations please enter "not observed"
Not at all clear what the role of SAGE is in a Pandemic

11. What is the single most important lesson identified for your organisation during Exercise Cygnus?
Pandemic Flu is much worse, more complicated and complex that most people realise or appreciate. Need to do more work in raising the profile and planning within the organisation.

PART B: the questions in this part are based on the overarching exercise objectives ALL should answer.
Section 1: these questions relate to objective 1 "To exercise organisational pandemic influenza plans at local and national levels in the United Kingdom

12. Did your organisation have a pandemic influenza plan?

- Yes
- No
- Not possible to determine

13. If your organisation did not have a pandemic influenza plan which plans were they working from during the exercise?

14. Did participants at your organisation use their pandemic influenza plan during the exercise?

- Yes
- No
- Not possible to determine

15. When was the pandemic influenza plan last updated?

16. When was the pandemic influenza plan last exercised?
During Exercise Silver Swan in 2015

17. Did your organisation's pandemic influenza plan make it easier for staff to work alongside other organisations (for example were they using similar systems to share information or collating information to different time frames)?

- Yes
- No
- Not possible to determine
- Not applicable

18. Did your organisation's pandemic influenza plan fit with other internal plans such as business continuity plans (for example were they using similar systems to share information or collating information to different time frames)?

- Yes
- No
- Not possible to determine
- Not applicable

19. Can you suggest ways in which your organisation's pandemic influenza plan could be developed?
Greater consideration of the specific demands during a pandemic, particularly on staff absence levels and the need for coordination of policy functions.

Section 2: these questions relate to objective 2: "To exercise coordination of messaging to the public"

20. Did your organisation have a communications staff?

- ◯ Yes
- ◯ No
- ◯ Not possible to determine

21. Did your organisation work with others to coordinate messaging to the public? Tick box select all that apply

xYes with government departments including the department of health
☐Yes with government departments excluding the department of health
☐Yes with the department of health
☐Yes with PHE national level
☐Yes with PHE local level
☐Yes with NHS national level
☐Yes with NHS local level
☐Yes with the Local Authority
☐Not possible to determine
☐Others (please specify)

22. **SCG ONLY -** who led on communications in your organisation?

- ◯ Police
- ◯ Fire
- ◯ Ambulance
- ◯ NHS
- ◯ PHE
- ◯ No one organisation led, it was a cooperative effort
- ◯ Not possible to determine
- ◯ Other (please specify)

23. **SCG ONLY -** which organisation provided a spokesperson at your SCG?

- ◯ Police
- ◯ Fire
- ◯ Ambulance
- ◯ NHS
- ◯ PHE
- ◯ No one organisation led, it was a cooperative effort
- ◯ Not possible to determine

24. Where did you draw information for your messages to the press and public?

☐Local PHE colleagues
☐Local NHS colleagues
☐Local authority colleagues
☐TLBs provided from COBR
☐Guidance from the DH
☐Guidance from PHE national
☐Guidance from NHS England national
☐Guidance from the cabinet Office
XOther (please specify). Within the Scottish Government Structure

25. How did your organisation prefer to convey messages to the public?
Please rate these to reflect your organisations usage, with 1 being “not used” and 5 being “used most frequently”

- By issuing press release 5
- Through the press 5
- Using social media 4
- We did not communicate with the public 1
- Not able to answer

26. Can you suggest ways in which your organisation’s communication with the public can be improved during a pandemic influenza outbreak?
Difficult to replicate during an exercise due to business as usual pressures.

Section 3: these questions relate to objective 3 "To exercise strategic decision making processes around managing the wider consequences and cross-government issues at both local and national levels during an influenza pandemic (such as excess deaths)"

27. SCG ONLY - did the SCG meet?

- Yes
- No
- Not possible to determine

28. (SCG only) which organisation provided the chair person for the SCG?

- Police
- Fire
- Ambulance
- NHS
- PHE
- There was more than one chairperson depending on the issue being addressed
- Not possible to determine
- Other (please specify)

29. Were the strategic aim and objectives of your organisations clearly outlined?

- Yes
- No
- Not possible to determine

30. Indicate whether you felt that there was enough information available to guide strategic decision makers on the following topics. If you did not exercise this topic as part of your objectives enter 0 as an answer
On a scale of 1-5 where 1 indicates that information was easy to find and 5 indicates that it was difficult.

Social Care challenges:
How easy it was to find Information about social care challenges 1
How easy it was to understand the information describing social care challenges 1
Excess deaths
How easy it was to find Information about excess deaths 1
How easy it was to understand the information to do with excess deaths 1
Voluntary sector
How easy it was to find Information about the role and capabilities of the voluntary sector 1
How easy it was to understand the information describing the role and capabilities of the voluntary sector 1
Prisons
How easy it was to find Information about prisons 1
How easy it was to understand the information describing the situation in prisons 1
Public Communications

How easy it was to find guidance about public communications guidance 1
How easy it was to understand the public communication guidance 1

Scientific Advice

How easy it was to find scientific advice 1
How easy it was to understand the scientific advice 1

31. Was the information you received from other organisations delivered on time?

- ◯ Yes, all the time
- ◯ Yes, most of the time
- ◯ Sometimes
- ◯ No
- ◯ Not possible to determine

32. Which information was difficult to get hold of on time?

33. Was the information received from other organisations relevant / useful?

- ◯ Yes, all the time
- ◯ Yes, most of the time
- ◯ Sometimes
- ◯ No
- ◯ Not possible to determine

34. Which information you received from other organisations was most useful?

35. Can you suggest ways in which the strategic decision making process can be developed?

Section 4: these questions relate to objective 4 "To exercise the provision of scientific advice, including SAGE, during an influenza pandemic"

36. Where did you draw your scientific advice from during the exercise?
Tick box all that apply

- ☐STAC
- ☐PHE local
- ☐PHE national
- ☐NHS local
- ☐NHS national
- ☐GO Science
- ☐DH
- ☐SAGE via COBR

☐Not possible to determine
☐My organisation did not access scientific advice (Please explain why not)
XOther (please state) Health Protection Scotland

37. Was the scientific advice/ information received relevant / useful?

- ◯ Yes, all the time
- ◯ Yes, most of the time
- ◯ Sometimes
- ◯ No
- ◯ Not possible to determine

38. Was the scientific advice / information delivered on time?

- ◯ Yes, all the time
- ◯ Yes, most of the time
- ◉ Sometimes
- ◯ No
- ◯ Not possible to determine

39. Can you suggest ways in which the provision of scientific advice can be developed?

Greater clarity over the role of SAGE during a pandemic and how it communicates with the Devolved Administrations.

PART C - This part of the questionnaire deals with objectives that may not have been exercised by every organisation. Please complete those sections relevant to your organisation

Section 5. The following questions refer to objective 5 "to explore the social care policy care implications during a pandemic"

40. As part of Exercise DH trialled a new SitRep format for Social Care issues. How user friendly was this format. Please answer on a scale of 1 – 5. Where 1 is "Easy to use and populate" to and 5 is "difficult to use and populate" or 0 if this is not relevant

1

41. Did the SitRep contain the information you expected

- ◯ Yes, all the information I expected was contained or asked for in the SitRep
- ◯ Most of the information I expected was asked for/contained in the SitRep
- ◯ No, the information asked for was not relevant to the scenario
- ◯ N/A cannot answer this question or is not relevant to me

42. How would you develop the SitRep template

43. How did your organisations link with colleagues from the social care sector?

- ◯ Social Care representatives were in the SCG group for the exercise only
- ◯ Social Care is always represented in the SCG and were at this exercise

- Social Care was represented in another group that contributed to the SGC (please specify)
- Other kind of link with Social Care representatives (please specify)

Scottish Government did not fully exercise this element of the exercise.

PART D – this part of the questionnaire deals with your organisations objectives which were submitted to the exercise delivery team.
Prisons
Did you see evidence that prisons and local responders had arrangements in place to conduct the following during a pandemic

44. Are there joint plans in place with the LRF and local acute trusts for prisoners to access healthcare in and out of hours and also urgent/ critical NHS facilities?

- Yes
- No
- No evidence
- N/A

45. Activate an Outbreak Control Team to investigate an outbreak in a prison?

- Yes
- No
- No evidence
- N/A

46. Swabbing to collect samples in a prison setting?

- Yes
- No
- No evidence
- N/A

47. Provide anti-virals to detainees (especially if short of staff)

- Yes
- No
- No evidence
- N/A

If yes who will pay for anti-virals?

48. Issuing sufficient PPE to staff and providing training in its use?

- Yes
- No

- No evidence
- N/A

Who will provide the training?

49. Providing health advice to detainees and staff?
- Yes
- No
- No evidence
- N/A

50. Ensure there is minimal disruption if transfers in and out of prison are limited?
- Yes
- No
- No evidence
- N/A

51. Is there an understanding of the processes for managing deaths in custody during a pandemic?
- Yes
- No
- No evidence
- N/A

52. How can prisons and other local partners develop the way in which they work together during a pandemic?

The remaining questions are intended for SCG evaluators only.

EXCESS DEATHS PLANNING

53. If you have any comments of the use of the Excess Deaths plan please provide feedback

SITREPS

54. As part of Exercise DCLG trialled a new SitRep format for Social Care issues. How user friendly was this format.
Scale 1 – 5: From 1 "Easy to use and populate" to 5 "difficult to use and populate" or N/A 1

55. Did the SitRep contain the information you expected
- Yes, all the information I expected was contained or asked for in the SitRep
- Most of the information I expected was asked for/contained in the SitRep

○ No, the information asked for was not relevant to the scenario

○ N/A cannot answer this question or is not relevant to me

56. How would you develop the SitRep template

3. SG Debriefs

Exercise Cygnus – Group debriefs – feedback sheet
Organisation: Scottish Government……………… Date of debrief: 17th November………………………………………
Up to 3 things to sustain (that went well)

- **exploring surge response in detail within updated guidance**
- **exploring issues around legislative/regulatory amendments**
- **exposing Ministers/senior officials to pandemic challenges**

Up to three things to develop (or do differently)

- **surge/PLT/ICU detail – need the detail/finalisation of plans**
- **need to consider what happens in the community during serious pandemic - primary and social care**
- **Seek modelling output on the anticipated impact on the pandemic of PH measures and behavioural change introduced as a consequence of PBT (development of a new national surveillance data stream?)**

One key (the most important) lesson identified

The need to develop further detailed guidance in relation to how health and social care organisations need to respond to a serious flu pandemic, including the directive role of national government in such circumstances.

Exercise Cygnus – Group debriefs – feedback sheet
Organisation: Health Protection Scotland……………… Date of debrief: 17th November………………………………………

Up to 3 things to sustain (that went well)

Intercountry health protection (PHE led) regular scheduled teleconferencing to address issues stemming from exercise
CMO led teleconferencing to address specific health issues

Up to three things to develop (or do differently)

Seek modelling output on anticipated impact on the pandemic of behavioural change that would follow a move to population based triage (PBT)
Seek modelling output on the anticipated impact on the pandemic of PH measures introduced as a consequence of PBT (development of a new national surveillance data stream?)
Intercountry sharing of documents to inform teleconferencing suffered during the exercise and could be better for future – probably exacerbated by artificial constraints of the exercise

One key (the most important) lesson identified

Population level triage paradigm shift means that all public health planning assumptions need to be revisited

Continue over leaf if necessary

4. DH Sitrep Template

INFECTIOUS DISEASES SITUATION REPORT
EXERCISE CYGNUS

Strategic Coordinating Group (SCG) sitrep

SITREP Number:			
Date:		Time (24hr):	
Event/Incident			
LRF			
SCG Chair			
Landline & Mobile Numbers			
Email:			
SCG Deputy Contact Details			
Government Liaison Officer (GLO)			

ANNEX 1 : EXCESS DEATHS SITREP

ANNEX 2 : SOCIAL CARE SITREP

ANNEX 3 : SOCIAL CARE - EXAMPLE RAG RATING FORM

ANNEX 4 : SOCIAL CARE - DETAILS OF SOCCON RATINGS

(Areas such as Education and Transport are not included on this Sitrep because they are dealt with separately by other Departmental reporting)

Please fill in relevant information under each blue heading ON AN EXCEPTION BASIS ONLY

Add new information using red text. State 'Nil' if nothing to add.

1. SIGNIFICANT LOCAL ISSUES - Please give details of any local/regional impacts of the pandemic influenza outbreak and operational responses in place to address them.

2. CURRENT SITUATION

3. OTHER LOCAL IMPACTS - Please give details of any local impacts and operational responses in place to address them.

Local Partners -

Judicial Process -

Prisons -

Excess Deaths (see Annex 1) -

Social Care (see Annex 2) -

Mutual Aid -

Military Support -

Voluntary Sector -

4. FORWARD LOOK – Details of anticipated issues of national interest and/or upcoming issues/events that may impact on response.

5. COMMUNICATIONS AND MEDIA MESSAGING

6. OTHER INFORMATION NOT COVERED ELSEWHERE

DATE AND TIME OF NEXT SCG:

DATE AND TIME OF NEXT SITREP:

ANNEX 1 : Excess Deaths Sitrep

Death Management during a Flu Pandemic - Reporting Template for LRFs/SCGs[1]

This template is designed to enable the Government to have a national picture of the death management process and issues that local responders may be experiencing. As the pandemic picture develops and issues arise, the information requirements may change as the pandemic progresses.

Status of each component of the local death management process
In the table below, please use a 'traffic light' system in the 'Status' column:
· Green = no problem;
· Green/Amber = minor problems;
· Amber = significant problems;
· Amber/Red = major problems;
· Red = services at or near breakdown.
Please use an arrow system in the 'Prognosis' column:
↑= situation expected to improve in the foreseeable future;
→= situation expected to remain stable in foreseeable future;
↓= situation expected to worsen in foreseeable future.
Please provide details to support the assessment where actual or potential issues have been identified.

Stage	Status	Prognosis	Notes
Death certification			• [Actions taken] • [Actions being implemented] • [Action being considered]
Death registration			• [Same]
Coronial process			• [Same]
Transportation			• [Same]
Body storage			• [Same]
Burial			• [Same]
Cremation			• [Same]

Requests for support from central government

[These requests are for consideration only. They are expected to focus on coordination activities, communications and legislative amendments only.]

Point Of Contact for further information (ideally the chair of your Excess Deaths sub-committee):

Name	Phone (landline)	Phone (mobile)	Email

[1] Please note that this document is meant to be used as a planning tool for Exercise Cygnus, and does not represent an update on the position of central government. Situation reports should be sent to DCLG RED (RedControl@communities.gsi.gov.uk)

ANNEX 2 : Social Care Sitrep

<table>
<tr><td colspan="11">Situation Report 1</td></tr>
<tr><td rowspan="2">Please see Annex 1 for a completed example form</td><td colspan="2">Bed Capacity (% occupancy)</td><td colspan="2">Staff Capacity (% of expected workforce available)</td><td colspan="2">No. of infections</td><td colspan="2">No. of clients requiring hospitalisation</td><td colspan="2">Other (pls specify)</td></tr>
<tr><td>Current status</td><td>Prognosis</td><td>Current status</td><td>Prognosis</td><td>Current Status</td><td>Prognosis</td><td>Current Status</td><td>Prognosis</td><td>Current Status</td><td>Prognosis</td></tr>
<tr><td>Nursing</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Residential</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Domiciliary</td><td>n/a</td><td>n/a</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>SocCon Rating and Explanation</td><td colspan="10">Please provide an overall SocCon rating, and a full explanation of why you judge it to be at this level, including areas suggested in Annex 2.</td></tr>
<tr><td>Other issues</td><td colspan="10"></td></tr>
</table>

ANNEX 3 – Social Care : Example RAG Rating Form

	Bed Capacity (% occupancy)		**Staff Capacity (% of expected workforce available)**	
	Current status	Prognosis	Current status	Prognosis
Nursing	99% full Issues: • Xx • yy	□ ↓		→
Residential		→		→
Domiciliary	N/a	N/a	20% Issues: Shortfall in dom carers means dom clients are receiving less care visits than contracted	↓

Status of each component of the local death management process

In the table below, please use a 'traffic light' system in the 'Status' column:

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Please provide details to support the assessment where actual or potential issues have been identified.

ANNEX 4 – Social Care: Details of SocCon Ratings

Adult Social Care services ***(Including assessment services, domiciliary care, care homes and other services with own budgets etc)***	***SocCon Status Level***
No significant impact: planning/preparation or recovery	
- Preparatory work underway i.e. Identification of groups most in need of services - Adequate numbers of placements or capacity still available in care homes and domiciliary care services - Other community services operating as normal - Reviewing plans for business continuity (including staffing) - 'Normal' prioritisation of services in place - Returning to normal operation	**SocCon 0**
Low demand: slight effect on services	
- Implementation and revision of business continuity plans - Enhanced coordination between social care providers/commissioners and health care partners – sharing of plans for people in need of social care support - Increased referrals (non-critical care patients) from acute trusts to social care services - Initial prioritisation of services	**SocCon 1**
Medium demand: moderate effect on services	
- Alternative assessment processes for admission & discharge criteria to/from social care services implemented - Planned closures - Reduction in non-critical services - Increased pattern of referrals from acute trusts - Increased social care staff absences	**SocCon 2**
High demand: major disruption to services	
- Critical – services struggling to cope - Inability to safely discharge people from hospital to care services - Significantly increased social care staff absences - Prioritisation of critical services - Unplanned closures - Reduction in services to people 'in need'	**SocCon 3**
Critical Demand: services not coping	
- Services are unable to cope and central government support urgently required - Full detail of support needed	**SocCon 4**

5.1 SG Sitrep 1

Exercise Cygnus: Scottish Government: H2N2 SITREP- 18 October 2016 (16:00)

Headlines:

- Forecasts for Scotland this week of:
  - 18,000 new cases of H2N2
  - 5400 of these may require face to face assessment by primary care
  - 540 new hospitalisations
  - 125 new admissions to ICU
- Health and social care services generally coping but pressures starting to build

Health: current status in coping with pandemic demands

Primary Care

- NHS Boards actively monitoring demand and capacity
- Buddy system implemented between multiple GP practices
- NHS Boards have opened Antiviral Collection Points
- NHS 24 is providing supporting role to NPFS – providing further assessment and referral to available primary care resources

NHS

- health services currently coping but pressures starting to build
- surge plans being activated by NHS Boards
- Increase of around 100% in Level 3 ICU capacity being put in place

Case Numbers

- This Week to date: 1800 (till Monday 17th only)
- Last Week: 6215
- Total Cases to date: 8856 (since 5 September)
- Forecast this week: 18,000

Adult Social Care: current status in coping with pandemic demands

- Services currently coping but pressures starting to build
- Delayed Discharges:
  - Last Week: 1200
  - This Week: 1600 (forecast) (*equivalent to bad week during winter*)

Excess Deaths provision: readiness to cope/areas of specific concern and potential mitigations

- No significant problems being reported
- Initial measures now in place to assist death management, incl. suspension of review process

Deaths

- This Week to date: 15 (till Monday 17th only)
- Last Week: 47
- Total Deaths to Date: 79 (since 5 September)
- This Week: 150 (forecast)

School Closures

- 1% of Scottish schools currently closed (around 60)

- Due to operational reasons – staff absences

Emerging Issues

- after some initial hotspots, pressures seem to be now fairly evenly spread across Scotland
- first reports of an NHS Board and some social care providers experiencing operational problems

Communications messages

- messages emphasising that most people with flu symptoms should contact NPFS
- services generally running smoothly

NHS Capacity & Capability

Scotland	Last WEEK (10-16 Oct)		Same DAY Previous week	Previous DAY	Current DAY
Operational Issues			11 October	17 October	18 October
Acute Hospitals Reporting serious operational problems	0		0	0	1
Hospitalised Cases (snapshot)			20	50	60
Bed Pressure Indicator					
A&E 8 Hour Waits	500		70	90	100
A&E 12 Hour Waits	125		15	20	25
Critical Care					
Adult ICU available empty beds*			39	31	20
Adult ICU beds occupied			151	159	170
Adult ICU occupancy rate			79%	84%	89%
PICU available empty beds			5	3	2
PICU beds occupied			30	32	33
PICU occupancy rate			85%	91%	94%
Neonatal available empty cots			115	105	99
Neonatal beds occupied			214	224	230
Neonatal occupancy rate			65%	68%	70%
GP Consultations					
Influenza Like Illness (ILI) consultations (per 100k of population)*(see HPS thresholds)	50 (daily average)		36	60	95 est.
NHS 24 Calls (total, not just flu)	15,000		2000	3000	5000 est.
Confirmed H2N2 Deaths	47		4	12	16 est.

Notes:

- acute bed occupancy in acute hospitals typically around 95%

- Additional ICU Level 3 capacity being put in place by Bards – additional 140 beds available over coming days/week (this will reduce Level 2 beds to some degree)

HPS Thresholds For GP Consultation All-Scotland Influenza-Like Illness Rates (Per 100,000 Population, All Ages) For 2016/17

All ages	baseline activity	low activity	moderate activity	high activity	very high activity
2016/17	< 36.08	36.08 to <51.17	51.17 to <235.58	235.58 to <462.62	>462.62

NHS Staff Absence Levels

- Last Week: 4%
- This Week: 6% (forecast)

5.2 SG Sitrep 2

Exercise Cygnus: Scottish Government: H2N2 SITREP - 19 October 2016

Headlines:

- Forecasts for Scotland this week of:
    - 18,000 new cases of H2N2
    - 5400 of these may require face to face assessment by primary care
    - 540 new hospitalisations
    - 125 new admissions to ICU
- Health and social care services generally coping but pressures starting to build

Health: current status in coping with pandemic demands

Primary Care

- NHS Boards actively monitoring demand and capacity
- Buddy system implemented between multiple GP practices
- NHS Boards have opened Antiviral Collection Points
- NHS 24 is providing supporting role to NPFS – providing further assessment and referral to available primary care resources

NHS

- health services currently coping but pressures starting to build
- surge plans being activated by NHS Boards
- Increase of around 100% in Level 3 ICU capacity being put in place

Case Numbers

- This Week to date: 4500 (till Tues 18th only)
- Last Week: 6215
- Total Cases to date: 8856 (since 5 September)
- Forecast this week: 18,000

Adult Social Care: current status in coping with pandemic demands

- Services currently coping but pressures starting to build
- Delayed Discharges:
    - Last Week: 1200
    - This Week: 1600 (forecast) (*equivalent to bad week during winter*)

Excess Deaths provision: readiness to cope/areas of specific concern and potential mitigations

- No significant problems being reported
- Initial measures now in place to assist death management, incl. suspension of review process

Deaths

- This Week to date: 35 (till Tues 18th only)
- Last Week: 47
- Total Deaths to Date: 79 (since 5 September)
- This Week: 150 (forecast)

School Closures

- 1% of Scottish schools currently closed (around 62)
    - Due to operational reasons – staff absences

Emerging Issues

- after some initial hotspots, pressures seem to be now fairly evenly spread across Scotland
- first reports of an NHS Board and some social care providers experiencing operational problems

Communications messages

- messages emphasising that most people with flu symptoms should contact NPFS
- services generally running smoothly

NHS Capacity & Capability

Scotland	Last WEEK (10-16 Oct)		Same DAY Previous week	Previous DAY	Current DAY
Operational Issues			12 October	18 October	19 October
Acute Hospitals Reporting serious operational problems	0		0	1	3
Hospitalised Cases (snapshot)			22	60	75
Bed Pressure Indicator					
A&E 8 Hour Waits	500		73	100	115
A&E 12 Hour Waits	125		18	32	41
Critical Care					
Adult ICU available empty beds*			39	31	20
Adult ICU beds occupied			151	159	170
Adult ICU occupancy rate			79%	84%	89%
PICU available empty beds			5	3	2
PICU beds occupied			30	32	33
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NHS 24 Calls (total, not just flu)	15,000		2300	5000	6500 est.
Confirmed H2N2 Deaths	47		6	16	23 est.

Notes:

- acute bed occupancy in acute hospitals typically around 95%

- Additional ICU Level 3 capacity being put in place by Bards – additional 140 beds available over coming days/week (this will reduce Level 2 beds to some degree)

HPS Thresholds For GP Consultation All-Scotland Influenza-Like Illness Rates (Per 100,000 Population, All Ages) For 2016/17

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NHS Staff Absence Levels

- Last Week: 4%
- This Week: 6% (forecast)

6. Capacity Provision

Extract from
'Influenza Pandemic Preparedness – Guidance for Health & Social Care Services in Scotland (2018) (Draft)'

(draft Pandemic flu guidance issued to a variety of stakeholders and currently under review.)

Demand and Capacity

10.28 During an influenza pandemic, the level of demand for health and social care services is likely to be greater than the most severe winter pressures projections. Services, especially those in the 'hotspot' areas, are likely to be under considerable, sustained pressure even if the impacts are mild or moderate.

Patients with existing illnesses (respiratory, immuno-compromised and other co-morbidities), long term / chronic conditions and frail elderly are more likely to have complications from influenza pandemic; this will place an additional burden on services.

Guiding principles

10.29 Seven guiding principles should be considered when planning for an increase in demand and capacity. They are common to health and social care services:

- The care that can be given to people when resources are stretched should be maximised;
- Plans should be consistent with the overall aim of preserving and maintaining essential services;
- Changes to services and clinical / care standards should be incremental and should reflect changes in local demand and the resources that are available;
- Changes should be consistent with the established ethical principles;
- Plans should take a whole-system approach and encompass primary, community and secondary care;
- Plans should support the attainment of strategic objectives at each stage of a pandemic;
- Implementation of this guidance should be coordinated at a strategic level by health and social care organisations to ensure consistency of interpretation and effect.

Organisations must also be aware of their legal duty to involve / inform patients/ service users in the development of their plans and their Equality duty.

Key elements

10.30 In developing demand and capacity systems during an influenza pandemic, there are three interrelated elements to consider:

- the physical aspects of creating extra capacity, i.e. creating space, providing staff, supplying resources and/or managing the process;
- prioritising services to release capacity;
- prioritising patients and clinical interventions to control demand.

10.31 These three elements will be present to a greater or lesser extent along a spectrum of actions, depending on the magnitude of the challenge and the resources available.

Increasing Capacity

10.32 Capacity management involves 'four Ps': Processes, Premises, Providers and People. Each of these components should be considered individually, as well as how they would operate together:

- **Processes** – There should be clear arrangements for command, control and coordination. Systems changes, such as staffing levels, require planning so that any changes can be implemented easily and quickly during a pandemic.

- **Premises** – Hospitals should be able to make significant expansions in their acute bed capacity and double the provision of critical care beds within a one-to two-day period. In primary care, extra capacity could be created for additional clinical contact opportunities through the suspension of other health promoting/ chronic disease management clinics. As far as possible, non-flu patients should access and receive care in the ways in which they would do so in 'normal' circumstances (e.g. practice-based care). Influenza patients will need to be supported to remain at home, for example through home visiting and telephone assessment. Expansion of community hospital and continuing care capacity should also take place where possible.

- **Providers/provisions** – Health and social care organisations should consider what their key vital supplies are and what is likely to be required to meet the surge in demand for emergency care/support. They should make provision for these items well in advance of the pandemic. However, certain commodities such as blood and blood components cannot be stockpiled, and reference should be made to national plans. Plans should be put in place to commission additional capacity from third sector/independent providers and models of (stepped) care should be agreed with them in advance and as part of the health and social care influenza pandemic plan.

- **People** – Health and social care organisations should determine and maximise the pool of skills they have at their disposal from their employed, reserve, trainee and volunteer staff, so that redeployment is managed to best effect.

10.33 Further guidance on framework planning for surge and escalation of NHS services is contained in a Department of Health Guidance 2009 document. The content of this document is still essentially relevant for planning purposes.

Taking action

10.34 Increased demand and reduced capacity will result in health and social care organisations being unable to maintain business as usual. Acute hospital surge plans are likely to reach a point of exhaustion very quickly. Therefore working collaboratively, they will be required to take a series of flexible and escalating actions to create capacity which will include:

- reducing non-essential activity;
- enhancing arrangements for discharge from hospital;
- re-prioritising access to some services in an ethical way;
- identifying options for alternative care.

10.35 In these circumstances Scottish Government, along with regulatory and key national bodies, will consider what flexibility can be introduced through current arrangements and through any other means e.g. legislative measures, to support health and social care organisations. For example, this may include measures to support the supply of staff or to temporarily suspend the Treatment Time Guarantee. In these circumstances, Scottish Government will fulfil a national coordination role with the support of expert advice.