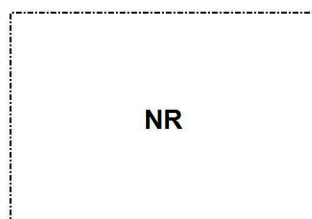


Minutes

Title of meeting PHE Emergency Preparedness, Resilience and Response Oversight Group
Date 26 April 2016
Time 10.00 – 11:30
Venue MR 9, Richmond House
Attendees

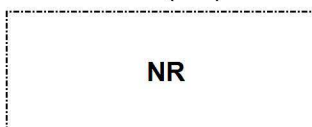
Paul Cosford (PC)



Programme Manager
Via Teleconference

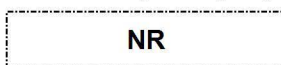
Via Teleconference

Nick Phin (NP)



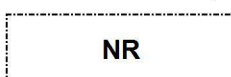
Via Teleconference

Clair Baynton (CB)



Jo Gillespie (JG)

Will Creswell (WC)



PHE Health Protection and Medical Directorate
PHE Health Protection and Medical Directorate
PHE Health Protection and Medical Directorate
PHE Health and Well Being Directorate

PHE Regions and Centres Directorate
PHE Regions and Centres Directorate
CIDSC, PHE National Infection Service
PHE Communications

CRCE, PHE Health Protection and Medical Directorate
PHE Regions and Centres Directorate
Department of Health
Department of Health

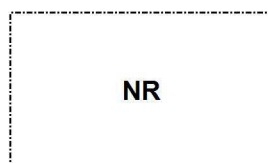
Department for Communities and Local Government
Food Standards Agency
PHE Health Protection and Medical Directorate

Apologies

Richard Gleave

PHE Regions and Centres Directorate
CEO Office

National Infection Service
PHE Regions and Centres Directorate
PHE Regions and Centres Directorate
NHS England



Stephen Groves

**Minute
ref**

Action

2. Identification of urgent items not on the agenda

- 16/001
- 1) LRF Funding by PHE Centres
 - 2) DECC JAM (Joint Agency Modelling) – support for producing modelling in later stages of a nuclear release.

3. Review of the Minutes and Matters Arising from the meeting held on 2 December 2015

- 16/002
- P2 – 15/338, 339 – Port health work programmes in an emergency, especially with regard to screening provision. This will need further discussion. It was requested that a

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further piece of work be undertaken at a strategic level and be brought back to the Oversight Group as an agenda item. Discussions will take place outside of the meeting with **NR** and Jenny Harries.

NR to contact those previously involved in port health screening to explore a piece of work on future provision. This should include radiation representatives. **NR**

NR noted that DH will pick up any legislation work regarding future screening programmes and should therefore link in with PHE work streams.

16/003 P5 – 15/373 - Ecoli 104 Exercise. This will take place during week commencing 26 September 2016. **NR** is to meet with NP and **NR** regarding exercise planning. This exercise will be focussed on a large scale epidemiological investigation held at short notice. DH and FSA will be invited to observe.

16/004 The cross government exercise will take place in December 2016

16/005 P5 – 15/375 - Incident Director Training. Two courses are planned during the summer. Invitations will be targeted to those who have been nominated or have previously acted as an incident director. Colleagues from across all PHE Directorates will be invited to attend incident director training, if appropriate. There will be priority for senior staff from NIS and the PHE Centres.

16/006 **NR** confirmed there is a list of those who have previously received training or who have undertaken the role of Incident Director. **NR** to share the list via the Delivery Group in order they can assess who has priority training. This list will also be shared with members of the Oversight Group. **NR**

NR noted that having access to the list of trained staff would assist in identifying suitable leads in an incident.

It was agreed that senior staff from NIS and the PHE Centres should receive training first.

16/007 **NR** also noted that the Delivery Group should review on-call rotas to assess who should receive incident director training within this staff group. Delivery Group

16/008 Work to be taken forward by the Delivery Group:
1) Review current list of those who can act as an incident director.
2) Identify others who could also contribute in an emergency.
3) Produce a list of identified staff, noting their speciality.
4) Agree a timetable for updating the list and frequency of training. Delivery Group

16/009 EOM noted that staff need to be aware of training and the schedule so it can be included on PDPs and appraisals.

16/010 There was also discussion regarding other training available, including CGERT. CB noted that NHSE had requested bespoke CGERT training from the Cabinet Office and it may be possible for PHE and FSA to do this too. It may also be an opportunity for joint learning.

NR to contact Cabinet Office and take forward cross government training proposals. PC noted that critical roles should receive CGERT training as soon as possible. **NR**

The minutes were agreed and a final version will be produced.

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Review of the Actions

- 16/011 15/337 – **NR** has redrafted the EPRR Organogram and will share with the Group. The redraft will need to reflect the updated CONOPs. **NR**
- 16/012 15/342 – Airwave. The Delivery Group have looked at communications in an emergency and a paper was produced. There has been concern regarding the resilience of the phone system in an emergency as VOIP is internet based. Discussions have been raised about maintaining an analogue phone line provision in the NICC and ICCs.
- 16/013 The paper also included the current status of iModus and the transition to Everbridge. This process has been more complex than IT had originally thought.
- 16/014 PHE still also has an airwave capability with 10 handsets which can be deployed if needed.
- 16/015 PC requested that a paper regarding communications in an emergency should come to the Oversight Group at the next meeting. This needs to ensure that PHE have robust communications capability during a response if one system/network is unavailable. This should include a review of the current infrastructure in an emergency. The Delivery Group should revisit this and this will be an agenda item at the next PHE EPRR OG. **NR** Delivery Group
- 16/016 CB noted there are similar issues at DH. CB and **NR** to discuss common issues regarding VOIP and backup systems. **NR** CB
- 16/017 15/343 – BC exercise. There has been discussion regarding the potential scenario to be used. A date is still to be arranged but will be during this calendar year. The Delivery Group will oversee the organisation of the exercise.
- 16/018 15/344 – NRA Hazards paper. **NR** requested clarification of which paper was to be shared. The paper discussed looks at the response arrangements PHE has in place with respect to the NRA. It was agreed this will be an agenda item at the next meeting.
- The paper will be tabled in hard copy at the meeting, however PC/NP and **NR** will require sight of the paper before the meeting. **NR** to send a copy. **NR**
- 16/019 15/348 – STAC Guidance. The new guidance produced by CCS has not yet been published. It is felt that the concept of STAC has changed since this guidance was first drafted. Further work is needed with CCS to look at a total revision of the STAC function. It was suggested that PHE approach CCS to offer assistance in looking at the STAC process. The guidance is not a PHE document and is 'owned' by Cabinet Office. However PHE will need to provide substantial input into it.
- 16/020 The group cited the recent cryptosporidium in the water supply incident in the north west where a STAC was established, and discussed how the function worked in support of the incident response. There needs to be a clear definition of roles and responsibilities at local and national level. The local will deliver the incident response but may require expertise at the national level.
- 16/021 PC suggested a workshop be arranged to look at how the cryptosporidium incident was supported by STAC. This should be arranged in partnership with CCS and should include representatives from DPH's, DCLG, PHE Centres and PHE specialist experts. NP and **NR** to also be involved and lead with CO. The purpose of the workshop will be:

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- Review the guidance
- Review what happened
- Put in place learning from the incident
- Look at multi agency command and control functions including DPH chair, local systems and the national specialist function.
- SCG and STAC

NR to take forward and liaise with CO. The workshop should be set up via the Delivery **NR** Delivery Group and will be a joint piece of work between NIS/CRCE/ERD. **NR** **NR** and **NR** Group should also be involved.

- 16/022 15/353 – Delivery Group TORs. This is an agenda paper for review. Comments to be All returned to **NR**
- 16/023 13/358 – CBRN Subgroup – After the attacks in Paris, training was arranged with Centre staff and Devolved Administrations regarding MTFA style incidents. This work has developed into a collaborative network which **NR** now proposes be continued instead of a CBRN subgroup. **NR** will produce a paper regarding the work that has been done so far. This will be tabled at the next meeting. **NR**
- 16/024 Clarity was requested over the membership of this network to establish whether specialist CBRN roles are included. **NR** and CB to discuss outside of the meeting to ensure membership has the correct specialist knowledge. This group/network will also **NR**/CB need DH support.
- 4. PHE Strategic Plan Review Update**
- 16/025 The PHE CONOPs is currently under revision. This will be a more detailed document than previous versions. The plan will be available for review soon.
- 16/026 The response levels have totally been revised as the previous levels did not always given an accurate representation of a response. There will now be three types of levels:
- Geographic – defined by area.
 - Exceedance of organisational surveillance across the country – for example, dispersed cases of a foodborne outbreak, or a chemical substance misuse in a supply chain etc.
 - A Major Incident where there are consequences for the UK – for example, a disease outbreak response such as Ebola, Zika, or a large impact event such as Chernobyl.
- This will give the ability to have a standard and/or an enhanced response to an incident depending on the event. The enhanced response will include the national response at strategic level to provide the link into COBR and government.
- 16/027 Once the revision is complete the document will be circulated for comment. Updates of individual supporting plans will then commence. These will sit under the overarching CONOPs. These plans will include:
- Centre Response Plans
 - NIS
 - CRCE
 - Radiation Plan
 - Pandemic Flu Plan
- Plus other plans.

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5. Summary from the NHS/DH/PH Partnership Group

- 16/028 Recent discussions at the Partnership Group have included:
Discussions regarding capability assessments and response status for the NHS and Ambulance trusts in the event of an MTFA incident (Marauding Terrorist Firearms). PHE are involved for advice especially with regard to ballistics.
- 16/029 HCID (High Consequence Infectious Disease) programme. JH is to lead this work stream to include surveillance, laboratory testing, lessons identified. The work stream will lead to the development of an HCID plan. This work programme will report directly into the Partnership Group.
- 16/030 EPRR Exercise Programme 2017. There was discussion regarding how the programme will be developed with partners (NHSE). NHSE will now look at what their requirements are and how they want it provided. PHE will be the main provider.
- 16/031 There was also discussion regarding the next agenda. **NR** noted that much of the work at the Partnership Group is reactive. There needs to be better priority of EPRR workstreams especially with regard to preparedness. This in turn should lead to improvement in response capability.

6. Input into the DH Policy Paper regarding Influenza Pandemic Population Surge and Triage Plans

- 16/032 Discussion regarding this will be postponed to the next meeting in June.
The draft paper has already had some PHE comment. PHE response to pandemic flu needs internal co-ordination. Pandemic flu needs to be looked at separately from seasonal and avian flu. There are proposals that the Pandemic Flu Team will be re-established to co-ordinate PHE information.

7. PHE EPRR Assurance Update

- 16/033 The PHE EPRR Assurance Report for was produced from the internal assurance survey that took place in September 2015. The audit questionnaire set out 13 key areas of EPRR with corresponding core standards and assurance criteria to capture compliance at all levels across the organisation. The report is a consolidation of the response from across PHE detailing levels of compliance. There are two areas which require further improvement – Business Continuity and Lessons Identified.
The Group was asked to review the report and agree sign-off before it goes to the Health Delivery Group and Health Partnership Group.
- 16/034 There was discussion regarding whether the assurance responses should undergo a peer review because the process is one of self-assessment. PC asked if the Delivery Group could organise peer review of EPRR Assurance. This will require further work:
- 1) Agree a process for peer review. The Management Committee will need to agree the process. This will also need input from other services, e.g NIS, CRCE. A final assurance report cannot be agree until all areas of EPRR in PHE are represented.
 - 2) Health and Well Being should also be included because of their involvement with screening.
- NR** to take this back to the Delivery Group. **NR**

- 16/035 **NR** noted that Regional Directors and Centre Directors should also be involved with the PC **NR**

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peer review and sign off process. PC **NR** NP/ **NR** plus Centre Directors to discuss how to take this peer review process forward. This process will be taken forward by the Delivery Group to report back to the Oversight Group by the end of the year.

NR

NP

8. Formal Updates from the Subgroups

8.1 EPRR Delivery Group

- 16/036 Exercises – A task and finish group has been set up to look at how PHE play in external exercises.
- 16/037 Exercise Cygnus – This will be held between 18-20 October. There will be a strategic level workshop during the week of 4th July.
- 16/038 Training – Current STAC training will continue until there are changes in the guidance.
- 16/039 Contribution to LRFs – There have been discussions regarding whether PHE should contribute to the support function of the LRFs. Most other partner agencies pay a contribution. This has been discussed at various levels within PHE.
- 16/040 **NR** to check what decision has been taken regarding this. A national decision will need to be made to apply locally. This should be reviewed annually. **NR**
- 16/041 There is a similar question of funding for COMAH exercises. PHE do not currently charge for involvement in these. These have a complex system of funding which will also need regular review.

9. High Consequence Infectious Disease Programme

9.1 Ebola Lessons Identified Action Plan

- 16/042 This will now come under the HCID programme to monitor progress of actions.

10. EPRR Exercises and Training

10.1 Exercise Dark Star Project – Final Reports

- 16/043 These reports were circulated for information.

11. AOB

- 16/044 **DECC JAM (Joint Agency Modelling on nuclear release)**

This is an agreement DECC want in place to provide advice and modelling in the later stages of a nuclear release. A work programme was developed following Fukushima. DECC have requested that JAM experts be put onto an on-call rota system. Within PHE these members of expert staff are not currently involved with on-call rotas as such events are infrequent.

- 16/045 CRCE has internally agreed an enhanced 'best endeavours' support to JAM but not a rota system as this has implications. CRCE will ensure there are robust arrangements in place. A detailed paper has been put together to submit to DECC outlining what 'best endeavours' encompasses. DH have supported this CRCE paper.

Meeting End: 11:35

Forward Meeting Dates

Thursday 9 June 2016	9.30 - 11.30	PHE Boardroom, Wellington House
Thursday 8 September 2016	9.00 - 11.00	PHE Boardroom, Wellington House
Friday 9 December 2016	10.00 - 12.00	PHE Boardroom, Wellington House