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quality model into action cards for NICC roles.

- 17/116 There was discussion regarding how implementation of the updated plans could be checked and it was suggested an audit be undertaken in 12 months' time to ensure that the quality elements have become embedded. An item on quality should be included in incident debriefs.
- 17/117 The paper was agreed by the Group.

7. PHE Strategic Plans

7.1 NIERP Review

- 17/118 The next review of the strategic plans has begun. Feedback from the various enhanced and standard incident responses will be included. The EPRR Delivery Group has set up a task and finish group to undertake this work. They have developed ToRs for the process and are setting a timeline for review and arranging a consultation period. The review will be completed and signed off by the end of the financial year. As noted quality and governance will be included as part of the review.
- 17/119 It was noted that the significant revision of the plan in 2016 is still being embedded across PHE. During this implementation phase a set of materials to support the plan, including familiarisation training, were shared across PHE. This review will consolidate any learning points from the implementation process.
- 17/120 It was suggested that PC circulate a note to PHE to announce the review process as it must be inclusive to all staff. The task and finish group are due to meet next week and will put together a note to forward to PC to send out.
- 17/121 The meeting discussed whether there should be an annual review of the strategic plans as part of the annual assurance process.
- 17/122 It was also noted that staff from directorates that are not regularly involved in EPRR should be included in the review to embed understanding of the incident response function. The Communications directorate should be involved with the role out of the plan to ensure understanding across PHE.

Delivery
Group
T&F
(PC)

7.2 MERS-CoV Response Plan – final approval

- 17/123 This plan has been developed by the MERS-CoV Group to ensure there were established procedures in place for PHE to manage a case from suspected through to a confirmed diagnosis. A structure was needed for the initial case management. The Group included membership from across PHE including ERD. The plan has already been reviewed and agreed by the Delivery Group.
- 17/124 The plan fits in with the structure of the NIERP and is an internal document only detailing PHE's actions.
- 17/125 Two questions were raised regarding swabbing and co-ordination of IMTs:
Swabbing – It was confirmed that swabbing would not be a routine process for suspected MERS-CoV cases unless it was a highly pathogenic outbreak.
IMT – the plan details the PHE management and co-ordination and not the NHS structure in a response to a suspected case.
- 17/126 The Group discussed the plans and raised several comments regarding the co-

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ordination with NHS plans. It was noted that engagement with NHSE was critical as they would be responsible for the patient pathway. There was also an issue with private laboratory testing where PHE is not notified of results.

- 17/127 It was queried how the plan fitted in with the work undertaken by the HCID programme. JH noted that further discussions with [Name Redacted] and Mike Jacobs (NHS) are needed urgently to ensure this plan fits in with HCID work to ensure there is no contradiction in plans. JH and CB to link with HCID. JH/CB
- 17/128 The meeting agreed the plan could be published as an internal draft to staff with the caveat that the document is interim and not to be shared outside of the organisation. DT to link with GD regarding wording for the draft release of the document to ensure staff are aware of its status. DT/GD

8. Enhanced Incidents and Lessons Identified

8.1 PHE Enhanced Incidents Table

- 17/129 Updates since the last meeting include:
Pertussis and Meningococcal W have been de-escalated to standard responses
Rising of the threat level to Critical in May and September
Grenfell Tower Fire – work is on-going but the incident has been de-escalated to a standard response.
- 17/130 It was requested that the Strategic Director be added to the table in addition to the Incident Director. KR/RG
- 8.2 Zika Virus 2016 Lessons Identified Report**
- 17/131 Following the de-escalation of the incident, the Corporate Resilience Team facilitated a debrief session and drafted a report which has been reviewed by NIS. An action plan was produced and it is crucial that these actions are taken forward.
- 17/132 It was noted that some of the actions do not have an 'owner' and these should be allocated to relevant staff.
- 17/133 It was noted that some of the actions will be resolved via the review and update of the strategic plans, for example the public health risk versus political impact.
- 17/134 There was discussion regarding whether the revised HR guidance for working in an emergency response had been published. KR to follow up with HR regarding the HR guidance. KR
- 17/135 JH and KR to speak off line with regard to ensuring HR and staffing issues are included on the standard SRG agenda in the NIERP. JH/KR
- 17/136 The role of the Executive Director on-call in an incident should be clarified in the NIERP.
- 17/137 Further work is needed to ensure the correct procedures are in place for staff to volunteer for incident response work and that the mechanisms are available for them to be released from their usual post with management support. This could be included on staff PDPs. There also needs to be clear understanding of lines of management when a member of staff is working at an alternative location in an incident. There should also be formal routes for requesting volunteers from PHE to international responses as these often come through more informal requests. PC is undertaking a piece of work to