



Llywodraeth Cymru
Welsh Government

CIVIL CONTINGENCIES – EXECUTIVE LEADS MEETING

10:000 – 11:30 Tuesday 3rd February 2015

ECCW (3) - Welsh Government, Cathays Park, Cardiff

Attendees

David Goulding (DG)

- Chair, Health Emergency Planning Adviser
- Health Resilience Branch, WG
- Welsh Ambulance Services NHS Trust
- Public Health Wales

Name Redacted

By Teleconference:

Donna Bale (DB)

- Powys Teaching Health Board

Tim Lynch (TL)

- Betsi Cadwaladr University Health Board

Emma Binns (EB)

- Betsi Cadwaladr University Health Board

Richard Sealey (RS)

- Cwm Taf Health Board

Stuart Moncur (SM)

- Hywel Dda Health Board

Karen Jones (KJ)

- Abertawe Bro Morgannwg University Health Board

Wendy Warren (WW)

- Aneurin Bevan Health Board

Apologies

Andrew Moore

- Welsh Blood Service

Marie Davies

- Cardiff & Vale Health Board

Allan Davies

- Aneurin Bevan Health Board

Catherine Woodward

- Powys Teaching Health Board

Robert Williams

- Cwm Taf Health Board

Quentin Sandifer

- Public Health Wales

1.	Welcome and Introductions
1.1	DG welcomed everyone to the meeting and asked group members to introduce themselves.
2.	Note of Last Meeting
2.1	The notes of the last meeting were accepted as correct.
2.2	Update on Actions: 6.2 <u>Negative Pressure Rooms report</u> JH sent letter and report with note of the previous meeting 4.1 <u>Diploma in Health Emergency Planning</u> Actions complete and item on main agenda 4.2 <u>UK Tier 1 Exercises</u> Actions complete and Item on main agenda 5.1 <u>NATO Summit</u>

	<p>Actions complete</p> <p>6.1 <u>Ebola</u></p> <p>Action complete and item on main agenda</p> <p>6.2 <u>Fire Strike</u></p> <p>Action complete</p> <p>8.1 <u>NARU IOR to Hazmat/CBRN incident DVD</u></p> <p>Some DVDs have been requested by organisations. Item on main agenda</p>
3.	Terms of Reference – Review
3.1	<p>DG referred to the agreement to review the terms of reference for the group periodically. He noted the difficulty Executive Leads have in attending these meetings and proposed that they be asked whether they want the meetings to continue or whether they would be content for them to cease on the basis that-</p> <ul style="list-style-type: none"> a. The quarterly meetings of the Emergency Planning Advisory Group (EPAG) would continue and Executive Leads would be copied into the minutes b. NHS representatives on EPAG can brief Executive Leads on civil contingency issues arising from those meetings c. If necessary, DG would correspond directly with Executive Leads on matters of strategic importance and copy to EP leads d. If necessary, DG would retain the ability to call an ad-hoc Executive Leads meeting if there was a need, for example, in emergency situations e. There are review visits that provide an opportunity to meet with individual Executive Leads and operational EP leads f. DG/JH continued attendance at Health EP Co-ordination Group meetings <p>There was general agreement that a combination of the above options would provide a workable solution.</p> <p>DG asked for written confirmation from each of the ten Executive Leads as to whether they want the Executive Leads meetings to continue or whether they are content for them to cease on the basis that there are other measures, including those listed at a-f above, that provide for their engagement in civil contingencies preparedness and response.</p> <p>It was noted that whatever way forward is agreed, the position can always be reviewed.</p> <p>ACTION Each Executive lead to provide DG with confirmation as to whether they 1. want Executive Leads meetings to continue or 2. they are content that the meetings cease because there are other mechanisms in place to secure their engagement.</p> <p>DG confirmed that future arrangements would be determined by what the majority wanted. Please respond by February 27th 2015.</p>
4.	Wales Resilience Update
4.1	<p><u>Counter-Terrorism and Security Bill</u></p> <p>DG referred to the UK Counter-Terrorism and Security Bill currently before Parliament. How the Bill links with areas of devolved administrations is currently being considered, but it will impact on the NHS in Wales. In particular with regard to the Prevent strand and the need to provide representation on local authority led Channel referral panels.</p>

	<p>WW referred to arrangements in Gwent that are already well established, as they are in other areas. However, it is variable and the Bill will make such arrangement a statutory requirement.</p> <p>There will also be a duty to monitor compliance and the arrangements for how this will be done are yet to be clarified.</p> <p>A Cabinet led workshop was held in Cardiff on the 21st January 2015 where the guidance to accompany the Bill was discussed. Wales' version of this is currently being developed.</p> <p>Possible financial implications are also being considered in relation the expected numbers of staff to be trained. WW referred to joint training initiatives in Gwent that help share the cost across organisations.</p>
4.2	<p><u>Cabinet Office Strategic Co-ordinating Group Situation Template</u></p> <p>DG reported that Cabinet Office has recently published a template for situation reports to be used by SCGs.</p> <p>The template was designed primarily for English LRFs and requires slight amendments to be appropriate for use in Wales.</p> <p>LRFs are being asked to consider whether the revised template is fit for purpose and will be adopted in their plans.</p> <p>Once all LRFs are content with the template, the Welsh Government will issue confirmation. The agreed template will also be included in the Pan-Wales Response Plan for reports to COBR.</p> <p>The UK working group established to produce the new template is seeking feedback by 27th February 2015. In the meantime, they are requesting that SCGs use the new template during response and exercises.</p> <p>WG propose to press ahead with the revised Wales version for the time being as it is more appropriate for use in Wales and there is no reason why it cannot be used by SCGs during response and exercises in the same way as the 'English' version.</p> <p>WG consider that if the UK working group is prepared to lose specific references to organisations within each sector on the template and retain just the general headings of Health, Environment, Transport, Local Government etc. then a single UK template may be feasible in the longer term.</p> <p>ACTION JH to send the version of the template out with the note of the meeting</p>
4.3	<p><u>Coastal flooding</u></p> <p>DG reported that a WG Environment Department consultation is currently taking place to consider the way in which the Welsh Government allocates funding for flood and coastal erosion risk management in Wales and ensuring it focuses on those places with the greatest risk.</p> <p>The Welsh Government intends to create a clear, objective way of directing funds to places at risk from all sources of flooding and coastal erosion.</p> <p>This consultation proposes a new way to prioritise according to national priority and to develop a Flood and Coastal Erosion Risk Management Investment Programme.</p> <p>The consultation ends 06/03/2015 and can be found on the Welsh Government web site.</p>
5.	Exercise Cygnus – WRF Recommendations
5.1	DG went through his response to the nine recommendations made by the WRF after

Exercise Cygnus, that took place during 2014.

Recommendation 1: Wales Pandemic Flu Group and LRF Pandemic Flu Groups to address the requirement to identify Anti-Viral Collection Points for us under the National Pandemic Flu Service.

This action is best delivered at LRF level with potential Antiviral Collection Points listed in LRF Pandemic Plans.

Recommendation 2: Wales Pandemic Flu Group and LRF Pandemic Flu Groups to provide clarity on the legal position on staff movement between Health Boards.

This action is best taken forward by Health Boards Pandemic Flu leads. Current guidance indicates that staff moving between employers should be seconded on existing terms and conditions. Transfer needs to be undertaken in a planned way to ensure that resources are allocated most effectively – This will be confirmed with DHSS HR Lead

Recommendation 3: Wales Pandemic Flu Group and Health Department to agree the point at which decisions on a national level will be made by the Welsh Government in respect of the NHS rather than at the local level. Once agreed, this needs to be included in all pandemic flu plans.

This action is a matter for DHSS Operations to consider. The experience of Swine Flu suggests that DHSS enhanced co-ordination and flexibility will be required supported by CMO/DG directions.

Recommendation 4: Wales Pandemic Flu Group and LRF Pandemic Flu Groups to agree the criteria for declaring a flu pandemic a major incident in Wales. Once agreed, this needs to be included in all pandemic flu plans.

Apart from activation of the National Pandemic Flu Service, the criteria may be best left to local agencies to consider. The definition of a major incident is contained within Civil Contingency Act 2004 Guidance. Irrespective of any criteria, if there is a potential pandemic, each LRF would be expected to call Gold level meetings to discuss their preparedness.

Recommendation 5: Welsh Government Department for Education and Skills to update the guidelines from 2012 on school closures; particularly in relation to the timing of the decisions taken by Welsh Government on school closures in the light of changes under the Education (Wales) Act 2014.

This is a matter to be considered by WG Department of Education and Skills to address and can be referred to that Department's representative on the Civil Contingencies Group

Recommendation 6: The LRF Co-ordinators Group to discuss the development of community resilience groups at the LRF level.

This action is for the LRFs to address in accordance with any national guidance.

Recommendation 7: The Wales Pandemic Flu Group and Wales Warning and Informing Group to work together to develop arrangements for a core script to be produced for Wales during flu pandemics. These arrangements should be included in all pandemic flu plans.

There is a UK Communications strategy for pandemic influenza agreed across the 4 countries. LRF plans need to take account of the Strategy in producing local core scripts for inclusion in LRF plans. The Wales Warning and Informing Group should be involved in this work.

Recommendation 8: Welsh Government Social Services to establish sub group to look

	<p>in to the issue of vulnerable people and the actions required identifying those at risk. In a pandemic, the virus could attack health young people and not necessarily older people so this is a complex area. There are already a number of initiatives being taken forward to identify vulnerable people. This recommendation may need further consideration.</p> <p><i>Recommendation 9:</i> The Wales Mass Fatalities Group to consider the issues raised on excess deaths in conjunction with Cabinet Office and Home Office. This action should be referred to the Wales Fatalities Group</p> <p>DG confirmed that the Wales Pandemic Flu Group and WRPT will track progress by agencies/LRFs delivering on these recommendations</p>
6.	Health Countermeasure – Pharmacy Refresher
6.1	<p>JH reported that in last 12 months there have been changes with the national pharmaceutical countermeasure stocks and associated Patient Group Direction templates. There were also lessons learnt from exercises held in the run up to NATO 2014.</p> <p>Periodically Welsh Government and Public Health Wales host a refresher day to support pharmacy teams plan and prepare for the pharmacy specific elements of an emergency response. A day is being planned for late Spring / early Summer 2015.</p> <p>The purpose of the refresher training day is to ensure Health Board pharmacy colleagues are aware of recent changes and to provide support for local preparedness. This event is being held to support Health Boards with the pharmaceutical aspects of their emergency planning. It is important that the event meets the needs of Health Board Chief Pharmacists.</p> <p>Directors of Pharmacy are being asked to identify staff they wish to be invited to the event (2 pharmacy places per Health Board). Draft aim and objectives produced. Small planning group set up and met. Draft Programme produced with up-date on op. details to be discussed at EPAG</p>
7.	Health Emergency Planning Diploma
7.1	<p>JH stated that this had been raised at previous Executive Leads meeting and was a PHE commissioned course. It is an essential requirement in England – ref. NHS Commissioning Board Model Job Description and Competencies for Emergency Preparedness Officers in NHS Provider Orgs, but not in Wales at present.</p> <p>DG had sought commitment from each organisation for two candidates and has received them in all but two cases which will be followed up outside of this meeting.</p> <p>JH reminded everyone that the central cost for course would be picked up by WG – but NHS organisations would need to support students in any accommodation and travel costs.</p> <p>Although the course is being provided by Loughborough University, JH and DG have checked Wales content and will be attending the Units periodically.</p> <p>There have been some date changes with modules that have been communicated to students and 18-19 are due to start in April – through to March next year. The training will take place in the Radison Blu Hotel in Cardiff.</p>
8.	Dry Decontamination NHS Default
8.1	<p>NR referred to the NARU Initial Operational Response (IOR) to a Hazmat/CBRN</p>

	<p>incident Awareness DVD that was shown and discussed at the EPAG meeting in September 2014. It was agreed that, while the DVD has its faults, producing a Wales version was not a realistic option.</p> <p>NR agreed that dry decontamination was the default option and is the most expedient method, particularly when there are large numbers of people requiring immediate decontamination. That said there are reasons why hospitals still needed a wet decontamination facility.</p> <p>NR has discussed how the DVD and dry decontamination procedure can be rolled out across Wales to HBs and confirmed that PHW is prepared to visit A&Es to provide advice on this. NR added that her colleague Huw Brunt would take the lead on providing this advice and this could be managed through him linking with NHS EP leads in order to arrange visits.</p> <p>The meeting welcomed this development.</p> <p>ACTION JH to provide Huw Brunt with EP leads contact details to take this forward</p> <p>ACTION JH to send out NARU dry decontamination guidance with the note of the meeting</p>
9.	Wales NHS EP Annual Report
9.1	<p>DG confirmed that this year's annual report template has been send to Chief Executives with a return deadline of 7th February. He referred to an additional question being added re: CONTEST/Prevent lead.</p> <p>Action: All to ensure that the Annual report is returned on time</p>
10.	Current Risks / Issues - Ebola
10.1	<p>NR gave an up-date re: latest position with Ebola. Public Health England has brought out definitive guidance re: procedure for potentially infected Category 1 and 3 individuals returning from affected countries. The Wales version will be produced later this week. NR agreed to provide a link/copy of the Guidance for circulation with the note of the meeting.</p> <p>ACTION NR to send JH the guidance to be sent out with note of the meeting</p>
11.	AOB – PRPS Suits
11.1	<p>EB asked if there are any plans to further extend the shelf-life of the PRPS suits recently extended to 2016. DG said there is an inter-Governmental group looking at the future of the suits and will report back as these progresses.</p>
12.	Dates Of Future Meetings
12.1	<p>2015 dates had been set for -</p> <p>Thursday 2 July & Tuesday 3 November.</p> <p>These will be cancelled if the majority of Executive Leads preference is to discontinue the Group –see 3 above.</p> <p>ACTION Outcome to be communicated to all members asap</p>