

NEWCASTLE DISEASE 2005



LESSONS TO BE LEARNED REPORT

February 2006

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FOREWORD

On 21 July this year I confirmed the presence Newcastle Disease on a holding of pheasants in Surrey. The outbreak heralded a series of 'firsts'. It was the first real life test of Defra's new Exotic Animal Disease Generic Contingency Plan, which was laid before Parliament just days into the outbreak. It was the first opportunity for the State Veterinary Service (SVS) to take the lead in the operational aspects of disease control in an outbreak situation since becoming an executive agency on 1 April 2005. It was also the first time since the outbreak of Foot and Mouth Disease in 2001 that a National Disease Control Centre (NDCC) was established in London, engaging Ministers in the management of an outbreak of a notifiable exotic animal disease.

For all these reasons I am pleased to introduce this Lessons Learned Report into the July 2005 outbreak of Newcastle Disease in Surrey. Following the successful control and eradication of disease on the infected premises a project has been established to identify and capture lessons to be learned from the experience. Throughout the project we have listened to the views and experiences of all those involved in controlling the disease both within Defra, the SVS and the Veterinary Laboratories Agency (VLA). Comments have also been invited from representatives of affected industries and other stakeholders in an attempt to learn lessons to aid the development of future policy, contingency plans and operational instructions. This report is the culmination of that listening and learning process.

I would also like to take this opportunity to thank all those involved for their commitment and professionalism. Throughout the outbreak I stressed the need for us to not be complacent in our actions. I believe that this report demonstrates our achievement of that aim, as it highlights the ability of Defra and SVS staff to evaluate, and in some cases be critical of their own actions, in order to improve our policies and capacity for operational delivery in the future.

The incident was not avian influenza but the events and actions did, in many respects, contribute to readiness for avian influenza.

Defra, the State Veterinary Service, the Veterinary Laboratories Agency and the department's other delivery agents remain committed to working in partnership to ensure high standards of emergency preparedness for any future outbreak of animal disease.

Debby Reynolds
Chief Veterinary Officer

1. INTRODUCTION AND OUTBREAK SUMMARY

1.1 On 15 July 2005 the UK confirmed an outbreak of Newcastle Disease (ND) in pheasants at a game establishment in Surrey. Disease was confirmed on a single holding containing an estimated 11,700 pheasants, aged around 8-9 weeks. There was no evidence that the single infected premises had caused any onward spread of disease within the UK. The disease was controlled through the application of measures set out in European Community Law. This was achieved through the deployment of Defra's new Exotic Animal Disease Generic Contingency Plan, which was laid before Parliament, according to plan, several days into the outbreak.

1.2 The clinical signs of disease were first observed in pheasants on the affected premises on 30 June. A private veterinarian undertook an investigation and samples were sent to the Veterinary Laboratories Agency (VLA) for testing. Having tested the samples the VLA reported suspicion of Newcastle Disease virus to Defra and the State Veterinary Service (SVS) began their own investigations into the suspect case, resulting in the premises being placed under restrictions using the Disease of Poultry Order (England) 2003. On confirmation of disease, the processes set out in the contingency plan were implemented. Following virological examination, the virus itself was confirmed as avian paromyxovirus type 1 - Newcastle Disease Virus (NDV). From this point there was a partnership approach, in close and regular contact with key stakeholders on avian notifiable diseases as set out in our plans.

1.3 Following confirmation of disease by the Chief Veterinary Officer (CVO) (Red alert) the structures outlined in the Exotic Animal Disease Generic Contingency Plan were put into place. A National Disease Control Centre (NDCC) was established in London to coordinate the management of the strategic and tactical aspects of the response to the outbreak by Defra and the SVS. A Local Disease Control Centre (LDCC) was set up at Reigate Animal Health Divisional Office (AHDO), which took responsibility for overseeing operational arrangements for disease control on the infected premises (IP) and surrounding area.

1.4 During the disease control stage of the outbreak Defra's Animal Disease Policy Group (ADPG), a Newcastle Disease Expert Group (EG) and the Emergency Management Board met regularly to develop the strategy for controlling the disease. The small scale of the outbreak meant that it was not considered necessary to convene a Civil Contingencies Committee (CCC), although the Civil Contingencies Secretariat (CCS) and the scientific community were kept informed and engaged through representation at ADPG.

1.5 In line with the UK's international obligations relating to the control of notifiable animal diseases both the European Commission and the World Organisation for Animal Health (OIE) were informed of the outbreak. Exports of all susceptible poultry products to third countries were also suspended.

1.6 The communication of decisions taken and progress made relating to the operational aspects of disease control was critical to the successful management of the outbreak. Daily 'birdtable' meetings provided a mechanism through which staff at the National and Local Disease Control Centres could update their colleagues on developments relating to key operations and seek resolution of issues. Stakeholders from poultry industry groups also attended these meetings, as did representatives from the CCS. In addition a bespoke external communications strategy was produced, designed specifically to provide information for the public and stakeholders. This included regular press releases to update the public on the progress of the disease control operation, stakeholder meetings led by the CVO to answer questions on the policies and strategies raised by interested parties, and the publication of articles in the specialist press. The Health Protection Agency also issued a statement early on in the outbreak to explain to the public that the disease posed no significant risk to human health.

1.7 Annex A, shows a high-level map of the protection zones and Annex B is a more detailed map of the infected area, as defined by the Declaratory Order made under the Diseases of Poultry (England) Order of 2003, issued on day 1 of the outbreak. The infected area consisted of a protection zone (PZ) and a surveillance zone (SZ).

1.8 The culling of the pheasants was a unique operation. It began on 18 July on a pen-by-pen basis. The birds were sedated prior to the cull by baiting the feed in the pens with alphachloralose. The catching and killing operation lasted five days. The final number of birds killed was 10,240. Carcasses were disposed of by incineration. Preliminary cleansing and disinfection (C & D) of the IP was carried out immediately and completed on 24 July. Secondary C & D was undertaken by the owner of the premises and disinfection of the equipment and hard standings was completed on 3 August. A timeline of the outbreak is included at Annex D.

1.9 Active surveillance was carried out in the infected area. This part of Surrey is not an intensive agricultural area. However demographic data and the agricultural census, combined with local knowledge identified 60 premises, excluding the IP, which contained poultry. A SVS veterinary officer (VO) visited each premises within the infected area, at least once. No clinical signs of Newcastle Disease virus were observed at any of these holdings. Awareness of Newcastle Disease in the poultry keeping population was aroused, through national and local channels. Consequently 27 further suspect cases were also investigated by Defra and the SVS throughout Great Britain. However results in all cases were negative.

1.10 Tracings and epidemiological investigations identified that the infected pens had been stocked with birds imported from France. The occurrence of the disease in the imported birds was notified to the French authorities, who immediately began their own investigations. A joint statement was issued by the UK and French CVOs outlining the investigations taking place to establish the source of the disease. Investigations on the source farm in France

revealed that some clinical signs had been observed in pheasants around 2 July. Serological testing revealed the presence of the disease. Newcastle Disease was confirmed by the French authorities on 27 July.

1.11 Following the successful eradication of the disease on the IP in Surrey, measures were put in place, in accordance with the relevant legislation, to restore area and country freedom from disease. Export restrictions for countries requiring area freedom were lifted on 21 July although restrictions remained in place for those requiring country freedom from disease. On 29 July the surveillance zone was reduced to a radius of 6km following agreement with the European Commission, based on epidemiological evidence. On 15 August the protection zone and the surveillance zone were merged (see Annex C for a map) and on 25 August a further Declaratory Order was issued, which lifted all remaining restrictions.

1.12 There remains a heightened state of awareness concerning the risk of all notifiable avian diseases (in particular concerns about highly pathogenic avian influenza), both in the UK and worldwide. Although this particular outbreak of Newcastle Disease was successfully controlled, this report attempts to evaluate the efficiency of the methods used as a means of identifying possible areas for improvement in the event of any future outbreak of Newcastle Disease or any other notifiable exotic animal disease.

1.13 Following a report to the OIE from the UK's chief veterinary office (CVO), the OIE declared the UK free from Newcastle Disease Virus on 23 January 2006 ,since six months had elapsed since stamping-out measures were applied to the affected holding, the United Kingdom should now be considered as free from Newcastle disease under the terms of Article 2.7.13.2. of the *Terrestrial Animal Health Code* (2005 edition).

2. SUMMARY OF RECOMMENDATIONS

2.1 Building on the lessons learned from dealing the outbreak of Newcastle Disease in pheasants, 43 specific recommendations are outlined in section 4 of this report. The lessons learned have been grouped into the following themes - People, Communications, Policies, Structures & Organisation, and Delivery & Systems. The recommendations are grouped by theme and phase of the outbreak. The full list of recommendations is:

(R1): SVS HR should produce a contingency plan within the next 6 months outlining the role of SVS HR (including Learning and Development) in a disease outbreak, highlighting in particular the support, which they will provide during the suspicion phase. This should clearly outline how SVS HR will complement the role of the Defra Human Resource Services Division. This should lead to amendment of the Exotic Animal Disease Generic Contingency Plan, as appropriate.

(R2): The Generic Contingency Plan should be reviewed within the next 6 months to ensure that the next version laid before Parliament takes account of all groups that should be notified at suspicion stage and establishes an appropriate channel for this to take place. Responsibility for organising and chairing the initial teleconference and for maintaining the relevant contact lists also needs to be reviewed and, once agreed, included within the Generic Plan.

(R3): The trigger points for the move to amber alert should be reviewed and clarified within the Generic Contingency Plan. Note - The Exotic Animal Disease Generic Contingency Plan (Ver 1.1) has recently been amended to clarify the trigger point for the move to amber alert.

(R4): IBM should immediately develop their own contingency plan for a disease outbreak situation, including an audit of the capability of all relevant IT systems. The Generic Contingency Plan should be amended to ensure that IBM are notified at suspicion stage where it seems likely that a report case will be confirmed.

(R5): The Defra Human Resources Contingency Plan should be reviewed within the next 6 months and should set out provisions for a HR and Health and Safety representative to be deployed to the LDCC upon confirmation of disease. SVS Human Resources and Strategy Unit and Health & Safety Units should also produce plans setting out how they would interface with the Defra Human Resources units.

(R6): The purpose and structure of birdtable meetings should be precisely defined within the contingency plan in time for the laying of the revised version of the plan before Parliament in Spring 2006.

(R7): On confirmation of disease, there should be an agreed mechanism for establishing the daily 'battle rhythm' to reflect the scale and nature of the

outbreak. The rhythm should be regularly reviewed to ensure it is fit for purpose – the rhythm must also be communicated to all interested parties.

(R8): A programme of exercises involving policy and legal colleagues should be devised within the next six months in order to rehearse the drafting of declaratory orders for all diseases covered by the Contingency Plan.

(R9): The finance instructions should be amended within the next 6 months to include instructions relevant to the handling of EU claims. Relevant training should also be provided to AHDO staff.

(R10): The current review of the Generic Contingency Plan should make explicit provision for its flexible deployment to meet the scale of the outbreak, for inclusion in the revised version to be laid before Parliament in Spring 2006.

(R11): A flexible process for deciding whether CCC should be convened should be agreed with the Civil Contingencies Secretariat (CCS) for inclusion in the Spring 2006 revision of the Generic Contingency Plan.

(R12): The role and level of involvement required of the Defra Emergency Management Board should be more specifically defined and made more flexible according to size and progress of the outbreak in the 2006 revision of the Generic Contingency Plan.

(R13): Discussions should take place with the ADPG secretariat more clearly to defining its role in a disease outbreak situation and the Spring 2006 version of the Contingency Plan will be amended in accordance with this.

(R14): The role of the JCC within the NDCC should be more clearly defined within the Spring 2006 version of the Generic Contingency Plan.

(R15): The structure and provisions for the establishment of NEEG and resourcing should be more clearly defined within the Spring 2006 version of the Generic Contingency Plan.

(R16): Provision of scientific advice to ADPG should be reviewed and any changes required in the arrangements set out within the 2006 version of the Generic Contingency Plan.

(R17): The arrangements for establishing the Disease Reporting Team, bringing in additional staff from the VLA and SVS and for transferring responsibility for managing the team to the operational arm of the NDCC needs to be documented and incorporated into the Generic Contingency Plan. Detailed operational instructions should be drawn up by VExDD and incorporated into VIPER. The training requirements of nominated vets within the VLA should also be assessed and a training programme initiated. This aspect of the response should also be exercised during national exercise on avian influenza to be held on 5/6 April 2006, Exercise Hawthorn.

(R18): Arrangements for notifying IBM upon confirmation of disease and for the need to establish an IT cell in the NDCC should be set out in the 2006 version of the Generic Contingency Plan.

(R19): A decision must be made with regard to the ownership of the interactive map, for inclusion in the 2006 revision of the Generic Contingency Plan.

(R20): SVS Contingency Planning Division should encourage greater awareness of LDCC roles and responsibilities through its programme of local exercises in 2006/2007.

(R21): All divisions involved in responding to an animal disease outbreak should establish their own emergency response plans to train and assist their staff.

(R22): SVS Contingency Planning Division and the SVS Learning and Development Unit should review VIPER Chapter 4 – Diseases of Poultry and develop training packages for AHDO staff during 2006.

(R23): As part of the production of their own Contingency Plan for an outbreak of animal disease, SVS HR Strategy Unit should carry out a full review of terms, conditions and benefits for staff working during a disease outbreak situation to ensure that staff engaged in an emergency response are adequately rewarded for their input and that the allowances are equitable.

(R24): The Generic Contingency Plan and VIPER operational instructions should be reviewed immediately in order to set out clear mechanisms for information flows between the centre and the field.

(R25): The construction of websites in a disease outbreak situation should be tested through Exercise Hawthorn, the 2006 National exercise on avian influenza.

(R26): The Generic Contingency Plan should be amended over the next 12 months, setting out what information should be shared through the Defra internal website during a disease outbreak.

(R27): The Defra website should be the sole website for exotic disease outbreaks. The SVS website should therefore provide a link direct to the Defra external website.

(R28): A definition of the role and function of press releases should be produced by Defra's Communications Directorate for inclusion in the 2006 version of the Contingency Plan.

(R29): The Contingency Plan should be reviewed to clearly define the briefing functions of Communications Directorate and policy divisions, for inclusion in the version to be laid before Parliament in 2006.

(R30): There should be a single point of contact established between the VLA and the NDCC and between the VLA and the LDCC – all communications regarding capacity and the number of laboratory samples being taken should be channelled through these named contacts or their deputies. The SVS should review the policy of packaging and handling of laboratory samples and update the operational instructions as required.

(R31): SVS Finance Division should develop its own contingency plan for a disease outbreak situation in collaboration with FPRD and PCD within the next 6 months, in particular, setting out procedures for managing claims for EU co financing.

(R32): Defra's International Animal Health Division should develop its own contingency plan setting out arrangements for handling import/ export issues in a disease outbreak situation, in consultation within the relevant EU partners, within the next 6 months.

(R33): The process for communicating policy changes to the field should be reviewed as part of the wider of communications between the NDCC and the LDCC.

(R34): The contingency plan must expressly allow for increased flexibility depending on the size and scale of an outbreak. This should be reflected in the 2006 version of the plan.

(R35): As soon as disease is confirmed a Regional Operations Director (ROD), Divisional Operations Manager (DOM) and Contingency Regional Finance Manager (CRFM) should be deployed to the LDCC, these deployment actions should be recorded on a checklist and reported at the birdtable.

(R36): VIPER Chapter 4 should be reviewed over the next 6 months to more clearly define LDCC team tasks.

(R37): IBM should clearly set out its arrangements and customer service targets for a disease outbreak situation.

(R38): A training programme for SVS field staff in the use of GPS units should be devised over the next 6 months and delivered over the next year.

(R39): The current work on upgrading the different versions of DCS should be extended to cover issues raised in this report.

(R40): Arrangements over the next 6 months should be made for increased training of SVS personnel in the use of containerised gassing equipment.

(R41): Consultation of the Environment Agency in agreeing disposal routes during the initial phases of the disease outbreak should be included the operational instructions and in the 2006 version of the Generic Contingency Plan.

(R42): SVS Finance, SVS Business Development Division, HR, and Defra Procurement and Contracts Division should establish procedures for effective joined up working concerning finance issues within the next 6 months – these should be included in the finance desk instructions.

(R43): A plan for increasing the number of SVS staff trained to use IT based finance systems required in a disease outbreak situation by a minimum of 25% by the end of the next financial year, should be established within the next 6 months.

3. TERMS OF REFERENCE & APPROACH

3.1 Although the Newcastle Disease outbreak of July 2005 was quickly and effectively contained and controlled, the outbreak inevitably raised many important issues that require further detailed consideration and action as part of future contingency planning work by both the SVS and Defra. This project was established as a means to ensure that these issues are captured, recorded and acted upon appropriately.

Project Aim

3.2 The aim of the lessons learned project was:

“To evaluate and improve SVS / Defra’s capability, processes and organisational structures for managing an outbreak of Newcastle Disease or any other notifiable exotic disease, in the light of lessons learned from the handling of the July 2005 confirmed case of ND in Surrey.”

Objectives of the Lessons Learned Project

3.3 The agreed objectives were:

- To identify and evaluate lessons to be learned from the outbreak and communicate these both within SVS/ Defra and publicly; and to provide recommendations for further action within a lessons learned report.
- To establish a framework for the improvement of Contingency Plans and Operational Instructions based upon the lessons identified.
- To evaluate the implementation of recommendations made in the lessons learned report.

Approach and Methodology

3.4 Within days of the outbreak starting a feedback proforma was produced and circulated to all staff working in the local disease control centre (LDCC) and the national disease control centre (NDCC). Throughout the outbreak staff were encouraged to record any potential lessons arising from their work and the results have been collated by the project team in the SVS Contingency Planning Division and used in the preparation of this report. Stakeholders and operational partners were also given the opportunity to provide written feedback.

3.5 In addition to this feedback, a series of workshops were held to provide all those involved with an opportunity to identify both the most effective and least successful aspects of the disease control operation. Further details of these workshops and the general approach taken can be found in Annex E of this report.

4. LESSONS TO BE LEARNED

4.1 Introduction

4.1.1 The outbreak of ND was very different from the last outbreak of an exotic notifiable disease, the 2001 outbreak of Foot and Mouth Disease (FMD) both in terms of its scale and the impact on agriculture and rural industries. Whilst the contingency plan worked well, there are a number of issues concerning the flexibility and scalability of the plan that will need to be reviewed and incorporated into the next revision of the plan.

4.1.2 In analysing the issues and lessons to be learned, the project team has identified a number of key themes which run throughout the planning, invocation and delivery of the disease control response as set out in the contingency plan. The themes identified are: - People, Communications, Policies, Structures & Organisation, and Delivery & Systems. This report deals with issues relating to these themes during each phase of the outbreak; suspicion, confirmation, and mobilisation and ongoing management.

4.2 Contingency Planning & Emergency Preparedness

4.2.1 SVS Contingency Planning Division coordinates the work of the department in relation to emergency preparedness for exotic animal diseases. This includes compiling, reviewing and updating government contingency plans annually in line with legislative requirements. Alongside this, the division coordinates a programme of exercises designed to test both local and national level contingency plans during peacetime, in order to encourage greater awareness of roles and responsibilities. In particular, this outbreak demonstrated the value of Exercise Hornbeam, the national foot and mouth disease exercise which took place in June 2004, as it provided a realistic training environment for many of those who were involved in the 2005 outbreak of Newcastle Disease.

4.3 Suspicion Phase (Alert status moves from White to Amber)

4.3.1. People

(i) At suspicion stage it was difficult to assess the level of personnel support, which would be required, were disease to be confirmed and from precisely where these resources might best be deployed. It was not considered necessary to deploy departmental Human Resources staff to either the NDCC or LDCC although they were fully involved through contacts in both places. However, it later became clear that there were a number of questions from people at the LDCC that could usefully have been immediately addressed had HR staff been available. The involvement of the SVS HR and Human Resource Services Division there would have been beneficial at this stage in order to discuss options for dealing with a range of possible eventualities.

Recommendation (R1): SVS HR should produce a contingency plan within the next 6 months outlining the role of SVS HR (including

Learning and Development) in a disease outbreak, highlighting in particular the support, which they will provide during the suspicion phase. This should clearly outline how SVS HR will complement the role of the Defra Human Resource Services Division. This should lead to amendment of the Exotic Animal Disease Generic Contingency Plan, as appropriate.

4.3.2 Communications

(i) Certain groups, such as the Science Advisory Council (SAC) and Health Protection Agency (HPA) felt that they were not adequately engaged or informed during the suspicion phase of the outbreak. Therefore, there needs to be a review of which individuals, groups and organisations need to be notified at suspicion stage, what information is relevant, and how it will be communicated.

(ii) The level of suspicion remained at a low level (level 1) right up until the initial positive laboratory results were obtained. As soon as the level of suspicion was increased, a teleconference was organised and chaired by Defra Communications Directorate (CD) as required in the plan. This was effective but it has subsequently become apparent that it may be appropriate for this teleconference to be organised by Animal Health and Welfare Directorate General chaired by the CVO or deputy CVO with input from CD. The move to straight to red alert was in most cases cascaded to all key staff, although in a few instances, where senior staff were away from the office, the process could be improved.

Recommendation (R2): The Generic Contingency Plan should be reviewed within the next 6 months to ensure that the next version laid before Parliament takes account of all groups that should be notified at suspicion stage and establishes an appropriate channel for this to take place. Responsibility for organising and chairing the initial teleconference and for maintaining the relevant contact lists also needs to be reviewed and, once agreed, included within the Generic Plan.

4.3.3 Policies

(i) It is considered that the contingency plan requires greater clarity concerning trigger points for states of alert in the event of an outbreak of a notifiable exotic animal disease. At the start of the outbreak there was some discussion concerning the point at which amber alert should be declared, when a telecon should be held and when an NDCC should be established. This inevitably reduces the clarity of the organisational response and has an impact upon how decisions on ramping up resources could best be taken. The contingency plan should provide a more detailed definition of each alert status and identify specific trigger points at which each level of alert should be declared.

Recommendation (R3): The trigger points for the move to amber alert should be reviewed and clarified within the Generic Contingency Plan.

Note - The Exotic Animal Disease Generic Contingency Plan (Ver 1.1) has recently been amended to clarify the trigger point for the move to amber alert.

4.3.4. Structures & Organisation

(i) On suspicion of disease, the Defra Avian Influenza and Newcastle Disease Contingency Plan version 1.0 was used as the basis for the disease response. A teleconference was held on 14 July and disease was confirmed on 15 July. On confirmation of disease the Plan was invoked. Over the weekend a decision was taken to adopt the new Exotic Animal Disease Generic Contingency Plan which incorporated the lessons learned from Exercise Hornbeam, had recently been subject to formal public consultation and was due to be laid before Parliament on 21 July. It was apparent that those involved in the outbreak held varying degrees of familiarity with the content of the plan. This was probably at least partly due to the format of the plan having been significantly changed to produce the Generic Version.

4.3.5 Delivery & Systems

(i) During the suspicion phase of the outbreak there was little focus on the capability of IT systems to meet the demands of a potential disease outbreak, this partly a result of the way that the report case developed, in that clinical symptoms did not suggest Newcastle Disease was likely. It would however be useful for IBM to be notified of all report cases and they should be formally contacted if a report case is of particular concern so that they can assess the level and type of IT support that might be required. Peacetime emergency preparedness work should also place greater emphasis upon this.

Recommendation (R4): IBM should immediately develop their own contingency plan for a disease outbreak situation, including an audit of the capability of all relevant IT systems. The Generic Contingency Plan should be amended to ensure that IBM are notified at suspicion stage where it seems likely that a report case will be confirmed.

4.4 Confirmation Phase

4.4.1 People

(i) The Contingency Plan requires that a representative from Defra Human Resources are deployed to the relevant LDCC upon confirmation of disease. The small scale of the outbreak meant that this was considered unnecessary, as they were fully involved and available by telephone. However, in the event of any future outbreak of disease, regardless of its scale, a representative should be sent to the LDCC. Similarly, a health and safety representative should also attend the local operations office to ensure that staff needs are

also being sufficiently met in this area. This reflects the arrangements in this outbreak.

Recommendation (R5): The Defra Human Resources Contingency Plan should be reviewed within the next 6 months and should set out provisions for a HR and Health and Safety representative to be deployed to the LDCC upon confirmation of disease.

SVS Human Resources and Strategy Unit and Health & Safety Units should also produce plans setting out how they would interface with the Defra Human Resources units.

4.4.2 Communications

(i) After confirmation, the main source of information on the daily progress of the disease control operation was a result of the daily 'birdtable' meetings. These were held at both the national and local disease control centres. At the NDCC, birdtables were held three times daily whilst the disease was being controlled on the IP. Some have considered this number of birdtables to be excessive, as in the latter stages there seemed to be repetition of information. However, the opportunity for all those working on the outbreak to gather in one location to be updated on progress and seek advice from other colleagues was welcomed. The purpose and structure of birdtable meetings needs to be defined in greater detail. This should include consideration of appropriate frequency and attendees and how the battle rhythm might best be modified to suit the needs of a small-scale outbreak.

Recommendation (R6): The purpose and structure of birdtable meetings should be precisely defined within the contingency plan in time for the laying of the revised version of the plan before Parliament in Spring 2006.

Recommendation (R7): On confirmation of disease, there should be an agreed mechanism for establishing the daily 'battle rhythm' to reflect the scale and nature of the outbreak. The rhythm should be regularly reviewed to ensure it is fit for purpose – the rhythm must also be communicated to all interested parties

(ii) The Generic Contingency Plan sets out the requirements for the establishment of a core briefing unit within the NDCC. Due to the small scale of the outbreak, Communications Directorate decided that a communication hub and briefing unit in Page Street did not need to be immediately set up. Briefing was instead managed through existing structures – with hindsight this was a mistake and a key lesson from this outbreak is that a core briefing unit needs to be established and embedded within the NDCC on confirmation. With the development of the Central Communication Unit and the need for all briefing to be signed off by an appropriate policy official this whole area will need consideration to ensure a workable system can be developed from new arrangements.

4.4.3 Policies

(i) Following confirmation of disease, the CVO set out an objective for the control of the outbreak. This provided a clear focus to all personnel involved and direction for the various decision-making groups:

“Our objective is to stamp out and eradicate the disease in poultry; to protect the welfare of birds affected by the disease control measures; to encourage disease prevention through bio-security and adoption of vaccination; and to reduce the impact on international trade and the rural economy leading to restoration of the UK’s Newcastle Disease free status as soon as possible.”

(ii) The outbreak produced an increased awareness of the differing legislative requirements – applicable to each animal disease when drawing up then orders to establish the infected area. E.g. for diseases of poultry, the legislation allows for the Protection Zone and Surveillance Zone to be made as circles with a 3km and 10km radius from the IP, whereas for FMD zones are based on epidemiological boundaries (such as roads or rivers) at least 3km and 10km from the IP. The matter was compounded by the fact that the IP consisted of several discrete release pens some distance apart and accurate grid references for each one were not immediately available. These issues resulted in some delays in the drafting of the declaratory order defining the infected area. Regular exercises involving Geographic Information System teams, legal and policy colleagues to practise the drafting of declaratory orders for different diseases will ensure that all those involved are aware of the requirements for each disease.

Recommendation (R8): A programme of exercises involving policy and legal colleagues should be devised within the next six months in order to rehearse the drafting of declaratory orders for all diseases covered by the Contingency Plan. (See also recommendation on use of GPS units to obtain accurate grid references at 4.5.5 iv)

(iii) Similarly, there is a need for the requirements of EU legislation relating to the recovery of expenditure from the EU to be more widely understood. The finance instructions should relate to the information required for the EU co-financing claim and the Disease Control Systems should be reviewed to ensure the necessary information is collected.

Recommendation (R9): The finance instructions should be amended within the next 6 months to include instructions relevant to the handling of EU claims. Relevant training should also be provided to AHDO staff.

4.4.4 Structures & Organisation

(i) The contingency plan was followed in terms of the structures, which were set up to deal with an outbreak of exotic disease. An NDCC was set up at

Page Street in London and an LDCC was established in Reigate, at the AHDO responsible for the area in which the IP was located.

(ii) The size, circumstances, and scale of this particular outbreak meant that the contingency plan did not cover every aspect where a response was required. Decisions were required, guided by the overall objective (para 4.4.3). One of the key lessons to be learned from the outbreak is that the plan should be open to flexible deployment. However, it should also set out a mechanism for agreeing any departures from its provisions, with the Defra Emergency Management Board taking overall responsibility for making decisions on how the plan might be deployed most effectively, to meet the needs of a particular outbreak situation.

Recommendation (R10): The current review of the Generic Contingency Plan should make explicit provision for its flexible deployment to meet the scale of the outbreak, for inclusion in the revised version to be laid before Parliament in Spring 2006.

(iii) Civil Contingencies Committee (CCC): Because of the small scale of the outbreak it was not considered necessary to convene a full CCC as its impact upon other areas of Government was likely to be limited. CCS was represented at Animal Disease Policy Group (ADPG) and birdtable meetings and was content that this was an appropriate level of engagement in this outbreak. In the event of any future outbreak of disease there needs to be flexibility as to whether CCC (Officials or Ministers) should be convened, taking account of the scale and nature of the outbreak. This should take account of the potential impact of the disease on public health and the wider rural community.

Recommendation (R11): A flexible process for deciding whether CCC should be convened should be agreed with the Civil Contingencies Secretariat (CCS) for inclusion in the Spring 2006 revision of the Generic Contingency Plan.

(iv) Defra Emergency Management Board: The Defra Emergency Management Board met regularly and received regular updates from the CVO. Overall they felt content that their level of engagement was appropriate to the demands and scale of the outbreak.

Recommendation (R12): The role and level of involvement required of the Defra Emergency Management Board should be more specifically defined and made more flexible according to size and progress of the outbreak in the 2006 revision of the Generic Contingency Plan.

(v) Animal Disease Policy Group (ADPG): As the key strategic decision making body, ADPG met on a daily basis throughout the main control phase of the outbreak. The primary function of the ADPG is to take decisions and make recommendations on major policy issues to the Defra Management

Board and Ministers, based upon advice obtained from the expert group and taking into account as necessary the views of the Science Advisory Council. Feedback on the operation of ADPG during the outbreak indicates the group needed to be more focused on taking decisions rather than discussing advice in a level of detail that might have been more appropriate to another forum. This may be, in part, due to the nature of its engagement with individual groups, which will be considered in greater detail later in this report.

(vi) Although the ADPG fulfilled its remit successfully, there were concerns whether the approach used would have been possible in a larger scale outbreak, as even with a single IP, there was the view that members of the group were being required to consider an unrealistic amount of information and data at meetings. It is also important that ADPG should not duplicate the functions of other groups and therefore its role and responsibilities should be distinct. A review of the ADPG agenda would be beneficial to ensure focus on strategic issues, alongside a consideration of its membership during an outbreak, to ensure that the appropriate people attend meetings who are able and empowered to contribute to effective decision making.

Recommendation (R13): Discussions should take place with the ADPG secretariat more clearly to defining its role in a disease outbreak situation and the Spring 2006 version of the Contingency Plan will be amended in accordance with this.

(vii) Joint Coordination Centre (JCC): The Joint Coordination Centre takes responsibility for overseeing certain key operations during a disease outbreak such as veterinary operations, human resources, and management information and collects information and intelligence on the outbreak, its control and its impact on industry and the public – these data are collated and summarised in the daily situation report. The CVO holds overall responsibility for the functioning of the NDCC and the operation of the JCC falls within the remit of the Chief Executive of the SVS. Greater clarity is required within the contingency plan concerning the role of the JCC within the NDCC.

Recommendation (R14): The role of the JCC within the NDCC should be more clearly defined within the Spring 2006 version of the Generic Contingency Plan.

(viii) National Emergency Epidemiology Group (NEEG): NEEG was highly competent at fulfilling a crucial function of assessing the origin and likely scale of the outbreak and thereby shaping disease control strategy during the outbreak. However, there is concern over the lack of clarity with regard to when the group should be established and how it should be structured. Although the one field epidemiologist who was working in London was adequate for the demands of this outbreak, there were concerns that had the scale been larger, the group would have faced significant resource problems. This should be considered as part of peacetime contingency planning work. The group also relied heavily on a small number of individuals. Appropriately trained deputies must be appointed in the future to alleviate this risk

Recommendation (R15): The structure and provisions for the establishment of NEEG and resourcing should be more clearly defined within the Spring 2006 version of the Generic Contingency Plan.

(ix) Science Advisory Council (SAC): SAC were engaged following confirmation of disease. However feedback indicates that the group felt that they should have been involved earlier, during the suspicion phase. Their role in providing scientific advice to ADPG should form a crucial part of the decision making process and the relevant expert people therefore need to attend the appropriate meetings. The supply of expert scientific advice to ADPG should be considered as part of the review of its remit and membership. The role of science during a disease outbreak will be considered in greater detail further in this report.

Recommendation (R16): Provision of scientific advice to ADPG should be reviewed and any changes required in the arrangements set out within the 2006 version of the Generic Contingency Plan.

(x) Disease Reporting Team (DRT): The Disease Reporting Team function was undertaken by Veterinary Exotic Disease Division (VExDD) but due to the small scale nature of the outbreak was not supplemented by additional veterinary resource from either the SVS or VLA. Responsibility for running the team was not transferred to the operational delivery side of the NDCC under the control of the Chief Executive of the SVS (CE SVS), as outlined in the Generic Plan. This was a conscious decision given the relatively low numbers of report cases, but placed considerable pressure on the vets within VExDD and reduced the amount of time available to contribute to policy development. Following the outbreak there have been discussions between VExDD, the SVS and VLA and a decision has been reached whereby the DRT function is undertaken by VExDD for the first 48-72 hours, but resources are supplemented as soon as possible by vets from the VLA and SVS. Responsibility for the DRT then passes to the CE SVS after 72 hours, freeing up VExDD vets to input to policy development and to respond to other report cases, which may be unrelated to the disease outbreak. Detailed instructions should be incorporated into the SVS Operational Instructions, Veterinary Instructions Procedures and Emergency Routines (VIPER).

Recommendation (R17): The arrangements for establishing the Disease Reporting Team, bringing in additional staff from the VLA and SVS and for transferring responsibility for managing the team to the operational arm of the NDCC needs to be documented and incorporated into the Generic Contingency Plan. Detailed operational instructions should be drawn up by VExDD and incorporated into VIPER. The training requirements of nominated vets within the VLA should also be assessed and a training programme initiated. This aspect of the response should also be exercised during national exercise on avian influenza to be held in April 2006, Exercise Hawthorn.

4.4.5 Delivery & Systems

(i) It appears that IBM was not immediately notified of the outbreak upon confirmation of disease. A mechanism for ensuring that this occurs should be included in the contingency plan. They were quickly engaged thereafter. Communication with IBM and effective funnelling of information improved significantly following the placement of an SVS IT representative in the JCC to cover all IT issues.

Recommendation (R18): Arrangements for notifying IBM upon confirmation of disease and for the need to establish an IT cell in the NDCC should be set out in the 2006 version of the Generic Contingency Plan.

(ii) One of the most significant challenges posed by the outbreak was the availability and utility of IT systems. Successful control of the outbreak was highly dependent upon obtaining accurate data relating to the IP and its surrounding area. The disease control effort had to be based on a common understanding of the infected area. To take account of the distances between the release pens a decision was taken to establish a PZ which was 4.5 km from a nominal central point, this ensured that the boundary of the PZ was at least 3km from every release pen. However the Diseases of Poultry Disease Control System (DP DCS) was only able to produce reports based on 3km and 10km circles and due to the unique circumstances in Surrey, much of the disease control activity was based on manual systems and GIS reports as opposed to using DP DCS.

(iii) An interactive map was developed prior to the outbreak for both internal and external use in order to indicate the location of the infected area. However, following assessment by IBM during the outbreak it was considered too unstable to use. Another map was developed, but there was a delay of over a week before it could be made available to the public. The long term ownership of the map and arrangements for its financing have not been finalised. In the short term its ownership rests with Exotic Disease Prevention and Control (EDPC) Division.

Recommendation (R19): A decision must be made with regard to the ownership of the interactive map, for inclusion in the 2006 revision of the Generic Contingency Plan.

4.5 Mobilisation and Ongoing Management

4.5.1 People

(i) The success of the disease control operation can be attributed largely to the diligence and commitment of all staff involved. However it is clear that particularly at the local level the disease control effort suffered through problems over engaging sufficient human resource. Feedback received indicates that one of these difficulties may have arisen because of staff

morale within the affected office and discontent regarding current human resource policies relating to pay and conditions. Consequently the LDCC was predominantly staffed by people from elsewhere in the SVS and some temporary agency staff.

(ii) The JCC experienced no significant problems with regard to staffing. It played an important role in coordinating the deployment of staff from elsewhere in the SVS to the LDCC.

(iii) The awareness of roles and responsibilities during a disease outbreak appeared to be greater at NDCC than LDCC level.

Recommendation (R20): SVS Contingency Planning Division should encourage greater awareness of LDCC roles and responsibilities through its programme of local exercises in 2006/2007.

(iv) NDCC roles and responsibilities are outlined in the contingency plan and, for the most part, those involved displayed a high level of knowledge and understanding of their roles. However, perhaps due to the small scale of the outbreak, there was a tendency by some to involve themselves in areas of responsibility assigned to others. In some cases this led to duplication of effort causing focus to be diverted from the delivery of other key functions. It is important that roles are clearly set out in the Generic Contingency Plan and that individuals inform themselves of their duties and are empowered and trusted to deliver in line with their own specific responsibilities. . All divisions that would be involved in an outbreak will benefit greatly from the establishment of emergency response plans / contingency plans providing a greater level of detail on their specific area of work.

Recommendation (R21): All divisions involved in responding to an animal disease outbreak should establish their own emergency response plans to train and assist their staff.

(v) At the local level much concern was expressed over lack of clear identification of roles and responsibilities for LDCC staff. Problems with human resource at local level meant some individuals found themselves in the situation of being responsible for a number of areas of work, resulting in divided priorities and a reduced capacity to deliver. Between outbreaks there must be an increased focus on the development of local delivery plans setting out how each particular office would be organised and resourced during an outbreak. The SVS needs to develop uniformity of training, experience, and instructions across the AHDOs and an assessment of the overall levels of emergency preparedness for a disease outbreak situation.

Recommendation (R22): SVS Contingency Planning Division and the SVS Learning and Development Unit should review VIPER Chapter 4 – Diseases of Poultry and develop training packages for AHDO staff during 2006.

(vi) Requests were made for the introduction of the emergency displacement allowance such as was used during the Foot and Mouth Disease outbreak of 2001. People felt that not paying such an allowance was a major disincentive to volunteer during the July outbreak and would affect deployment in the future. The SVS Corporate Management Team decided that in such a limited outbreak it was inappropriate to recommend to the Defra Permanent Secretary that the emergency displacement allowance be paid. Whilst it is not within the remit of this report to recommend that specific HR policies should be implemented, it is recognised that there must be a review of policies relating to pay, conditions and benefits to be deployed in the event of any future disease outbreak. Having only recently obtained agency status, the SVS has retained the same terms and conditions of employment for its staff as those within core Defra. The agency may now wish to consider whether the needs of its staff differ from those of core Defra staff and therefore whether this should result in any significant changes to SVS human resource policy.

(vii) Some volunteers expressed discontent with current policies on pay and conditions. The debate concerning the provision of lunch to staff and high levels of out of pocket expenses have been recurring features of the feedback collected during this project. The financial implications of benefits and issues relating to the payment of costs associated with detached duty will be considered in greater detail later in this report.

Recommendation (R23): As part of the production of their own Contingency Plan for an outbreak of animal disease, SVS HR Strategy Unit should carry out a full review of terms, conditions and benefits for staff working during a disease outbreak situation to ensure that staff engaged in an emergency response are adequately rewarded for their input and that the allowances are equitable.

4.5.2 Communications

(i) Consideration of feedback received indicates that communication between the national and local disease control centres is an area in which significant improvements need to be made. In many areas there appears to be a general uncertainty concerning how the centre and the field should communicate.

(ii) Information of decisions taken at NDCC level did not always reach LDCC staff quickly enough. Minutes of NDCC birdtables, for example, did not always go to the LDCC direct, and when local staff did receive them it was quite often from a secondary source, elsewhere in the SVS. There needs to be consideration of exactly what information the LDCC should be receiving from the NDCC and the means through which this should be communicated. The contingency plan and operational instructions need to set out clear mechanisms for information flows between the field and the centre.

Recommendation (R24): The Generic Contingency Plan and VIPER operational instructions should be reviewed immediately in order to set out clear mechanisms for information flows between the centre and the field.

(iii) During the outbreak the Defra website provided the main source of information for the public and stakeholders. Feedback received from stakeholder groups indicates that they were satisfied with the level of information provided on the public Defra web pages. Some staff have commented that the site could have been more effectively cross-referenced. For example, existing poultry biosecurity guidance should have been linked to the Newcastle Disease pages. The structure and content of websites for all exotic animal diseases in the event of an outbreak needs to be considered further with greater effort going to the preparation of dummy sites for immediate use in an outbreak. The practical implications of putting web-based information together at short notice should also be tested through exercising.

Recommendation (R25): The construction of websites in a disease outbreak situation should be tested through Exercise Hawthorn, the 2006 National exercise on avian influenza.

(iv) There should be greater consideration of the use of the internal Defra intranet as a repository / library for data, information and briefing material during a disease outbreak. The NDCC circulated essential information by means of emails to a group distribution list. However it has been suggested that information that requires constant update, such as contact lists, should be posted on the Defra intranet to reduce the level of unnecessary email traffic.

Recommendation (R26): The Generic Contingency Plan should be amended over the next 12 months, setting out what information should be shared through the Defra internal website during a disease outbreak.

(v) Concern was expressed at the lack of a clear SVS website strategy for coverage of the disease during the outbreak. There was for example little information about the outbreak on the SVS public website. It is however important that stakeholders and the general public have a single reference point in the event of an outbreak.

Recommendation (R27): The Defra website should be the sole website for exotic disease outbreaks. The SVS website should therefore provide a link direct to the Defra external website.

(vi) Defra's strategic communications strategy was effective during the outbreak as there was balanced and factual reporting. The CVO played an important role in the strategy by taking regular meetings with key stakeholders and conducting interviews with the specialist press. Regular updates to the media by means of press releases in the initial stages of the outbreak helped to give accurate information and progress updates to stakeholders and the general public. However, it was felt that there should be more detailed consideration of the purposes, value and timing of issue of press releases, particularly at a local level.

Recommendation (R28): A definition of the role and function of press releases should be produced by Defra's Communications Directorate for inclusion in the 2006 version of the Contingency Plan.

(vii) A Q & A brief was also produced and updated daily by policy colleagues; it tied into the strategic communications strategy very well. However the Contingency plan needs to clarify the way in which briefing is prepared and cleared by policy divisions and by Communications Directorate and for clear guidance to be produced.

Recommendation (R29): The Contingency Plan should be reviewed to clearly define the briefing functions of Communications Directorate and policy divisions, for inclusion in the version to be laid before Parliament in 2006.

(viii) The Veterinary Laboratories Agency (VLA) played a key role in the successful control of the outbreak, providing all the virology and serology laboratory testing of samples. Response times were good and there was adequate capacity to deal with the demands of this small-scale outbreak. Communication with the centre was generally good, although it is recommended that a single point of contact (operations manager) be established in both the VLA and the NDCC. During the outbreak there were some conflicting messages about the available capacity. In practice this was not a major issue but a single point of contact would ensure that ADPG and NEEG were able to take account of any potential capacity issues. Communications between the field and the laboratory should also be improved to ensure that the VLA staff are forewarned of the likely number and timing of samples on a given day. A named individual in the LDCC should have responsibility for liaison with a named person within the laboratory. The SVS should also review the policy on laboratory sample packaging and handling – samples can either be packaged and despatched at the premises (this is quicker but sample record keeping and labelling is compromised) or taken back to the LDCC packaged, labelled and recorded on DCS prior to despatch (this is more accurate and samples can be bulked for transit but adds some delay).

Recommendation (30): There should be a single point of contact established between the VLA and the NDCC and between the VLA and the LDCC – all communications regarding capacity and the number of laboratory samples being taken should be channelled through these named contacts or their deputies. The SVS should review the policy of packaging and handling of laboratory samples and update the operational instructions as required.

4.5.3 Policies

(i) The role of science was briefly touched upon earlier in this report as part of a consideration of structures set up during the outbreak in the context of the role of the Science Advisory Council. ADPG needs to receive challenge and

input from SAC to make policy decisions. Such advice will need to be provided quickly if decisions are to be made in a timely fashion to aid the control of an outbreak. Expert groups, including the SAC, should so arrange their availability that they can respond effectively. Attendance of people empowered to make decisions at appropriate policy meetings will also help to avoid the potential waste of time and resources caused by the need to relay information through junior staff.

(ii) SVS Finance and Defra Finance, Planning, and Resources Directorate (FPRD) and PCD worked well together throughout the outbreak, but it was suggested that it would be beneficial to have better documented processes set out for joint working. These should be established in peacetime as part of contingency planning work, particularly with regard to EU co financing, costings for Defra/ SVS, overall responsibility for budgeting and finance and issues relating to valuation and the payment of compensation.

Recommendation (R31): SVS Finance Division should develop its own contingency plan for a disease outbreak situation in collaboration with FPRD and PCD within the next 6 months, in particular, setting out procedures for managing claims for EU co financing.

(iii) This particular outbreak placed a strong emphasis upon the UK's international obligations for the control of notifiable exotic animal diseases. Future work within this area will need to include a review of arrangements for clearance of export health certificates for animals imported into Great Britain. Further EU work may be necessary on whether the TRACES system provides the most reliable trade data and allows for consignments to be traced quickly and accurately in the event of a disease outbreak. Consideration should also be given to the relationship between the rules for trade in game birds and poultry and whether there needs to be any alignment between the two.

Recommendation (R32): Defra's International Animal Health Division should develop its own contingency plan setting out arrangements for handling import/ export issues in a disease outbreak situation, in consultation within the relevant EU partners, within the next 6 months.

(iv) Throughout the outbreak, Defra's contractors were considered to have responded efficiently and appropriately and procurement policies appear to have worked well. However there needs to be some consideration given to the relationship between procurement and finance, which is covered in greater detail elsewhere in this report.

(v) The outbreak highlighted the need to ensure that disease control policies are effectively communicated to the field staff in a timely manner. The communication needs not only to detail what the policy is but also the reasoning behind it so that front line staff are able to explain any changes to local stakeholders. The main policy issues during the Newcastle Disease outbreak in Surrey related to the requirements for surveillance – a number of changes in policy were made by the ADPG during the outbreak. These were not always communicated as effectively to front line staff as they could have

been. As a result there were either minor delays in implementing them or there was some nugatory activity.

Recommendation (R33): The process for communicating policy changes to the field should be reviewed as part of the wider of communications between the NDCC and the LDCC.

4.5.4 Structures & Organisation

(i) The Contingency Plan sets out a battle rhythm for coordinating strategic, tactical and operational level responses. Despite the fact that as part of the most recent review of the contingency plan the number of meetings was significantly reduced, it is still felt by some that too many were required. During the outbreak, the battle rhythm, as set out in the Contingency Plan, was amended to reflect the small scale of the outbreak and nature of the disease concerned. For transparency, the contingency plan should be amended to make it clear that the structures and arrangements can be modified and flexed so that the battle rhythm acts as a guide but can be amended to meet the demands of an outbreak of any size. There should also be provision for any deviation from the set battle rhythm to be recorded and explained, for example in Birdtable minutes, in order clearly to document the reasons for such decisions being made. This will facilitate future contingency planning.

Recommendation (R34): The contingency plan must expressly allow for increased flexibility depending on the size and scale of an outbreak. This should be reflected in the 2006 version of the plan.

(ii) A decision was made to send a Regional Operations Director (ROD) immediately and the ROD arrived at the LDCC on the Day 1 of the outbreak. This deployment worked well and highlighted the value of the ROD in leading the local response, and relieving the local Divisional Veterinary Manager (DVM) of some non-veterinary tasks. Owing to the small scale of the outbreak, a Divisional Operations Manager (DOM) and Contingency Regional Finance Manager (CRFM) were not immediately despatched to the LDCC, although both were deployed early the following week. With hindsight this should have happened at the same time as the ROD as the DOM and CRFM would then have been able to manage the ramp up of resources and manage from the outset some of the IT, finance and terms and conditions issues that arose. This highlights a recurrent theme of this lessons learned report, namely that the government response should be rapid and immediate based on a policy of 'go in heavy and hard at the outset' and then de-escalate as appropriate.

Recommendation (R35): As soon as disease is confirmed a Regional Operations Director (ROD), Divisional Operations Manager (DOM) and Contingency Regional Finance Manager (CRFM) should be deployed to the LDCC, these deployment actions should be recorded on a checklist and reported at the birdtable.

4.5.5 Delivery & Systems

(i) VIPER, Chapter 4 relating to diseases of poultry provides the main source of instructions for all those responsible for controlling an outbreak of Newcastle Disease. The feedback on its performance during the recent outbreak has been mixed. At the time of the outbreak the chapter was in the process of being reviewed and updated.

(ii) Generally, LDCC staff felt that the chapter provided an effective guide in terms of the requirements of LDCC team tasks. However many found that it lacked the level of detail required to ensure that inexperienced staff could perform its functions at a speed appropriate to the demands of an outbreak without seeking assistance from more experienced members of staff engaged in other work. It was felt that the chapter would benefit from more specific detail concerning exactly how tasks should be performed rather than simply explaining the nature of the task.

Recommendation (R36): VIPER Chapter 4 should be reviewed over the next 6 months to more clearly define LDCC team tasks.

(iii) The outbreak was the first test of Defra/ SVS's contracted IT systems and support supplier, IBM, during a disease outbreak situation. Although overall IBM was considered to have operated very well during the outbreak, their procedures and targets for response in such a situation had not been widely communicated beforehand and there was insufficient understanding of how best to trigger their activity and access the speedy response available in an outbreak.

Recommendation (R37): IBM should clearly set out its arrangements and customer service targets for a disease outbreak situation.

(iv) There have been concerns regarding the accuracy of coordinates provided by the LDCC to the NDCC GIS team. Staff making field visits must use GPS units to ensure that accurate map references are passed to the GIS team. SVS Field staff should be appropriately trained in the use of this equipment.

Recommendation (R38): A training programme for SVS field staff in the use of GPS units should be devised over the next 6 months and delivered over the next year.

(v) The Diseases of Poultry Disease Control System (DP DCS) was the only available system for obtaining data relating to premises holding poultry within the infected area. However its utility as a system and the reliability of its data were both heavily criticised throughout the outbreak. Data was imported from other systems (including VETNET, Census, Egg Marketing Inspector records and a several other datasets) and there was no method of checking whether

that was correct and this highlighted the lack of data on poultry locations available to the department. This is being addressed through the development of the Poultry Register.

(vi) The feedback of field data to meet NDCC requirements needs to be addressed. Returns were not provided in user-friendly format and much time was spent by the GIS and NEEG teams manipulating data into a format that could be entered into a mapping or epidemiological database. The compatibility of systems and issues relating to uniformity in the provision of data should now be considered as a matter of priority. The functionality of DP DCS needs to be improved. This should be addressed in the development of the interim arrangements.

Recommendation (R39): The current work on upgrading the different versions of DCS should be extended to cover issues raised in this report.

(vii) Overall, the disease control operation was considered to have been carried out extremely successfully. Both the catching teams and the gassing worked successfully and the slaughter operation was concluded within three days. The size of the IP, the distance between the pens and the risk that birds would escape from the release pens meant that it would not have been feasible to kill the birds in any shorter space of time. However, had this been a larger scale outbreak, the lack of trained personnel to use the gassing equipment might have caused resource capacity problems. This matter should be considered as part of emergency preparedness work.

Recommendation (R40): Arrangements over the next 6 months should be made for increased training of SVS personnel in the use of containerised gassing equipment.

(viii) The disposal operation was also carried out successfully. Although there were no regulatory implications in this outbreak the Environment Agency have requested greater involvement in agreeing disposal routes in the initial stages of any outbreak of animal diseases. The operational instructions should be reviewed to reflect this.

Recommendation (R41): Consultation of the Environment Agency in agreeing disposal routes during the initial phases of the disease outbreak should be included the operational instructions and in the 2006 version of the Generic Contingency Plan.

(ix) There needs to be consideration of the suitability of some SVS Animal Health Divisional Offices to function as Local Disease Control Centres during a disease outbreak. Due to the small scale of the outbreak Reigate AHDO was able to function as an LDCC, though notably with some limitations such as car parking space, unsuitable office furniture, and too few telephone lines. Ongoing work in this area is being reviewed by the SVS to ensure that it takes account of issues arising from this particular outbreak.

(x) Finance proved itself able to respond to significant challenges during this outbreak. The IT systems, policies, and procedures have all been subjected to significant scrutiny in this area.

(xi) Concerns were raised about the way in which detached duty expenses were required to be authorised. It became apparent that some finance issues have implications for both HR and procurement policy. The outbreak highlighted a number of areas where the DFS required modification to enable it to deal with the requirements of a co-financing claim and to deal with some aspects of VAT. There were also some issues relating to the payment of invoices by the SVS where the original purchase order was raised by someone in core Defra. These issues have all been logged and are being addressed by minor modifications to the systems or desk instructions. There needs to be more emergency preparedness work to ensure that finance operations have robust IT systems and procurement policies in support. Detailed operational instructions need to be produced to support LDCC finance work.

Recommendation (R42): SVS Finance, SVS Business Development Division, HR, and Defra Procurement and Contracts Division should establish procedures for effective joined up working concerning finance issues within the next 6 months – these should be included in the finance desk instructions.

(xii) There needs to be further guidance on which cost centre codes should be used for expenses incurred during an outbreak. There should be more training in the use of finance IT systems in emergency situations. A contingency finance manager was deployed to the LDCC and her expertise played a crucial part in resolving many of the finance problems that occurred. However, she was the only member of staff trained in the disease finance system (DFS) and even those systems used in peacetime, such as Buy4Defra, have too few experienced users to cope with the demands of an outbreak.

Recommendation (R43): A plan for increasing the number of SVS staff trained to use IT based finance systems required in a disease outbreak situation by a minimum of 25% by the end of the next financial year, should be established within the next 6 months.

(xiii) The location of the outbreak in South East England meant that there were no cross border issues with the devolved administrations and therefore their involvement was limited. However, the devolved administrations have requested a greater level of involvement in any future outbreak of an exotic animal disease in England, even when there are no cross border issues.

5. FUTURE ACTIONS

5.1 This sections sets out the ways in which work will be taken forward to develop recommendations made by this report.

5.2 The recommendations set out in this report will be considered and discussed as appropriate by AHWDG, the SVS Corporate Management Team and the policy and operational groups involved in emergency preparedness. The report and recommendations will also be presented to the Defra management board and Ministers.

5.3 Following publication, each recommendation will be prioritised and assigned to a specific owner. This owner will take responsibility for the resolution of their assigned issue, in conjunction with other colleagues as appropriate. Those recommendations assessed as high priority because, for example, of their relevance to avian influenza, will be fast tracked and implemented as soon as practicable.

5.4 SVS Contingency Planning Division will coordinate an implementation review process that will monitor the progress of work taking place in response to each recommendation made by this report. This will culminate in the presentation of an implementation review paper to the Board of the new Emergency Preparedness for Exotic Animal Diseases Programme and AHW Management Board, summarising progress made, in Summer 2006.

5.5 Many of the recommendations in this report have already been implemented and will be tested during the course of Exercise Hawthorn, the national avian influenza exercise, taking place on 5/6 April 2006. This will provide a means to assess the effectiveness of the actions taken to implement the report's recommendations. Some recommendations will also be tested through SVS Contingency Planning Division's programme of local exercises at AHDO's across the country.

5.6 SVS Contingency Planning Division will review all relevant contingency plans and operational instructions to ensure that they take account of the issues raised within this project.

5.7 Defra and the SVS will continue to engage with stakeholders and operational partners to ensure that they can achieve an appropriate level of understanding and input into our emergency preparedness arrangements.

5.8 SVS will ensure that lessons learned are communicated and implemented at both national and local levels.

6. CONCLUSIONS

6.1 The July 2005 outbreak of Newcastle Disease in Surrey was a challenging experience for all of those involved across Defra, the VLA and the SVS. This report seeks to evaluate the collective experience in order to produce positive outcomes for the future.

6.2 It is interesting to note how the nature of the challenges faced has changed over recent years. Some individuals brought the legacy and experience of their involvement in the Foot and Mouth Disease outbreak of 2001 to this outbreak. For others this was a first experience of a disease control operation. Whereas in 2001, the SVS formed part of the core department, it now takes the lead in the operational aspects of emergency response to animal disease as an executive agency.

6.3 Whilst this report identifies a number of areas for improvement and further consideration, Defra, the VLA and the SVS worked in partnership successfully to achieve the overriding aim of containing and controlling this outbreak of an exotic animal disease.

6.4 Since 2001 many lessons have been learnt that have helped to shape our current policies, contingency plans and operational instructions. However, whilst this project has identified a number of new areas for development, it is clear that some of the lessons that were learnt in 2001 need to be relearned and applied much more transparently across the entire sphere of our emergency preparedness work, particularly with regard to the way that we communicate with each other, our stakeholders, and the public

6.5 If nothing else the recent outbreak proves that there are tangible benefits to be derived from contingency planning. Despite the identified areas for improvement, our contingency plans and operational instructions provided a robust framework within which those involved in the disease control effort were able to operate. Their existence undoubtedly assisted with the speed of the operational response.

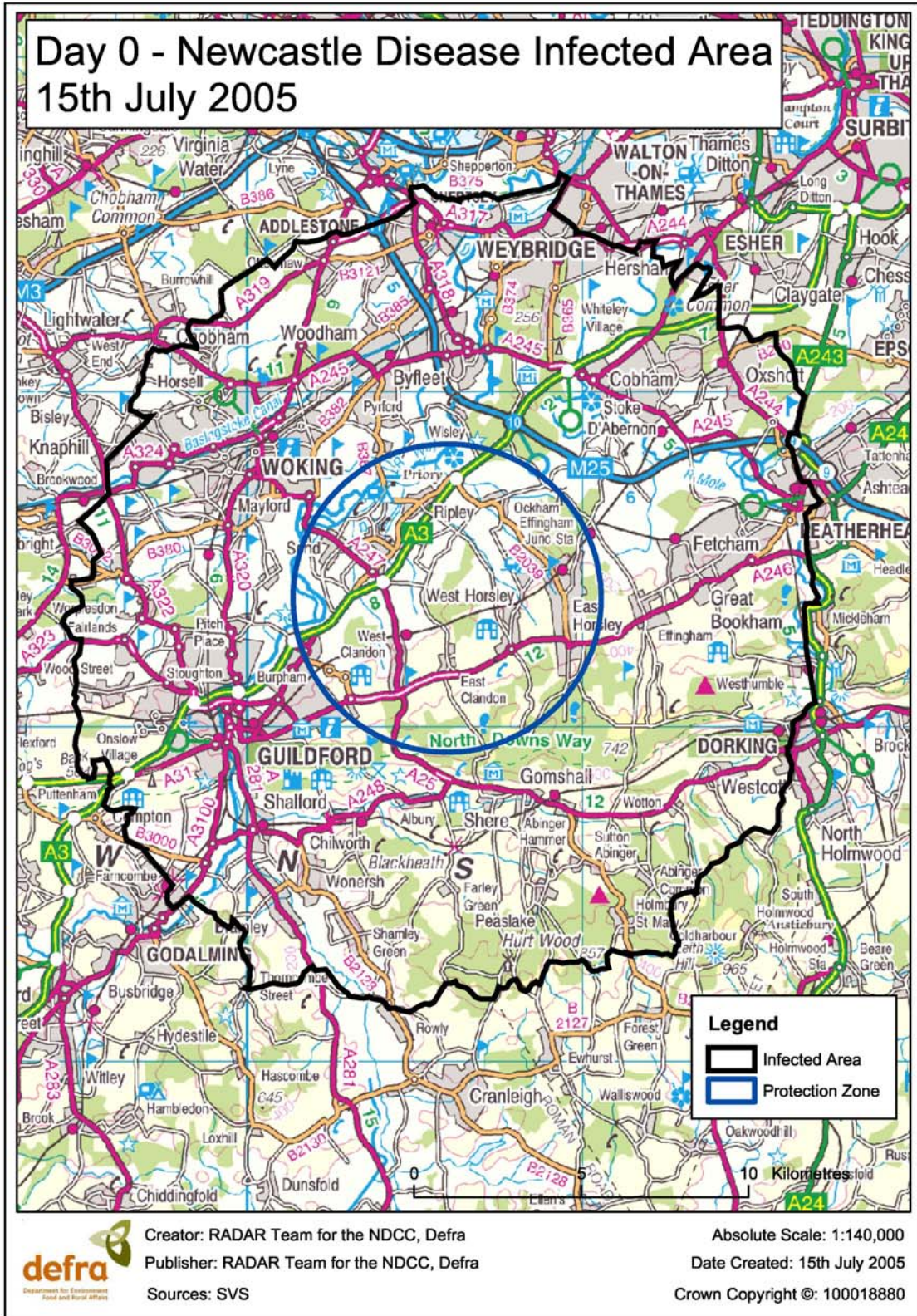
6.6 To conclude, contingency planning and emergency preparedness are continually evolving processes. This report demonstrates the commitment of the Defra / SVS partnership to these processes and the individuals involved with them. Therefore listening and learning cannot and will not be confined to this project and we trust that all those who have been involved will continue to engage with us to improve our capability for the future

ANNEXES

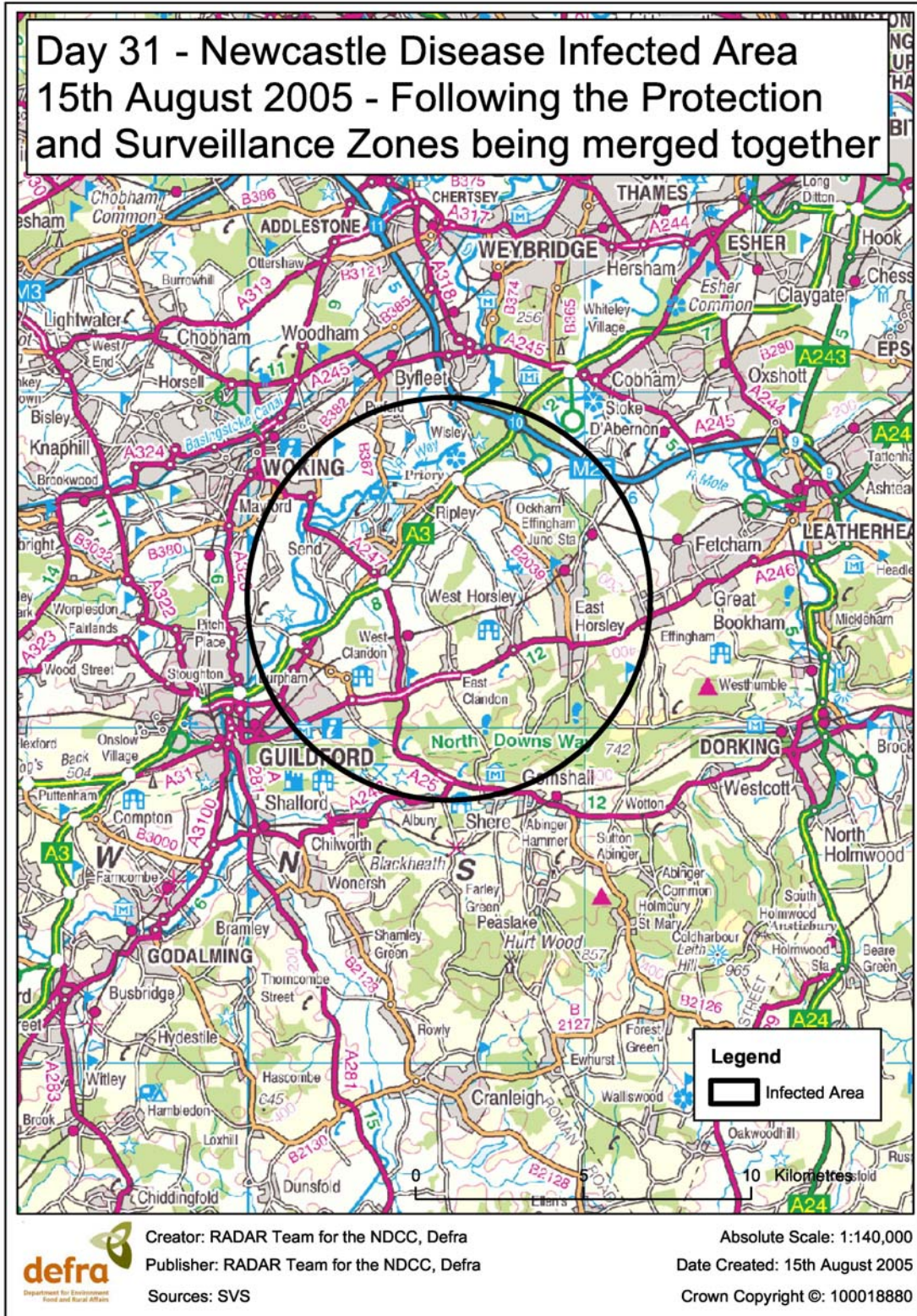
ANNEX A – HIGH LEVEL MAP SHOWING INFECTED AREA & CONTROL ZONES



ANNEX B DETAILED MAP SHOWING CONTROL ZONES IN PLACE ON DAY 0



ANNEX C - DETAILED MAP SHOWING CONTROL ZONES IN PLACE ON DAY 31



ANNEX D – TIMELINE / CHRONOLOGY OF THE OUTBREAK

Suspicion Phase

30 June	Pheasants on premises in Surrey first begin to display clinical signs of disease.
5 July	Private veterinarian investigates and carries out Post Mortem. Samples sent to Veterinary Laboratories Agency (VLA).
9 July	Mortality in three pens on affected premises.
11 July	Suspicion of Newcastle Disease reported by VLA and investigated by the State Veterinary Service. Premises placed under restrictions using the Disease of Poultry (England) Order 2003.
14 July	A haemagglutinating agent isolated and identified as Newcastle Disease virus.

Disease Control Phase (Red)

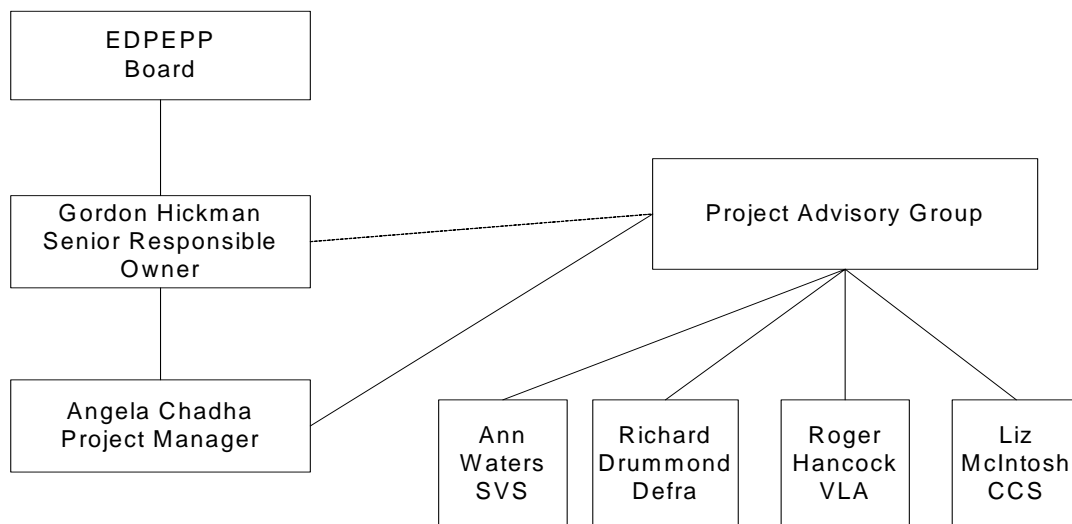
15 July (Day 0)	Chief Veterinary Officer confirms presence of Newcastle Disease upon a holding of pheasants in Surrey. National Disease Control Centre in London set up. Local Disease Control Centre in Reigate set up. The Exotic Animal Disease Generic Contingency Plan is put into operation. European Commission and OIE informed of situation. Suspension of exports of susceptible commodities to all Third Countries
16 July (Day 1)	Declaratory Order defining the boundaries of the infected area issued.
18 July (Day 3)	Culling operation begins at 06.30 hours.

19 July (Day 4)	Joint statement issued by UK and French Chief Veterinary Officers concerning investigations to take place in both countries to establish the source of infection.
21 July (Day 6)	Export restrictions lifted with regard to countries accepting area freedom. Restrictions remain in place for countries requiring country freedom from disease. Ministerial Statement by Ben Bradshaw, the Parliamentary Under Secretary for Environment, Food and Rural Affairs, on Newcastle Disease is published.
23 July (Day 8)	Culling operation is completed.
24 July (Day 9)	Preliminary cleansing and disinfection on infected premises completed.
27 July (Day 12)	Newcastle Disease confirmed on source farm by French authorities.
29 July (Day 14)	Surveillance zone reduced to 6km following agreement by the European Commission on the basis of epidemiological evidence.
3 August (Day 19)	Equipment and hard standing cleansing and disinfection completed.
15 August (Day 31)	A Declaratory Order comes into force from 13.30 hours, which has the effect of merging the protection zone with the surveillance zone around the premises in Surrey. This means that surveillance zone controls only will apply in the infected area.
25 August (Day 41)	A Declaratory Order comes into force, which has the effect of lifting the surveillance zone around the premises in Surrey.
16 September (Day 63)	Secondary cleansing and disinfection completed
23 January (Day 192)	OIE declares that UK Newcastle Disease free status is restored. Since six months have elapsed since stamping-out measures were applied to the affected holding, the United Kingdom should now be considered as free from Newcastle disease under the terms of <u>Article 2.7.13.2. of the OIE <i>Terrestrial Animal Health Code</i> (2005 edition).</u>

ANNEX E - PROJECT METHODOLOGY

The Lessons Learned study has been prepared by the SVS Contingency Planning Division (SVS CPD) and has been run as a formal project within the Exotic Disease Policy and Emergency Preparedness Programme. The project team have received support and guidance from a project advisory team drawn from Defra, VLA, Civil Contingencies Secretariat (CCS) and SVS.

NEWCASTLE DISEASE LESSONS LEARNED PROJECT – PROJECT GOVERNANCE



The following is a summary of the project methodology and the approach taken by the project team in identifying the issues and lessons to be learned from the handling and management of the ND outbreak in Surrey in July 2005.

Identification of Issues and Lessons to be Learned

i) Written feedback

Within days of the outbreak starting a feedback proforma was produced and circulated to all staff working in the LDCC and NDCC (See Annex F). Throughout the outbreak staff were encouraged to record any potential lessons arising from their work and the

results have been collated by the project team based in the SVS Contingency Planning Division.

All stakeholders and operational partners involved in the outbreak were written to and invited to provide written feedback based upon their experiences.

ii) Facilitated Workshops

Shortly after the main business of the disease control operation had been concluded, a series of workshops were organised, so as to ensure that all those involved with a had an opportunity to express their views concerning their most effective and least successful experiences during the outbreak.

A workshop was held at Reigate AHDO in order ensure that all personnel involved in its work were given an opportunity to contribute. Soon after, a series of four workshops were held in London to ensure that as many aspects of the management of the outbreak as possible are covered by this project.

In an attempt to provide a clear focus for the workshops, each had a specific theme:

A) Strategic Decision Making/ Policy Development:

Organisation and structures (as outlined in the Exotic Animal Disease Generic Contingency Plan); Roles and responsibilities and governance arrangements: Civil Contingencies Secretariat (CCS) and the Civil Contingencies Committee (CCC), Defra Management Board, Devolved Administrations, Chief Veterinary Officer (CVO), Chief Scientific Adviser (CSA), Chief Executive SVS, Animal Disease Policy Group (ADPG), Expert Group (EG), Animal Health Directorate, Policy Development, Role of International Animal Health Division, Veterinary Policy Directorate, Defra Support Directorates - Legal, Rural, Livestock Products Division, Strategic Communications and stakeholders.

B) Tactical level response - NDCC:

Organisation and structures (as outlined in the Exotic Animal Disease Generic Contingency Plan); Roles and responsibilities: Joint Coordination Centre (JCC), Disease Reporting Team (DRT), Procurement, Finance, Communications, Human Resources, National Epidemiological Expert Group (NEEG)/ Field Epidemiology, Veterinary Laboratories Agency, Communications including Knowledge Network, Briefing, Q & A, JCC Sitreps, Birdtable Reports, Stakeholder Participation at birdtable meetings, Relationship between JCC and LDCC.

C) Operational level response:

LDCC (including Operational Instructions): including VIPER Chapter 4, Procurement and Contracts, Finance, Administration, Slaughter and Disposal, Cleansing and Disinfection, Human Resources, Epidemiology, Surveillance and Tracings, laboratories

D) IT/ Data and Systems:

Computer systems and data flows, including Diseases of Poultry Disease Control System (DP DCS), GIS mapping, statistics and information management, communications with and role of IBM, interactive map, website, Disease Finance System (DFS), VTVS.

Although the focus of each workshop was targeted on the areas identified above, there were inevitably some issues, which were pertinent to more than one of the groups. Therefore some overlap of discussion occurred.

Review of Issues and Recommendations

The project team has reviewed all the issues identified in written feedback and the workshop sessions and grouped them together in themes – they are discussed in section 3 of this report. A number of recommendations have been made.

Work has already commenced to address some of the recommendations made in this report. However, in order to ensure that that appropriate action is taken in a timely manner, an implementation review process will take place shortly after publication of the report. The results of this review will be reported to the Defra Animal Health and Welfare Management Board and Exotic Disease Policy and Emergency Preparedness Programme (EDPEPP) Board.

Further details of the implementation review process are included in Chapter 4 of this report, which relates to future actions.

The lessons learned project process has been viewed extremely positively by all involved in the process and there is strong commitment to reviewing the current plans and guidance and to implementing the recommendations.

ANNEX F - FEEDBACK PROFORMA CIRCULATED TO ALL STAFF WITHIN DAYS OF THE START OF THE OUTBREAK

ISSUES LOG / LESSONS TO BE LEARNED ~ Feedback Form
In order to capture issues and areas of improvement for the future, in the way Defra / SVS has responded to the outbreak of Newcastle Disease in pheasants on 15 July 2005 we want to collect data whilst it is still fresh in peoples minds.
Please record your thoughts or observations regarding any aspect of investigation, response or recovery aspects of the outbreak. Please record brief details of the issue together with any comments on how the matter could be mitigated or resolved. Please also record any aspects which went particularly well. We will collate the feedback for use in the post-outbreak lessons learned exercise at the end of the outbreak. Please therefore record your observations as you think of them but please do not return the feedback form until your involvement has ended.
POLICY ISSUES
OPERATIONAL ISSUES - NDCC (including comments on the Contingency Plan)
OPERATIONAL ISSUES - LDCC (including comments on instructions)
FINANCE ISSUES
COMMUNICATIONS ISSUES
OTHER
Your Name:
Your contact details:
Your Role in the outbreak:
Please return this feedback form to Gordon Hickman, 1a Page Street, London SW1P 4PQ Tel: 020 7904 6036
Email: gordon.hickman@svs.gsi.gov.uk