

Minutes

Title of meeting PHE Emergency Preparedness, Resilience and Response Delivery Group
Date 16th Sept 2016
Time 14.30 – 17.00
Venue Boardroom Wellington House

Attendees

John Simpson (JS) (Chair)	Director EPRR – ERD
Karen Reddin (KR) (Chair)	Strategic EPM – ERD
Sarah Webb (SW)	Regional EPM – Mids & East
Gwyn Morris (GM)	General Site Manager Colindale
Laura Woodward (LW)	Senior Communications Manager
Charles Beck (CB)	Consultant Epidemiologist – South West
Charlie Pallot (CP)	Regional EPM - South
Charles Turner (CT)	Head of Exercises - ERD
Andy Robson (AR)	EPM – East Midlands
Alistair Bartholomew (AB)	Regional EPM - North
Kiran Patel (KP)	ICT Operations Manager
Martin Mannix	General Manager – Site Operations, Porton
Duncan Cox (DC)	Specialist Radiation Protection Scientist, CRCE
Naima Bradley (NB)	Head of Environmental Hazards and Emergencies
Emily Collard (EC)	EPM – CRT (for Item 10)
Agnes Jung (AJ) (Minutes)	EPO – CRT

Apologies

None.

Minute ref

1. Introduction

16/371 The Chair welcomed everyone to the meeting.
 The apologies were noted.
 The minutes of the August meeting were accepted as correct.

2. Identification of urgent items not on the Agenda

16/372

- PID to be removed from this (September) Agenda and added to the October Agenda, as MB could not attend the meeting.
- No urgent items were identified by the DG.

3. Review of the Minutes, Actions and Matters Arising from the meeting held in June 2016

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- 16/373 16/321 – JS will confirm if the letter to Centres has gone out concerning payments to LRFs. Centres to keep this on file to use if needed.
- 16/374 16/325 – JS contacted the Cabinet Office on behalf of PHE and JS is yet to receive a reply. JS to confirm the date of formal consultation, so everyone will be aware and the STAC training can be adjusted to any new information.
- 16/375 16/354 – To be completed by 12th October 2016 PHE EPRR DG meeting.
- 16/376 16/358 – To be completed by 12th October 2016 PHE EPRR DG meeting.
- 16/377 16/360 – Ongoing.
- 16/378 16/362 – There will be a joint paper between DR and KR to come to the December 2016 meeting on on logging decisions during incidents.
- 16/379 16/365 – Completed.
- 16/380 16/366 – AJ to add 'CBRN Network' to the Agenda of the October and November 2016 PHE EPRR DG meetings. **AJ**
- 16/381 16/370 – To be completed by 12th October 2016 PHE EPRR DG meeting.
- 16/382 16/342 – Ongoing. RA, TW and RH sent an update on their work in email, see in the comments box on the action list.
- 16/383 16/308 – It is an Agenda item for October 2016. **AJ**
- 16/384 16/240 – SW discussed the 'mutual aid' arrangements with DK in the past, but since then the Centres have been re-organised.
DK explained that this has been completed; DK prepared a second draft, which was circulated to Richard Gleave, Rashmi Shukla and Meng Khaw. It was also discussed with the Deputy Director of the HP group. DK to check if this is in alignment with the NIERP and CONOPS. DK to bring this back to the DG for discussion after approval from Richard Gleave. And will send it to AJ for circulating it to the DG. **DK**
AJ
- 16/385 16/250 – PID was on the Agenda of today's (16th Sept 2016), but had to be postponed, due to MB's absence. AJ to add this to October's Agenda. **AJ**
- 16/386 16/258 – A paper will come to the November 2016 PHE EPRR DG meeting.
- 16/387 16/190 – Duplicate, to be removed. **AJ**
- 16/388 16/271 – is on the Agenda.

4. Feedback from EPRR Oversight Group

- 16/389 OG papers were circulated in email for the DG members. KR summarised the key points of discussion at the OG:
- PHE Strategic Plans
 - MK updated the OG on DG
 - PHE EPRR assurance was discussed at the OG, further discussions will follow.
- 16/390 KR, SW and CT drafted a 'Rapid Peer Review' paper.
Application of this to Centres to be discussed and agreed by the DG later.

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- 16/391 George Leahy (GL) provided feedback on the High Consequences Infectious Diseases (HCID) programme, involving NHS England and PHE (with two separate programme boards for each). GL provided update on the progress of the PHE work. The current work programme should be completed by March 2017. One of those programmes includes the development of a tool within the NHS patient pathway... There will be a workshop with NHS.
- 16/392 An update was provided at the OG on EPRR exercises and training, including the planning work for Exercise Cygnus, including work with NHS colleagues and PHE colleagues. CRT is developing a handbook currently, which will be circulated soon.
- 16/393 ID training sessions are scheduled and some sessions have been delivered over the summer, resulting in a cohort of trained IDs.
- 16/394 NICC training sessions have been delivered over the summer and there will be more sessions this year.
- 16/395 KR and DR are working together on a skill matrix for the different NICC roles and EPRR– using core skills and agreed standardised principles. KR, DR and DC to discuss the above. **KR, DR**
- 5. EPRR review recommendations**
- 16/396 DK explained that 9 recommendations have been completed and 2 are outstanding. Most of the actions have been carried out.
- 6. Coordination of the PHE input into NRA**
- 16/397 JS discussed this with RG, PC and MB (Michael Brody) on the above and the governance around PHE security related work. This included governance around PHE arrangements for dealing with issues/threats/hazards that have a security classification. It was agreed to have a sub group of DG which will deal with this type of work e.g. NRA type work, acute security work. The sub group to develop a single system for governance of PHE input into NRA. **RG, PC, JS, MB**
- 16/398 AJ to add the above to the Agenda of the November 2016 meeting – to discuss: how we get best representation. **AJ**
- 16/399 GM to email JS about fitting CPNI into this governance sub group. **GM**
- 16/400 DC advised to expand the scope of the sub group to response issues around NRA. DC pointed it out that different organisational parts of PHE give out differing advice on what is needed in response and this could lead to significant public health impacts. Standardisation through this work stream would be beneficial.

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7. PLANS

7.1 CONOPS, NIERP

- 16/401 KR explained that the latest version of CONOPS and NIERP was shared with a number of Directors in PHE by PC for final consultation.
- 16/402 ALL to send comments on NIERP and CONOPS by 23rd October 2016 to KR. **ALL**
- 16/403 The DG agreed to discuss the old versus new NIERP at Exercise Leopold (internal only exercise, looking at how PHE would respond to a German type *E. coli* incident). It will be good to look at escalation and de-escalation between new levels. The NIERP has only internal changes and these should not affect our relationship with other organisations in any way.
- 16/404 JS to confirm the approach with PC about looking at old versus new NIERP at Exercise Leopold. **JS**
- 16/405 Revised NIERP to be used in Exercise Cygnus and the February command post exercise.

7.2 PID

- 16/406 Deferred.

8. Peer review system for PHE EPRR Assurance

- 16/407 KR summarised the peer review paper. This proposal was requested by the Health Tri-Partite accountability group and was written by CP, SW, EC and KR to use it as a pilot and describes a triangulated rapid peer review process (Centre or Specialist Service to review one another in a triangulated way). The paper was submitted to the OG.
- 16/408 JS explained that we need a single system for assurance and this needs to fit in with PHE's statutory requirements.
- 16/409 KR advised that a consistent approach across EPRR Assurance Process will enable us to fulfil our statutory duties under the CCA. It is good if it fits in with the Sound Foundation process, but the priority is to provide assurance that PHE is delivering its statutory duties as Category 1 responder under the CCA.
- 16/410 KR, SW, CP, AR, AB to get together and discuss how a quick peer review could be done. KR to set up this meeting. **KR**

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9. Exercises and Training

EPRR Training Strategy

16/411 CT reported that DR sent out the PHE Training Strategy draft in email on 19th August 2016 for comments from the DG members.

16/412 CT explained that updating the PHE EPRR Training and Exercise Strategy is required to assure that PHE will be able to respond as required.

10. Ex Proforma and RD

16/413 AJ briefed the DG on the aim of the Exercise Proforma stored on Resilience Direct (RD), which aims to collate and disseminate timely information on past and future exercises happening across PHE (e.g. date / time / contact person / lessons identified) to ensure awareness and easy access to this information, stored on a Resilience Direct page. This would enable routine reporting to the DG on forthcoming exercises and lessons identified from past exercises.

16/414 AJ explained that the Exercises proforma pilot project is being run for 2 months in two phases. Each phase is 1 month long.
During the first month of the trial the Exercises Task and Finish group participated with some additional volunteers.
After the first month the EPRR Network members will be invited to participate in the second phase (second month) and provide their feedback.
During this 2 month pilot process feedback and comments are being collated (including positive feedback and good practice) on valuable information on past and forthcoming exercises and lessons identified in a timely manner between regions in a coordinated way. The ETFG agreed to record all exercises for this financial year (from March 2016) to test all the fields and pages of the proforma.

16/415 AJ informed the DG about that work is ongoing on the PHE's Resilience Direct policy and Standard Operating Procedures by Dave McQuirk (DM), Emergency Planning Manager in the Corporate Resilience Team.

16/416 DC explained that Centres use RD mainly on exercises where the Local Authority (LA) is the lead. DC stated that they are waiting for specific information on RD governance arrangements.

16/417 CT added that the Exercises and Training Team has done a great amount of work on developing their RD pages. The access to these pages will be controlled by creating specific subgroups, which are assigned to specific pages. This enables their team to control what is shared with different target audiences.

16/418 KR to arrange a briefing from DM/AJ on the current status of the work around RD to come to a future DG meeting.

KR

16/419 The DG agreed that in many cases it is limited as to who has access to RD, It

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was agreed that it is best to have a corporate requirement to visit RD on a regular basis for accessing duty rotas, uploading plans, etc.

11. Cygnus

- 16/420 JS explained that MK's understanding was that the Centres would organise and plan their play. Injects would be written for them to enable their ICCs to be tested.
- 16/421 KR explained that CRT agreed to coordinate the PHE Centres playing into Exercise Cygnus earlier in terms of making sure that contact details were correct and the Exercise Handbook is fit for purpose. KR stated that CRT are happy to work with Centres to develop the Centre injects. It is critical to have input from the Centres to identify what they want test during the exercise, e.g. 'mutual aid', BC.
- 16/422 CT explained that the ERD Exercises Team are sorting out the injects for fourteen Government Departments and at the moment mainly focusing on the core injects, hence input is needed from the Centres.
- 16/423 AR to request an EPM to support CRT with identifying Centres' needs and work with CRT to write injects for Centres. MK to sign off the injects and cascade a briefing on Exercise Cygnus for the Centres. **AR, KR**
- 16/424 JS left the teleconference. KR took over chairing the meeting.
- 16/425 CT stated that the Exercise Cygnus Sharepoint site is live and can be accessed by participants.
- 16/426 It was noted that the Vaccine and Countermeasure group is part of NIS planning
- 16/427 KR explained that the Health and Justice Cell will be part of the NICC, working remotely and feeding in the NICC.
- 16/428 GM explained that NIS agreed with SMT about an interim arrangement on generic incident response in relation to Exercise Cygnus. A small working group has been set up for Exercise Cygnus, led by GM and Gavin Debrera. Microbiology and Epidemiology Cells will be set up and linked to the NIS ICC at

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Colindale. An NIS Liaison officer will be based at the NICC. FES person will be part of the Epi Cell. Rosters are being prepared. Shifts will be no longer than seven hours. Coordination is ongoing. Vaccine and Counter measures group and other features of NIS will feed into the NICC through the NIS ICC,

16/429 GM explained that the main focus for NIS will be on resilience and BC. Affected number of staff, supply chain, staffing roster, moving specimens, people and equipment.

12. Development Action Plan from EPRR workshop, November 2015

16/430 All agreed to send updates on their work streams to AJ. **ALL**

13. EPRR Network update

16/431 SW reported that the EPRR Network meetings are scheduled. No meetings took place since the last DG.

12. AOB

16/432 DC mentioned that the STAC guidance should be reviewed. Office for Nuclear Regulations has put pressure on CRCE to chair STAC for Nuclear Incidents, CRCE have provided a rebuttal to this proposal as STAC Chair does not need to be a subject matter expert. The subject matter experts will be represented at STAC.

16/433 All to forward 'Communications topics' to discuss at the DG to AJ. **ALL**
Meeting end.

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Dates of future meetings:

18 November 2016	10.00 – 12.30
13 December 2016	10.00 – 12.30

DRAFT