



Health Protection Agency Games Time Working Evaluation Report

London 2012 Olympic and Paralympic Games

Introduction

The HPA London 2012 Olympic and Paralympic Games survey was conducted using the HPA's online survey tool (selectsurvey.net) at the end of September 2012. Two surveys were conducted, one for external stakeholders and the other for internal colleagues. The purpose was to review the HPA's Games time activities and use the lessons learned both within the HPA and in the transition to Public Health England (PHE), and also as part of the legacy for those planning future mass gatherings.

Questions were focussed on planning and preparations, media and communications, the daily situation report (SitRep) and public health response. This report summarises the findings of the survey and looks at feedback on what went well; what could be improved/lessons learnt; and any recommendations for HPA/Public Health England (PHE) and for others hosting mass gatherings.

External stakeholder survey

The HPA London 2012 external stakeholder survey was sent to colleagues from the organisations below. Twelve responses were received.

- World Health Organization
- The Department of Health
- NHS Operations
- Government Office for Science (GOS)
- European Centre for Disease Prevention and Control (ECDC)
- Food Standards Agency (FSA)
- Department for Environment, Food and Rural Affairs (Defra)
- London Organising Committee of the Olympic and Paralympic Games (LOCOG).

Summary

Overall, stakeholders were very happy with the HPA response. The survey results indicated a very high level of satisfaction with the HPA preparations and delivery of the Games time commitments. The daily situation reports were found very useful by partners, and were appreciated for their good overview and timeliness. The HPA was also praised for close co-operation and sharing of information. There were limited comments re opportunities for improvement, but elements identified included the need for a clearer definition of "no impact on the Games" in risk assessments, and the need to provide more information on planning

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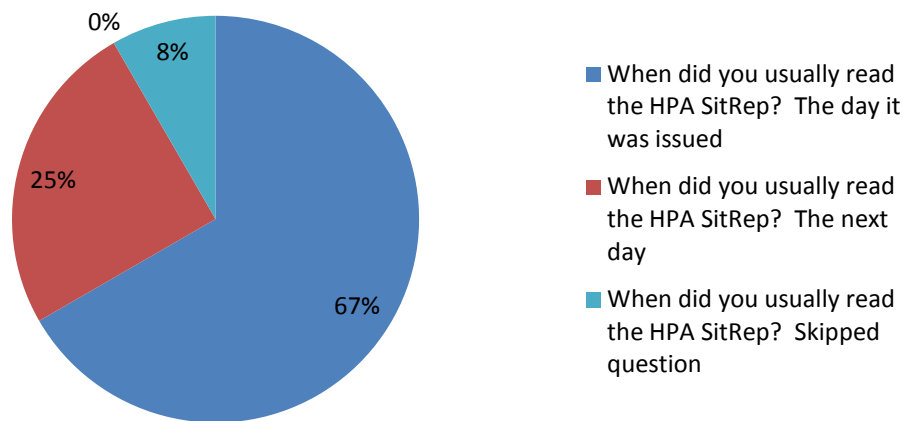
communication messages. Main recommendations surrounded tailoring planning information to include low-resource countries; planning well ahead to include extra measures for “surveillance systems” in routine practice; and providing good documentation on what was done during the Games.

Planning and preparation

All participants responded positively to the initial five questions of the survey focussing on meeting expectations, and the planning and provision of information.

Daily Situation Report (SitRep)

There were a series of questions regarding the daily situation report (SitRep). The first revealed that the majority of respondents (67%) read them on the day they were issued, with the remainder looking at them the next day.



92% of responders found the SitRep content useful and almost 100% were satisfied that all elements met their needs. Only the global health situation section did not meet the needs of one of the stakeholders. Responders reported the added value of the daily SitReps over usual reports/communications in terms of timeliness, being concise and a good overview.

100% of responders were satisfied with the level of detail in the SitRep and did not feel that reporting in the SitRep alerted them to issues requiring public health action that caused concern. 100% also felt the SitRep provided assurance that there were no significant issues requiring action. Only 25% felt that – only on a very few occasions – information expected to be in the SitRep wasn't included. The majority (67%) expressed that this was never the case.

When risk assessments were included in the SitRep, the majority (75%) understood the rationale behind the risk assessment. However, one respondent felt that that further explanation would have been useful in terms of explaining the rationale for what was considered relevant to the Olympics, and providing links to more to detail if required.

58% of respondents reported that the syndromic surveillance information provided in the HPA daily SitRep informed their organisation's daily risk assessment on a daily basis.

On the whole the media and reporting section was found very useful (75%); however, there was a recommendation to provide links to original media sources if important outbreaks were to happen, and to provide more on planned communication messages from the HPA so that messages could be aligned.

Communication

There was high satisfaction with communication from the HPA, with 83% satisfaction on responses to queries and provision of additional information, briefing, and exception reporting. 75% of respondents felt very well informed on media and communication issues. The HPA was praised for their close cooperation and sharing of information. Of the 8% who felt "somewhat well informed", one respondent suggested earlier discussion of content and structure for public bulletins.

The HPA web pages were found useful by 42% of respondents, with the remainder not accessing the pages. This perhaps suggests that more publicity for the pages was required, or that the HPA response was sufficient without needing to access the web pages.

For those who participated in the daily teleconferences, 70% found them useful and one commented that "they were short and precise". 100% of responders were satisfied with the function of the single point of contact (SPOC).

Internal stakeholder survey

The HPA London 2012 survey for internal colleagues received 80 returns.

Summary

The survey results highlighted that respondents had a very good understanding of the expectations for the agency during Games time, and gave positive feedback that demonstrated that the agency had proven that it could deliver assurance of public health issues during a major event. Daily teleconferences were seen as a good way of keeping people informed, and the daily situation reports were regarded as an accurate summary and central source of information. Respondents felt that some elements could have been improved: for example, HR arrangements; the Corporate Information Response Administration System (CIRAS); and the daily situation reporting - both data and risk of duplication in reporting. Recommendations for HPA/PHE included improvements to HP Zone. Recommendations for other mass gatherings included considering systems that can be easily scaled up and down dependent on the response required, and to enhance existing arrangements over developing new ones.

Planning and preparation

Respondents felt that clear expectations were set, with all respondents understanding what the HPA would be delivering during the Games. The majority, 84%, felt the HPA's planning and provision of information before the Games was appropriate; were happy with the organisation of the HPA response; and felt that the HPA showed it can pull off hugely complex delivery. The majority (98%) felt that their expectations were met during Games time, with 90%, having a clear picture of what was going with the HPA and how the agency was responding.

Respondents indicated there was room for improvement in areas such as HR and informing staff; the amount of planning; CIRAS; and involvement of Health Protection Units (HPUs) in the exercises.

Recommendations were made on:

- The planning and preparations. which included skilling up more people to perform critical roles to ensure resilience
- Sharing the experience more widely and ensuring that escalation arrangements were thoroughly exercised in advance of the event
- The benefits of using existing arrangements and enhancing them, and agreeing reporting processes with all relevant agencies well in advance
- The need for transparency and reassurance in preparations
- Giving advice on prioritisation of surveillance systems and on managing political expectations.

Communication

- The daily teleconferences were found useful by 63% of the respondents: the teleconferences were focussed, and people liked to be well informed
- 87% found the single point of contact (SPOC) used across the agency for all communications useful. However, some feeling was that checks could have been made on whether it was workable for all regions
- Cross government working was praised, specifically with regard to the excellent collaborative organisational working across health service and government partners
- Some respondents questioned whether daily teleconferences could have been replaced with SitRep and exception reporting, and held at the start of the day to set the scene.

Daily rhythm

The survey asked to what extent the daily rhythm met the needs of those involved. 76% concluded that it met their needs completely, while 20% indicated that it met their needs partially, and 4% said it did not meet their needs. The divide of opinion was similar about reporting mechanisms, with 71% expressing that reporting mechanisms met their needs completely, and 24% saying it met their needs partially. Of those who indicated that reporting mechanisms partially met their needs, one suggested that reporting streams were very complex, and could have broken down easily in an incident situation.

General communication

The response was generally very positive. However feedback included one respondent highlighting that that they could have benefitted from a more national overview of HPA activities, although they had a good understanding in their immediate area. Some recommendations were made regarding talking to the front line early and sharing more about what information went to whom and to which organisation, using the normal lines of communication and arrangements, and keeping the number of people involved to a minimum to ease communication.

Situation reporting/surveillance

Respondents reported the added value of the daily SitReps over usual reports/communications, and in particular its succinct, clear and consistent format;

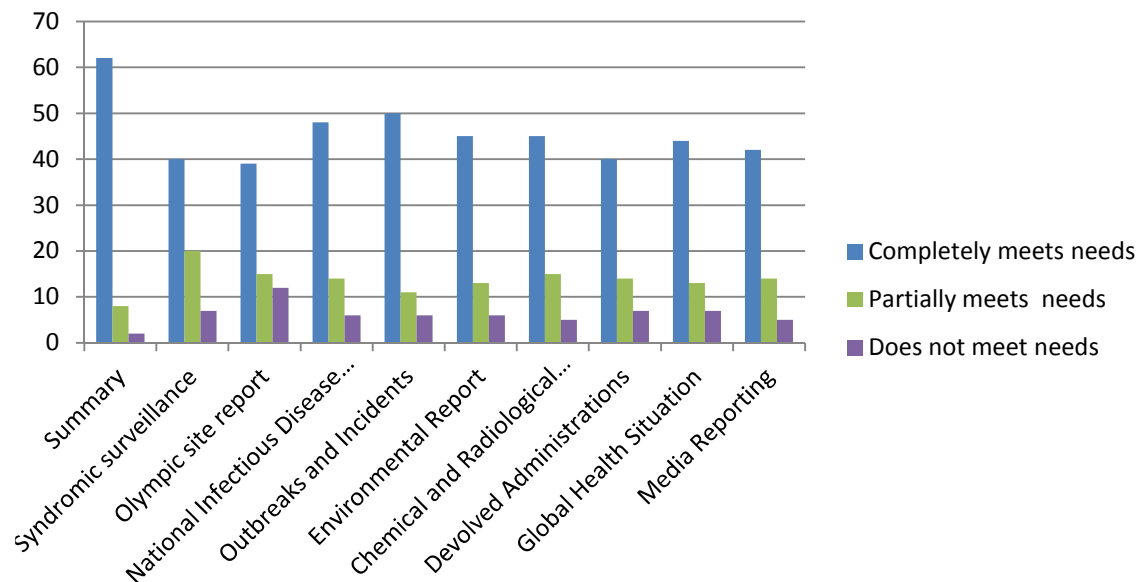
timeliness; and function as a good central point of information and summary of work other departments were contributing.

A high majority – 95% of respondents – understood how their data and information fed into the final SitRep. However, of the remaining 5%, one respondent was unclear as to how the information they provided in their workstream SitRep was then assessed for inclusion in the HPA overall SitRep.

Some also gave examples of when information was not included, and asked what “...further criteria was used to include or not include submissions,” stating additionally that “...although it was initially difficult to judge the level of detail required in the SitRep... this was resolved over the first few days of reporting”.

In terms of assessing each element of the SitRep, the summary at the beginning was judged to have best met/been most relevant to people’s needs, followed by the outbreaks and incidents section; the national infectious disease surveillance assessment; and the environmental report. The site report, syndromic surveillance section and devolved administrations sections were judged overall to have least met/been least relevant to people’s needs.

The chart below demonstrates to what extent each section met the needs of internal staff:



Respondents commented that improvements to situation reporting could include more clarity on site reporting data; less duplication of information that was already available elsewhere; more information on the characteristics of the disease being reported; and earlier provision of the Olympic Coordination Centre risk assessment framework.

Recommendations were given for HPA/PHE that focussed on improvement to existing systems; the benefits of developing existing systems for Games time; and providing HPZone with better reporting facilities and a version that can be used for exercises. There were also suggestions for improvements to the guidance on interpreting reporting criteria, using a reporting brief approach instead of the SitRep and improving and piloting the post-event questionnaire.

Recommendations were also given that would benefit others holding mass gatherings. These included expanding surveillance systems; improving existing mechanisms; employing HPA Games time working evaluation report - London 2012 Olympic and Paralympic Games.

learning from the real time syndromic surveillance and rapid microbiology testing; and having rigorous surveillance with clear priorities.

Public health delivery and response

91% out of 80 respondents commented that they did not initiate any public health actions as a result of the information provided by the SitRep.

Respondents indicated that there were potential lessons to learn following the public health response during the Games. It was felt that more information was needed on the role of the Polyclinic, and more clarity was required on how information was being used. Respondents highlighted the importance of drawing in both national and regional perspectives of infectious disease threats. They also suggested the use of a standby response, with surge capacity to respond if required.

Recommendations for the HPA/PHE included examining whether the same response/assurance could have been delivered with less resource; ensuring that local health care facilities submitted samples appropriately for microbiological/virology testing; and recognising that the main value added by the HPA is knowledge and expertise.

Recommendations for other mass gatherings included understanding the public health background of the host country's population, so that an exception situation can be easily identified as relating to the mass gathering; and planning a flexible response.