

GREATER LONDON AUTHORITY

[REDACTED]
[REDACTED]
(By email)

Our Ref: MGLA100620-4193

11 August 2020

Dear [REDACTED]

Thank you for your request for information which the Greater London Authority (GLA) received on 9 June 2020. Your request has been dealt with under the Freedom of Information Act 2000.

You asked for:

- Any report/s produced by the London Resilience Forum in relation to Exercise Cygnus (referred to in your 3 June 2020 testimony);
- Any report/s produced by the MPS, London Fire Brigade or TfL in relation to Exercise Cygnus;
- The statistics report published in 2017 which identified 22 lessons aimed at resilience forums;
- Any other report produced following Exercise Cygnus which set out the “lessons from the London exercise” (referred to in your 3 June 2020 testimony).

On 7 July 2020 I wrote to you to inform you that believed that the information you requested falls under the exemption for National Security at section 24 of the Act and that we would be extending the deadline to respond to your request under section 10(3) and 17(2) of the Act which allows public authorities to extend the period for responding to requests under the Act if the information requested is subject to exemptions and longer is needed to consider the public interest.

On 9 July you responded and asked for some further information;

- Why it has taken until now for you to inform us that you consider section 24 of FOIA applies, particularly when this is at odds with Mr Khan’s statements that he would be “happy” for the requested information to be made public;
- If you are coordinating with any other bodies that were involved in Exercise Cygnus, including the Department for Health and Social Care in relation to requests for information regarding Exercise Cygnus and if so, which bodies you are coordinating with;
- Whether any other bodies are involved in the process of assessing the public interest in disclosure of the requested information.

Our response to your requests is as follows:

- Any report/s produced by the London Resilience Forum in relation to Exercise Cygnus (referred to in your 3 June 2020 testimony);

Please find attached copy of the London Resilience Partnership Post Exercise report.

- Any report/s produced by the MPS, London Fire Brigade or TfL in relation to Exercise Cygnus;

The GLA does not hold any further reports undertaken by the above public authorities.

- The statistics report published in 2017 which identified 22 lessons aimed at resilience forums;
- Any other report produced following Exercise Cygnus which set out the “lessons from the London exercise” (referred to in your 3 June 2020 testimony).

The GLA holds a copy of the Public Health England Exercise Cygnus Report.

The Secretary of State for Constitutional Affairs’ Code of Practice¹ on the discharge of public authorities’ functions under Part 1 of the Freedom of Information Act 2000, issued under section 45 of the Act states that in some cases, it may also be appropriate to consult third parties *“about such matters as whether any further explanatory material or advice should be given to the applicant together with the information in question. Such advice may, for example, refer to any restrictions which may exist as to the subsequent use which may be made of such information”*. Further, it also states that *“No decision to release information which has been supplied by one government department to another should be taken without first notifying, and where appropriate consulting, the department from which the information originated”*

As the GLA is not the author of the Report that is sought, we consider that it is appropriate to consult with Public Health England (“PHE”) and the Department for Health and Social Care (“DOH”) as to the disclosure of the Report. This consultation has not concluded and we are not yet in a position to decide whether to disclose or withhold the Report.

- Response to email of 9 July 2020

Firstly, I would like to apologise for the time taken in providing you with a response to your request for information.

As stated above, we considered it appropriate to consult with PHE and the DoH on the request for release of the Exercise Cygnus Report given PHE is the author of the Report. Such consultation is ongoing and means we are unable to make a decision in respect of the information that is requested until the consultation has properly concluded.

We have previously stated that section 24 is engaged, however, we no longer consider this to be the case. Therefore, the extension required to respond to your request under section 10(3) and 17(2) of the Act was incorrectly relied on and as a result the GLA has failed to respond to your

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request under the time frame of 20 working days as set out under section 10 of the Act. The failure to respond to your request within 20 working days has been recorded and will be reported as part of our Corporate Health Performance Indicators.

If you have any further questions relating to this matter, please contact me, quoting the reference at the top of this letter.

Yours sincerely


Information Governance Officer

If you are unhappy with the way the GLA has handled your request, you may complain using the GLA's FOI complaints and internal review procedure, available at:

<https://www.london.gov.uk/about-us/governance-and-spending/sharing-our-information/freedom-information>

EXERCISE CYGNUS 17 AND 18 OCTOBER 2016

LONDON RESILIENCE PARTNERSHIP POST EXERCISE REPORT

Executive Summary

1. This report evaluates the London strategic multi-agency exercise participation in Exercise Cygnus and identifies the key outcomes and lessons.
2. Exercise Cygnus was a tier one pandemic influenza exercise, testing national structures and guidance, with local participation by eight Local Resilience Forums (LRFs) including London. The London Resilience Partnership aim and objectives are listed below. The new London Situational Awareness Tool (LSAT) was tested in the pre-exercise period and the remaining objectives were addressed as part of the main exercise play.
3. Two London Strategic Coordinating Group (SCG) workshops held on 17 and 18 October were well hosted by the Public Health England (PHE) Office for London Emergency Preparedness, Resilience and Response (EPRR) team at Fleetbank House. Strategic representatives from all sectors of the Partnership attended, with participation focused on those agencies and sectors with lead pandemic influenza response roles.
4. The exercise presented a challenging scenario, which generated constructive high quality discussions at the two SCG workshops. The exercise aim and objectives were met and significant areas of development have been identified in terms of the Partnership's strategic coordination arrangements and the pandemic influenza response arrangements. These will be addressed as part of the partnership's work programme for 2017/18. This work will also need to be influenced by the outcomes of the final national debrief report.
5. The following London Resilience Partnership capabilities were considered:
 - Strategic Coordination Protocol
 - Pandemic Influenza Framework
 - Excess Deaths Framework

These capabilities will be reviewed in accordance with the findings of this report.

6. The London Resilience Partnership was represented at a national debrief facilitated by the PHE central exercise design team on 16 November. Pan London strategic coordination was cited as an aspect that went well. Exploration of business continuity and interdependencies was noted as an area to develop. Understanding the complexities of excess deaths management was the most significant lesson identified.

Background

7. Exercise Cygnus was postponed twice; in October 2014 due to the international Ebola response and in April 2016 due to the BMA Junior Doctors' Industrial Action. The national elements of the exercise were designed and delivered by PHE on behalf of the Department of Health. The Department for Communities and Local Government (DCLG) coordinated the participation of the eight LRFs.
8. In January 2016 the London Resilience Programme Board (LRPB) agreed that London would participate in Exercise Cygnus 2016, but that the level of participation would be kept 'light touch'. This was due to the extensive partnership focus on Exercise Unified Response, a large scale live and command-post exercise earlier in 2016 which included four days of pan-London strategic coordination.
9. Exercise Cygnus was divided in two main phases; the initial six week pre-exercise phase involved the release of weekly scene setting briefings and access to a participant

exercise website, hosted by PHE. The scenario was gradually built up with the new influenza virus emerging in Thailand, then emerging in the UK when travellers returned from holiday. London was one of three UK influenza hotspots.

10. The national objectives were set by the PHE central exercise design team. The London Resilience Partnership set up a small multi agency exercise planning group which developed the aim and objectives and planned the London exercise.
11. The main content of this report is based on participant feedback forms and hot debriefs which followed the exercise SCG workshops on 17 and 18 October, and a cold debrief held with the exercise planning group on 07 November 2016. A pre-exercise workshop was held on 03 October to investigate various issues in more detail to inform the SCG workshops. Learning from this event has also been included.
12. The two London SCG workshops were very well attended by a high-level and calibre of representation from across the partnership. However, it was not possible to fully discuss some elements of the response due to a lack of availability of some partner organisations. Most notably Pentonville Prison was unable to attend due to their response to a serious incident at the prison on 18 October. A colleague from Maidstone Prison joined the London SCG workshop on 19 October via teleconference at very short notice to assist with this element.

London Resilience Partnership Exercise Cygnus Aim and Objectives

13. Aim: To assess the London Resilience Partnership's preparedness for and response to an influenza pandemic.
14. Objectives
 1. Examine London wide coordination protocols and procedures for responding to an influenza pandemic.
 2. Raise awareness, and inform the continuing development of, the capability of the London Resilience Partnership to coordinate a multi agency response with particular emphasis on:
 - a. Adult social care and the voluntary sector
 - b. Escalation phase of a pandemic influenza event
 - c. Excess deaths in the community
 - d. Impact of flu on the prison population
 - e. Provision of information to the public
 3. Test the ability of the new London Situational Awareness Tool to support shared situational awareness across the Partnership.

Key lessons

15. Key lessons identified and recommendations are detailed at Annex A.

Conclusion

16. Exercise Cygnus presented a challenging scenario, which generated constructive high quality discussions at the two SCG workshops. Significant areas of development have been identified in terms of the partnership's strategic coordination arrangements and elements of the pandemic influenza response. These will be addressed as part of the partnership's work programme for 2017/18.

ANNEX A: EXERCISE CYGNUS 2016 LESSONS IDENTIFIED AND RECOMMENDATIONS

#	Issue / lesson identified	Recommendation	Lead organisation(s)
STRATEGIC COORDINATION			
1.	Requirement to increase focus of SCG discussions on strategic impacts. a. Limited recognition of the strain on services and wider impacts.	Continue London Resilience Partnership training and exercise programme with emphasis on strategic level of SCG discussion. Review of London Pandemic Influenza and Excess Deaths Frameworks to consider planning assumptions for the strain on public services and secondary impacts.	T&E Working Group Pan. Inf. and Excess Deaths Working Groups
2.	NHS and local authority SCG Chairs were effective in their role. a. Handover between the two Chairs was effective. b. Chairs were supported effectively jointly by the lead response organisation and LRG. c. A cadre of SCG Chairs could mitigate resource pressures.	Continue work to develop a cadre of London SCG chairs including local authority and NHS officials. Continue work to develop SCG secretariat support arrangements between LRG and potential lead response organisations.	LRG LRG, MPS (as default SCG chair), Cat 1s TBC
3.	The SCG Chair should be separate to their organisation's SCG representative to enable them to focus solely on the role of Chair.	Amend Strategic Coordination Protocol to confirm SCG Chair should be separate to their organisation's SCG representative.	MPS, LRG
4.	The role of the London Resilience Advisor to the SCG / Chair was effective and should be built upon within formal SCG arrangements.	Amend Strategic Coordination Protocol to reflect the role of London Resilience Advisor to the SCG / SCG Chair.	MPS, LRG

#	Issue / lesson identified	Recommendation	Lead organisation(s)
5.	SCGs require full representation from all partnership sectors (lesson in the context of pandemic influenza – partnership-wide strategic implications). To include business, faith and voluntary sectors.	London Resilience plans (e.g. Pandemic Influenza Framework) to contain recommended SCG composition.	Pan. Inf. Working Group, other WGs TBC.
6.	The correct representation at each SCG needs to be established in advance. E.g. Local authority roles such as the Director of Public Health and adult social care would report via the London Local Authority Gold (LLAG) unless specifically invited to a given SCG meeting.		
7.	Further clarity is required around the Mayor of London's relationship with the SCG and the role of the Greater London Authority in response.	Review of London Pandemic Influenza and Excess Deaths Frameworks to consider connectivity between the Mayor of London and the SCG and the role of the GLA in response to pandemic influenza / excess deaths emergencies.	Pan. Inf. and Excess Deaths Working Groups
8.	<p>Improve knowledge and understanding on the role and expectations of SCGs and sub-groups for SCG members not well practiced in their role in this context.</p> <p>a. A review of training and preparedness of SCG representatives across all organisations should be undertaken with a view to increasing preparedness to participate across the partnership.</p> <p>b. Provide regular opportunities for SCG-level interaction across all partnership members.</p>	<p>Continue London Resilience Partnership training and exercise programme with emphasis on participation by all partnership organisations in SCG training, exercises and events.</p> <p>Voluntary, Faith and Business Sectors to review preparedness of representatives to participate in SCGs and to identify any additional sector specific training needs.</p>	<p>T&E Working Group</p> <p>Voluntary, Faith and Business Sector Panels</p>

#	Issue / lesson identified	Recommendation	Lead organisation(s)
9.	<p>Consider technological requirements and options for facilitating effective SCG meetings.</p> <ul style="list-style-type: none"> a. Good use of audio-visual equipment including teleconferencing and the ability to stream AV content from the SCG into separate rooms (for advisors and support staff). b. This is particularly relevant for emergencies where it may be advantageous to meet via teleconference rather than in person (e.g. to decrease the risk of infection in a health emergency). c. Wi-Fi provision was not adequate and needs to be in place as a key requirement for hosting SCG meetings. 	<p>Effective audio-visual, information technology and communications functionality (including Wi-Fi, teleconferencing, AV streaming of SCG) should be considered core requirements for hosting an SCG. Note: existing LRG and MPS project to enhance SCG facilities.</p>	<p>LRG, MPS, other SCG host organisations TBC.</p>
10.	<p>There is a need to confirm arrangements for local (Borough level) response coordination and interaction between the London SCG and these local structures.</p> <ul style="list-style-type: none"> a. Clarity is also needed around the planning structure and responsibility for preparedness for different aspects of the response capability at local, regional and national levels. 	<p>Review of London Pandemic Influenza and Excess Deaths Frameworks to consider connectivity between regional (SCG) and local response coordination structures.</p> <p>Confirm responsibility for preparedness for all aspects of the pandemic influenza and excess deaths response capability across local, regional and national levels.</p>	<p>Pan. Inf. and Excess Deaths Working Groups</p>
11.	<p>Address resourcing issues relating to a prolonged response (weeks and months) and associated health impacts (e.g. potential requirement for multiple daily meetings; infection control; invocation of business continuity arrangements).</p>	<p>Review of London Pandemic Influenza Framework to consider resourcing issues relating to a prolonged response e.g. resourcing planning assumptions to inform individual organisation's planning for pandemic influenza.</p>	<p>Pan. Inf. Working Group</p>
12.	<p>Clarity is needed on the capacity of organisations to Chair SCGs, and to field appropriate SCG representatives over a prolonged period (weeks) against the backdrop of a health emergency (implications for staffing resource).</p>		

#	Issue / lesson identified	Recommendation	Lead organisation(s)
13.	Limited feedback was received in response to requests to central Government (e.g. in relation to legislative amendments to enhance the management of excess deaths). SCG requests submitted to COBR need to be clear and developed in consultation with the Government Liaison Officer (GLO).	Continue London Resilience Partnership training and exercise programme with emphasis on interaction between the SCG, GLO and COBR in SCG training, exercises and events.	T&E Working Group, DCLG
ROLES AND RESPONSIBILITIES			
14.	Raise awareness of roles of all SCG participants including understanding of the roles of the Government Liaison Officer, Faith, Voluntary, Utilities and Business representatives.	Continue London Resilience Partnership training and exercise programme with emphasis on increasing knowledge of roles and responsibilities.	T&E Working Group
15.	Review the capabilities and resources that may be able to contribute to a pandemic influenza response from the Faith, Voluntary, Utilities and Business sectors, and the Military.	Review of London Pandemic Influenza and Excess Deaths Frameworks to consider capabilities and resources that may be available from the Faith, Voluntary, Utilities and Business sectors and the Military.	Pan. Inf. and Excess Deaths Working Groups
16.	Increase awareness of existing partnership plans across potential SCG representatives; including arrangements for strategic coordination, pandemic influenza and excess deaths.	Continue London Resilience Partnership training and exercise programme with emphasis on increasing awareness of arrangements for strategic coordination, pandemic influenza and excess deaths.	T&E Working Group
DECISION MAKING			
17.	Clarity is required on how the SCG would consider excess deaths options and make decisions. a. Very complex issues require expertise and evidence to inform decisions. b. Direction required from Government regarding availability of a variety of options.	Review of Excess Deaths Framework to consider the range of excess deaths management options, how expert advice would be provided to inform SCG decisions, and to confirm which options would only be available subject to Government approval / direction.	Excess Deaths Working Group

#	Issue / lesson identified	Recommendation	Lead organisation(s)
18.	There was insufficient time to discuss some complex, significant issues in sufficient depth, such as a change in priorities of healthcare services during the escalation phase.	Review of London Pandemic Influenza Framework to consider in detail how prioritisation of health care services would be determined and interdependencies with other sectors (e.g. affected by NHS capacity issues).	Pan. Inf. Working Group
19.	SCGs need to make strategic decisions informed by an understanding of the situation across London including all sectors, and should avoid undue focus on specific aspects of the response.	Continue London Resilience Partnership training and exercise programme with emphasis on maintaining focus on strategic decision making and the need to refer more detailed discussions to the appropriate SCG sub-groups.	T&E Working Group
20.	The SCG needs to fully consider the consequences (e.g. financial or legal) of any decisions. For example, work is required to understand the implications of a decision to curtail mass gatherings.	Continue London Resilience Partnership training and exercise programme with emphasis on financial, legal, ethical implications of decisions made. Review of London Pandemic Influenza Framework to consider the implications of a decision to curtail mass gatherings.	T&E Working Group Pan. Inf. Working Group
21.	Understanding the impact on the criminal justice system was limited by the unavailability of Pentonville Prison. The relationship between the LR Partnership and the National Offender Management Service (NOMS) should be maintained to further develop understanding and resilience relating to this sector.	Review of London Pandemic Influenza Framework to consider the implications for the criminal justice system.	Pan. Inf. Working Group, NOMS
INFORMATION SHARING			
22.	SCG secretariat support was deemed to be effective and should be built into formal strategic coordination arrangements (the Strategic Coordination Protocol) and standard operating procedures.	Confirm SCG secretariat arrangements in London Strategic Coordination Protocol and associated operating procedures.	MPS, LRG

#	Issue / lesson identified	Recommendation	Lead organisation(s)
23.	Drafting of SCG actions and decisions during the SCG meetings enabled partners to review and confirm actions in real time, and the dissemination of actions to take place swiftly after the end of the meeting.	Confirm arrangements in relevant operating procedures for recording actions and decisions during SCG meetings in real time and for immediate dissemination thereafter.	MPS, LRG
24.	The Common Operating Picture (COP) / Situation Report, produced for the start of each SCG meeting proved valuable in improving shared situational awareness and the efficacy of SCG meetings. a. The COP should include updates from all relevant sectors including Business, Faith and Voluntary.	Arrangements for the production and dissemination of a Common Operating Picture including the use of the London Situational Awareness Tool (LSAT) to continue. LSAT system to be rolled out for use during the response to emergencies including access by all partnership organisations.	LRG
25.	The use of the London Situational Awareness Tool to produce and share the COP was effective and LSAT implementation should continue.		
CAPABILITIES			

#	Issue / lesson identified	Recommendation	Lead organisation(s)
	A number of capability areas were identified during the pre-exercise workshop and/or the main exercise SCG workshops as requiring further investigation and planning:	Review of London Pandemic Influenza Framework to consider the following capability areas in more detail than is contained in the extant plan:	Pan. Inf. Working Group
26.	Health and social care services surge management, triage and service prioritisation (including LAS and NHS protocols for prioritising response calls).	a. Health and social care services surge management, triage and service prioritisation (including LAS and NHS protocols for prioritising response calls).	NHS England, Local Authorities, LAS.
27.	Anti-viral distribution.	b. Anti-viral distribution.	NHS England
28.	Management/coordination of volunteers.	c. Management/coordination of volunteers.	Voluntary sector
29.	Implications of social distancing countermeasures (including schools and events policy), and of school closures and curtailment of events due to operational restrictions (e.g. staffing for schools to remain open, emergency services ability to support football matches / events).	d. Implications of social distancing countermeasures (including schools and events policy), and of school closures and curtailment of events due to operational restrictions (e.g. staffing for schools to remain open, emergency services ability to support football matches / events).	PHE, Local Authorities
30.	Impacts on prisons and the criminal justice system including interdependencies of contingency arrangements (e.g. cessation of prisoner intake at prisons).	e. Impacts on prisons and the criminal justice system including interdependencies of contingency arrangements (e.g. cessation of prisoner intake at prisons).	NOMS
31.	Personal Protective Equipment (PPE) requirement and provision for all organisations/sectors.	f. Personal Protective Equipment (PPE) requirement and provision for all organisations/sectors.	All orgs. with front-line public services

#	Issue / lesson identified	Recommendation	Lead organisation(s)
32.	<p>Excess deaths arrangements were identified as being of particular concern but it was not possible to determine effective management options during the course of the exercise.</p> <ul style="list-style-type: none"> a. Response arrangements including the composition and remit of the Excess Deaths Steering Group, the role and responsibilities of the Coroner and local authorities, the role of the faith and voluntary sectors. b. Options for managing excess deaths in high-end scenarios (numbers of fatalities). 	<p>Review of London Excess Deaths Framework to consider the composition and remit of the Excess Deaths Steering Group, and confirm the role and responsibilities of the Coroner and local authorities, the role of the faith and voluntary sectors.</p> <p>Review to consider options for managing excess deaths in high-end scenarios (numbers of fatalities) within the planning parameters set by Government.</p>	Excess Deaths Working Group
33.	<p>Business continuity arrangements were in place across partner organisations but it was not possible within the constraints of the exercise to consider planning assumptions or interdependencies in detail.</p> <p>It was apparent that several critical public services may be overwhelmed in the event of severe pandemic influenza due to capacity limitations or interdependencies across organisations and sectors.</p>	<p>Review of London Pandemic Influenza Framework to confirm planning assumptions (e.g. service demand vs capacity) across critical organisations/sectors to inform:</p> <ul style="list-style-type: none"> a. Effective business continuity arrangements including consideration of interdependencies between services and sectors. b. Identification of the most critical services which may require support from less critical elements of other organisations (partnership or wider sectors) in the event of a severe pandemic. 	Pan. Inf. Working Group
PUBLIC COMMUNICATIONS			
34.	<p>Some further clarity was required regarding pan-London strategic communications messages including the role of the Mayor as the voice of London during a pandemic influenza emergency.</p> <ul style="list-style-type: none"> c. Need to better understand links between the SCG, London and central Government to monitor the media, prepare and disseminate key public communications. 	<p>Review of London Pandemic Influenza Framework to consider the arrangements for public messaging including lead organisations for different aspects of the emergency and key spokespersons (e.g. role of the Mayor as the voice of London).</p>	Pan. Inf. Working Group, London Resilience Communication Group, GLA

#	Issue / lesson identified	Recommendation	Lead organisation(s)
35.	<p>More understanding is required of the importance of key messaging and reaching all relevant audience groups.</p> <p>a. Sharing of accurate, consistent comms messages not only by the core partnership but also through channels available via all organisations and sectors to reach specific networks and groups.</p>	<p>Review of London Pandemic Influenza Framework and London Resilience Communication Group Emergency Plan to consider mechanisms to reach all relevant sectors and community groups (e.g. via faith and voluntary sector networks).</p>	<p>Pan. Inf. Working Group, London Resilience Communication Group</p>
36.	<p>Further clarity is required on the interaction between the SCG and the London Resilience Communication Group / coms representatives.</p> <p>a. Development of multi-agency communications strategy that meets the requirements set by the SCG.</p> <p>b. Development of specific messages and agreement of dissemination methodology / channels.</p> <p>c. Links to community confidence strategy and community cohesion activity.</p>	<p>Review of London Resilience Communication Group Emergency Plan to confirm:</p> <p>a. Mechanism for the communications strategy to reflect the requirements for public messaging set by the SCG (e.g. to advise the public of a particular course of action).</p> <p>b. Options for the dissemination of messages (e.g. via front line staff and community groups).</p> <p>c. Linkages between the communications strategy and community cohesion and confidence strategy and activity.</p>	<p>London Resilience Communication Group</p>

ANNEX B: EXERCISE PLANNING LESSONS

1. The exercise objectives were all met adequately; however the Prison service objective was not fully explored due to the real-world response to a serious incident at Pentonville Prison on 18 October.
2. SCG representatives (with one exception) agreed or strongly agreed:
 - a. The aim of the exercise was achieved
 - b. The exercise was well organised
 - c. The scenario and injects generated useful discussions
 - d. The exercise generated important issues and identified lessons
3. The test of the new London Situational Awareness Tool (LSAT) was well supported by partners during the six week initial exercise phase. This proved to be a very useful training experience and demonstration of the functionality which generated a useful snagging list to inform further development of the system before roll-out.
4. The planning group worked well, with a core of lead organisations responsible for progressing exercise development and delivery.
5. The pre-exercise workshop held on 3 October helped to prepare for the main exercise by developing a fuller picture of the complex local issues, including collaboration between health and social care sectors around capacity, surge management and patient discharge, and issues relating to prisons and the offender management system.
6. Not all partnership organisations were able to participate in the exercise due to constraints on capacity, because the aspects of a flu pandemic response most relevant to their organisation were not included in the exercise, or due to availability of relevant officers to participate. Invitations and confirmation of participants for future exercises should be undertaken as soon as possible in the planning process.
7. For the purpose of the exercise it was decided that the SCG Chair would also act as the lead representative for their organisation, contrary to strategic coordination doctrine. This decision was largely based on consideration of resourcing and availability of senior officers to participate. Future exercises should, as far as possible, adopt a realistic SCG composition, including separation between the roles of SCG Chair and partnership organisation representation.