



# **EXERCISE CYGNUS**

## **Wales De-Brief Report**

### **October 2016**

## **Introduction**

Exercise Cygnus was a Tier 1 UK pandemic flu exercise with full ministerial participation at COBR. In Wales, the Exercise began on the 14th October with a NHS workshop to consider the national and local arrangements for the storage and distribution of health countermeasures. It continued on 18th October with a multi-agency workshop in the Emergency Co-ordination Centre (Wales) (ECC(W)) involving multi-agency groups from all 4 Local Resilience Forums in Wales.

The main exercise took place on 19th and 20th October with the Chief Medical Officer leading on the COBR Officials meetings and the Cabinet Secretary for Health, Well-being and Sport and the Minister for Social Services and Public Health participating in the COBR Ministerial meetings. In the absence of testing the four Nations Health Ministers meetings, these COBR meetings determined the course of action adopted by all four Nations in response to a pandemic situation, ensuring a joined-up approach in minimising the risk to the health of the UK.

The ECC(W) was staffed for the two days with teams from Health, Resilience and Communications all participating.

When the initial exercise was postponed in 2014, Wales continued to participate and tested both the Welsh Government and the four Welsh Strategic Co-ordinating Groups' (SCG) response. Therefore, Wales did not test the SCG response on this occasion.

Instead, the NHS workshop held on the 14<sup>th</sup> October used the Exercise Cygnus scenario to test and validate health countermeasures arrangements. The multi-agency Workshop on 18<sup>th</sup> October was used to test and validate the LRF Pandemic plans to see if the plans were fit for purpose or needed refreshing whilst the main exercise on 19<sup>th</sup> and 20<sup>th</sup> October tested the Government response.

The LRF pandemic planning checklist and the various injects for the exercise were used to identify issues from the LRF perspective against the Cygnus scenario. The resulting information was used to brief the Chief Medical Officer and Ministers and to respond to COBR. The LRF Workshop event also served to provide additional evidence of risk mitigation to help inform Community Risk Registers.

# Exercise Cygnus Pandemic Flu Countermeasures Awareness Workshop – 14<sup>th</sup> October

The Pandemic Flu Countermeasures Awareness Workshop involved all Wales NHS organisations and included NHS Emergency Planning Managers, Pharmacists and those responsible for their organisations main stores and logistics.

The workshop considered what countermeasures would be made available from the national stockpile and the mechanisms for local distribution across the NHS in Wales. The morning session provided a series of thought provoking presentations that raised awareness of the consumables, antivirals and antibiotics held in the national stockpile. In the afternoon, delegates had the opportunity to work through the Cygnus scenario and were able to explore the national and local arrangements for each of the countermeasures.

The outcomes from the workshop included the need for greater awareness of the countermeasures within each organisation and more focus on the operational arrangements. It was acknowledged that once a pandemic is threatened, the operational details to secure effective and efficient distribution across Wales would be quickly put into place.

The workshop was aimed at Emergency Planners, Executive Leads, pharmacists responsible for ordering and those that are responsible for the Main Stores / logistics in each of the Health Boards. The aim and objectives of the workshop set out below were fully met.

## Objectives for the Day

- ☐ To explain why particular products are held within the national stockpile
- ☐ To share information on the range of countermeasures and explain their use
- ☐ To explain the National planning arrangements for storage and deployment
- ☐ To explore local planning requirements for receiving countermeasures, storage and distribution
- ☐ To identify areas for further planning and training
- ☐ To discuss the antiviral distribution options and issues for local planning

## Recommendations

Recommendation 1 – All organisations were asked to review their pandemic plans regarding health countermeasures to ensure they remained robust

Recommendation 2 – All organisations to ensure there is sufficient awareness within their organisations of what is held within the Welsh National Stockpile and how these would be distributed to them.

Recommendation 3 – All organisations to review their local delivery points and antiviral collection points to ensure they remained current and to share this information with Welsh Government.

## **Exercise Cygnus Local Resilience Forum Workshop – 18<sup>th</sup> October**

The workshop was run on a programme of 3 sessions covering different periods of the pandemic curve. Each session was divided between break-out sessions for each LRF and Plenary Sessions where the response was discussed.

Each session included a list of questions to be answered with additional questions included at Plenary based on the injects for the main exercise and specific issues on the Health checklist.

### **Session 1 – Early Stages; Notification, Assessment & Detection**

A new subtype of Influenza A (H2N2 – known widely as ‘Swan Flu’ emerged in Thailand in June and July 2016. The first cases were seen in Thailand and the virus subsequently spread to adjacent South East Asian countries. The first cases in the UK were confirmed in returning travellers from Thailand on 5 September 2016. The common symptoms of flu A H2N2 include sudden onset of a fever and cough and general respiratory symptoms. Some patients go on to develop complications including severe viral pneumonia. There is no vaccine available currently to prevent against Influenza A H2N2 because the virus is a new strain and a vaccine must be developed to match it. The seasonal flu vaccine does not offer any protection against this new virus strain. Vaccine development work is on-going internationally.

The World Health Organization recognised that Influenza A H2N2 had spread to pandemic levels around the globe and raised a pandemic alert phase on 26 September 2016. The UK is liaising with WHO and other international health bodies, through its international focal point in Public Health England and will share surveillance information on cases and deaths, scientific developments around the virus and vaccine developed and modelling around what the virus could do in future.

The Foreign and Commonwealth Office has issued advice to travellers, available on the gov.uk website, which is being continually reviewed as the situation develops. Currently, there are no restrictions on travel although travellers are advised to follow infection control advice and to check the FCO website before travelling. The National Travel Health Network and Centre (NaTHNaC) also continues to provide regular travel health updates both directly through its website and via health professionals to the public.

### **Questions**

**Question 1 - What actions did your LRF take following notification of the emergence of the new subtype of Influenza A in June and July?**

**Question 2 - At what stage was the first Strategic Coordinating Group held in your LRF?**

Whilst the South Wales plan saw the activation of precautionary Strategic Co-ordinating Groups (SCGs) within days of notification supported by a tactical level response whilst other LRFs looked to commence their response solely at the tactical level.

The precautionary meetings would be reviewing plans and assessing preparedness.

Gwent LRF would trigger the SCG when the pandemic gets to assessment phase and Public Health Wales would lead on communications. North Wales would escalate to a virtual SCG as the pandemic progresses.

At the all-Wales level consideration would be given to holding precautionary Civil Contingencies Group meetings at Level 1 of the Pan-Wales Response Plan. The timing of the meetings would depend upon the COBR battle rhythm and advice from Public Health Wales.

### **Question 3 - Who is chairing your SCG?**

In Dyfed-Powys, North Wales and South Wales the Police would be chairing the SCG whilst in Gwent it would be the Health Board. Assessments would be made in each SCG at various points during the pandemic whether the organisation chairing the SCG should change.

### **Question 4 - Based on your pandemic flu plan what are the strategic intentions of your SCG?**

In most cases, the strategic intentions set out in the generic LRF response plan would be adopted but with a focus on working together, providing public with information and preserving life.

### **Question 5 - What strategic, tactical and operational structure has been put in place to respond to the emerging threat and to deliver your strategic intentions?**

There would be no formal structure established in any of the 4 LRFs at this stage.

### **Question 6 - What guidance and support would you be expecting from Welsh Government at this stage and what role do you expect Welsh Government to be playing?**

The Welsh Government needs to establish a Battle Rhythm early for all situation reporting to assess the impact of the pandemic on the LRF areas and set out clearly and early what information is required.

When the ECC(W) is established it needs to act as a single point of contact for Welsh Government and all information from Departments channelled through the ECC(W) to the SCGs and then to individual organisations. This ensures that a single reporting structure up and down. Welsh Government Departments should not communicate directly with organisations.

Greater use should be made of Resilience Direct as a single platform for sharing information rather than relying upon the high level of e-mail traffic currently used.

The Welsh Government should be used as a conduit for consistent public messages and a plan should be developed for this purpose.

**Question 7 - What public messages would you be issuing between June and 26 September and how is media handling being co-ordinated?**

PHW would be leading nationally across all LRFs. The core messages would focus upon hygiene but would be low key at present. This would be supported at the all-Wales level by messages from the CMO. All messages should form part of a wider communications strategy developed by COBR. All website information in Wales would link to Public Health Wales for a single, definitive message.

**Recommendations**

Recommendation 4 - The Pan-Wales Response Plan should reflect the fact that Welsh Government needs to establish a Battle Rhythm early for all situation reporting to assess the impact of any emergency on the LRF areas and set out clearly and early what information is required.

The revised plan should also reflect the fact that when the ECC(W) is established it needs to act as a single point of contact for Welsh Government and all strategic information from Departments channelled through the ECC(W) to the SCGs and then to individual organisations. This ensures that a single reporting structure up and down. Welsh Government Departments should not communicate directly with organisations.

Recommendation 5 – The Welsh Government should consider a specific Wales Pandemic Flu Communications Plan which sets out all structures and processes to deliver consistent press and public messages during a flu pandemic and how UK pandemic information and messages are co-ordinated

## Session 2 – Week 7 - Treatment

In week five, primary care was still functioning routinely in most areas but there was increased pressure. Business continuity pressure slowly increased and all areas of social care, health and government departments start to consider the impact of rising numbers of staff absenteeism. COBR (M), COBR (O) and Scientific Advisory Group for Emergencies (SAGE) meetings continued to be held. Hospitals across Wales maintained capacity in the system by using their demand and capacity management systems.

Reliable data on excess deaths associated with the disease started to be available during week five. Approximately 286 deaths spread across the UK were attributed to pandemic influenza in this week. The number was expected to raise significantly as data collation and collection methods improved. COBR requested an update on how the management of excess death planning was progressing.

Reports in the media focused on the seemingly high number of children who had died. Concerns were raised about whether it was right to have allowed schools to reopen following the summer holidays, particularly in hotspot areas.

On week commencing 10 October 2016 (Week 6) the following statistics were recorded:

Antiviral authorisations = 125,791  
Flu deaths = 821

**Cumulative total to the end of week 6** Antiviral authorisations = 144,035  
Flu deaths = 1,260

The National Pandemic Flu Service (NPFs) went 'live' in England Scotland and Wales. This reduced the impact upon General Practice surgeries, but resulted in a surge in the number of antivirals being authorised. Pressure on GPs remained steady with some increased consultation rates for patients with underlying disease/long term conditions.

A significant number of Local Authorities were reporting moderate impact on services with increasing staff absences. The availability of data now allowed for forecasts from the Real Time Models (RTM) to be produced. However the error bounds were large and still had significant degrees of uncertainty. The Welsh Government estimated that approximately 1% of schools were closed.

Excess death planning had already started to be considered. There were projections of up to 4,000 excess deaths in week seven and beyond. To give context to this level of excess deaths, there are approximately 10,000 – 12,000 deaths a week in the UK. Local Resilience Fora were assessing capacity against possible numbers of excess deaths and confirming contingency arrangements with Welsh Government.



Media stories covering the deaths at home of some influenza patients coincided with a significant elevation in public anxiety, particularly among parents. Tracker surveys suggested that hospitals were seen as a potential source of infection by some patients. Anecdotal evidence suggested that attendance for non-flu related conditions was declining as a result.

On 17 October 2016 cases surged across the UK with approximately 300,000 new clinical cases being projected in the coming week based on all available data sources. Additional call centre staff were taken on to deal with the high numbers contacting the NPFS and being authorised with antivirals.

Several Local Authorities were reporting some disruption to social care services and inability to safely discharge people from hospital. Escalation plans were in place to address critical care capacity and there was on-going collaboration with voluntary and independent sectors. Absence rates are higher than the national norm, while demand for services has increased. The trends are that services will come under increasing pressure as the pandemic continues. NHS Wales was maintaining capacity and capability across the system in general, including access to critical care. Some Health Boards were experiencing localised pressures which were managed in line with business continuity plans across the health sector.

Public transport is continuing to run, food and fuel is available and the utilities are all available. Rubbish is being collected and local services, although under pressure, are continuing to function.

Media reports continue to focus on the more dramatic and potentially worrying elements of the pandemic, the recruitment of additional call centre staff and the wider adoption of hospital triage. The unintended release of an annex to an official report outlining worst case scenario planning has been reported by some sections of the press as an indication that the Government has failed to get a grip on the situation. The annex indicates that UK deaths could be between 200,000 and 400,000 deaths.

Central government in each of the respective administrations is seeking assurances from local responders that they are prepared to deal with a significant increase in the numbers of deaths.

## Questions

**Question 1 – There is an expectation from the UK Government that LRFs should already have plans to deal with between 210,000-315,000 deaths (which approximately corresponds to a clinical attack rate of 35% and a case fatality rate of between 1 and 1.5%). Given that this influenza pandemic could lead to more than 315,000 deaths what arrangements does your LRF have to manage the excess numbers deaths to this level?**

South Wales would generally be able to manage with the plans which are in place. There is capacity within the funeral industry to deal with excess deaths but this has been difficult to quantify given the commercial sensitivity of the information. The South Wales plan relies upon the option of moving bodies to

less affected areas and there is an expectation that Government would fund this practice. Capacity to cremate can be increased by extending the opening times of crematoria and increased use of body storage. There may be capacity issues in relation to registrar's duties and this is an issue which needs to be examined. There needs to be a clearer understanding of what central assistance COBR could provide.

Gwent has made an assessment of the throughput of crematoria in their area based on extended opening hours and has calculated that an additional 4,000 cremations could be possible over the full duration of a pandemic. This provides assurance that the area would be able to cope with the excess deaths projected for the exercise.

North Wales and Dyfed-Powys would follow similar arrangements with the use of hospital mortuaries and funeral industry plus support from contracts held with Kenyons and Blakes where necessary.

The easing of certain legislative requirements by central and devolved governments would assist in handling excess deaths should capacity be put under pressure. Consideration should be given to easing the duty to provide post mortem examination for every death for example. There would also be benefit on central guidance on the use of body storage.

**Question 2 – Is there an Excess Deaths Management Group linked to the Strategic Coordinating Group (SCG) which is leading on this work? If so, which organisation is leading and what other organisations are represented?**

Each LRF would consider establishing dedicated sub-groups to lead on excess death management.

**Question 3 - What are your expectations on central government in terms of the national measures you require to assist with your local arrangements?**

Each LRF would ask for a financial contribution from Government to support excess death management and to help increase the capacity for body storage. More support is required to increase capacity around extra registrars.

**Question 4 - While trust in NHS staff remains high, tracker surveys suggest that trust in the Health Boards' ability to handle the situation has declined. What actions are being taken in terms of media messaging to maintain confidence in the NHS?**

Public messages about the capacity of the NHS need to be developed nationally supported by a 'talking head' from government. The NHS message should be open, transparent and consistent. This should be supported by proactive use of social media.

**Question 5 – What actions are being taken by Health Boards to maintain capacity at hospitals?**

Capacity and escalation plans in place in all Health Boards with plans to move staff around to support primary care. Health care will be prioritised with no outpatient services unless they are essential. There would be close liaison with Welsh Government on capacity pressures and critical care networks. Potential issues with paediatrics were identified and support may be required from neighbouring areas.

**Question 6 – What actions are being taken to justify the decision to re-open schools following the summer holidays, particularly in hotspot areas and how is this being communicated to the public?**

Each area would adopt this principle as the impact of school closures on public sector service delivery is significant.

**Question 7 – What arrangements have been implemented in your LRF to implement the National Pandemic Flu Service in your areas?**

**Question 8 – What actions are being taken to maintain social care services in your areas in the light of models showing a further pressure on local services?**

Local government would focus on critical services. They would promote good neighbour scheme to support services and effective communication with the public would be essential. Where possible, they would draw on Third Sector support.

## **Recommendations**

**Recommendation 6** – All LRFs should conduct a similar exercise to Gwent assess the throughput of crematoria in their area based on extended opening hours and this should form part of the pandemic flu plan.

**Recommendation 7** – All LRFs should include capacity for body storage in their area should the capacity to bury or cremate come under pressure.

Welsh Government should consider with the UK Government the policy and guidance on the use of body storage in these circumstances.

Recommendation 8 – The Wales Pandemic Flu Communications Plan should identify appropriate staff to act as ‘talking heads’.

Recommendation 9 – All LRFs to assess the potential pressures on Coroners and Registrars and to consider what support is required.

Recommendation 10 – The Welsh Government should work with the UK Government to identify which legislation could be relaxed to assist the process of managing excess deaths and other aspects of the response.

## **Session 3 – Week 12; Escalation**

We have now reached the peak of the pandemic in mid-November. The first case of Swan Flu was confirmed in the UK in September 2016 and clusters of the infection appeared over the next few weeks. Cardiff was identified as one of the hot-spots on 12 September so the spread of the disease is well-advanced by the time it reaches the peak. By this time, 30-40% of the total population are experiencing the symptoms and 3% of symptomatic people require hospitalisation.

There is now a Case Fatality Rate of 1.5%. This is lower than international CFR due to effective use of antivirals. In spite of this, the total excess mortality across the UK has reached 300,000 with a further 65,000 expected each week. Given that the annual all-cause mortality is usually around 500,000 and the weekly non-pandemic all-cause mortality is usually around 10,000 this is a significant amount of excess deaths to deal with. The mortality appears to be evenly spread across most age ranges but there is a notable increase in young adults. In Wales, this could see a possible 1,750 deaths per week at the peak of the pandemic based on existing modelling. This equates to a potential of 9,000 excess deaths over the full period of the pandemic.

There is some pressure on services but there is currently no significant impact on delivery. Workforce absence rate has risen across all sectors to around 20%.

The National antiviral stockpile has been activated. The vaccine contract (APA) has been activated but vaccines will not be available for 4-6 months. The National Pandemic Flu Service is operational in England, Scotland and Wales.

The policy for schools is that they remain open although a small number have decided to close.

At the most recent COBR meeting Ministers raised questions about 4 distinct areas:

- The handling of excess deaths – Ministers have been informed that LRFs should have plans in place to manage excess deaths of between 0.355% – 0.5255% of the population (210,000 – 315,000 excess deaths). They are seeking assurance that local plans will cope.
- Hospital Surge Capacity – Ministers want reassurance that those people unable to receive hospital treatment will be cared for and want to know how this is being undertaken. They also wish to know how the treatment for patients with conditions unrelated to influenza can be scaled back in order to prioritise those affected by the pandemic.
- Social Care - Ministers want further information on how social care is being used to release hospital bed capacity and the role being played by the voluntary sector in supporting this process.

- Voluntary Sector Organisations (VSO) – Ministers want to know to what extent LRFs are using VSO for support the health-sector in social care and community settings, 'Flu friends' and support for affected vulnerable people, AV collection/distribution, patient transport, bereavement support and faith support.

## Questions

### **Question 1 - What arrangements has the LRF in place for co-ordinating voluntary agencies and what will they be tasked with?**

Gwent has a voluntary sector group that would be used as a vehicle for Third Sector support. Where required, voluntary sector partners would be involved in meetings. Liaison with the voluntary sector would be led by local government. Dyfed-Powys would use British Red Cross as a mechanism for voluntary sector support. Both Gwent and Dyfed-Powys would include somebody from the voluntary sector on the SCG.

South Wales would ask local government to co-ordinate voluntary sector support across the 7 local authority areas. The South Wales Resilience Team could lead on engagement. Many people in voluntary sector work in Public Sector as main job so they may already be involved in the response.

North Wales has a voluntary sector plan which would see local government co-ordinate engagement of the voluntary sector supported by British Red Cross.

### **Question 2 - How will the LRF identify vulnerable people affected through illness or loss of supporting services?**

Existing lists and data sources would be used as the basis for identifying people at risk but vulnerable people will change as circumstances change.

### **Question 3 - Who is leading the LRF communication strategy and what are the key links and messages?**

Public Health Wales would lead Public Health messages in all 4 LRFs. Warning and Informing Groups would be formed to support PHW and provide wider messages. There would be reliance on a central government strategy and framework in which local messages would be tailored.

### **Question 6 - What is the LRF expectations of Welsh and UK Governments?**

There would be expectations of effective information flows and financial support. This would be supported by legislative easing at both Welsh Government and UK Government levels. There would be a need for central policy making on health countermeasures and the prioritising of critical non-health workers for anti-virals.

**Question 7 - What are the issues for the LRF should medicines need to be prioritised and how will this be managed?**

Policy needs to be determined at government level supported by targeted communications. Clarity is also required on the expectations on LRFs.

Recommendation 11 – The LRFs should revisit their plans to ensure that robust arrangements are in place to co-ordinate the use of voluntary sector support. This should also include local arrangements for promoting communities and individuals to provide additional support.

Recommendation 12 – The Welsh Government and LRFs to consider options for identifying people at risk during a flu pandemic and how resources from public services, voluntary sector, communities and individuals can be best used to provide targeted support.

## Exercise Cygnus - SUMMARY OF RECOMMENDATIONS

No.	Recommendation	Action By
1	All organisations were asked to review their pandemic plans regarding health countermeasures to ensure they remained robust	
2.	All organisations to ensure there is sufficient awareness within their organisations of what is held within the Welsh National Stockpile and how these would be distributed to them.	
3.	All organisations to review their local delivery points and antiviral collection points to ensure they remained current and to share this information with Welsh Government.	
4.	<p>The Pan-Wales Response Plan should reflect the fact that Welsh Government needs to establish a Battle Rhythm early for all situation reporting to assess the impact of any emergency on the LRF areas and set out clearly and early what information is required.</p> <p>The revise plan should also reflect the fact that when the ECC(W) is established it needs to act as a single point of contact for Welsh Government and all strategic information from Departments channelled through the ECC(W) to the SCGs and then to individual organisations. This ensures that a single reporting structure up and down. Welsh Government Departments should not communicate directly with organisations.</p>	
5.	The Welsh Government should consider a specific Wales Pandemic Flu Communications Plan which sets out all structures and processes to deliver consistent press and public messages during a flu pandemic and how UK pandemic information and messages are co-ordinated.	
6.	All LRFs should conduct a similar exercise to Gwent assess the throughput of crematoria in their area based on extended opening hours and this should form part of the pandemic flu plan.	
7.	<p>All LRFs should include capacity for body storage in their area should the capacity to bury or cremate come under pressure.</p> <p>Welsh Government should consider with the UK Government the policy and guidance on the use of body storage in these circumstances.</p>	
8.	The Wales Pandemic Flu Communications Plan should identify appropriate staff to act as 'talking heads'.	
9.	All LRFs to assess the potential pressures on Coroners and	



	Registrars and to consider what support is required.	
10.	The Welsh Government should work with the UK Government to identify which legislation could be relaxed to assist the process of managing excess deaths and other aspects of the response.	
11.	The LRFs should revisit their plans to ensure that robust arrangements are in place to co-ordinate the use of voluntary sector support. This should also include local arrangements for promoting communities and individuals to provide additional support.	
12.	The Welsh Government and LRFs to consider options for identifying people at risk during a flu pandemic and how resources from public services, voluntary sector, communities and individuals can be best used to provide targeted support.	