

EXERCISE FOGHORN: REPORT AND FURTHER ACTIONS

INTRODUCTION

Exercise Foghorn was a table-top exercise organised by Greenwich Teaching Primary Care Trust (GTPCT) as part of its planning for a future influenza pandemic. It was held on 4th April 2006, in the Charlton Assembly Rooms. Forty eight people took part, representing nine different organisations. Names of players and participating organisations are listed in Appendix 1.

The aim and objectives of the exercise were met. All those involved considered the exercise to have been a success, with good team work, team communication and the opportunity to openly debate difficult and controversial issues, and it helped to develop our understanding of the complexities and challenges involved in maintaining essential health services during a pandemic. Just as important is the fact that participants not only thought they had learned a lot as individuals and teams, but they had enjoyed themselves in the process.

We intend this report to be shared as widely as possible so that any learning can be built on by others. We hope it will stimulate further exercises, using the lessons we learned during Exercise Foghorn and during the earlier Exercise Pooter,¹ to contribute to further improvement in our ability to protect the public in an emergency.

We would like to thank all those who contributed ideas for the exercise at the planning stage, and all those volunteers who gave up their time on the day and provided us with lively debate, valuable insight and plenty more to think about.

Ray Bewick, Risk Manager, Safety Health and Emergency Planning
Richard Moss, Head of Risk Management

May 2005

¹ Exercise Pooter was an Exercise in establishing and managing a mass vaccination centre

Greenwich Teaching PCT: Exercise Foghorn: Report and Further Actions

Authors: Ray Bewick, Risk Manager, Safety, Health and Emergency Planning; Richard Moss, Head of Risk Management

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1. SUMMARY

- 1.1. On 2nd November 2005, Greenwich Teaching PCT held Exercise Pooter, which practised the setting up and management of a mass vaccination centre. This was part of a planned programme of exercises, with Exercise Foghorn being the next. Another exercise, Exercise Lupin, is in the early planning stages and will be held later in 2006. Further details will be announced later.
- 1.2. Exercise Foghorn was a table-top exercise. A Powerpoint Presentation (Appendix 2) set out an escalating pandemic scenario. It is emphasised that the figures in the exercise were designed to test plans and player responses, and were not based on evidence or sophisticated modelling. Players were asked to respond to a series of questions as the presentation progressed, writing their answers in log books provided. There were frequent opportunities for verbal feedback and sharing between teams.
- 1.3. At the end of the exercise there was a debrief where players and teams were invited to write down what they felt had gone well and what they thought had not gone so well.
- 1.4. There was also a debate where players discussed the issues raised during the exercise itself.
- 1.5. A transcript of the log book responses and debrief from each team is shown as Appendices 3 to 9. We are assured that any apparent typographical errors are due to indecipherable handwriting!
- 1.6. The further actions listed below are for Greenwich Teaching PCT. Participating organisations might find that they take different lessons from the exercise or have a different perspective on common issues; for this reason it is suggested that each organisation develops its own action points.
- 1.7. The full programme for Exercise Foghorn is shown as Appendix 10.

2. AIM AND OBJECTIVES

AIM	AIM MET Y/N	COMMENTS
1. To test the ability of GTPCT and partner agencies to manage an influenza pandemic	Y	Exercise logs confirm that the ability of participant organisations to manage an influenza pandemic was tested
OBJECTIVE	OBJECTIVE MET Y/N	COMMENTS (see ss 5 & 6 below for detail)
1. To test the effectiveness of existing plans	Y	Exercise logs confirm that the Foghorn scenario tested existing plans
2. To identify any gaps in existing plans	Y	Exercise logs confirm that gaps were identified

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3. To test inter-agency working	Y	Exercise logs confirm that agencies were able to work together but that gaps existed in communication and decision making processes
4. To test the realities of mutual aid in a pandemic	Y	Exercise logs confirm that assumptions had been made about the amount of support which might be available from partners
5. To test the level of support available for those taking difficult decisions	Y	Exercise logs confirm that local decision-making was often dependent on advice from central government
6. To learn lessons and implement improvements, and to share learning with partner agencies and the wider NHS.	Y	Exercise logs confirm that all participants learned valuable lessons to take back to their organisations; learning will be shared by dissemination of this report

3. CONCLUSION

3.1. The aim and objectives of the exercise were achieved.

4. FURTHER ACTIONS FOR FUTURE EXERCISES

4.1. These actions have been condensed from the log books of the teams involved and are not in order of priority.

	COMMENTS
1. This exercise set people in teams which generally represented one organisation.	Consider having mixed teams for future exercises
2. Only cold drinks, sandwiches, fruit and water were provided.	Provide hot drinks and biscuits in future NB might not always be possible depending on venue
3. For a variety of reasons, several bodies were not represented e.g. private sector care providers; army; faith groups; general practitioners; members of the public	<ul style="list-style-type: none"> – Consider wider representation at future exercises – Consider exercises aimed at specific groups

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4. GTPCT	<ul style="list-style-type: none"> – Ensure wider participation of different staff groups – Directors to ensure EP exercises are a priority
5. Not enough information was communicated to participants before the exercise	Ensure communications are more effective
6. The exercise was conducted without a break and some participants found this exhausting	Build in reasonable breaks in future
7. Many staff had not had the opportunity to take part	Consider increasing the number of exercises held so that more front line staff can participate
8. More time was needed for debate	Need to balance need for completing a busy schedule against need for debate in future exercises
9. Acoustics in the hall were poor	Ensure availability of microphones in future large exercises
10. Some groups did not take advantage of opportunities to discuss with other organisations	Emphasise need for cross – table working at future multi-agency exercises

5. FURTHER ACTIONS FOR THE GTPCT INFLUENZA PANDEMIC PLAN

	COMMENTS
1. Undertake skill mapping to ensure appropriate deployment of staff	Underway in departments but much more work needed
2. Ensure emergency planning activities are communicated to front line staff on a regular basis	Use existing means of communication to staff
3. Ensure that existing contingency plans for e.g. utilities failures, fuel shortages are reviewed and communicated to staff	As 2 above

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4. Be clear about what public communication will be undertaken and who by	London wide communication plan was issued after the exercise: needs to be shared with non-NHS partners
5. Triggers for activation of different parts of interagency plans need to be clearer and agreed in advance	To be discussed with partners at Borough Pandemic Control Team
6. Anti-viral drugs: plans for stockpiling and distribution need to cover a range of possible scenarios depending on availability and clinical priority vs priority groups	To be worked through at Pandemic Planning Committee: comprehensive appraisal of options needed
7. Private sector care organisations: need to ensure they have plans in place and that they are linked in to communications and situation reporting mechanisms	<ul style="list-style-type: none"> – National organisations to be approached at Head Office level (issue raised at South East London Health Emergency Planning Cabinet – to be taken forward by Strategic Health Authority Director of Public Health) – Local providers engaged at local level by attendance at meetings, assistance with contingency planning
8. Mass burial plans: Strategic Health Authorities need to be informed of arrangements	Needs to be addressed through the London Resilience Forum
9. Mechanisms and triggers for decisions on closure of e.g. schools, other public places need to be clarified	To be discussed with partners at Borough Pandemic Control Team
10. More work needs to be done on understanding the possible psychological impact on the public and on anticipating public reaction to a pandemic	For discussion at Pandemic Planning Committee
11. More work needs to be done with social services to identify and target support to vulnerable households	To be discussed with partners at Borough Pandemic Control Team
12. Links with London-wide arrangements need to be clarified	Needs to be pursued at London Resilience Forum

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13. Infection control procedures need to be more widely shared	<ul style="list-style-type: none"> - The current procedures have now been incorporated into the GTPCT plan and distributed to nursing staff - The procedures need to be shared with partners and the implications for e.g. personal protective equipment stocks needs to be assessed
14. Management of cases of influenza	<ul style="list-style-type: none"> - Plans need to be clearer concerning diagnosis and treatment, including thresholds for hospital admissions - options for the distribution of anti-viral drugs need to be subject to thorough appraisal

APPENDIX 1

LIST OF PLAYERS AND PARTICIPATING ORGANISATIONS

Greenwich Teaching PCT teams

Team 1

Alex Reeve
Yvonne Golding
Sew Lan Ooi
Janet Woolford
Beverley Petrie
Rachel Hinchliffe
Kay Cotton
Sarah Hadley
Lirslila Davis

Team 2

Hilary Shanahan
Anne Davies
Kuldeep Kaur
Connie Robertson
Carol Severs
Maureen Cameron
Janet Lugton
Tracy Bennett

Queen Elizabeth Hospital; Oxleas; GTPCT public health team

John O Neill
Cathy Pullen
Yasmin Kapadia
Alan Gardner (Oxleas)
Sue Levy (GTPCT)

South East London Strategic Health Authority team

Jill Brockman
Ed Checkley
Peter Gluckman
Catherine Guelbert
Nimal Premaratne
Ann Butler
Nike Arowobusoye

HMP Belmarsh team

Claire Stevens
Stephen Forde
Selena Copley
Denise Hanson
Tony Clark

Greenwich Council team

Mike Smith
Harcourt Alleyene
Steve Wilson

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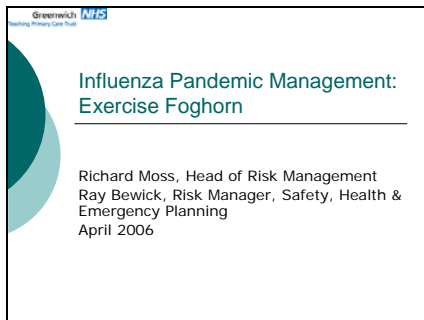
Maureen Hennessey
Lynette Russell
Ian Cheshire
Dawn Squires
Sue Woods

Blue light team

John Colton	Inspector Greenwich Police
Andrew Brett	Sergeant Greenwich Police
Antony Wilkinson	Duty Station Officer
Dan Gray	Duty Station Officer L.A.S
Tim Dyke	Public Health (PCT/NHS)
Nadine Reeve	WRVS

APPENDIX 2 POWERPOINT PRESENTATION

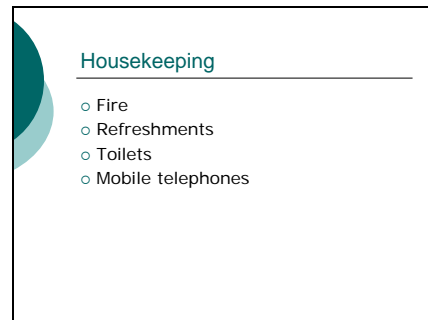
Slide 1



**Influenza Pandemic Management:
Exercise Foghorn**

Richard Moss, Head of Risk Management
Ray Bewick, Risk Manager, Safety, Health &
Emergency Planning
April 2006

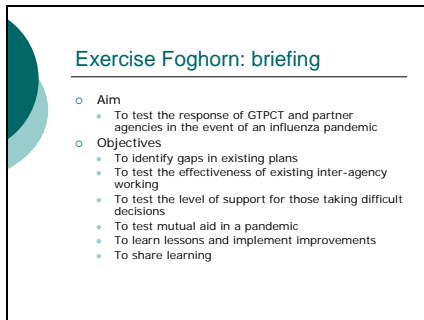
Slide 2



Housekeeping

- Fire
- Refreshments
- Toilets
- Mobile telephones

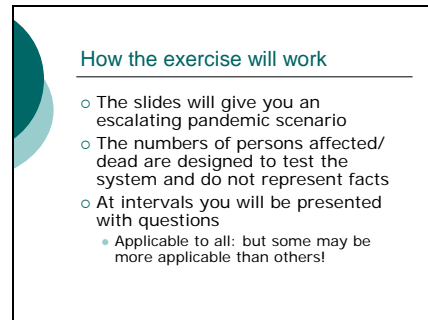
Slide 3



Exercise Foghorn: briefing

- Aim
 - To test the response of GTPCT and partner agencies in the event of an influenza pandemic
- Objectives
 - To identify gaps in existing plans
 - To test the effectiveness of existing inter-agency working
 - To test the level of support for those taking difficult decisions
 - To test mutual aid in a pandemic
 - To learn lessons and implement improvements
 - To share learning


Slide 4



How the exercise will work

- The slides will give you an escalating pandemic scenario
- The numbers of persons affected/dead are designed to test the system and do not represent facts
- At intervals you will be presented with questions
 - Applicable to all: but some may be more applicable than others!


Slide 5



How the exercise will work

- Each table will nominate a spokesperson who is not shy and has a loud voice...you have two minutes!
- Each table should also nominate a scribe who is literate and has legible writing...you have two minutes!


Slide 6



How the exercise will work

- Joint working
 - If you need help from another organisation please feel free to discuss with other tables: make sure you write this down
- Each table is numbered and equipped with:
 - Log books
 - Post-its
 - Pens


Slide 7



How the exercise will work

- Some questions will take longer than others to answer: you will be told how long you have for each question
- Time is deliberately very tight...you will be under pressure
- I will ask for feedback during the exercise on some, not all, the questions. Other issues can be raised during the debrief

Slide 8



How the exercise will work

- Scribes: you are the keeper of the log book. Make sure you:
 - Write your table number (and team name where appropriate) on the front of the book
 - Get your colleagues to PRINT their names on the first page
- Write down the question number your log entry refers to
 - Note down your team's answer
 - Clearly identify:
 - Important lessons learned
 - Any information you feel you would need in order to provide a better/ more comprehensive answer

Slide 9

Exercise Foghorn

- Let the games begin.....

Slide 10

Zero Hour

- World Health Organisation (WHO) announces avian influenza has spread from human to human in Gondwana
- 93 cases have been reported with 6 fatalities
- Numbers of cases continue to rise
- WHO Alert Phase rises from 3 to 6:
 - 'Efficient and sustained human to human transmission'
- Global spread estimated 2-5 weeks

Slide 11

Governments act

- Gondwana bans travel by its citizens and all flights cancelled
- Borders closed
- Cases rapidly begin to appear in neighbouring countries
- Pandemic declared by WHO
 - No cases yet in the UK

Slide 12

Zero Hour - Week 1 in Gondwana
QUESTION 1: 5 minutes

- What action would your organisation take at this stage, if any?

Slide 13

UK OUTBREAK VERIFIED - Week 1 in Newcastle

- First confirmed UK case in Newcastle
- DH Phase 4: Small cluster(s) with limited human-to-human transmission

Slide 14

Week 1 in Newcastle = Zero Hour plus 4 weeks:
Question 2: 10 minutes

- How would you be informed, and who by?
- Which partner organisations would you inform, and how would you inform them?
- What action would your organisation take at this stage, if any?
 - Feedback

Slide 15

Week 1 in Greenwich = Zero Hour plus 5 weeks from Gondwana

- First confirmed case in Greenwich; cases reported from around the country.
- DH Phase 6: Increased and sustained transmission in general population
- Staff absence begins to affect everyday services

Slide 16

Week 1 in Greenwich
Question 3: 10 minutes

- a) What information would your organisation need, in order to develop and enhance your planned response?
- b) What information do you think the public should be receiving and who from?
 - Feedback

Slide 17

3rd week in Greenwich...

- GP contacts rise by 30%
- Calls to the out of hours GP service rise by 25%
- Referrals to hospital increase by 25%
- QE Escalation status AMBER
- National anti-viral drug (AVD) stockpiles distributed: enough for 11% of the population of Greenwich

Slide 18

3rd week in Greenwich :
Question 4: 10 minutes

- What changes to normal practice would you anticipate with regard to:
 - Home visits?
 - Infection control procedures?
 - Referral [for hospital admission] criteria?
- Feedback

Slide 19

3rd week in Greenwich :
Question 5 : 10 minutes

- a) Who do you think should have first call on the stockpile of AVDs? List five groups of people in priority order
 - Feedback

Slide 20

3rd week in Greenwich :
Question 6: 10 minutes

- In the knowledge that things are rapidly going to get worse, what further actions do you need to take? List 5 in order

Slide 21

4th week in Greenwich :
Question 7: 15 minutes

- You are 30% down on staff numbers and there is more demand than you can cope with. How would you work with partners to try and reduce demand and prioritise your workload?

Slide 22

4th week in Greenwich :
Question 8: 10 minutes

- Where do you expect the main local stockpile of AVDs to be held?
- How would you decide who has access to AVDs?
- How would you expect AVDs to be distributed?

Slide 23

Public concern rises...

- "Deadly bird flu 'will kill millions'" (Daily Mail)
- "People die in their thousands as avian influenza spreads across Europe" (The Independent)
- "One day he was alive, the next he was gone!" bereaved News Shopper reader
- Price of one course of AVD rises to £750-00 on eBay

Slide 24

Cases continue to rise....

- Reports of sporadic violence at pharmacies as members of the public demand Tamiflu
- Increasing numbers of pharmacies refuse to hold stocks as staff fear for their safety
- Reports of fake AVDs on sale in local pubs

Slide 25

5th week in Greenwich : Question 9: 10 minutes

- How would security of supply be ensured?
- How would staff in pharmacies be protected?
- What public messages need to go out and through what media?

- Feedback

Slide 26

8th week in Greenwich

- 7500 cases in Greenwich
- 1800 excess deaths
- 25-40% staff absence across health and social services

Slide 27

8th week in Greenwich :
Question 10: 10 minutes

- What arrangements would you expect to be in place to cope with the expected excess mortality?
 - Feedback

Slide 28

8th week in Greenwich

- Elderly patients dying in numbers in care homes
- Large numbers of care home staff are off sick and the problem is made worse when many staff refuse to come to work, stating that they are not prepared to risk the safety of themselves and their families

Slide 29

8th week in Greenwich :
Question 11: 10 minutes

- How would you expect support would be provided for care homes?
 - Feedback

Slide 30

12th week in Greenwich : the first wave curve subsides...

- Week 12
 - New cases reduce in number to 1100
 - Staff absences begin to level off
 - QE status remains RED

Slide 31

First wave is over...

- No new cases but:
 - All elective surgery has been cancelled for 13 weeks
 - Medical and intensive care beds remain occupied with patients recovering from serious post-viral infections
 - Numbers of staff remain absent, caring for relatives or grieving
 - 2% of your staff are dead

Slide 32

Recovery: Question 12: 5 minutes

- How long do you think it will take to get services back to normal?
 - [NHS consider: How long would it take to recover from the backlog of elective surgery cases? Would we worry about targets?]

Slide 33

Preparation for wave 2

- Wave 2 could come at any time, it could be weeks, it could be months. Given the impact of the first wave outlined above, this is not good news!
- The good news is that a vaccine has been developed and a stockpile is building up

Slide 34

Preparation for wave 2: Question 12: 5 minutes

a) Do you think your experiences in the first wave will make your preparations for the second wave:

- i. stronger?
- ii. weaker?

Justify your answer

Slide 35

Preparation for wave 2: Question 13: 10 minutes

a) Which groups should receive priority for vaccination in preparation for wave 2? List 3 in priority order

b) How would you expect mass vaccination to be carried out?

- Feedback

Slide 36

Debrief

- Aim
 - To test the response of GTPCT and partner agencies in the event of an influenza pandemic
- Objectives
 - To identify gaps in existing plans
 - To test the effectiveness of existing inter-agency working
 - To test the level of support for those taking difficult decisions
 - To test mutual aid in a pandemic
 - To learn lessons and implement improvements
 - To share learning

Exercise Foghorn

Greenwich Teaching Primary Care Trust **Table 7**

- World Health Organisation (WHO) announces avian influenza has spread from human to human in Gondwana
- 92 cases have been reported with 6 fatalities
- Number of cases continue to rise
- WHO Alert Phase rise from 3 to 6: 'Efficient and sustained human to human transmission'
- Global spread estimated 2-5 weeks

GOVERNMENTS ACT

- Gondwana bans travel by its citizens and all flights cancelled
- Borders close
- Cases rapidly begin to appear in neighbouring countries
- Pandemic declared by WHO – No cases yet in the UK

Attendees:

Alex Reeve
Yvonne Golding
Sew Lan Ooi
Janet Woolford
Beverley Petrie
Rachel Hinchliffe
Kay Cotton
Sarah Hadley
Lirslila Davis

Logbook

Q1) What action would your organisation take at this stage, if any?

- Email to all
- Fax
- Letters
- Media coverage – radio, T.V.
- Vaccine supplies
- Who'll be able to work
- Ward facilities
- Vaccination

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- Venues for mass vaccinations
- Up to date advice and information to clients
- Call centres to answer queries from public – defined areas of populations
- Appoint a lead
- Leaflets, posters

Week 1 in Newcastle – ZERO plus 4 weeks

- **First confirmed UK case in Newcastle**
- **DH Phase 4: small cluster(s) with limited human to human transmission**

Q2) How would you be informed, and by whom?

Central Government – Chief Executive
Emergency meeting – deciding what information to pass on – advice re. managing responses

Which Partner Organisation would you inform and how would you inform them?

- Schools – education
- GP's
- Social Services
- Health Protection Agency
- Council
- Voluntary Organisations
- Working in schools re. information to pass on to parents

What action would your organisation take at this stage, if any?

- Travel restrictions
- Knowing where your staff are
- Lines of report – when you experience concern
- Infection control
- Possible exposure / contacts (staff and clients)
- Isolation procedures
- All non emergency treatment stopped
- Stop non essential home visits and all other non essential work
- Vaccinations – vulnerable groups and front line services

Week 1 in Greenwich = ZERO plus 5 weeks

- **First confirmed case in Greenwich; cases reported from around the country**
- **DH Phase 6: increased and sustained transmission in general population**
- **Staff absence begins to affect everyday services**

Q3a) What information would your organisation need, in order to develop and enhance your planned response?

- Signs / symptoms and synopsis
- Treatment complications
- Daily updates
- Services daily delivered and service re deployment

Q3b) What information do you think the public should be receiving and who from?

- Clear guidance with dealing with and preventing panic
- DOH website information update
- Signs/symptoms/diagnostic
- Reducing risk (what to do and what not to do)
- Call line
- Scope of responsibilities
- Consistency in approach
- Corporate approach

3rd week in Greenwich...

- **GP contacts rise by 30%**
- **Calls to the Out of Hours GP Service rise by 25%**
- **Referrals to hospitals rise by 25%**
- **QE Escalation status AMBER**
- **National anti-viral drug (AVD) stockpile distributed: enough for 11% of the population of Greenwich**

Q4) What changes to normal practice would you anticipate with regards to:

- Home Visits?
- Infection Control Procedures?
- Referral (for hospital admission criteria?)

- Home visits: selective taken at high level need
- Vulnerable people
- Infection Control
- Risk management posters for staff and public
- Education of prevention
- Provision of flu risk infection
- Security
- PGD's

Q5) Who do you think should have first call on the stockpile of A.V.D? List five groups of people in priority order.

1. Frontline Healthcare Nurses and Healthcare Assistants and other health staff
2. Emergency Services – police, ambulance, fire, religious leaders
3. Communication staff
4. Army
5. Patients presenting symptoms – children, teenagers

Q6) In the knowledge that things are rapidly going to get worse, what further actions do you need to take? List 5 in order.

1. Prevent all travel and quarantine
2. School closure and non essential public resources
3. Rationing food – coordinating services
4. Communication all centralised
5. More Tariflu

4th Week in Greenwich

Q7) You are 30% down on staff numbers and there is more demand than you can cope with. How would you work with partners to try and reduce demand and prioritise your workload?

- Emergency work only
- Redeployment of staff
- Communication between departments – centrally coordinated to all organisations working together collectively

Q8a) Where do you expect the main local stockpile of A.V.D's to be field?

b) How would you decide who has access to AVD's?

c) How would you expect AVDs to be distributed?

Held at Belmarsh – they said they would or with the army (secure)

Army escort to designated distribution points throughout the borough

Public Concern Rises... Week 5 in Greenwich
--

- “Deadly Bird Flu Will Kill Millions” (Daily Mail)
- “People die in their thousands as avian influenza spreads across Europe” (The Independent)
- “One day he was alive, the next he was gone!” bereaved News Shopper reader
- Price of one course of AVD rises to £750-00 on eBay

Cases Continue to Rise...

- Reports of sporadic violence at pharmacies as members of the public demand Tamiflu
- Increasing number of pharmacies refuse to hold stocks as staff fear for their safety
- Reports of fake AVD's on sale in pubs

Q9a) How would security of supplies be ensured?

Q9b) How would staff in pharmacies be protected?

- Army/Police protection/security
- Curfews imposed
- Medication taken at point of distribution (stop resale/dealing)

Security teams (army/police) only open pharmacies which are offered security government directive that there are no AVD stocks held in pharmacies.

Q9c) What public messages need to go out and through what media?

Stay Calm. Print of contacts for information.

8th Week in Greenwich

- **7500 cases in Greenwich**
- **1800 excess deaths**
- **25-40% staff absence across health and social services**

Q10) What arrangements would you expect to be in place to cope with the expected excess mortality?

- Setting up temporary mortuaries, e.g. refrigerated
- Identify land for consecration
- Cremation – cremes on 24/7 – infection control
- Coordinated funerals

8th Week in Greenwich

- **Elderly patients dying in numbers in care homes**
- **Large number of care home staff are off sick and the problem is made worse when many staff refuse to come to work, stating that they are not prepared to risk the safety of themselves and their families**

Q11) How would you expect support would be provided for care homes?

- Enlist support of relatives and volunteers – no cross agency working
- Work a redeployment of staff, especially if there are increased medical needs which need to be catered for
- HR policy around referral to attend and HR to deal
- Could redeploy a geographical proximity to home addresses
- Advice from charities i.e. Age Concern

12th Week in Greenwich: the first wave curve subsides....

- **New cases reduce in number to 1100**
- **Staff absences begin to level off**
- **QE status remains RED**

First Wave is Over... No new cases but:

- **All elective surgery has been cancelled for 13 weeks**
- **Medical and intensive care beds remain occupied with patients recovering from serious post-viral infections**
- **Numbers of staff remain absent, caring for relatives or grieving**
- **2% of your staff are dead**

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Q12) How long do you think it will take to get services back to normal? (NHS consider: how long would it take to recover from the backlog of elective surgery cases? could we worry about targets?)

- Elective surgery circa 2 years
- Would worry about targets but they would be re written
- Eventually back to normal but 'normal' would be different
- Changed pop
- Changed plans from learning
- Changed target framework
- Changed health care needs profile

Preparation for Wave 2

- **Wave 2 could come at any time, it could be weeks, it could be months. Given the impact of the first wave outlined above this is not good news!**
- **The good news is that a vaccine has been developed and a stockpile is building up**

Q12.5) Do you think your experiences in the first wave will make your preparations for the second wave i) stronger? ii) weaker?

Cons:

- Not a full capacity staffing
- Unnerved staff
- Patient confidence shattered
- Enough vaccines this time?

Pros:

- Learning from experience
- Communication systems up and running
- Vaccines here

Q13a) Which groups should receive priority for vaccination in preparation for wave 2? List 3 in priority.

- Frontline staff – health, education, undertakers, social services, emergency and army
- Vulnerable people – symptoms and signs
- Venerable people

Q13b) How would you expect mass vaccination to be carried out?

Large public areas – town halls, schools, supermarkets, libraries etc.

Debrief

Greenwich Primary Care Trust

Done Well

Greenwich Teaching PCT: Exercise Foghorn: Report and Further Actions

Authors: Ray Bewick, Risk Manager, Safety, Health and Emergency Planning; Richard Moss, Head of Risk Management

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- How good is the communication
- Well planned structured exercise
- Good pace of afternoon
- Good representatives of different groups within the borough
- We responded well as a TPCT and we weren't precise about our areas – happy to be deployed

Not so Well

- How good is the communication
- Maybe tables should be mixed – different representatives
- Were the army invited here? Did you invite church and community leaders? Doctors?
- Would have appreciated hot drinks and biscuits
- Skill mapping i.e. what people can do
- This afternoon should have been prioritized by all representatives. Areas of all departments and areas in Greenwich
- Not always aware of what was going on / decisions made by other groups
- More information to front line staff
- Primary Care not represented
- H.V / learning disabilities, D.N.sparce.

Exercise Foghorn

Greenwich Teaching Primary Care Trust - Nurses

- World Health Organisation (WHO) announces avian influenza has spread from human to human in Gondwana
- 92 cases have been reported with 6 fatalities
- Number of cases continue to rise
- WHO Alert Phase rise from 3 to 6: 'Efficient and sustained human to human transmission'
- Global spread estimated 2-5 weeks

GOVERNMENTS ACT

- Gondwana bans travel by its citizens and all flights cancelled
- Borders close
- Cases rapidly begin to appear in neighbouring countries
- Pandemic declared by WHO – No cases yet in the UK

Attendees:

Hilary Shanahan
Anne Davies
Kuldeep Kaur
Connie Robertson
Carol Severs
Maureen Cameron
Janet Lugton
Tracy Bennett

Logbook

Q1) What action would your organisation take at this stage, if any?

- Review all annual leave, rotas
- Start pre-action plan and announcements
- Staff briefings – email and post
- Set up bulletin/update to staff and public on website
- Screen staff and public who have been to Gondwana and neighbouring countries
- Waiting for action from DOH
- Reviewing contingency plans – to make sure they are up to date

Week 1 in Newcastle – ZERO plus 4 weeks

- **First confirmed UK case in Newcastle**
- **DH Phase 4: small cluster(s) with limited human to human transmission**

Q2) How would you be informed, and by whom?

- Informed from DOH, as medical alert and cascades of information

Which Partner Organisation would you inform and how would you inform them?

- Emergency Planning Meeting – emails, cascades
- Social Services
- Undertakers
- Queen Elizabeth
- GRABADOC / GP's/Clinics
- Ambulance/Police/Army
- Council
- SHA
- Prison
- Schools/nursing homes
- Voluntary services
- Neighbouring Trusts
- Community Pharmacists/Opticians/Dentists

What action would your organisation take at this stage, if any?

- Looking at people who have been to Newcastle – as 1
- Get stocks of Tamiflu – probably QE, staff first
- Identify front line staff to receive Tamiflu
- Start monitoring – Public Health
- Compile list of ex staff, volunteers – staff available at short notice and notify them to be ready

Week 1 in Greenwich = ZERO plus 5 weeks

- **First confirmed case in Greenwich; cases reported from around the country**
- **DH Phase 6: increased and sustained transmission in general population**
- **Staff absence begins to affect everyday services**

Q3a) What information would your organisation need, in order to develop and enhance your planned response?

- Further monitoring by Public Health – areas, age, demographics – contact tracing
- Incubation period – disease progression
- Why the staff are off? Which staff are off? Is it affecting business?
- Need guidance from DOH – are we using Tamiflu for treatment or prophylaxis?
- If prophylaxis we can start using for frontline healthcare workers

Q3b) What information do you think the public should be receiving and who from?

- Films /adverts / flyers / newspapers (all media)
- Regular briefing from Executive – regular statements and emails to schools, clinics etc.

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- What to do
- NHS Direct
- What signs and symptoms to look out for

3rd week in Greenwich...

- **GP contacts rise by 30%**
- **Calls to the Out of Hours GP Service rise by 25%**
- **Referrals to hospitals rise by 25%**
- **QE Escalation status AMBER**
- **National anti-viral drug (AVD) stockpile distributed: enough for 11% of the population of Greenwich**

- Q4) What changes to normal practice would you anticipate with regards to:**
- Home Visits?
 - Infection Control Procedures?
 - Referral (for hospital admission criteria?)

Home Visits

- Prioritise vulnerable groups – elderly
- Stop doing work that is not urgent
- Only deal with emergencies
- Get more staff involved with doing home visits and dealing with emergencies
- Call other staff in
- Increase staff for advice as well

Infection Control

- Educate on hand washing, face masks
- Protective clothing equipment / clothing
- Educate on cross infection
- Train public on cross infection
- Flu campaign on how to prevent spread
- People with flu symptoms will need to stay at home
- School etc will be closed down
- Cancel non essential clinics

Referral Criteria

- Again emergency carer only
- Treat at home as far as possible

- Q5) Who do you think should have first call on the stockpile of A.V.D? List five groups of people in priority order.**

- Frontline Staff and Carers
- At Risk Groups – because they are at higher risk of getting complications and death – asthmatics / diabetics / heart disease etc, as antiviral work best to prevent complications and hospital admissions
- That's it, no more groups will be given antiviral if only 115 stock

- Q6) In the knowledge that things are rapidly going to get worse, what further actions do you need to take? List 5 in order.**

- Prioritise and restructure services and redeploy staff and resources – food /fuel (rationing)
- Identify people who have recovered from flu – or they wont get it again and call in
- Get the flu vaccine and mass vaccinate – if available
- Security of staff and suppliers

4th Week in Greenwich

Q7) You are 30% down on staff numbers and there is more demand then you can cope with. How would you work with partners to try and reduce demand and prioritise your workload?

- No reporting, paperwork – no non essential paperwork – except patient care notes
- Plan further ahead then normal – in advance and identify gaps and backup
- Reduce frequency of certain services
- Involving cares and family for some of your work – voluntary groups, other healthcare workers i.e. dentists, pharmacists
- Use SHA etc for administration and Director level
- Find out availability of other areas and services
- Cross borough availability and SHA to coordinate

Q8a) Where do you expect the main local stockpile of A.V.D's to be field?

b) How would you decide who has access to AVD's?

c) How would you expect AVDs to be distributed?

- QEH or Army
- Through QE
- Community Pharmacy
- Nurses and GP's doing home visits
- GRABADOC
- Security an issue – using police and army

Public Concern Rises... Week 5 in Greenwich
--

- **“Deadly Bird Flu Will Kill Millions” (Daily Mail)**
- **“People die in their thousands as avian influenza spreads across Europe” (The Independent)**
- **“One day he was alive, the next he was gone!” bereaved News Shopper reader**
- **Price of one course of AVD rises to £750-00 on eBay**

Cases Continue to Rise...

- **Reports of sporadic violence at pharmacies as members of the public demand Tamiflu**
- **Increasing number of pharmacies refuse to hold stocks as staff fear for their safety**
- **Reports of fake AVD's on sale in pubs**

Q9a) How would security of supplies be ensured?

Q9b) How would staff in pharmacies be protected?

- Identify certain central pharmacies to supply Tamiflu that can be secured by help from the Army and Police
- Police
- Army
- Volunteers
- Enhanced security
- Use banks and post offices for distributing Tamiflu – manned 24 hours
- Use Securicor vans, prison and police officers

Q9c) What public messages need to go out and through what media?

- Public Messages – correct messenger on how Tamiflu works – it is a miraculous cure
- Official messages from DOH
- Only certain people are allowed Tamiflu – must be within 24-48 hours
- All types of media used – TV, radio, emails, newspapers

8th Week in Greenwich

- **7500 cases in Greenwich**
- **1800 excess deaths**
- **25-40% staff absence across health and social services**

Q10) What arrangements would you expect to be in place to cope with the expected excess mortality?

- Storage – refrigerated trucks – issues – staff, fuel
- Graves – identify areas for graves – mass graves?
- Crematoriums – mass cremation
- Everybody cremated unless a religious reason for burial
- Coffins – cardboard – biodegradable
- Secret location for stockpiling of coffins – as in war
- How long is virus active after body is dead?
- Do we need to cremate everyone?
- Hospital mortuary – use refrigerated trucks etc

8th Week in Greenwich

- **Elderly patients dying in numbers in care homes**
- **Large number of care home staff are off sick and the problem is made worse when many staff refuse to come to work, stating that they are not prepared to risk the safety of themselves and their families**

Q11) How would you expect support would be provided for care homes?

- Ask families and volunteer sectors
- Call in non essential staff from elsewhere – Social Services / cross boundaries
- Re look at working patterns – people living in similar areas to come in together / car sharing

- Sleeping arrangements for staff
- Redeployment from other areas
- Other staff – retired / nannies
- Frozen meals if no catering staff

12th Week in Greenwich: the first wave curve subsides....

- **New cases reduce in number to 1100**
- **Staff absences begin to level off**
- **QE status remains RED**

First Wave is Over... No new cases but:

- **All elective surgery has been cancelled for 13 weeks**
- **Medical and intensive care beds remain occupied with patients recovering from serious post-viral infections**
- **Numbers of staff remain absent, caring for relatives or grieving**
- **2% of your staff are dead**

Q12) How long do you think it will take to get services back to normal? (NHS consider: how long would it take to recover from the backlog of elective surgery cases? could we worry about targets?)

- 12 months
- Targets – slightly changed
- Would need to set local targets depending on how you were affected

Preparation for Wave 2

- **Wave 2 could come at any time, it could be weeks, it could be months. Given the impact of the first wave outlined above this is not good news!**
-
- **The good news is that a vaccine has been developed and a stockpile is building up**

Q12.5) Do you think your experiences in the first wave will make your preparations for the second wave i) stronger? ii) weaker?

- Preparations will be stronger – but your resources will be weaker
- With the vaccines available – hopefully less people will be affected with the flu
- Also people who have had the flu in the 1st wave won't get it in the next wave (if it is the same strain)

**Q13a) Which groups should receive priority for vaccination in preparation for wave 2?
List 3 in priority.**

- If same strain – people who have had the flu will be naturally immune
- Carers and front line workers etc as before
- At risk groups as before – also care homes

Q13b) How would you expect mass vaccination to be carried out?

- Mass vaccinations would be carried out by having a few bases where people would come to be vaccinated

Debrief

Community Nursing – Greenwich Teaching Primary Care Trust

Not So Well

- Need better information about the day – prior to the session
- Needed a half time break – was a bit exhausting
- Needed to have everyone in mixed groups - we felt it didn't make sense to have e.g. all nurses in one group
- Should have even more groups of people available i.e. podiatry, undertakers, army, health visiting, private nursing homes, other healthcare workers, dentists, optometrists
- We think we have missed out essential services e.g. fuel, food, water, gas/electricity etc. We need to have plans for this and what to do if no fuel, electricity etc.

Done Well

- Sessions ran very well – good questions, made you think and reflect
- Good mixture of people involved – interesting to get feedback from other groups
- Good that most groups had someone from the Flu Pandemic Group in each group – as they had more of an idea of the plans etc
- Organisation and management of session was excellent
- Everyone learnt a lot from each other
- Needs to spread out to one whole area
- Need to have more sessions like this

Exercise Foghorn

QUEEN ELIZABETH HOSPITAL Table 5

- World Health Organisation (WHO) announces avian influenza has spread from human to human in Gondwana
- 92 cases have been reported with 6 fatalities
- Number of cases continue to rise
- WHO Alert Phase rise from 3 to 6: 'Efficient and sustained human to human transmission'
- Global spread estimated 2-5 weeks

GOVERNMENTS ACT

- Gondwana bans travel by its citizens and all flights cancelled
- Borders close
- Cases rapidly begin to appear in neighbouring countries
- Pandemic declared by WHO – No cases yet in the UK

Attendees

John O'Neill
Cathy Pullen
Yasmin Kapadia
Alan Gardner
Sue Levy

Logbook

Q1) What action would your organisation take at this stage, if any?

- Look at up to date vaccine and information from the Public Health Department.
- Look at bringing together the Pandemic Control Team
- Look at communications to staff and patients
- Monitor HPA website
- Liase with borough partners
- Looking at staffing levels, monitor annual / study leave

Week 1 in Newcastle – ZERO plus 4 weeks

- First confirmed UK case in Newcastle
- DH Phase 4: small cluster(s) with limited human to human transmission

Q2) How would you be informed, and by whom?

Various sources
DPH
HPA
Media Alert
Borough Colleagues

Which Partner Organisation would you inform and how would you inform them?

- We would activate our Control Room. This would ensure us to receive and give updated information to the SE Sector.

What action would you organisation take at this stage, if any?

- Look at communications to the public through borough comms team.
- Look at vaccination if available for all staff and vulnerable patients.
- Look at urgency of clinical staff to be vaccinated (front line clinical staff).

Week 1 in Greenwich = ZERO plus 5 weeks

- **First confirmed case in Greenwich; cases reported from around the country**
- **DH Phase 6: increased and sustained transmission in general population**
- **Staff absence begins to affect everyday services**

Q3) What information would you organisation need, in order to develop and enhance your planned response?

- We would need predicted local impact information.
- Look at staffing levels –cancel all A/L and S/L etc.
-

Q3b) What information do you think the public should be receiving and who from?

- Ensure simple message is given centrally by Government. N.H.S Direct.
- Also Local Authority should work together to give updated information to local public.

3rd week in Greenwich...

- **GP contacts rise by 30%**
- **Calls to the Out of Hours GP Service rise by 25%**
- **Referrals to hospitals rise by 25%**
- **QE Escalation status AMBER**
- **National anti-viral drug (AVD) stockpile distributed: enough for 11% of the population of Greenwich**

Q4) What changes to normal practice would you anticipate with regards to:

- **Home Visits?**
- **Infection Control Procedures?**
- **Referral (for hospital admission criteria?)**

- Look at what home visits need to continue
- Social Services / Outreach – to look at early discharge

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- Rapid response
- Increase medical diagnostic centre for older people.
- Take additional measures for staff – masks, aprons etc.
- Take advice from Infection Control Team as to what measures we are to take.
- We would activate flu admission criteria.
- Ensure communication regard infection control for the public.

Q5) Who do you think should have first call on the stockpile of A.V.D? List five groups of people in priority order.

1. Frontline Healthcare Operational (Clinical Staff)
2. Police / Fire – Public Services
3. Children under 2
4. Immunosuppressed / Chronic diseases
5. Old people

Q6) In the knowledge that things are rapidly going to get worse, what further actions do you need to take? List 5 in order.

1. Non essential people to stay at home
2. Prevent mass gathering (cancel all public transport)
3. Essential staff to be localised – minimum spread infection

4th Week in Greenwich

Q7) You are 30% down on staff numbers and there is more demand than you can cope with. How would you work with partners to try and reduce demand and prioritise your workload?

Each Directorate would be asked to submit SITREP to what services could be cut and what needed to continue – this would be passed to the Control Team to coordinate.

Q8a) Where do you expect the main local stockpile of A.V.D's to be held?

- b) How would you decide who has access to AVDs?**
- c) How would you expect AVDs to be distributed?**

A large amount of A.V.D's should be kept at a secret location, then distilled to smaller agency to be prescribed e.g. pharmacy / Trust / clinics.
Look at criteria.

Public Concern Rises... Week 5 in Greenwich
--

- “Deadly Bird Flu Will Kill Millions” (Daily Mail)
- “People die in their thousands as avian influenza spreads across Europe” (The Independent)
- “One day he was alive, the next he was gone!” bereaved News Shopper reader
- Price of one course of AVD rises to £750-00 on eBay

Cases Continue to Rise...

- Reports of sporadic violence at pharmacies as members of the public demand Tamiflu
- Increasing number of pharmacies refuse to hold stocks as staff fear for their safety
- Reports of fake AVD's on sale in pubs

Q9a) How would security of supplies be ensured?

Q9b) How would staff in pharmacies be protected?

We would set up mass Vaccination Centres which would have high security pre-service and Acute Trust would carry the stock.

Q9c) What public messages need to go out and through what media?

A clear message should go out with criteria for who are eligible for A.V.D and this should be done by all media levels.

8th Week in Greenwich

- 7500 cases in Greenwich
- 1800 excess deaths
- 25-40% staff absence across health and social services

Q10) What arrangements would you expect to be in place to cope with the expected excess mortality?

Resource monthly 750 max.

8th Week in Greenwich

- Elderly patients dying in numbers in care homes
- Large number of care home staff are off sick and the problem is made worse when many staff refuse to come to work, stating that they are not prepared to risk the safety of themselves and their families

Q11) How would you expect support would be provided for care homes?

- Ask families to offer support to relatives.
- Contact staff and parents – locate closing homes
- Look at maternity leave of staff
- Look at retired staff – P.G.D etc.
- Medical students / student nurses etc.

12th Week in Greenwich: the first wave curve subsides....

- New cases reduce in number to 1100
- Staff absences begin to level off
- QE status remains RED

First Wave is Over... No new cases but:

- All elective surgery has been cancelled for 13 weeks
- Medical and intensive care beds remain occupied with patients recovering from serious post-viral infections
- Numbers of staff remain absent, caring for relatives or grieving
- 2% of your staff are dead

Q12) How long do you think it will take to get services back to normal?(NHS consider: how long would it take to recover from the backlog of elective surgery cases? could we worry about targets?)

- Waiting list validation
- 2600 backlog and decrease in staff

Targets

- 18 months to 2 years
- Look staffing skill mix
- We would have more knowledge better prepared.
- We would not have recovered from staffing levels.

Preparation for Wave 2

- Wave 2 could come at any time, it could be weeks, it could be months. Given the impact of the first wave outlined above this is not good news!
- The good news is that a vaccine has been developed and a stockpile is building up

Q12.5) Do you think your experiences in the first wave will make your preparations for the second wave i) stronger? ii) weaker?

-

Q13a) Which groups should receive priority for vaccination in preparation for wave 2? List 3 in priority.

1. Healthcare Operational / Clinical Staff
2. Police / Fire Public Services
3. Children

Q13b) How would you expect mass vaccination to be carried out?

-

Debrief

Queen Elizabeth Hospital / OXLEAS / Primary Care Trust / Public Health

Done Well

- Good team work
- Team communication
- Open
- Dealt with controversy

Not so Well

- Work of background knowledge
- Unrealistic expectations of other agencies
- Managing the psychology of the crisis
- No public involvement
- Priorities for vaccines and A.V.D's should be devised now.

Exercise Foghorn

South East London Strategic Health Authority

- World Health Organisation (WHO) announces avian influenza has spread from human to human in Gondwana
- 92 cases have been reported with 6 fatalities
- Number of cases continue to rise
- WHO Alert Phase rise from 3 to 6: 'Efficient and sustained human to human transmission'
- Global spread estimated 2-5 weeks

GOVERNMENTS ACT

- Gondwana bans travel by its citizens and all flights cancelled
- Borders close
- Cases rapidly begin to appear in neighbouring countries
- Pandemic declared by WHO – No cases yet in the UK

Attendees:

Jill Brockman
Ed Checkley
Peter Gluckman
Catherine Guelbert
Nimal Premaratne
Ann Butler
Nike Arowobusoye

Logbook

Q1) What action would your organisation take at this stage, if any?

- C Sector Flu Pandemic Team Coordinator – chaired by Doctor Doyle
- Sector SHA up and running
- Links with PCT and London communication
- Alert cascade
- Establish staff availability / rotas
- Comms up and running
- HPU set up room
- Confirming PCT control settings
- Virus characteristics
- Locations of antiviral

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Week 1 in Newcastle – ZERO plus 4 weeks

- **First confirmed UK case in Newcastle**
- **DH Phase 4: small cluster(s) with limited human to human transmission**

Q2) How would you be informed, and by whom?

- HPA / HPU – informed by WHO/DH

Which Partner Organisation would you inform and how would you inform them?

- PCT
- Acute Trusts

What action would your organisation take at this stage, if any?

- Ensure plans/locations ready or set up
- Antiviral – PCT would be identifying distribution
- Locations/SHA looking for gaps
- Targets relaxed
- Legislation relaxed
- SITREP Format

Week 1 in Greenwich = ZERO plus 5 weeks

- **First confirmed case in Greenwich; cases reported from around the country**
- **DH Phase 6: increased and sustained transmission in general population**
- **Staff absence begins to affect everyday services**

Q3a) What information would your organisation need, in order to develop and enhance your planned response?

- SITREP – Battle Rhyme
- Organisation resilience
- Liaison with Acute Sector
- Inform PCT/DOH guidance systems
- Symptoms /characteristics of spread
- Back to flu comm – what particular issues for SE London
- Local assessment of impact on sector
- How can SHA be supportive – what do PCT/Acute need

Q3b) What information do you think the public should be receiving and who from?

- In touch with London
- Relaxation of targets /legal issues – required from centre
- NHS Direct – started – through Pandemic Flu Team
- National information – television/radio '24' hours
- NHS Direct 24 hour information

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- Links to hospital supplies 'PASA'
- SHA Business Contingency Plan

3rd week in Greenwich...

- **GP contacts rise by 30%**
- **Calls to the Out of Hours GP Service rise by 25%**
- **Referrals to hospitals rise by 25%**
- **QE Escalation status AMBER**
- **National anti-viral drug (AVD) stockpile distributed: enough for 11% of the population of Greenwich**

Q4) What changes to normal practice would you anticipate with regards to:

- Home Visits?
- Infection Control Procedures?
- Referral (for hospital admission criteria?)

- Looking whether Trust can stop offering Services – be ready – links with SS for discharge
- Flu Pandemic Team – crucial weeks coming up
- Consultation with Gold – stop elective surgeries / clear beds / increase ICU capacities / assessment of LAS

Q5) Who do you think should have first call on the stockpile of A.V.D? List five groups of people in priority order.

- Key Workers – GP's / Nurses / LAS / Front Line A&E
- LA Key Staff
- Fire and Police (Frontline) / Emergency Services / Environmental Health
- Frontline utility service (Transport)
- Priority (GP's)
- Each organisation expected to clarify which is a priority
- Comms making clear to staff this vaccine does not necessarily cure

Q6) In the knowledge that things are rapidly going to get worse, what further actions do you need to take? List 5 in order.

- SHA Functions – protecting ability to do what is link to HPU. Business Contingency Plan. Looking forward to recovery. Planning to vaccine when available
- Review of current sector position – what hearing for PCT /Trust on what they have to stop doing and impact from that. Enabling and empowering Trust to deal with epidemic and support and information sharing
- Advising London Gold what is happening in sector and what is not happening without additional assistance

4th Week in Greenwich

Q7) You are 30% down on staff numbers and there is more demand than you can cope with. How would you work with partners to try and reduce demand and prioritise your workload?

- Resilience to run Emergency Room – paying staff
- Supporting and empowering PCT's/Trusts in the decisions they have made
- Look to realise SHA staff to assist trust if necessary
- Briefing centre on local position and advising on what help sector requires
- Comms – rota

Q8a) Where do you expect the main local stockpile of A.V.D's to be held?

b) How would you decide who has access to AVD's?

c) How would you expect AVDs to be distributed?

- Sector Wide – in rnd 2 checked storage pnt – confirming location identified and secured
- Sector Wide – in rnd 2 PCT contingency plans – confirming still have ability to do this – do they require assistance? If so look for possible options

Lack of clarity across local economy where stock pile is and who owns it

Public Concern Rises... Week 5 in Greenwich

- “Deadly Bird Flu Will Kill Millions” (Daily Mail)
- “People die in their thousands as avian influenza spreads across Europe” (The Independent)
- “One day he was alive, the next he was gone!” bereaved News Shopper reader
- Price of one course of AVD rises to £750-00 on eBay

Cases Continue to Rise...

- Reports of sporadic violence at pharmacies as members of the public demand Tamiflu
- Increasing number of pharmacies refuse to hold stocks as staff fear for their safety
- Reports of fake AVD's on sale in pubs

Q9a) How would security of supplies be ensured?

Q9b) How would staff in pharmacies be protected?

- Secure security limited number of sites so that police could secure

Q9c) What public messages need to go out and through what media?

- Public messages – continued – nature of what to do yourself – AVD only assists not a cure
- PCT – decided in what would close – response would come from DOH – London Resilience HPU. Advisory role.

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8th Week in Greenwich

- **7500 cases in Greenwich**
- **1800 excess deaths**
- **25-40% staff absence across health and social services**

Q10) What arrangements would you expect to be in place to cope with the expected excess mortality?

- SHA aware that LA would have a mass mortality plan with resilience plan
- Expect that Acute/PCT would be working with LA to support
- If not coping would need to escalate position to Gold
- Comms Issue - Key message from LA – nationally to public what to do when someone dies at home
- Director on Call – spoke to MH and Trust and LA mortality plan in place PCT aware that SHA would be there to assist

Thinking about recovery plans to include mh impact

8th Week in Greenwich

- **Elderly patients dying in numbers in care homes**
- **Large number of care home staff are off sick and the problem is made worse when many staff refuse to come to work, stating that they are not prepared to risk the safety of themselves and their families**

Q11) How would you expect support would be provided for care homes?

- Primarily PCT and LA responsibilities
- Maybe that PCT staff should be redeployed to care homes
- Maybe move patients
- SHA – work through PCT's range of options
 - redeployment of staff
 - relatives
 - move to hospital
 - continuing care homes
 - voluntary sector
 - community – faith GP's / churches
 - Private Hospitals (if capacity)
 - medical and nursing students
 - public health GP's
 - Private Capacity – what would their role be – SITREP

12th Week in Greenwich: the first wave curve subsides....

- **New cases reduce in number to 1100**
- **Staff absences begin to level off**
- **QE status remains RED**

First Wave is Over... No new cases but:

- All elective surgery has been cancelled for 13 weeks
- Medical and intensive care beds remain occupied with patients recovering from serious post-viral infections
- Numbers of staff remain absent, caring for relatives or grieving
- 2% of your staff are dead

Q12) How long do you think it will take to get services back to normal? (NHS consider: how long would it take to recover from the backlog of elective surgery cases? could we worry about targets?)

- Post Recovery 1 month
- Team already been looking at recovery plan separate to emergency
- 15 week period
- Recruitment
- Grieving (mh support, counselling)
- Monitoring Trust recovery plan (18 months – 2 years)
- Internal – Core Case
- Targets not met / plan for sector rpt vp to DH

Preparation for Wave 2

- Wave 2 could come at any time, it could be weeks, it could be months. Given the impact of the first wave outlined above this is not good news!
- The good news is that a vaccine has been developed and a stockpile is building up

Q12.5) Do you think your experiences in the first wave will make your preparations for the second wave i) stronger? ii) weaker?

Stronger

- Immune Staff
- Got vaccine and ready to deliver
- Priorities list

Weaker

- Back log for surgeries – not on top
- May have to cancel surgery again
- Lot of people who may now need emergency surgery
- People exhausted
- Country and world as a whole is weaker

Overall weaker but with stronger knowledge

Q13a) Which groups should receive priority for vaccination in preparation for wave 2? List 3 in priority.

- Health staff and LA staff (key)
- Emergency Services
- Utilities Transport

- Everyone else

Q13b) How would you expect mass vaccination to be carried out?

- Progressive through GP's and health centres as vaccine arrives
- Training in giving vaccinations
- Admin logging who has been done
- Public communication critical to contingency SITREPS

Debrief

SHA / HPU

Done Well

- Set up emergency room and thought forward during exercise
- Communicated with all other tables
- Clear sector plan and used it well
- Clear of SHA / HPA role – didn't get stuck
- Identified key gaps in knowledge and understanding within local economy
- Anticipated PCT's / Acute Trust questions
- Worked well together and other organisations – offer of assistance and support

Not so Well

- Communication was not always right
- Communication – content not clear with respect to what SHA would say and what national would say
- Made assumptions of where messages would come from (structures)
- Too many assumptions on other roles
- Not that well prepared on initial alert

Lessons

- Where is and who owns the stockpile – different understanding
- Mass mortuary plans SHA needs to have an understanding of all plans
- What is the role of the private sector – need for SITREP? Do they have plans? Link to comm?
- Information flows how do organisations understand decision parks? i.e. who decides to shut schools?

Exercise Foghorn

Her Majesty's Prison – Belmarsh

- World Health Organisation (WHO) announces avian influenza has spread from human to human in Gondwana
- 92 cases have been reported with 6 fatalities
- Number of cases continue to rise
- WHO Alert Phase rise from 3 to 6: 'Efficient and sustained human to human transmission'
- Global spread estimated 2-5 weeks

GOVERNMENTS ACT

- Gondwana bans travel by its citizens and all flights cancelled
- Borders close
- Cases rapidly begin to appear in neighbouring countries
- Pandemic declared by WHO – No cases yet in the UK

Attendees:

Claire Stevens
Stephen Forde
Selena Copley
Denise Hanson
Tony Clark

Logbook

Q1) What action would your organisation take at this stage, if any?

- No changes day to day national and local
- All nurses anaphylaxis trained
- Anti-viral and vaccinations when developed – stock up
- Briefing to staff and prisoners
- Needles

Week 1 in Newcastle – ZERO plus 4 weeks

- First confirmed UK case in Newcastle
- DH Phase 4: small cluster(s) with limited human to human transmission

Q2) How would you be informed, and by whom?

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- Prison Health (HQ)
- Health Protection Agency
- PCT Public Health department
- Major Accident Coordinator

Which Partner Organisation would you inform and how would you inform them?

- Court Services
- Contractors
- SURCO
- Suppliers
- Briefing sheet
- Verbal briefing

What action would your organisation take at this stage, if any?

As above.

Week 1 in Greenwich = ZERO plus 5 weeks

- **First confirmed case in Greenwich; cases reported from around the country**
- **DH Phase 6: increased and sustained transmission in general population**
- **Staff absence begins to affect everyday services**

Q3a) What information would your organisation need, in order to develop and enhance your planned response?

- Gold command to open
- Local mobility
- Timescale of spread
- Incubation period
- Can we stop the transfers? New reception, court.
- Appearances restrict movement
- Restricted regime
- Can visits happen?

Q3b) What information do you think the public should be receiving and who from?

- Visitors
- Legals
- Relatives
- Staff
- Press Office

3rd week in Greenwich...

- **GP contacts rise by 30%**
- **Calls to the Out of Hours GP Service rise by 25%**
- **Referrals to hospitals rise by 25%**
- **QE Escalation status AMBER**

- **National anti-viral drug (AVD) stockpile distributed: enough for 11% of the population of Greenwich**

- Q4) What changes to normal practice would you anticipate with regards to:**
- **Home Visits?** – Restricted Movement
 - **Infection Control Procedures?** – Implement Infection Control Guide Limit, set up area for quarantine, isolated area.
 - **Referral (for hospital admission criteria?)** - Training for staff, interpreters

- Q5) Who do you think should have first call on the stockpile of A.V.D? List five groups of people in priority order.**

1. Frontline Staff
2. Vulnerables – those who look after those who are ill
3. Vulnerable – with conditions
4. Risk of cross contamination

- Q6) In the knowledge that things are rapidly going to get worse, what further actions do you need to take? List 5 in order.**

1. Stockpile of Supplies
2. Temp Mort – sports field
3. Freeze all movement
4. Staffing support
5. Security issues

4th Week in Greenwich

- Q7) You are 30% down on staff numbers and there is more demand then you can cope with. How would you work with partners to try and reduce demand and prioritise your workload?**

- Prioritise regime
- Mobile phones in cells
- Canteen packs
- Court Services / Police – Prisoner
- Home beds

- Q8a) Where do you expect the main local stockpile of A.V.D's to be field?**

- b) How would you decide who has access to AVD's?**
c) How would you expect AVDs to be distributed?

Store in kitchen / Rid Store / Post a dog / Icelands / Shops etc.

Public Concern Rises... Week 5 in Greenwich
--

- **“Deadly Bird Flu Will Kill Millions” (Daily Mail)**
- **“People die in their thousands as avian influenza spreads across Europe” (The Independent)**
- **“One day he was alive, the next he was gone!” bereaved News Shopper reader**

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- Price of one course of AVD rises to £750-00 on eBay

Cases Continue to Rise...

- Reports of sporadic violence at pharmacies as members of the public demand Tamiflu
- Increasing number of pharmacies refuse to hold stocks as staff fear for their safety
- Reports of fake AVD's on sale in pubs

Q9a) How would security of supplies be ensured?

Q9b) How would staff in pharmacies be protected?

We would have supplies which are guarded and locked.

Q9c) What public messages need to go out and through what media?

T.V. / Computers

Honest as possible with transparency

8th Week in Greenwich

- 7500 cases in Greenwich
- 1800 excess deaths
- 25-40% staff absence across health and social services

Q10) What arrangements would you expect to be in place to cope with the expected excess mortality?

- Body bags
- Temp mortuary – sports field, Pavilion
- Record keeping
- Communication
- Next of Kin
- Death in Custody Procedure
- PACE
- Staff counselling

8th Week in Greenwich

- Elderly patients dying in numbers in care homes
- Large number of care home staff are off sick and the problem is made worse when many staff refuse to come to work, stating that they are not prepared to risk the safety of themselves and their families

Q11) How would you expect support would be provided for care homes?

- Security Issues – Redeployment of staff from office
- Support to maintain security – army

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12th Week in Greenwich: the first wave curve subsides....

- New cases reduce in number to 1100
- Staff absences begin to level off
- QE status remains RED

First Wave is Over... No new cases but:

- All elective surgery has been cancelled for 13 weeks
- Medical and intensive care beds remain occupied with patients recovering from serious post-viral infections
- Numbers of staff remain absent, caring for relatives or grieving
- 2% of your staff are dead

Q12) How long do you think it will take to get services back to normal? (NHS consider: how long would it take to recover from the backlog of elective surgery cases? could we worry about targets?)

- Court backlog
- Recruitment of staff
- Regime
- DIC
- 6-12 months

Preparation for Wave 2

- Wave 2 could come at any time, it could be weeks, it could be months. Given the impact of the first wave outlined above this is not good news!
- The good news is that a vaccine has been developed and a stockpile is building up

Q12.5) Do you think your experiences in the first wave will make your preparations for the second wave i) stronger? ii) weaker?

Stronger:

- Experience – knowledge gained

Weaker:

- Limited resources
- Battle with staff
- Unrest within the prison

Q13a) Which groups should receive priority for vaccination in preparation for wave 2? List 3 in priority.

- Frontline staff – high risk staff
- Patients with high risk conditions (such as a heart condition)

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- Vulnerable people such as elderly or children

Q13b) How would you expect mass vaccination to be carried out?

- Train non medical staff in the skill of giving injections
- Train staff to maintain records e.g. batch numbers and cimnts

Debrief

H.M.P BELMARSH

Done Well

- Hearing others ideas
- Lots of ideas – full wide range of agencies
- Made us focus on our contingency programme
- Scale of problem
- Interdependency
- Putting faces to names

Not so Well

- Insular in thinking – local solutions
- Could of moved between groups more
- More emphasis on interagency approach
- Recognition of the scale of the problem (a bit scary)
- Venue acoustics poor
- Poxy taxi service

Exercise Foghorn

Blue Lights **Table 10**

- World Health Organisation (WHO) announces avian influenza has spread from human to human in Gondwana
- 92 cases have been reported with 6 fatalities
- Number of cases continue to rise
- WHO Alert Phase rise from 3 to 6: 'Efficient and sustained human to human transmission'
- Global spread estimated 2-5 weeks

GOVERNMENTS ACT

- Gondwana bans travel by its citizens and all flights cancelled
- Borders close
- Cases rapidly begin to appear in neighbouring countries
- Pandemic declared by WHO – No cases yet in the UK

Attendees:

John Colton	Inspector Greenwich Police
Andrew Brett	Sergeant Greenwich Police
Antony Wilkinson	Duty Station Officer
Dan Gray	Duty Station Officer L.A.S
Tim Dyke	Public Health (PCT/NHS)
Nadine Reeve	WRVS

Logbook

Q1) What action would your organisation take at this stage, if any?

- Liaising with occupational Health
- Vaccinations for staff to continue to provide emergency services
- WRVS ring around to put colleagues on stand by and check availability
- Await instructions from COLL

Week 1 in Newcastle – ZERO plus 4 weeks

- First confirmed UK case in Newcastle
- DH Phase 4: small cluster(s) with limited human to human transmission

Q2) How would you be informed, and by whom?

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- HQ (LAS) COLL at NS (police)
- Sky News (Media)

Which Partner Organisation would you inform and how would you inform them?

- LAS – Red Cross and St Johns
- Other local emergency services
- POL – Local Authority / other emergency services

What action would your organisation take at this stage, if any?

- Still deal on call by call – responsive not proactive

Week 1 in Greenwich = ZERO plus 5 weeks

- **First confirmed case in Greenwich; cases reported from around the country**
- **DH Phase 6: increased and sustained transmission in general population**
- **Staff absence begins to affect everyday services**

Q3a) What information would your organisation need, in order to develop and enhance your planned response?

- Gold Group for emergency services
- Health advice for emergency services
- Protective equipment advice
- WRVS – Where and when setting up – vaccination centres
- Provide volunteers to PCT for what ever they require

Q3b) What information do you think the public should be receiving and who from?

Public should be briefed by Central Government via media

Discussions around fuel issues for LAS and Police vehicles.

3rd week in Greenwich...

- **GP contacts rise by 30%**
- **Calls to the Out of Hours GP Service rise by 25%**
- **Referrals to hospitals rise by 25%**
- **QE Escalation status AMBER**
- **National anti-viral drug (AVD) stockpile distributed: enough for 11% of the population of Greenwich**

Q4) What changes to normal practice would you anticipate with regards to:

- Home Visits?
- Infection Control Procedures?
- Referral (for hospital admission criteria?)

- LAS – Flu symptoms patients: remain at home
- All staff wearing protective clothing – gloves, masks etc. for all face to face contact with public
- Masks on patients

- DOC: Only attend absolute emergencies
- Issuing protective clothing to staff and advice centrally Occupational Health

Q5) Who do you think should have first call on the stockpile of A.V.D? List five groups of people in priority order.

1. Emergency services
2. Health Staff
3. Power Workers
4. Media Workers
5. Military

Anti viral for persons presenting symptoms Dr to decide

Q6) In the knowledge that things are rapidly going to get worse, what further actions do you need to take? List 5 in order.

- Curfew Situation – stay in doors
- No Travel
- Marshall Law – military on street

4th Week in Greenwich

Q7) You are 30% down on staff numbers and there is more demand then you can cope with. How would you work with partners to try and reduce demand and prioritise your workload?

- Move (raise) threshold for police / LAS (attendance)
- Streamline – paperwork essential process for prisoners/courts
- Calling volunteer service – to make permanent resources

Q8a) Where do you expect the main local stockpile of A.V.D's to be field?

b) How would you decide who has access to AVD's?

c) How would you expect AVDs to be distributed?

- Woolwich Barracks – Military /MOD Police
- Belmarsh
- c) Private security / police / military

Public Concern Rises... Week 5 in Greenwich
--

- **“Deadly Bird Flu Will Kill Millions” (Daily Mail)**
- **“People die in their thousands as avian influenza spreads across Europe” (The Independent)**
- **“One day he was alive, the next he was gone!” bereaved News Shopper reader**
- **Price of one course of AVD rises to £750-00 on eBay**

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Cases Continue to Rise...

- Reports of sporadic violence at pharmacies as members of the public demand Tamiflu
- Increasing number of pharmacies refuse to hold stocks as staff fear for their safety
- Reports of fake AVD's on sale in pubs

Q9a) How would security of supplies be ensured?

Q9b) How would staff in pharmacies be protected?

- Police or military at stockpile, wherever it is
- Drugs not put out to all pharmacies
- Smaller number of centres is wise
- Labour intensive on security staff
- Each chemist updates own physical security

Q9c) What public messages need to go out and through what media?

Central Government Message: Re-assurance, health advice – what to do what not to do.

8th Week in Greenwich

- **7500 cases in Greenwich**
- **1800 excess deaths**
- **25-40% staff absence across health and social services**

Q10) What arrangements would you expect to be in place to cope with the expected excess mortality?

- Bypass post mortems for those exhibiting pre death symptoms
- Doctors to certify cause of death for immediate disposal
- Any doubts bodies to be stored in refrigerated containers for post mortem later
- Undertakers supported by military in necessary
- Crematorium staff working longer hours. Cardboard caskets to improve efficiency
- Cemetery staff working longer hours / military

8th Week in Greenwich

- **Elderly patients dying in numbers in care homes**
- **Large number of care home staff are off sick and the problem is made worse when many staff refuse to come to work, stating that they are not prepared to risk the safety of themselves and their families**

Q11) How would you expect support would be provided for care homes?

- Raise wages

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- Volunteer Organisations
- Families and residents

12th Week in Greenwich: the first wave curve subsides....

- New cases reduce in number to 1100
- Staff absences begin to level off
- QE status remains RED

First Wave is Over... No new cases but:

- All elective surgery has been cancelled for 13 weeks
- Medical and intensive care beds remain occupied with patients recovering from serious post-viral infections
- Numbers of staff remain absent, caring for relatives or grieving
- 2% of your staff are dead

Q12) How long do you think it will take to get services back to normal? (NHS consider: how long would it take to recover from the backlog of elective surgery cases? could we worry about targets?)

- LAS – Staffing levels return to normal. No additional strain on service therefore LAS would return to normal quite quickly.
- POL – Staffing levels return to normal, additional jobs would be reduced. Recovery would be quite quick.

Preparation for Wave 2

- Wave 2 could come at any time, it could be weeks, it could be months. Given the impact of the first wave outlined above this is not good news!
- The good news is that a vaccine has been developed and a stockpile is building up

Q12.5) Do you think your experiences in the first wave will make your preparations for the second wave i) stronger? ii) weaker?

-

Q13a) Which groups should receive priority for vaccination in preparation for wave 2? List 3 in priority.

- Recovering patients don't need it
- Anyone with high risk of contamination – Hospitals
- Other than that

Q13b) How would you expect mass vaccination to be carried out?

- Set up vaccination centres (PCT / Health Authority)

Debrief

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Police / Ambulance /WRVS

Done Well

- Raised questions to take back to centre / HQ

Not so Well

- Mix tables

Exercise Foghorn

London Borough of Greenwich

- World Health Organisation (WHO) announces avian influenza has spread from human to human in Gondwana
- 92 cases have been reported with 6 fatalities
- Number of cases continue to rise
- WHO Alert Phase rise from 3 to 6: 'Efficient and sustained human to human transmission'
- Global spread estimated 2-5 weeks

GOVERNMENTS ACT

- Gondwana bans travel by its citizens and all flights cancelled
- Borders close
- Cases rapidly begin to appear in neighbouring countries
- Pandemic declared by WHO – No cases yet in the UK

Attendees:

Mike Smith
Harcourt Alleyene
Steve Wilson
Maureen Hennessey
Lynette Russell
Ian Cheshire
Dawn Squires
Sue Woods

Logbook

Q1) What action would your organisation take at this stage, if any?

- Pandemic Control Team would meet GMT Strategic GP would meet
- Warning and informing to community on website
- Warning and informing to staff. Do they understand the Business Contingency Plans?
- Rounding up staff availability for certain tasks i.e. registers/crematoriums
- Projects considered to be speeded up/postponed
- List of vulnerable – community/staff

Week 1 in Newcastle – ZERO plus 4 weeks

- **First confirmed UK case in Newcastle**
- **DH Phase 4: small cluster(s) with limited human to human transmission**

Q2) How would you be informed, and by whom?

- Official notification through the Pandemic Control Team

Which Partner Organisation would you inform and how would you inform them?

- Businesses
- Public
- Volunteer Organisations
- Care Homes
- Schools
- All Council Services
- Supply chains
- Community Groups
- Faith Groups
- Local Strategic Partnerships
- HOW – Normal lines of communication
- Email / Website / hot line / local radio

What action would your organisation take at this stage, if any?

- Check supply chains
- Stockpile
- Key staff to get prophylactic

Week 1 in Greenwich = ZERO plus 5 weeks

- **First confirmed case in Greenwich; cases reported from around the country**
- **DH Phase 6: increased and sustained transmission in general population**
- **Staff absence begins to affect everyday services**

Q3a) What information would your organisation need, in order to develop and enhance your planned response?

- GMT to convene and oversee staffing levels especially priority areas
- HPA – projection on increased transmission rate to enable planning on these assumptions
- What parts of community mostly affected i.e. young / able / old?
- Clear medical advice on control – key notes is being transmitted i.e. close schools
- PPE – is this appropriate / what type who supplies

Q3b) What information do you think the public should be receiving and who from?

- Reiterating messages from HPA to the public
- When information will be updated
- What services will be affected – how long
- What effects they will incur – what should they look out for
- Need for national message

3rd week in Greenwich...

- GP contacts rise by 30%
- Calls to the Out of Hours GP Service rise by 25%
- Referrals to hospitals rise by 25%
- QE Escalation status AMBER
- National anti-viral drug (AVD) stockpile distributed: enough for 11% of the population of Greenwich

Q4) What changes to normal practice would you anticipate with regards to:

- Home Visits?
- Infection Control Procedures?
- Referral (for hospital admission criteria?)

- All stopped but life and limb
- Some might need enhanced visits – do they receive the job?
- Disseminate information to these staff visiting homes
- Decision to be made through GMT
- Clear guidance needed – is it available now?
- PPE Guidance
- Deliveries of service should receive the job

Q5) Who do you think should have first call on the stockpile of A.V.D? List five groups of people in priority order.

Jobs

- NHS Bodies – limited to certain departments
- Emergency Services
- Crematorium – all involved with the dead
- Carers
- Refuse

People – Critical

- Crematorium staff – specialist
- Food chain
- UTS – water/electrical/waste
- Emergency Services
- NHS

The Government needs to decide

Q6) In the knowledge that things are rapidly going to get worse, what further actions do you need to take? List 5 in order.

- Move people who are recovering onto front line
- Re-prioritise essential tasks / groups
- Reduce other non essential services
- Just run core services
- No more/postpone public events
- Closure of libraries/meeting places/leisure centres

Issues of social cohesion

4th Week in Greenwich

Q7) You are 30% down on staff numbers and there is more demand than you can cope with. How would you work with partners to try and reduce demand and prioritise your workload?

- Based on Business Contingency Plan carry out 'Must Do's'
- Work with other partners – mutual aid where possible
- Inform public of what we can and cannot deliver and communicate to them
- Need for overarching B.C. Plan – How we can support each other

Q8a) Where do you expect the main local stockpile of A.V.D's to be held?

b) How would you decide who has access to AVD's?

c) How would you expect AVDs to be distributed?

- Pharmacy at QE Hospital
- Some local pharmacists
- Identified centres for distribution
- Use of medical centres
- Why can't it go straight from hospital to work place to ensure it doesn't go missing?

Public Concern Rises... Week 5 in Greenwich

- “Deadly Bird Flu Will Kill Millions” (Daily Mail)
- “People die in their thousands as avian influenza spreads across Europe” (The Independent)
- “One day he was alive, the next he was gone!” bereaved News Shopper reader
- Price of one course of AVD rises to £750-00 on eBay

Cases Continue to Rise...

- Reports of sporadic violence at pharmacies as members of the public demand Tamiflu
- Increasing number of pharmacies refuse to hold stocks as staff fear for their safety
- Reports of fake AVD's on sale in pubs

Q9a) How would security of supplies be ensured?

Q9b) How would staff in pharmacies be protected?

- The less number of movements /storage places needed

Q9c) What public messages need to go out and through what media?

- Clear message to the public that it is not being stored in local pharmacies
- Develop communications strategy with partners
- One clear message through national and local media
- Call a meeting locally re: responsible reporting
- Inform re: fake tablets

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- Who will be local spokesperson (if just Greenwich is affected) Chief Medical Officer?
-

8th Week in Greenwich

- **7500 cases in Greenwich**
- **1800 excess deaths**
- **25-40% staff absence across health and social services**

Q10) What arrangements would you expect to be in place to cope with the expected excess mortality?

- Mass Fatality Plan invoked for storage facilities

8th Week in Greenwich

- **Elderly patients dying in numbers in care homes**
- **Large number of care home staff are off sick and the problem is made worse when many staff refuse to come to work, stating that they are not prepared to risk the safety of themselves and their families**

Q11) How would you expect support would be provided for care homes?

- Outsourced but have obligations
- Use of home carers
- Engage with Unwins pre-pandemic around JDS
- Business Contingency Plan needs to ensure that their services are maintained
- Agency Staff – CRB Checked
- Specialists

12th Week in Greenwich: the first wave curve subsides....

- **New cases reduce in number to 1100**
- **Staff absences begin to level off**
- **QE status remains RED**

First Wave is Over... No new cases but:

- **All elective surgery has been cancelled for 13 weeks**
- **Medical and intensive care beds remain occupied with patients recovering from serious post-viral infections**
- **Numbers of staff remain absent, caring for relatives or grieving**
- **2% of your staff are dead**

Q12) How long do you think it will take to get services back to normal? (NHS consider: how long would it take to recover from the backlog of elective surgery cases? could we worry about targets?)

- GMT to appoint project manager for recovery
- 2nd and 3rd waves
- Still doing must dos
- Need to bring in – nice to dos
- A year to recover from 3 months disruption
- Might be more vulnerable
- Need to urgently recruit to cover vulnerable and staff loss. Sub-contract.
- Public morale – mass publicity stating we are on the way back up

Preparation for Wave 2

- **Wave 2 could come at any time, it could be weeks, it could be months. Given the impact of the first wave outlined above this is not good news!**
- **The good news is that a vaccine has been developed and a stockpile is building up**

Q12.5) Do you think your experiences in the first wave will make your preparations for the second wave i) stronger? ii) weaker?

Weaker

- From being knocked sideways

Stronger

- Because we coped
- We know what worked and what didn't

Complacent

- Think 2nd wave will be the same as 1st – and it isn't
- Those affected in the first wave will be able to put in priority services for 2nd wave
- Wearing on those who always respond in an emergency. Take longer to recover
- Backlog of work just gets bigger

Q13a) Which groups should receive priority for vaccination in preparation for wave 2? List 3 in priority.

- Look at original list and see who wasn't infected before in 1st wave
- If original MVC's worked – use again if specific group was ID'd as vulnerable from 1st wave

Q13b) How would you expect mass vaccination to be carried out?

Debrief

London Borough of Greenwich

Done Well

- Made us think
- Good discussion and debate
- Linked in with other groups
- LB Greenwich Flu Plan – good start

- Highlighted gaps in national structure and guidance – who's responsible and when will we know
- Focused exercise on the subject instructive
- Range of participants
- Well done Dick and Ray

Not so Well

- Needed bigger space to hear debate
- Use of mike
- Exchange of information shared before exercise was needed, i.e. stockpile of AVD's
- Issue of care homes

Notes

- Identification of vulnerable households. We don't know them all.
- Would a London wide meeting be called and if so, at what stage?
- Should there not be a single designated voice to transmit information?

EXERCISE FOGHORN

INFLUENZA PANDEMIC MANAGEMENT

1. BACKGROUND

- 1.1. In order to meet its statutory obligations,² fulfil the objective of the NHS Operational Doctrine,³ the agreed Major Incident Exercise Policy of the South East London sector⁴ the requirements of its own Emergency Management Plan and Domain 7 Core Standard 24 of Standards for Better Health,⁵ Greenwich Teaching PCT (GTPCT) is required to undertake a range of exercises and training in emergency response and management.
- 1.2. The exercise described below is designed to build on the UK Health Departments UK Influenza Pandemic Contingency Plan (October 2005).⁶

2. NAME OF EXERCISE

- 2.1. The name of the exercise is EXERCISE FOGHORN.

3. EXERCISE PLANNING GROUP

- 3.1. The Exercise Directors are:
 - 3.1.1. Ray Bewick, Risk Manager, Safety, Health & Emergency Planning GTPCT
 - 3.1.2. Richard Moss, Head of Risk Management GTPCT
 - 3.1.3. Dr. Tim Dyke, Consultant in Public Health Medicine GTPCT
- 3.2. The Exercise Planning Group is the GTPCT Influenza Pandemic Planning Committee.

4. AIMS AND OBJECTIVES

4.1. Aim

- 4.1.1. To test the ability of GTPCT and partner agencies to manage an influenza pandemic

² Part 4 s.25 of the Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005

³ <http://www.ukresilience.info/ccact/finalregs.pdf>

⁴ Handling Major Incidents: An Operational Doctrine: Operational Objective s.16
http://www.dh.gov.uk/PolicyAndGuidance/EmergencyPlanning/EmergencyPlanningArticle/fs/en?CONTENT_ID=4071559&chk=2Zrvbu

⁵ NHS Major Incident Exercise Policy South East London v.6-1 June 2005

⁶ C24 Health care organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations which could affect the provision of normal services.

⁶ <http://www.dh.gov.uk/assetRoot/04/12/17/44/04121744.pdf>

4.2. Objectives

- 4.2.1. To test the effectiveness of existing plans
- 4.2.2. To identify any gaps in existing plans
- 4.2.3. To test inter-agency working
- 4.2.4. To test the realities of mutual aid in a pandemic
- 4.2.5. To test the level of support available for those taking difficult decisions
- 4.2.6. To learn lessons and implement improvements, and to share learning with partner agencies and the wider NHS.

5. DATE, TIME AND LOCATION

- 5.1. Exercise Foghorn will be held on 4th April 2006 from 1230hrs until 1600hrs at the Assembly Hall, Charlton.

6. OUTLINE OF THE EXERCISE AND ASSUMPTIONS

- 6.1. Exercise Foghorn is a multi-agency tabletop exercise led by GTPCT. It will model a pandemic influenza scenario and pose challenges for the participants of all agencies taking part.

‘Facts’ and figures

The numbers of infected cases and projected deaths have been created for the purposes of the exercise, and are designed to test the ability of the local NHS to cope with extreme circumstances. They are not based on available evidence and should not be taken as fact.

Set up and equipment

- 6.2. Tables x10 to seat x5 persons at each table
- 6.3. Chairs x60
- 6.4. Name badges for participants
- 6.5. Table identity signs for each team
- 6.6. Notepads and pens for each player
- 6.7. Flipcharts and pens
- 6.8. Projector and screen for PowerPoint presentation
- 6.9. Digital camera

Refreshments

- 6.10. Sandwiches and soft drinks will be provided

7. PLAYERS (maximum 5 people per team)

- 7.1. Greenwich Council
- 7.2. South East London SHA (SELSHA)
- 7.3. Queen Elizabeth Hospital NHS Trust

- 7.4. Oxleas NHS Trust
- 7.5. Grabadoc
- 7.6. HMP Belmarsh
- 7.7. Greenwich TPCT Pandemic Management Team
- 7.8. Greenwich TPCT front line teams

Expert panel (proposed – to be confirmed; others may be added)

- 7.9. Dr. Tim Dyke, Consultant in Public Health Medicine, Greenwich Teaching Primary Care Trust
- 7.10. Dr. Nimal Premaratne, Consultant in Communicable Disease Control, South East London Health Protection Unit

8. SCHEDULE FOR THE DAY

Time	Event
1230	Briefing & questions
1345	Exercise begins
1615	Exercise ends and hot debrief

Richard Moss
Head of Risk Management

Ray Bewick
Risk Manager, Safety, Health & Emergency Planning

On the day “the players”









**FINALLY
THANK YOU TO EVERYONE WHO TOOK PART & LETS LOOK FORWARD
TO THE NEXT ONE!**