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# Executive Team Submission

# Exercise Dromedary

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| **Purpose and Summary of Document:**<br>Preliminary collation and analysis of multiple sources of feedback from the exercise with recommendations for the way forward | |
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| **Committee/Groups that have received or considered this paper:**<br>None | |
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**Publication / Distribution:**

- Confidential to Executive Team only
- Emergency Planning Group

# 1 Purpose

There has been much feedback and discussion following Exercise Dromedary, including hot debrief feedback from participants, health protection team feedback, communications feedback, corporate side input and e-mails with additional points from participants.

This paper gives a brief overview of the collated points from these sources and recommendations for going forward.

# 2 Summary of main points

## 2.1 Positive aspects

There was general appreciation and praise from all sources for the following aspects of the exercise:

- Relocating from the Temple to the Secondary Response Centre. It took under an hour to be operational again and responding.
- Total engagement in the exercise by all who were playing and engagement from the executive level of the organisation
- Multiagency and multi-disciplinary collaboration, which was particularly appreciated when physically co-located
- The realistic nature of the scenario

## 2.2 The Incident Management Team (IMT)

The role, functioning and structure of the IMT was the biggest single issue raised. There were sixteen hot debrief comments relating to this alone and it was a major theme from both health protection reflections and e-mail traffic post exercise. The issues relate to:

- Participants unclear of IMT remit and Terms of Reference (ToR)
- IMT operated at both strategic and operational levels
- No systematic risk assessment, delegation of tasks, follow up of actions
- Little utilisation of all the expertise around the table in reaching decisions
- No systematic collation and display of information (eg: whiteboards, who was where etc, who was tasked with what)

- Inefficient utilisation of skilled health protection resource (many core health protection staff not tasked with anything all day)

- Information recording arrangements were inadequate (positioning and experience of key recording staff and checking and control of information recorded)

Many of these points may have arisen because of the following circumstances:

Usually an IMT (or an outbreak control team (OCT) in a formal outbreak) is an external multiagency entity (often chaired by Public Health Wales but not belonging to it- the ownership is shared across agencies). The use of these teams is well-established. They have very well tested rules of operation, and are entirely focussed on the investigation and control of the incident. They are usually chaired by operational health protection consultants/others familiar with the specific issues that need to be addressed.

The Senior Response Team then sits separately to make sure Public Health Wales input into this group is co-ordinated and that the impact on the organisation is considered.

In contrast, this exercise played out an unusual situation, an internal Public Health Wales IMT (with a few other agency representatives) chaired by a strategic level executive unfamiliar with technical health protection.

On reflection, an internal IMT is a relatively new formal entity outlined in the emerging infection arrangements (although some elements of were used in the measles outbreak by default) but has no ToR or rules of operation in the emergency response plan. The plan only has ToR for an SRT. This is the first time we have exercised an internal IMT and separate SRT.

## 2.3 The SRT and SRT/IMT Interface

There were a couple of positive comments around splitting the roles. However, a number of issues were identified:

- Confusion around the ToR for the SRT

- Confusion over the SRT/IMT interface and communication between the participants on each group

- SRT descended into very operational issues to do with incident at times

- The SRT was almost entirely focussed on the incident. It did not consider the business continuity implications of the Temple being

without electricity or the political/organisational ramifications of the issue.

- It was almost impossible for those staff involved in both the IMT and SRT to follow through on any actions because of the continuous meetings

Again these issues may have arisen because of the different arrangements that were developed following Ebola etc. Usually the SRT is much more focussed on ensuring that the Public Health Wales response is adequate and would have been more operational in previous incidents.

The other problem identified in feedback was the systematic gathering, recording and dissemination of information during the incident. The Emergency Response Plan allows for the setting up of an NCAC (National Co-ordination and Advice Centre) at level 4, which would formally deal with this. The principles of this were used in real incidents with a longer timeframe (measles, look-backs), but there was no consideration of activating this function (nationally called an Incident Co-ordination Centre) on the day.

## 2.4 The Epi cell

The exercise was the very first time most of the participants (even within health protection teams) had ever heard of an Epi cell. It has never been used before. Although there were a couple of positive comments about getting the specialist database skills up and running early etc, the Epi cell was one of the major issues causing concern on the post exercise discussion, and caused delays on information gathering in the incident. Issues identified were:

- No ToR, roles and responsibilities were available and the rules of engagement with the rest of the Health Protection Team was unclear
- Communication between Epi cell and IMT unclear
- Who makes up the Epi cell and which staffing resource goes into it (the only epidemiologist was removed from IMT into Epi cell etc)

## 2.5 Communications

Perhaps unfairly, the exercise was set up so that public communications would be reactive from the start, and we would initially lose control of the communications as the story had already broken on social media. Although there was some confusion around the rules of the media segment of the exercise (as this had to be changed at short notice), key issues were still identified as follows:

- Issues with responding to the story on social media in a timely fashion and taking back control of the message through this
- Conflict of the need to respond quickly on social media with the delay of signing off the traditional press statement
- The interface and input of the communications team with the SRT and IMT and the role of any communications cell and lines of communication between these

# 3 Recommendations

1. The membership, operational remit and ToR of the IMT need to be agreed. It is suggested that:
    a. The chair role is taken by an individual with expertise in health protection response
    b. The group is operationally focussed on the investigation and control of the incident
    c. Given that usual arrangements work best, consideration should be given to adapting the well-established rules for OCT/IMT functioning to use in our internal IMT. As the LA and LHB are already represented on our group, this would also allow it to convert to an established OCT at any stage. This is a consideration with more than one case as not using established outbreak procedures may leave the organisation vulnerable.
2. The tasks and membership of the SRT in the Emergency Response Plan need to be reviewed and updated. It is suggested that:
    a. The SRT focuses on the strategic oversight of the incident, the political communication, and the organisational support and business continuity issues
    b. The ToR take into account that the SRT needs to be able to support both external IMT/SRTs and an internal IMT
    c. The interface between the SRT and IMT need to be specified.
3. Both the SRT and IMT need to organise information visually and pay greater attention to the record keeping aspects of their decision making. It is recommended that an Incident Coordination Centre (formerly an NCAC) be considered at an early stage in any future

potential level 4 incident and a formal activation/deactivation protocol be developed for this.

4. A robust core of competent and trained minute takers and loggists need to be established to ensure adequate and skilled support in such an incident. It is suggested that:

    a. these could be on a regular training cycle and in hours rota so routinely available if needed.

    b. The system of relying on support at the discretion of their immediate line manager for these functions until the incident has been declared level 4 be reviewed.

5. If the Epi Cell is to be used in future incidents, its ToR, membership and methods of communication must be formalised and the function exercised.

6. The responsive use of social media by Public Health Wales needs strengthening and careful review, especially in the situation where a major issue has been posted on these platforms long before any formal press release can be agreed.

7. If there is a significant business continuity issue, it is recommended that a separate business continuity group be set up, reporting directly to the SRT. It is recommended that the membership and ToR of this be agreed in advance and the function exercised.

8. The exercise should be rerun as a best practice tabletop run-through with key IMT/SRT members.