

Wales Pandemic Flu Preparedness Group – Exploratory Meeting
Monday 25th September – 15:00-16:30
Tyddewi, Welsh Government Building, Cathays Park, CF10 3NQ

Attendees

NR		Welsh Government – Health Emergency Planning Unit
		Welsh Government – Health Emergency Planning Unit
		Welsh Government – HSS Delivery & Performance
Alistair Davey (AD)		Welsh Government – HSS Enabling People
Marion Lyons (ML)		Welsh Government – HSS Public Health
NR		Welsh Government – HSS Communications
		Public Health Wales

Apologies

Name Redacted		Welsh Government – EPS Resilience
NR		Welsh Government – EPS Resilience
Name Redacted		Welsh Government – HSS Communications

1. Introductions & Background

- 1.1 **NR** welcomed colleagues and asked all members to introduce themselves. Apologies were noted.
- 1.2 **NR** explained that in October 2016 WG had participated in the UK Tier 1 Pandemic Flu Exercise Cygnus. During the Exercise a number of key issues arose, particularly in relation to capacity and capability to deal with a surge in social care and the NHS and also excess deaths.
- 1.3 **NR** said that following the Exercise report, the Cabinet Office and DH was asked to review the UK preparedness for a pandemic and a UK Pan Flu Readiness Board has been established to oversee this review. **NR** added that he was on the Board along with **NR** **NR** Head of WG Resilience Team. At the first Readiness Board meeting it was agreed that supported by five work streams. The WG representatives on the Workstreams are currently:

Workstream 1 – Health - **NR**

Workstream 2 - Social Care - Alistair Davey

Workstream 3 – Excess Deaths -

Workstream 4 – Sector resilience

Workstream 5 – Cross Cutting Enablers

NR

NR

- 1.4 **NR** said that he had called this Group together to co-ordinate any outputs from the UK review structure and consider what may need to be undertaken in Wales to implement the review outcomes
- 1.5 **NR** thought added that he thought there were a number of strategic documents that may need to be changed, following the review, included the UK Pan Flu Framework 2011, LRF Pandemic Flu Guidance, the Wales Response Plan, the Wales HSS Pandemic

Preparedness and Response Plan as well as the UK/Wales Pan Flu Communications Strategy and operational pandemic flu guidance such as to the NHS and social care.

2. Exercise Cygnus Key Learning

- 2.1 **NR** advised that the post Exercise Cygnus report issued identified some key areas that are under consideration by the Pan Flu Readiness Board, which included the need for a UK Concept of Operations, Legislative changes, likely public reactions to a reasonably worse case pandemic and the lack of capability and capacity in key areas.
- 2.2 **NR** said that it was important to take account of the history behind certain pandemics including the type of virus and age group susceptibility. Additionally the group had to take account of new emerging viruses and the continued development of a Universal Pandemic Flu vaccine and the ability to rapidly produce antibiotics in the event of an influenza pandemic outbreak.

3. UK Pandemic Flu Readiness Board Structure and Outputs

- 3.1 **NR** advised that the Boards overall objective was to enhance cross-Government preparedness to an influenza pandemic including a more streamlined, coherent and easily accessible set of actions and activities to be taken by different organisations during an influenza pandemic.
- 3.2 **NR** added that the Board had an ambitious high-level work plan which would be supported by five key work streams focusing on Health Care Surge and Triage, Adult Social Care and Community Healthcare Sectors, Managing Excess Deaths, Sector Resilience and Cross Cutting Enablers.

4. Work Stream Current Position

Health Care Surge and Triage

- 4.1 **NR** advised that in **NR** absence, he had joined the Workstream meeting that was addressing population triage and NHS surge issues. NHS E is producing modelling information which should be shared with us. He suggested that we would need to consider revisions in our healthcare guidance and added that NHS E had produced a draft guidance which is with ML for comment. **NR** asked to see the document and ML said she would send him a copy which is Official-Sensitive. .

Action: ML to send **NR a copy of the surge guidance. Any comments on it to be sent to **NR****

Adult Social Care and Community Healthcare Sector

- 4.4 AD advised that there was currently an issue around who would be the SRO for the social care work stream within the Department of Health therefore progress was slow. He added that within Wales he was trying to establish where there was social care capacity was, but the task was extremely difficult as most of the social care provision was provided by independent companies.
- 4.5 **NR** said that from a social care perspective the work stream needed to consider how to ramp up capacity and establish what the demographics were of the care centre including the up-scaling and up regulating of the centre.

Action: NR to liaise with NR n regard to the communications plan and impact on the work of work stream 5.

5.4 NR suggested that message percolation should be considered and that any communications plan should take account of potential fake news reports. He added that a high level government social media communication plan was needed which could be personalised for specific regions and demographic specific networks utilised to deliver key messages.

5.5 NR added that the weekly communications method used during swine flu worked well and was disciplined.

6. AoB

6.1. NR advised that members of the group should take the opportunity to look at the operational guidance currently in place and review whether revisions or new pieces of guidance would be needed following proposals from the Readiness Board. He added that he was taking a strategic approach to the task and that any concept of operations developed would need to be reflected in Wales and at a local level.

6.2 ML and NR said that it was important to build on surveillance obtained during each influenza season to enhance current planning and that cluster modelling and the vaccinating of carers via the Care Quality Commission should be explored.

7. Date of next meeting

7.1 It was agreed that future meetings of the group would be convened as and when substantial progress had been made at a Board or Workstream level.