

Minutes

Title of meeting	PHE Emergency Preparedness, Resilience and Response Oversight Group		
Date	6 October 2017		
Time	10.00 – 12.00		
Venue	PHE Boardroom, Wellington House		
Attendees			
Jenny Harries (JH)	Acting Chair	PHE Centres and Regions Directorate	
Name Redacted	Programme Manager	PHE Health Protection and Medical Directorate	
Deborah Turbitt (DT)		PHE Centres and Regions Directorate	
Clair Baynton (CB)		Department of Health	
Rashmi Shukla (RS)		PHE Centres and Regions Directorate	
Eamonn O'Moore (EOM)	Via Teleconference	PHE Health Improvement Directorate	
Peter Morton (PM)		PHE Communications	
David Rhodes (DR)	Via Teleconference	CRCE, PHE Health Protection and Medical Directorate	
Gavin Dabrera (GD)	Via Teleconference for item 7.2	CIDSC, PHE Health Protection and Medical Directorate	
Gemma Ward (GW)		Specialty Registrar in Public Health, ERD, HPMD	
Name Redacted		PHE Health Protection and Medical Directorate	
Apologies			
Paul Cosford		PHE Health Protection and Medical Directorate	
Paul Sutton		PHE Health Protection and Medical Directorate	
Nick Phin		CIDSC, PHE National Infection Service	
Meng Khaw		PHE Centres and Regions Directorate	
Debra Lapthorne		PHE Centres and Regions Directorate	
Richard Gleave		PHE Centres and Regions Directorate	
Alex Sienkiewicz		CEO Office	
Name Redacted		PHE National Infection Service	
Stephen Groves		NHS England	
Mark Driver		National Infection Service	
Jo Gillespie		Department for Communities and Local Government	
Richard Hoskin		Food Standards Agency	

Minute ref

Action

<u>2. Identification of urgent items not on the agenda</u>	
17/098	JH chaired the meeting as PC had been called to attend another meeting. Additional AOB items: NIS rota changes and HP rotas Winter Pressures Coordination Group
<u>3. Review of the Minutes and Matters Arising from the meeting held on 7 June 2017</u>	

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- 17/099 An update to two directorate's names is required on the attendee list. The minutes were agreed and will be circulated as final.
- 17/100 Review of the actions:
17/012 – The CBRN network has not met since the last meeting. The network is a link for organisations to share information regarding CBRN and is not a formal group. It was suggested that all informal groups should fit into a formal reporting system and that the CBRN network should report into the EPRR Delivery Group. The action will be updated PS/KR to clarify arrangements for reporting outputs of informal groups.
17/053 – Incident Director Training to be included on the agenda under exercises and training.
17/054 – To be discussed under agenda item 5.
17/058 – Security clearance for attendees at SCGs. This has not been discussed at the Delivery Group yet. It had been agreed at the last Oversight Group that the decision for clearance would be made at local level. DT will discuss the issue at the next DD network meeting to ascertain if it is still an issue and where in the country the problem has occurred. This will then help pre-empt future problems. DT will report findings back DT to the Delivery Group to provide assurance to the Oversight Group. DT to ensure all CDs and DDs are aware of the outcome.
17/067 – To be discussed under agenda item 5.
17/068 – Agenda item.
17/089 – Exercise Elsa report. This was the mass casualty exercise held in Manchester. KR KR to check that the report has been sent to PC. Item to be marked completed.

4. PHE EPRR Oversight Group – Review of Membership and Terms of Reference

- 17/101 The Group discussed the current terms of reference and made some recommendations for update. There are some inaccuracies due to organisational change. This includes the accountability structure which is now to the Management Committee, not National Executive. Other Directorate names have also changed, eg, Health Improvement Directorate.
- 17/102 There was discussion regarding the PHE Business Plan and how EPRR fits around it. Is EPRR seen as 'business as usual' and how agile are the flexibility of PHE resources in an emergency? The Group suggested there should be some cross organisational discussions regarding EPRR and business continuity planning. There needs to be a clear line of structure to support and deliver the EPRR function across PHE. This could be reflected in updated ToRs.
- 17/103 The assurance and governance process should also be included in the ToRs as the current process is robust and should be documented.
- 17/104 It was also decided that the Group should have a nominated Vice Chair and preferably this should be a representative from NIS. JH to discuss with PC and approach NIS for a JH/PC nominee.
- 17/105 The membership list also needs revising to ensure there is correct representation from KR the relevant Directorates. KR to update the ToRs and amend membership list.

5. Secure communications – Resilient and secure email systems

- 17/106 A number of concerns regarding IT resilience have been raised, especially in the Centres and Regions. There was also the major outage of IT systems during the Westminster Bridge attacks in March which was a significant BC incident. There are

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known risks regarding IT resilience and work needs to be done to look at these issues and try and look at the options available to mitigate the risk.

- 17/107 The EPRR Delivery Group has a work stream to look at resilience and secure communications. They will also develop an exercise to test systems. Currently the Group is documenting the critical functions of each area of PHE to ensure they are covered by business continuity plans.
- 17/108 The reporting of issues outlined by the work of the Delivery Group needs to be raised at a strategic level. JH noted that the meeting between Michael Brodie/PC and PS should be organised as soon as possible and Richard Gleave should be involved too. At this meeting the following will be discussed: PC/PS/MB
- a. IT systems resilience problems
 - b. IT security
 - c. Skype for business
 - d. High level secure Email communications. GSi – This is no longer available for PHE. What secure email is now available to PHE? CB noted DH still uses GSi and they have access to a fixed secure communications system. It was noted there will soon be a new system for cross government department use. It was suggested that PS speak to CB regarding the secure email systems DH use. PS/CB
 - e. Mobile Telephony
- 17/109 Resilience and accessibility is crucial as there is increased dependency on email and skype to enable an emergency response.
- 17/110 IT must hold a list of events that impact the system on a weekly basis and could provide statistics/regular update reports.
- 17/111 There is also the issue of the transfer from Vodafone to EE. Are telephone communications resilient?
- 17/112 JH will speak to PC regarding the importance of reviewing resilient communications. This item is now urgent. A paper should be pulled together following the senior meeting. PS/PC
- 6. Demonstrating quality during PHE's emergency response to incidents and emergencies – Summary report**
- 17/113 Gemma Ward presented a paper regarding recommendations proposed to support a formalised approach to demonstrating quality during an incident response. The paper detailed five recommendations for the Oversight Group to agree.
- 17/114 A meeting was held on 31 May 2017 with representatives from across PHE to discuss whether a separate quality hub was required for EPRR or whether existing processes could be adapted to demonstrate the PHE quality components. This meeting agreed that a separate quality hub was not necessary as quality is already embedded in existing procedures and these could be documented to provide evidence.
- 17/115 The paper was well received and it was noted that learning from the Ebola response was regarding governance and risk was now imbedded in the strategic response plans. The standing agenda for the Strategic Response Group (SRG) now included an item on quality. The current review of the NIERP will also ensure that the 10 PHE quality components are incorporated into the national plans (NIERP and CONOPs). This will include updating ToRS for NICC/ICC Cells and mapping the 10 components of the

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quality model into action cards for NICC roles.

- 17/116 There was discussion regarding how implementation of the updated plans could be checked and it was suggested an audit be undertaken in 12 months' time to ensure that the quality elements have become embedded. An item on quality should be included in incident debriefs.
- 17/117 The paper was agreed by the Group.

7. PHE Strategic Plans

7.1 NIERP Review

- 17/118 The next review of the strategic plans has begun. Feedback from the various enhanced and standard incident responses will be included. The EPRR Delivery Group has set up a task and finish group to undertake this work. They have developed ToRs for the process and are setting a timeline for review and arranging a consultation period. The review will be completed and signed off by the end of the financial year. As noted quality and governance will be included as part of the review.
- 17/119 It was noted that the significant revision of the plan in 2016 is still being embedded across PHE. During this implementation phase a set of materials to support the plan, including familiarisation training, were shared across PHE. This review will consolidate any learning points from the implementation process.
- 17/120 It was suggested that PC circulate a note to PHE to announce the review process as it must be inclusive to all staff. The task and finish group are due to meet next week and will put together a note to forward to PC to send out.
- 17/121 The meeting discussed whether there should be an annual review of the strategic plans as part of the annual assurance process.
- 17/122 It was also noted that staff from directorates that are not regularly involved in EPRR should be included in the review to embed understanding of the incident response function. The Communications directorate should be involved with the role out of the plan to ensure understanding across PHE.

Delivery
Group
T&F
(PC)

7.2 MERS-CoV Response Plan – final approval

- 17/123 This plan has been developed by the MERS-CoV Group to ensure there were established procedures in place for PHE to manage a case from suspected through to a confirmed diagnosis. A structure was needed for the initial case management. The Group included membership from across PHE including ERD. The plan has already been reviewed and agreed by the Delivery Group.
- 17/124 The plan fits in with the structure of the NIERP and is an internal document only detailing PHE's actions.
- 17/125 Two questions were raised regarding swabbing and co-ordination of IMTs:
Swabbing – It was confirmed that swabbing would not be a routine process for suspected MERS-CoV cases unless it was a highly pathogenic outbreak.
IMT – the plan details the PHE management and co-ordination and not the NHS structure in a response to a suspected case.
- 17/126 The Group discussed the plans and raised several comments regarding the co-

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ordination with NHS plans. It was noted that engagement with NHSE was critical as they would be responsible for the patient pathway. There was also an issue with private laboratory testing where PHE is not notified of results.

- 17/127 It was queried how the plan fitted in with the work undertaken by the HCID programme. JH noted that further discussions with [Name Redacted] and Mike Jacobs (NHS) are needed urgently to ensure this plan fits in with HCID work to ensure there is no contradiction in plans. JH and CB to link with HCID. JH/CB
- 17/128 The meeting agreed the plan could be published as an internal draft to staff with the caveat that the document is interim and not to be shared outside of the organisation. DT to link with GD regarding wording for the draft release of the document to ensure staff are aware of its status. DT/GD

8. Enhanced Incidents and Lessons Identified

8.1 PHE Enhanced Incidents Table

- 17/129 Updates since the last meeting include:
Pertussis and Meningococcal W have been de-escalated to standard responses
Rising of the threat level to Critical in May and September
Grenfell Tower Fire – work is on-going but the incident has been de-escalated to a standard response.
- 17/130 It was requested that the Strategic Director be added to the table in addition to the Incident Director. KR/RG

8.2 Zika Virus 2016 Lessons Identified Report

- 17/131 Following the de-escalation of the incident, the Corporate Resilience Team facilitated a debrief session and drafted a report which has been reviewed by NIS. An action plan was produced and it is crucial that these actions are taken forward.
- 17/132 It was noted that some of the actions do not have an 'owner' and these should be allocated to relevant staff.
- 17/133 It was noted that some of the actions will be resolved via the review and update of the strategic plans, for example the public health risk versus political impact.
- 17/134 There was discussion regarding whether the revised HR guidance for working in an emergency response had been published. KR to follow up with HR regarding the HR guidance. KR
- 17/135 JH and KR to speak off line with regard to ensuring HR and staffing issues are included on the standard SRG agenda in the NIERP. JH/KR
- 17/136 The role of the Executive Director on-call in an incident should be clarified in the NIERP.
- 17/137 Further work is needed to ensure the correct procedures are in place for staff to volunteer for incident response work and that the mechanisms are available for them to be released from their usual post with management support. This could be included on staff PDPs. There also needs to be clear understanding of lines of management when a member of staff is working at an alternative location in an incident. There should also be formal routes for requesting volunteers from PHE to international responses as these often come through more informal requests. PC is undertaking a piece of work to

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formalise this process.

- 17/138 It was suggested that the HR guidance should be tested in a business continuity exercise to raise awareness of the procedures.
- 17/139 JH requested that the Group review the report again and forward any further comment to KR who will redraft the report and liaise with Nick Phin. Comments to be sent by the end of next week (13/10/17) Group/
KR

9. EPRR Exercises and Training

9.1 Exercises and Training task and finish group

- 17/140 KR gave an update on the work has been undertaken to develop competencies for the different roles outlined in the NIERP.
- 17/141 The competencies for the incident director role have been prioritised so that training can be delivered later this year. Further training programmes will be developed for the other NICC/ICC roles.
- 17/142 The incident director course will be in two parts. The first day will outline the competencies required for the role. The second day will be practical and will include a desktop exercise with different scenarios.
- 17/143 The group is also looking at how many people need to be trained to support two concurrent enhanced incidents.
- 17/144 JH suggested that at the end of the NIERP review process, there should be a workshop to review the whole process and check that everything has been completed, and enough people have been trained. The list of trained incident directors will be shared at the workshop. The Delivery Group will arrange the workshop at the end of the process. Delivery
Group

9.2 PHE Exercise – February 2018

- 17/145 There was discussion as to whether February was too early to hold a PHE wide exercise to test the revised plan. The proposed date could be used for the review workshop instead. The group believed the exercise should go ahead as planned to test the draft plan, in order that any necessary further changes could be made before holding the review workshop in March.

10. AOB

- 17/146 Rotas – It was noted that the outputs from the PHE review of rotas should come to the Oversight Group for review/approval. Future agenda item.
- 17/147 RS requested that the Regional EP Leads for EPRR position titles be updated in the Delivery Group minutes. KR
- 17/148 DH move – CB gave a brief overview of the move of the HP Directorate within DH to 39 Victoria Street. Staff will move on 16/10/17. There was discussion about how staff would co-locate in an incident response as there are a reduced number of desks available. There are no longer designated liaison desks. CB confirmed there is an agreement other desks could be released for PHE and NHS staff in an incident. There is a small store cupboard where kit could be stored if necessary.

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Meeting End: 12.12

Forward Meeting Dates

Wednesday 6 th December 2017	10.00 – 12.00	LG 11, Wellington House
Wednesday 28 th February 2018	10.00 – 12.00	PHE Boardroom, Wellington House
Wednesday 13 th June 2018	13.30 – 15.30	PHE Boardroom, Wellington House
Wednesday 3 rd October 2018	10.00 – 12.00	PHE Boardroom, Wellington House
Wednesday 5 th December 2018	10.00 – 12.00	PHE Boardroom, Wellington House

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