

Quentin Sandifer

Executive Director of Public Health Services Public Health Wales

PERSONAL CPD - REFLECTION

Meeting	UK 4 Nations Ebola Exercise		
Venue	Cathays Park and Cardiff Bay		
Date	10-11 December 2014	Time	Afternoon of the 10 th and morning of the 11 th
Agenda <input checked="" type="checkbox"/>	Papers <input checked="" type="checkbox"/>	Directions <input type="checkbox"/>	

Why was I there? (What did I hope to gain from this activity/event? How does it fit into my learning needs/PDP?)

1 UK-wide exercise to test Ebola preparedness and especially the co-ordination between the 4 countries and communications. I was there as the Executive Lead for Ebola for Public Health Wales, itself the lead agency in Wales for the response to Ebola (working closely with Welsh Government and the NHS). As with any Exercise, whether planned at the time of my last appraisal, or arising since, I am always keen to take part given that my responsibilities include emergency planning and response.

What was useful for me? (Key learning points?)

2 The exercise highlighted 8 key learning points for me:

1. The different approaches taken by the 4 UK countries as evidenced by their response plans:
 - a. in Wales PHW is designated as lead working closely with Welsh Government and the NHS etc but in the other three countries the Ministry of Health will lead and everyone else will follow that lead and;
 - b. in Wales we have framed our response as a (public) health emergency [linked to civil contingency arrangements that can be triggered if necessary] but in the other three countries the response is defined clearly as a civil contingencies response.
2. The critical role of the Incident Management Team (IMT) in the Welsh plan to co-ordinate the Welsh response and therefore by extension the critical role of its membership in or out of hours – this in turn speaks to a point of contention with one or two of the Ebola leads in Wales (who, with one exception, are all DsPH).
3. The role of Public Health England as *primus inter pares* in recognition of its status under International Health Regulations and what this means in a UK-wide response eg co-ordinating and holding the central contacts list [each country would take responsibility for identifying and tracing contacts but there can only be one definitive list of contacts for the UK] and likewise the communications [each country will engage with its own NHS Direct or equivalent and perhaps set up its own helpline but there can only be one script].

Quentin Sandifer

Executive Director of Public Health Services Public Health Wales

	<p>4. The country with the case leads the response including the announcement and the public communications (but co-ordinated with DH to choreograph with UK government communications).</p> <p>5. All other countries will be informed and participate in any UK-wide communications meetings</p> <p>6. If there is a second case in another UK country this would act as the trigger for a UK-IMT – each country’s IMT would continue its business but federated now with a single PHE-led IMT.</p> <p>7. One lexicon for use across the whole of the UK is required – when someone in Edinburgh refers to a ‘highly suspect’ case every one of the 4 UK countries has the same understanding what this means and no other term is used.</p> <p>8. Countries should adopt a precautionary approach; that is, if you ‘highly suspect’ then convene an IMT or equivalent <i>before</i> the result is confirmed, start contact tracing early (even if in the middle of the night) and alert other countries. Don’t wait till the result is confirmed before acting.</p>
What were the most important things I learnt?	
3	<p>The exercise clarified my personal role – given the agreed role of Public Health Wales in the response to Ebola in Wales as it differs from the other 3 countries it was very helpful to understand the expectations of the CMO for Wales. This is that I speak for Wales in any 4 countries officials’ conference, sitting alongside her and her team, and accompanied by my team, and similarly in any 4 countries ministerial conference (though my chief executive may attend and perhaps speak instead). In any briefing to the Welsh Minister CMO will lead but expects me to provide the detail and be prepared to take the questions.</p>
What is the most important thing for me to do as a result of this activity/event? (Include future learning needs and how to address them)	
4	<p>A couple of immediate actions:</p> <ul style="list-style-type: none"> • Review our Ebola Management Arrangements, update our plans and re-circulate before Christmas to key contacts in the NHS, Welsh Government officials and Ministers • Share our Christmas and New Year plans with Public Health England (and the other 2 devolved administrations) • Brief Public Health Wales executive group
How will my learning influence/change my practice?	
5	<p>The approach we have taken since July in Wales to prepare our plans for Ebola has wider application. This can be summarised as:</p> <ul style="list-style-type: none"> • Put in place clear structures early on – leads in health boards, schedule of meetings (‘battle rhythm’), identified people doing specific tasks etc [applying what we learnt from our NATO experience] • Break the task down into its constituent elements and work on each of these

Quentin Sandifer

Executive Director of Public Health Services Public Health Wales

	<p>systematically [applying project management methods without applying (formal) project management methods]</p> <ul style="list-style-type: none"> Establish regular communications and an expectation of these – so people know what has happened and what is happening next but in doing so accruing stakeholder confidence in the overall task
--	---

	Actions	By	Date
1	See 4 above		

File _____

Bring Forward _____