Exercise Peak Practice

National Summary

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Exercise Peak Practice – National Summary

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Foreword

With the emergence of H1N1 virus in April 2009, it was absolutely clear that the NHS needed to test, more than ever before, how prepared the service was to respond to the potential challenges associated with unprecedented demand for its services. As part of demonstrating the readiness of the health economy in each English region, the Health Protection Agency (HPA) was commissioned to deliver a series of preparedness and resilience exercises which would test the local and regional health and social care systems readiness before a second, potentially more disruptive, wave of the pandemic. Through the ten Strategic Health Authorities (SHAs), Exercise Peak Practice ensured a high level of engagement from participants. This encouraged debate and discussion through a whole day event, across five structured sessions, allowing the sharing of good practice and identifying further actions, where necessary to refine planning and resilience work already underway.

Exercise Peak Practice formed a key part of the board level assurance process all NHS Trust boards were asked to provide to the Department of Health via their SHAs, before the end of September 2009. I am pleased to report that all those board assurance statements have been received from the ten SHAs and that a summary of these statements is annexed to this report.

This report provides a national summary of the ten regional exercises and documents the high-level areas for further action identified by the delegates who attended. Nationally, Exercise Peak Practice reaffirmed the extent and depth of planning that had already taken place in the NHS in readiness for an influenza pandemic and demonstrated considerable leadership, commitment and planning undertaken by both clinical and managerial staff across the NHS. I was particularly pleased by the numbers of senior executives from each region who attended their events. However, we need to avoid being complacent and work continues to ensure the NHS and social care system is as prepared as it can be to meet the challenges of the forthcoming winter, and any further pandemic in the future, so that the NHS and social care system continues to deliver high quality treatment and care to the people of England.

Finally, I wish to thank all of those who took part in the exercises for their hard work, particularly the HPA Emergency Response Division who developed and delivered the exercise programme at very short notice. Because of all these efforts, I believe the NHS is at a higher state of readiness than ever before. I believe the commitment and leadership shown in delivering these exercises will continue to be put to good effect to ensure that the NHS is as resilient as possible in to the future.

Ian Dalton
National Director – NHS Flu Resilience

Acknowledgement

We would wish to express our thanks to ITV, who allowed us to use the name Peak Practice for these exercises.

1. Executive Summary

Exercise Peak Practice was a one-day 'desk-top' exercise for executive level NHS and social care staff in each of the English regions. Exercise Peak Practice was centrally funded by the Department of Health (DH), commissioned by the NHS Flu Resilience Directorate and designed by the Health Protection Agency (HPA) Exercise Planning Team and the Department's Emergency Preparedness Division (EPD).

The delivery of each exercise was led by the host regional Strategic Health Authority (SHA). It explored the preparations for, and response to, a more virulent second wave of the H1N1 2009 virus during the coming winter. Each of the ten exercises had excellent and consistently high participation from senior executives from across all NHS organisations in the region, as well as senior representatives from social care, and HPA Local & Regional Services (HPA LARS).

Facilitated by the Strategic Health Authority, the exercise was sub-divided into five discussion blocks and highlighted several key points that would be relevant during a subsequent second wave of a pandemic. The work focused on support for clinical decision-making; public and corporate communications (including engagement with clinicians); maintaining high standards of treatment and care during a pandemic; and meeting the challenges facing primary care, social care, adult and paediatric intensive care, ambulances and ensuring integrated planning across the NHS and social care system.

Exercise Peak Practice was very well received and achieved the stated aim to exercise the management of the local and regional NHS and social care systems, against the backdrop of normal seasonal activity and the rising threat posed by H1N1 2009 virus. The exercises were delivered to a high standard across all ten SHA regions during September 2009, which enabled SHA boards to provide the National Director for NHS Flu Resilience, with an assurance statement that their region's plan for a pandemic had been thoroughly tested. A Summary of these assurances is at Annex A to this report.

2. Scenario

The exercise scenario was based on the developing current situation of H1N1 2009 virus and the planning models predicting the parameters of the second wave. Both were incorporated into the design of the exercise, however the model used was for exercise purposes only, and not of a predictive nature, and as such presented a scenario which was more challenging than the current emerging picture of the disease.

3. Aim and Objectives

3.1 Exercise aim

To assure the capability to manage the local and regional NHS and social care system against the backdrop of normal seasonal activity and the rising threat posed by H1N1 2009 virus.

3.2 High level exercise objectives

There were six specific high level objectives, these were:

- assessment of the regional healthcare command and control system;
- assessment of the logistic resilience and support to NHS organisations;
- assessment of NHS communication strategies, including keeping staff and the public informed;
- assessment of the key service areas: NHS staffing resilience, critical care capacity, women's and children's services, primary care, ambulance services, mental health services and social care services;
- assessment level of preparedness for the recovery phase; and
- assessment of local risks as determined by the SHA Chief Executive in collaboration with PCT commissioners based on local knowledge.

3.3 Desired outcomes

Each SHA focused on the issues that were specific to their own regional health community, but within a national framework exercise designed with three principal generic outcomes:

- to increase confidence in the health sector's ability to manage a potentially more virulent second wave of the H1N1 2009 virus;
- to inform improvements in the national Pandemic Flu Plan; and
- to provide a forum for NHS Chief Executives and Executive Directors across health and social care to discuss, plan and prepare for the anticipated increase in H1N1 2009 virus cases and the impact of this increase in their respective regions.

4. Exercise Design

4.1 Organisations involved

Each region was required to identify their own relevant organisations and secure sufficient senior representation at the exercises. The level of senior NHS executives present was consistently high for each region. In addition to local and regional organisations, representatives from the Department of Health (DH) also attended each exercise.

The breakdown of attendance per region is as follows[1];-

Region	Delegates	HPA / Media staff	Department of Health
North West	107	7	1
North East	130	9	2
East of England	110	7	2
West Midlands	107	7	2
Yorks & Humber	130	7	4
London	248	13	4
South East Coast	143	9	2
South Central	93	9	3
South West	115	10	4
East Midlands	125	8	4

[1] Based on attendance data provided by the HPA Exercise Planning Team

4.2 Exercise format

Exercise participation was in 'desk-top' format with the majority of regions grouping delegates in their relevant health economies. Some placed specialist staff or services for example; communications leads, on a separate regional communications table.

In summary, the day consisted of five sessions:

Session 1 – lessons identified and a review of the preceding six months response
Session 2 – close to the peak of the second wave, followed by a plenary session
Session 3 – at the peak of the second wave, followed by a plenary session
Session 4 – recovery, followed by a plenary session
Session 5 – a hot debrief[2]

5. Exercise Evaluation

All delegates were provided with an exercise evaluation form to complete at the end of each event. Of the forms returned, over 90% strongly agreed or agreed the exercise had achieved its aims and identified important learning points and actions for the future.

6. Lessons Identified

This section summarises the key observations and lessons identified during the exercise grouped into six broad areas as follows:

- **Crisis management and co-ordination**
- **Planning and preparedness**
- **Communication**
- **Multi-agency issues**
- **Further policy development**
- **Business continuity / resilience**

6.1. Crisis management and co-ordination

The NHS received underpinning generic emergency planning guidance in 2005 (which included command & control arrangements) and specific strategic command arrangements

[2] A 'hot debrief' is a process used to capture initial views from delegates immediately any incident or exercise has been completed.

following the restructuring of the NHS in 2007. Exercise Peak Practice identified the need to ensure that NHS command and control structures, while found to be effective in the NHS, would benefit from formal sharing with the wider civil resilience partners.

It was also recognised that the strategic command arrangements across the NHS were generally well understood at local and regional level, with the exercises identifying a need for DH and SHAs to confirm with local NHS and social care partners, the national command & control arrangements in DH. This was particularly important given the NHS, under normal operating conditions, is led locally by PCTs. In the current pandemic, however, the arrangements differ, with the DH, by necessity, taking on a more strategic direction and leadership role, working with and through SHAs and local command and control structures.

6.2. Planning and preparedness

Pandemic planning and preparations were tested across the local and regional health and social care community through the exercises, involving NHS organisations and key resilience partners, especially local authorities. These plans and preparations were found to be generally robust with good partner engagement.

Colleagues in SHAs are now currently working through the further actions emanating from the exercises to ensure their resilience plans are up to date, tested and agreed with stakeholders.

6.3. Communication

The main challenge for communications related to the management of any necessary surge in NHS capacity in response to any rapid growth in demand on services. It was agreed that such communications should focus on managing rapid access to services for patients, particularly for those in need of critical care and emergency services in the context of potential staff absences resulting from flu-related sickness.

The first wave of the H1N1 2009 pandemic indicated that there may be different levels of pressure across the country. As a result, managing the communications around potential different responses from the NHS locally would need to be handled carefully.

As part of the exercise process, faux media were used to allow a number of delegates to explore issues relating to public messages (including live to camera interviews) and communications. Participants considered this to be a very helpful part of the exercise and helped identify the challenges in maintaining public confidence when reporting on H1N1 related pressures and deaths.

6.4. Multi-agency issues

The exercises provided an excellent opportunity for NHS and social care colleagues to work together and discuss co-ordination across their different organisations. Many delegates identified that there would be competing priorities between attendance at strategic co-ordinating groups, Outbreak Control Committees, Regional Resilience Fora and other internal operational groups. This issue was linked closely to ensure NHS command and control structures were shared with and fully understood by local resilience partners. Participants recognised the need to put in place mechanisms to manage these arrangements in advance of the second wave.

6.5. Further policy development

Delegates were aware that not all DH H1N1 2009 virus specific guidance had been finalised and published at the time of the exercises. In particular, participants recognised that work on the critical care strategy and the vaccination supply and delivery programme were at an advanced stage.

During the exercise programme, and following a review of NHS critical care capacity and plans to expand critical care beds if required during the pandemic, a critical care strategy was published on 10th September 2009. This document set out how the NHS would double ventilated critical care capacity during the peak of a potential second wave of the H1N1 2009 virus. It outlines a series of whole system measures that would be put in place, including measures to help reduce pressures on critical care capacity.

At the time of the exercise programme, the DH announced that two pharmaceutical companies were manufacturing H1N1 vaccines which would result in these vaccines beginning to become available in the UK by the end of October 2009. Further detailed work

was ongoing to develop the details of the vaccination programme, the results of which were not available at the time of the exercises.

6.6. Business continuity and recovery

The Emergency Planning Division had published interim strategic national guidance on Business Continuity Management (BCM)[3] in June 2008 (Gateway reference 9977). This significantly raised the commitment to, and understanding of, BCM across the NHS prior to H1N1 2009 pandemic. Exercise Peak Practice identified that specific work was required both across the NHS and with local partners to further develop integrated business continuity and resilience plans for key support services and supplies.

Delegates in all regions felt that recovery planning work should commence as soon as practicable and that pandemic influenza plans should reflect a phased return to restoring systems and arrangements to return to normal service delivery levels as soon as practical. Some participants expressed the view that it may be useful for DH to provide a target date by which a phased return should be completed.

7. Summary

Exercise Peak Practice, as a series of regional exercises, provided senior NHS and social care leaders with the opportunity to examine rigorously and test all relevant issues relating to influenza pandemic planning and preparedness.

The overall exercise aim was met following successful achievement in each of the ten SHA regions. Alongside achieving this objective, all regions also provided assurance statements; a summary of these is attached at Annex A.

The exercise programme was a success. It provided an invaluable opportunity for SHAs to test plans across their region and feedback has been taken on board in further policy development. It allowed SHAs to take stock at a critical stage in their planning and preparation for a potential second wave of the current H1N1 2009 pandemic and also to further strengthen planning for any future pandemic flu scenarios.

[3] NHS Resilience Project - a 3 year programme of work instigated by the DH Emergency Preparedness Division and supported by the NHS Chief Executive as part of the DH commitment to the UK cross-government CONTEST strategy.

ANNEX A

Pandemic Influenza Preparedness and NHS Flu Resilience

Summary of board assurance statements

1. Being fully prepared for a flu pandemic is a key governance responsibility of all NHS Boards (including NHS Foundation Trusts), and something that the public will clearly expect of the NHS at this time.

2. The NHS has made excellent progress over the summer in response to pandemic flu, particularly with the establishment of the National Pandemic Flu Service (NPFS) and Anti Viral Collection points (ACPs), confirmation of the ability to surge critical capacity and preparations for a national vaccination campaign.

3. On July 2nd 2009 Ian Dalton, National Director of NHS Flu Resilience wrote to the chief executives of all NHS organisations asking them to ensure that they had fully considered their organisations resilience for a flu pandemic, and had appropriate plans in place.

4. Having considered all of the points outlined in the letter of 2nd July, NHS Boards (including NHS Foundation Trusts) were asked to publish a statement of readiness against the DH Surge and HR guidance at their September meetings, as confirmation that resilience and planning had been appropriately considered at the highest level.

5. All SHAs have provided summary statements of readiness for all organisations in their regions. Feedback from the NHS and stakeholder organisations has indicated that the process was perceived to be helpful as well as very rigorous.

6. All NHS organisations have assured the Department that they have appropriate plans in place to respond to a second wave of pandemic flu during the winter months - the first time this has happened.

7. The statements demonstrate that there is a robust leadership and governance accountability framework in place from NHS organisation through to SHAs and the DH NHS Flu Resilience Directorate.

8. In response to specific challenges raised by the process, the NHS has demonstrated examples of good practice such as the development of a comprehensive communications strategy across NHS and partner organisations in the North West and strengthened capacity and capability for incident management in East of England.

9. Despite the reassurance provided by these statements, the NHS recognises that it must continue to plan actively and improve to minimise the effect of a second surge of H1N1 2009 virus and maximise the use of NHS resources. This will be particularly important for the delivery of the vaccination programme.

10. We would like to take this opportunity to acknowledge the excellent work done so far in responding to the early stages of this pandemic. Those working on the response to the pandemic have helped ensure that the NHS is acting in the most effective way to treat, support and reassure patients and the public, and those not directly responding to the pandemic have shown commendable flexibility to support their colleagues and to ensure we are providing all patients with the highest quality care.