



Cymru Gydnerth  
Wales Resilience

## EXERCISE TALIESIN/SWINE FLU STRUCTURED DEBRIEFING REPORT

<b>Title:</b>	Ex Taliesin / Swine Flu Structured Debrief
<b>Venue:</b>	Emergency Co-ordination Centre (Wales) Cathays Park 2, Cardiff
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<b>Prepared for:</b>	Wales Resilience Partnership Team
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## Introduction

### Purpose

The aim of the workshop held at the Emergency Co-ordination Centre (Wales) (ECC(W)) on 18 November 2009 was twofold:

- to de-brief Exercise Taliesin, a pandemic flu exercise which was held on 23<sup>rd</sup> April 2009; and
- to de-brief the response in Wales to date to the swine flu pandemic

### Background to Exercise Taliesin

The aim of the exercise was to test the Pan-Wales Response Plan and influenza pandemic plans by live exercise across Wales. The exercise formed part of the Cabinet Office work into developing resilience against a flu pandemic. To this end Cabinet Office funded a series of 'Gold Standard' exercises across the English regions and Wales. In England, the exercise was run in one LRF area per region whilst in Wales it was run simultaneously at all 4 LRF areas as part of Exercise Taliesin.

### Exercise Play

The schedule for exercise play was as follows:

#### **Wednesday 22<sup>nd</sup> April 2009 – Exercise Taliesin Telegram (Communications Exercise)**

This was designed to test the procedural and technical aspects of communication within and between Strategic Co-ordination Centres in Wales and the Emergency Co-ordination Centre (Wales). The exercise involved completing a matrix of communications check - telephone, video conferencing, Airwave, Satellite phones etc. - confirming procedures and the detail of the Pan-Wales Response Plan.

#### **Thursday, 23<sup>rd</sup> April 2009, 08.00 to 20.00 hours – Exercise Taliesin (Strategic Co-ordinating Group (SCG) and Strategic Co-ordination Centre (SCC) Exercise)**

This was a self-contained Gold Standard exercise run by the Emergency Planning College (EPC) to test both the strategic decision-making of a multi-agency SCG and the operation of the supporting SCC.

The phased approach taken by the exercise enabled the SCG to be tested over different alert level periods. It allowed approximately 2 hrs for each UK alert level and 2 hours for the recovery/second wave. Each phase was started with situational

awareness sessions created through media injects and the COBR Common Recognised Information Picture (CRIP).

Situation Reports (Sitreps) were produced by the SCCs during each phase of the exercise and submitted to the Emergency Co-ordination Centre (Wales) for a pan-Wales report to be produced.

There was an element of Wales Civil Contingencies Committee play during the exercise.

### **Exercise Objectives**

The objectives of the exercise were:

- To test strategic play through Gold standard and ensure that the most appropriate level of representation is achieved.
- To test flu plans at both the Pan-Wales and LRF levels to validate and help improve them
- To test the Strategic Co-ordination Centres and their functionality
- To test the Pan Wales Response Plan
- To test the Pan-Wales Response Plan activation procedures.

### **Background to Swine Flu**

The 2009 swine flu pandemic was a worldwide outbreak of a new strain of H1N1 influenza virus. The virus was first detected in April 2009 in Veracruz, Mexico although evidence suggested that it had existed there for some months.

The response to swine flu in Wales commenced on 24<sup>th</sup> April – the following day from Exercise Taliesin – when the Welsh Assembly Government participated in a teleconference meeting convened by Cabinet Office which involved all Whitehall Departments and devolved administrations. Local Resilience Forum Chairs were notified of the UK response that weekend and arrangements were put in place in each LRF area the following week to establish Strategic Co-ordinating Groups to co-ordinate the local response.

The virus continued to spread globally over the summer months and was declared a pandemic by the World Health Organisation (WHO) in June 2009.

Planning at the pan-Wales and local levels was enhanced during the summer months though the focus was primarily on the health response and the use of the existing primary care system to contain and then mitigate the spread of the disease. The first wave of the pandemic peaked in July in Wales which largely lagged behind the progress of the wave in other parts of the UK. Following the summer the planning assumptions for the wider impact of the pandemic were reduced and planning on the non-health aspects of the response became less prominent.

## The De-briefing

As a consequence of swine flu emerging immediately after Exercise Taliesin there was no opportunity until winter to formally de-brief the exercise. The event held on 18<sup>th</sup> November took the opportunity not only to de-brief the exercise but also to de-brief the actual response to swine flu up to that date.

The workshop was conducted by means of syndicate sessions using the structured de-briefing methodology followed by plenary sessions for open debate on the subject areas.

Both sessions followed a similar format:

- Delegates divided into four syndicates and worked through a common series of questions with a South Wales Fire and Rescue Service facilitator. Responses to each question were recorded by the syndicate members on post it notes. These were then discussed within the syndicate before being grouped into a number of key themes. The questions and the comments offered are recorded at Appendix 1.
- A plenary session for all delegates was held to conclude the session. This enabled common themes to be identified.

The morning session addressed the response to swine flu to date in terms of the structure and the organisation of the response in Wales. This session did not cover individual capabilities such as managing excess deaths which were covered in the afternoon session under the more challenging pandemic flu scenario used for Exercise Taliesin.

At the end of the workshop a brief discussion was held to consider the outcomes of the day and to agree the key areas which need to be addressed in taking forward pandemic flu planning.

Some 62 participants from across Wales agreed to attend the workshop. Invitations were sent to Local Resilience Forums and individual agencies to achieve a geographical and organisational balance. Details of attendees are included at Appendix 2.

### The Report

This report aims to:

- Capture the observations recorded during the day and the wider feedback received.
- Highlight the main lessons learned from the debrief.

- Establish recommendations for taking forward further work on pandemic flu planning

### **What Next?**

The completed report will be circulated to all Local Resilience Forums for them to consider the outcome and the recommendations and to translate these into appropriate actions to further develop pandemic flu planning at the LRF and organisational levels. This will compliment the lessons learnt agreed in the individual LRF de-briefs and those produced for each LRF by Gold Standard. Individual agencies will also have their own de-brief reports to draw upon in this process.

The Wales Resilience Partnership Team will consider the recommendations which can be taken forward at an all-Wales level to help support local pandemic flu planning.

It is likely that a more detailed review of the swine flu response will be undertaken at all levels following the end of the pandemic. This will develop further recommendations to help improve planning.

### **Acknowledgements**

We would like to thank the South Wales Fire and Rescue Service for providing a team of trained de-briefers to facilitate the debriefing and to assist in producing this report.

We would also like to thank those who attended the day and for their positive and constructive contributions.

## Key Themes and Issues

### Swine Flu - Positive

- The multi-agency response was established promptly and was sufficiently flexible to revise its way of working to meet the changing circumstances.
- The role and performance of the Strategic Co-ordinating Group (SCG) in all Local Resilience Forums was viewed as a positive. The SCGs demonstrated good collaborative and partnership working. Representation at the SCGs was at the right level of seniority in the early stages of the response though this petered off as the wider impact of the pandemic proved to be less severe than initially assumed.
- The health policy used in Wales to respond to the pandemic using a phased approach with enhanced primary care as the main driver proved to be pragmatic and effective against the type of pandemic scenario generated by swine flu.
- The response to swine flu acted as a major catalyst to refocus public and private sector organisations on business continuity planning and management. It highlighted the need for business continuity to be developed and embedded not only in public sector business but also in private businesses and especially those linked to public service delivery such as independent care homes, early years settings and school transport providers.
- The relationship between the Civil Contingencies Group and the Strategic Co-ordinating Groups created a coherent structure to integrate the response at all levels and provided a gateway for information sharing.
- The development of policy, guidance, structures and processes established in the response to swine flu provides lessons for future use against more severe pandemics and in developing response plans for other risk areas.
- The communications strategy and media handling was effective. Good working relationships and structures were developed between UK Government, Welsh Assembly Government and Local Resilience Forum Communications leads. The media campaign was also effective.

## Swine Flu - Negative

- The initial response to swine flu was over-reactive with too much information being produced and cascaded with an unrealistic and constantly changing demand for information from the local level.
- The disparate way in which Welsh Assembly Government Departments distributed guidance and information within various sectors proved difficult for Strategic Co-ordinating Groups to manage and required a single gateway for information to be maintained from the Emergency Co-ordination Centre (Wales) to the SCGs.
- All pandemic flu plans at both Pan-Wales and local levels were triggered by the declaration of UK Alert levels which did not materialise. There needed to be flexibility in local arrangements to respond to changing local circumstances. This was not envisaged during the planning process developed over the preceding years. All plans were based on the national planning assumptions for a pandemic which was much more severe than swine flu and were not geared to a less severe form of pandemic.
- The differing policy directions taken by England and Wales on the health response led to confusion and tension at the local level; particularly in border areas.
- The Welsh Assembly Government was seen as trying to micro-manage the local operational response in Wales across all sectors whilst this should have been left to the SCGs and individual organisations. The Assembly Government should focus on strategic and policy issues and have greater trust in organisations in implementing policy and managing the response on the ground.
- There was an apparent lack of clear direction from the UK Government and Welsh Assembly Government and a delay in decision-making on key issues.

## Exercise Taliesin

Each Local Resilience Forum has been provided with a de-brief report from Gold Standard on the lessons learnt which emerged from the exercise for each area. This has been supplemented by a de-brief process undertaken in each LRF area and resultant recommendations to be taken forward at the local level to further develop pandemic flu planning and the generic role of the Strategic Co-ordinating Group and the Strategic Co-ordination Centre.

The following is a summary of the Gold Standard reports:

### Resilience of SCG & Operating Arrangements



- There were concerns over maintaining agency representation at SCGs at a senior level over a protracted period.
- It was important to have a number of deputies appointed who have the associated delegated authority and empowerment to make decisions without the need to refer elsewhere. This would help ensure continuity of operations in the event of illness or absence of SCG members.
- Deputies need to be briefed frequently to ensure current situational awareness so they are immediately effective should they be called upon to represent organisations at the SCG table.
- LRF plans need to take account of succession issues as members may change over the full period of the pandemic.

#### Awareness of Plan

- There was a lack of awareness among some SCGs about the LRF flu plan and gaps in knowledge among some participants.
- Staff should become familiar with the structure and layout of the flu plan together with their role and responsibilities.

#### SCG Strategy

- It was noted that there is no overarching strategic aim or a set of supporting objectives in the LRF plans.
- The plans should be amended to have a single sustaining strategic aim with supporting objectives to provide an initial focus for the SCG. These objectives should be adjusted if necessary as the situation unfolds.

#### SCG Agenda

- All the SCGs prepared effective agendas for their meetings. However, there should be a revision of the plans to include framework agendas tailored to the specific issues in each Alert level.

#### Understanding of Pandemic Terminology

- Some LRFs reported that there was an unclear or inaccurate understanding of Pan Flu terminology.
- Confusion existed among some participants between an anti-viral and a vaccine.
- A briefing pack/presentation covering all aspects of pandemic flu should be prepared for all staff who may be involved in managing the wider consequences.

- Briefing material should be held ready to be delivered at a pre-determined trigger point.

#### IT Issues/Conduct of SCG Business

- There have been problems with IT systems that have delayed the efficient spread of information, thereby hindering meetings.
- The LRFs should review their IT systems and platforms to ensure accessibility, functionality, capability, capacity, reliability and usability by member organisations.

#### Communication Strategy

- It was noted that the LRF plans were inadequate in this area.
- No evident strategy was in place amongst the SCGs and in most LRFs the police assumed responsibility for multi agency communications.
- The LRFs need to identify, train and practice a joint agency communications group, in which cell composition, terms of reference, methods of working, key messages and appropriate trigger points are documented.

#### Creating Situational Awareness

- Situational Awareness is a key requirement for the SCGs to aid their understanding of key issues and the 'picture' needs to be updated and maintained constantly.
- The creation of an information management capability and the establishment of a mechanism to brief the whole of the SCG is needed. A dedicated multi-agency information management/briefing cell could be set up.

#### SCG Infrastructure

- In Dyfed-Powys and South Wales LRFs, the facilities provided for the SCGs were not ideal. In South Wales, support teams were located in a number of rooms at South Wales Police HQ and over a protracted period of time the operation of the SCG would be very disruptive to the police HQ function.
- Comprehensive plans need to be set up with possible capital investment in new purpose built facilities. Arrangements to support virtual meetings should be set up and checked.

#### Recovery Plan

- A recovery plan needs to be set up at the outset of a major incident/crisis

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### Handover Arrangements

- Handover/takeover arrangements were not applied consistently across participating organisations.
- The LRFs should consider publishing criteria for the conduct of handovers between staff.

### Excess Deaths

- There seems to be some concern amongst SCGs as to the usefulness of the LRFs excess deaths plans and that they fail to address all the issues.
- Excess deaths plans to be reviewed and amended to take account of different ways of working together with transportation and logistical requirements for the movement of bodies. The re-use of buildings used for body storage post event is also an issue as is the impact on the supply chain.

### Anti-Virals

- The LRFs need to develop and agree detailed plans for the activation and opening arrangements for anti-viral collection points plus security considerations for each.
- The Welsh Assembly Government should make clear its plans for the transportation, storage and distribution of anti-virals and ensure that there are contingencies in place to maintain distribution levels at critical times.

### Schools Closure

- National guidance should clarify definition of an 'area' in which schools should be closed.
- The LRF plans should clearly identify the Policy, triggers and responsibilities for school closures including Private schools, Further education institutions and Universities.

### **Key issues from Workshop**

The key issues raised at the workshop on 18<sup>th</sup> November in relation to the exercise were as follows:

#### **Positive**

- The exercise provided a valuable learning experience in the working of a full Strategic Co-ordinating Group with the right level of participation

which allowed senior management to be exposed to an environment of collaborative decision-making.

- The exercise provided a rare opportunity to test the setting up and running of Strategic Co-ordination Centres, the support staff resources and roles and the administrative and logistical requirements of operating the centres.
- The scenario allowed a greater appreciation of the need to further develop business continuity arrangements in order to protect critical business functions and ensure the delivery of essential public services both at organisational and multi-agency levels.
- It raised awareness of the wider social and economical consequences of a flu pandemic and it heightened areas in need of work such as excess deaths planning, the impact of school closures and the need for robust business continuity arrangements in all organisations.

### **Negative**

- The facilities provided by all SCCs proved to be inadequate for a multi-agency response – particularly over a prolonged period – with insufficient space and IT issues.
- There was a lack of clarity of the role of the SCG in response to a pandemic. It was also unclear whether the Police was the right organisation to Chair and support the SCG.
- Excess Deaths featured predominantly as one of the main areas of concern which needed to be addressed with a number of gaps in current plans. Further work is required on temporary mortuaries, funeral director engagement, business continuity management, deferral of payments and loans and the transport of bodies.

## Conclusions

It was ironic that a worldwide pandemic started to emerge for the first time in over 40 years the day after one of Wales' largest emergency exercises to test pandemic flu response plans. However, the reality of the pandemic fell significantly below the expectations set out not only in the exercise itself but in the national planning assumptions to which planning at all levels had been geared for a number of years previously. The reaction experienced at all levels was a direct consequence of this inherent anticipation of a flu pandemic having wide-ranging socio-economic impact. The fact that Exercise Taliesin had been held the previous day and had tested all those involved on a worst case scenario served only to heighten such expectation in Wales.

The response to the pandemic at the UK level also anticipated a worst case scenario and this drove the pace of the initial response at the centre and the resultant requirements for regular and detailed information from the local level of its impact on the ground. In reality, whilst the pandemic resulted in some cases in fatalities, it generally proved to be far less severe than anticipated across both waves which resulted in the planning assumptions published periodically by Government reducing on each occasion.

Against this background, the workshop held on 18<sup>th</sup> November aimed to debrief the performance of plans and arrangements against both the pandemic envisaged in the national planning assumption and the swine flu pandemic which emerged in reality. It was inevitable that attendees brought their experience of the swine flu response into the feedback for Exercise Taliesin but this proved to help rather than hinder the process.

The following conclusions are based on the issues raised at the workshop for swine flu and Exercise Taliesin as well as those provided in the Gold Standard reports:

- In spite of pandemic flu being known as the highest risk and with considerable investment being made in recent years to ensure that the UK is prepared to cope with such an event, a number of gaps were exposed in plans which need to be addressed ahead of a more serious pandemic. These issues in particular are:

○ Excess Deaths

- While funeral directors do not have any formal obligations under the Act, their professional services will nevertheless be critical in maintaining smooth and effective arrangements for dealing with the deceased. Information on funeral directors' capacity for body holding is necessary so that local responders can understand the totality of local capacity and capabilities, as well as the need for support in difficult conditions.
- The legal responsibilities of a local authority for the collection and transport of the deceased during a pandemic has emerged as something of a grey area. Whilst there are clear duties on local authorities in respect of emergency mortuaries, burials and cremations, the legislation does not put explicit duties on local authorities to collect and transport bodies from the place of death through to burial or cremation.
- Further work is required on the policy of collective burials to enable local plans to be made accordingly against the national planning assumptions.
- Further policy work is required on the death certification process to inform local planning and the timeframe required from death to burial.
- Further work is required to develop resilience of coffin supplies during a pandemic.

○ Social Care

- Although considerable progress was made in developing resilience within the social care sector during the response to swine flu further work is required to enhance the engagement with, and preparedness in, the independent care sector.

○ Schools and Early Years Settings

- The policy of school closure which existed at the time of Exercise Taliesin for closing schools when a pandemic is confirmed in schools in an LRF area proved to be unrealistic. The practice adopted during swine flu of schools/local authorities seeking the advice of the National Public Health Service on closing and re-opening proved to be pragmatic and effective.
- Concerns over the resilience of school transport highlighted the need for local authorities and schools to maintain

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engagement with transport providers on the ability to maintain services and for alternatives options to be built into plans.

- Attention needs to be given in local planning to the impact of the closure of Early Years Settings.
- It was evident from both Exercise Taliesin and the response to swine flu that the requirements from Government for information to be provided from organisations are excessive and unrealistic. This was exacerbated by the regular changing of requirements. At the same time, Government produced and cascaded far too much information than was required.
- The culture developed over a number of years in planning for a flu pandemic as the highest national risk was based on a worst case scenario and plans have been produced against this assumption. The plans have not taken into account the various types of less severe pandemics which may arise and this resulted in a high-level response to a low-level event with swine flu.
- Overall, the response to swine flu in Wales did not fully test the plans in place to respond to pandemic flu. In the same way, the artificiality of exercise play in Exercise Taliesin, with the various stages of a pandemic wave being played out in a single day, left little opportunity to drill down into the more detailed aspects of the plans. However, the work undertaken during swine flu, especially within the health sector, to develop plans for using primary care as the foundation of the response with plans developed for the use of anti-viral distribution centres, the National Flu Service and the implementation of a vaccination programme have established structures and processes which can be built into future planning.

## Recommendations

Recommendation 1 – Pandemic Flu plans in Wales should be revised to develop greater flexibility for local action to be taken based on circumstances which exist on the ground and which are not solely reliant on UK Alert Levels being formally announced.

**Action: WAG and LRF Infectious Disease Groups to produce a Wales Infectious Disease Alert Levels framework and associated actions and for these to be adopted in all plans**

Recommendation 2 – Legacy issues on excess deaths need to be taken forward as LRF and pan-Wales priorities especially on temporary mortuaries, funeral director engagement, business continuity management, deferral of payments and loans and the transport of bodies.

**Action: Wales Mass Fatalities Group in conjunction with Home Office Mass Fatalities Group and LRF Fatalities Group to address outstanding issues in relation to excess death planning**

Recommendation 3 – All organisations should review their business continuity arrangements in the light of the experience of swine flu and should not allow the impetus gained in this work to slip.

**Action: All organisations to review their business continuity arrangements against the national planning assumptions for pandemic flu and progress should be monitored in a multi-agency environment**

Recommendation 4 – The existing Strategic Co-ordination Centres arrangements in Wales need to be developed to provide facilities which are fit for purpose for multi-agency operations.

**Action: This recommendation from Exercise Taliesin is already in hand with the £10m grant from the Welsh Assembly Government's Strategic Capital Investment Fund to establish or modernise 3 SCCs in Wales at Colwyn Bay, Carmarthen and Cardiff.**

Recommendation 5 - A more efficient means of schools data gathering needs to be developed which minimises the administrative burden on local authorities and other links involved in the data gathering process.

**Action: The Welsh Assembly Government should commission the development of an on-line tool to capture the relevant school closure data more easily.**



Recommendation 6 – The schools closure policy adopted in Wales during swine flu of local decisions to close and re-open schools being based on advice from the National Public Health Service should be built into all plans.

**Action: Welsh Assembly Government, Local Resilience Forums and relevant responder organisations should adopt this policy in their plans**

Recommendation 8 – Robust business continuity arrangements need to be developed in early years childcare and youth services - especially those in the independent sector – and a process adopted for monitoring impact on this sector during a pandemic.

**Action: Local authorities to engage with the early years childcare and youth services sectors in their areas to encourage and provide assistance in developing business continuity and to work with the sector in establishing a monitoring process during a pandemic**

Recommendation 9 – The work undertaken in social care for both adults and children during swine flu to enhanced the resilience of the sector needs to be continued; particularly in respect of the independent care sector.

**Action: Social Services Wales to work with local authority social services departments to continue to develop the resilience of the sector against swine flu and for the arrangements to be embedded in the relevant organisational and LRF plans.**

**Action: Arrangements for the Social Care Condition (SocCon) reporting process which was adopted for swine flu to be integrated into emergency plans and procedures.**

Recommendation 10 – The work undertaken during swine flu on developing arrangements for anti-virals distribution centres, primary care, secondary care and vaccination programmes need to help inform future health emergency planning.

**Action: The Welsh Assembly Government Health Emergency Preparedness Unit, working with the health sector in Wales, needs to ensure that the lessons learnt from developing these arrangements are embedded in health and LRF plans in preparation for future pandemics**

Recommendation 11 – Further training and exercising is required to ensure that Strategic Co-ordinating Group members are familiar with the response structures, their specific roles and the relevant LRF plans.

**Action: The Wales Training and Exercising Group, in conjunction with the LRF groups, to develop appropriate training programmes for SCG level training.**

**Action: Regular SCG training and familiarisation programmes need to be embedded into the routines of the new Strategic Co-ordination Centres**

Recommendation 12 – The model developed of regular Civil Contingencies Group/Strategic Co-ordinating Group Chairs meetings during flu pandemics needs to feature in planning at LRF/WAG levels.

**Action: CCG/SCG Chairs to review their working relationship during swine flu, the strategic communication between national and local level and the co-ordination of the response in Wales by the CCG and its relationship with Whitehall.**

Recommendation 13 – Operational relationship between the ECC(W) and SCCs needs to be reviewed in the light of Exercise Taliesin and especially the experience of swine flu.

**Action: WAG to organise a de-briefing of operations involving ECC(W) and SCC staff and for the outcome to be adopted in operational plans at both levels. The de-brief should include a review of how information from WAG Departments to the various sectors is undertaken during a pandemic flu event**

## DEBRIEF PARTICIPANTS' VERBATIM COMMENTS

### 1. SWINE FLU

**What was the most positive aspect of the overall response to Swine Flu in Wales?**

#### **Strategic Co-ordination Group**

- Inter-agency operations. So many agencies affected in different ways, and to different extents, pulled together to deliver a common response.
- Different agencies came together in a mature way to safeguard the public and responded in a timely and appropriate manner
- The level of engagement from multiple agencies was positive; and as a new executive team, direct focus was put in place.
- Co-operative working in Dyfed Powys LRF. British Transport Police centred at SWP SCG enabled swift communications to other SCGs across Wales.
- Our partner agencies got together to respond efficiently at the local level: especially at SCG level and organisational response.
- NPHS linked well. WAG/NPHS/NHS/ Local Authorities etc.
- Development of a specific Wales approach that was (more or less) efficient / appropriate.
- Links with other organisations strengthened co-operation between organisations at SCG extremely helpful to focus views collectively.
- Activation to operational response of the SCG and supporting structures.
- Commitment required by all partners to the process.

#### **Within own organisation**

- Raised Business Continuity Management to a strategic level.
- Raised the importance of planning for the flu pandemic within organisations especially with senior members of staff.

- It acted as a major catalyst to refocus public sector organisations on business continuity planning and management. It forced them to undertake major risk assessments on behalf of themselves and the public they serve.
- Communication and consultation with stakeholders and internally (ATOC and WAG).
- Good flow of information as needed. Good opportunity to input in to the many meetings set up as a result of the pandemic.
- Excellent opportunity to test plans; to both exercise and revise internally and externally; and give those in the organisation an appreciation of the seriousness of a pandemic which they hadn't been previously exposed to.
- Increase mutual understanding of all health agencies' operational roles, their capabilities, flexibility and how we can better work towards the best outcome.
- Pushed us forward in preparedness. Brought the need for awareness and training and preparation of plans into everyone's work areas. Work that would have normally taken ages; and will knock on into other streams.
- Positive driver for own organisation's resilience leading to business continuity awareness and development.
- The need for response plans to be in place and exercised (Business Continuity Management). Senior management requiring support and or decision making. Roles and responsibilities identified.
- Huge learning curve, all levels of command and organisations. Cemented relationships across all organisations. Valuable learning experience has driven other issues i.e Business Continuity Management.
- Quicker efficient response to SF as regulator and employer: Working group of inspector and specialist (biological etc) inspector; employers' forum – looking at staff and providing evidence
- Has focused the organisation on Business Continuity issues and increased communication within the organisation. Co-ordinated response with other agencies – guidance.
- Own organisation forced planning work to be undertaken which had not been started or not progressed adequately.

## **ECC(W) - Role and Function**

- Structured approach through Civil Contingencies Group. All information co-ordinated in a consistent way.

- Opportunity to develop experience of maintaining battle rhythm over an extended period.
- The integrated response by disparate organisations was facilitated by ECC(W).
- Health team membership was/is right and team works well together. Facilities etc good.

## **WAG / UK Government Strategic Planning and Direction**

- Speed of response: to put in place response structure and establish battle rhythm quickly across Wales by end of April.
- Considerable learning and development: of value now and in any future pandemic threat.
- Development of guidance and processes provides lessons for future use in other areas.
- Retention and flexibility in Wales (i.e anti-viral centres) allowed response to change in line with knowledge of disease.
- Effectiveness of collaboration.
- Flexible implementation of plan to reflect the situation actually presented by Swine Flu.

## **General**

- Organisations' collaborative approach to working helped to prepare organisations and reduce impact on the public.
- Prior efforts in planning and exercises established processes and relationships.
- Expertise established in planning phase, so knew where to go in real time.
- Public Health network supporting all four sectors – impact as expected.
- Good strong links with NPHS with evidence based immediate response.
- Revision of business continuity procedures.
- Raised awareness of key Business Continuity Management issues which need addressing.
- Improved liaison between agencies within NHS and broader stakeholders. Better connection between policy and operations.

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- Has driven Business Continuity Management planning - the mainstay of a Pan Flu response.
- Helped to improve Pandemic Flu planning and Business Continuity preparation.
- Management/co-ordination of public/media. Information/responses improved joint agency working co-ordination.
- Improved partnership working and awareness.
- UK Blood Services worked together at a strategic level.

### **What was your most valuable learning experience from Swine Flu?**

- People need to understand how important their roles and responsibilities are in the corporate critical Business Continuity Management plans.
- Health response needs to be based on what exists and what we know has resilience.
- Senior staff have had to immerse themselves in Swine Flu, which has furthered the profile of emergency planning and Business Continuity Management.
- Ensure executives get organised quickly and effectively and have a plan, (recognising its subject) / no change.
- Acknowledgement from management and the work that Civil Contingencies and Resilience Unit has undertaken. Because they are at the top of the tree doesn't mean that they know everything, we became 'the experts'.
- We do work together well in WAG when the need arises.
- Problems shared with / links developed with Westminster. Lots of ideas from colleagues.
- We need to understand and better communicate potential information requirements and lines of communication from CCC to local tier and back.
- Planning for loss of staff on a large scale and over a wide area.
- Resourcing requirement to emerging threats.
- It's better to be prepared than have to react.

- Communication is key to the response being co-ordinated and relevant to the situation – Business Continuity planning.
- Need to embed BC arrangements into organisation.
- If a pan Wales event became more intense, then military plans to deploy additional Liaison Officers is vindicated. Plan is sound, however review its implementation.
- Clear objectives at start. Rushed in. Sit back and assess. Objectives are good.
- Need to maintain current and operable Business Continuity plans / ownership by all. Need to designate clear responsibility for this at senior management level.
- The diverse nature of services provided by Local Authorities and the need to communicate internally about what resources are needed.
- Importance of reinforcing existing services, not building new structures. Actions taken during pandemic can and will be built in to ongoing operational arrangements to improve efficiency of core services.
- Need to ensure Business Continuity Management / operational delivery becomes more than business for just a few – as the plan is only a plan!
- Our Business Continuity Management arrangements require further development – develop them!
- How many agencies look towards the Local Authority to provide support and solutions?
- The need for well defined roles (CSO) in the NPHS with identified individuals and back ups now built in to our emergency planning for all contingencies.
- Normalised roles: *de facto* lead agency – NHS; encourage identification of this in future events.
- No plan survives first contact with the enemy – be flexible and resilient.
- UK Blood Service has a common plan for pandemic. The virus did not follow the plan!
- Planning guidance needs to focus equally on being prepared for not only worst case but also less serious flu pandemics and on escalation strategy.
- That the organisation is now regarded as a significant and key player in the provision of essential clinical services. It has helped to inform the

STRUCTURED DEBRIEF – SWINE FLU / EX TALIESIN

service's strategic direction and terms of engagement with key stakeholders.

- Planning is necessary. But it is vital to exercise and train so that the plan is tested. Theoretical documents e.g distribution centres, staffing phone lines etc, this means senior officers taking part.
- How to actively work together with stakeholders and to adopt, amend and enhance company documents to enable continuous improvement and BCP; and to apply the knowledge gained for the future.
- Gained a very quick understanding of multi agency processes and key pledges.
- Gained a great deal of knowledge about the organisation and outside organisations and their services. Knowing people at the other end of the phone.
- If it's not needed, stand it down, put it on hold.
- Pre-prepared plans went out of the window. Flu plan reduced from 54 pages to just 4. Processes are more important than the plan for 'slow burn'.
- Co-ordination of our response to the pandemic. Our BC plans and PF plans. It tested the system to a greater extent and showed weaknesses in the Business Continuity Management plan.
- The importance of robust BC plans i.e HR. Ensure that the BC plans are kept up to date and embedded in the organisation. Staff made aware of these issues and how they can support Business Continuity.
- Local Authority plans should be broad and slightly generic: short like a map, rather than a route. Detailed plans are (too?) uniquely applicable to be correct.
- Ignoring irrelevant demands for information from multiple sources at WAG and how quickly it was possible to gain organisational support and resources in a real pressure situation.
- Strategic level buy in for preparedness in Business Continuity Management – don't let it drop!
- Maintain a detailed but broad approach. Focus on the overall objectives and look at the consequences of actions.
- Build in flexibility into planning and response. Agree ways of working with partner agencies.

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- The impact of the number of meetings. The level of attendance: SCGs x 2; Silver county meeting; additional cover for Gold and Silver officers.
- The usefulness of SCGs and having the right people attending from my organisation.
- What others' roles are: who does what. Difference in response when you don't know. Awareness sessions and events. Opportunities to meet others in the planning phase rather than wait for the response phase.
- In a large organisation, the level of understanding of various departments / individual roles and communicating this to ensure preparedness is reflective and a whole systems approach. This should be applicable through training and communication.

## What was the most negative aspect of the overall response to Swine Flu in Wales?

### Strategic Co-ordination Group

- SCG could have been chaired by health organisation such as National Public Health Service rather than Police. Would have been an ideal opportunity to lead response and gain experience of strategic leadership.
- Initial communications information at SCG appeared to lag behind policy. Issues were raised as a result which should have been resolved locally. It improved as the situation developed.
- Too many centres within WAG/Emergency planning, Chief Medical Officers' office, PR people, civil servants not normally involved in civil contingencies talking to the Cabinet Office. New NHS group set up for Friday meetings led to confusion especially given the way Health Protection Agency / Department of Health agenda seemed different to that in Wales. Some overreaction very early on.

### Impact on Own Organisation

- Lack of knowledge within organisation and systems to support a response to the scale of swine flu.
- Information time for responses from the regulator in relation to legal requirements to be relaxed.
- Capacity to cover so many groups to gather evidence/info/briefing– DH, JCVI, SAGE, PICO and within Wales and CCCs
- Too much information at times. The nature of the pandemic so far has resulted in changing predictions. This has made it difficult to keep up to date and time consuming. FAQs – pages of these! I also control two LRFs.
- For people and staff to take the issues seriously as time has gone on as planning assumptions have been reduced.
- Maintaining the level of communication and consultation between stakeholders in the interim and the ongoing situation (ATOC/WAG/Network Rail). Some inconsistencies between the SCCs.
- Confirming policy/guidance decisions across other government departments.
- Types of approach.

- Proportionality.

## **ECC(W) - Role and Function**

- Too much emphasis on business as usual and not enough emphasis on responding to an emergency situation.
- Overload of documents/information received by email. Duplication for national organisation.
- Initial communication requirements/number of SitReps (rationalisation of information).
- Guidance/information then got better.

## **WAG/UK Government Strategic Planning Direction - Negatives**

- Plans that had been developed did not reflect actual reality and the overall response both internally and externally was far more complex than anticipated especially for logistics and communications.
- Although plans had been in place and tested still a number of issues fell out i.e lack of FLuline for UK/Wales.
- National direction seemed to differ across boundaries not just in England and Wales due to LHB areas also. The simple things catch you out.
- Wales was always playing catch-up. Being devolved had to wait for English response first giving us a shorter time frame to respond.
- Mix up regarding response to swine flu versus planning for pandemic flu.
- Delays in getting key messages out to those managing the operational response (messages from WAG on health policy guidance etc) to health workers and public sector.
- Lack of clear pan-Wales policy in some areas eg algorithm lead to wasted time and resources. Improved as time went on.
- Communications: information overload. Repetition of information. Number of requests. Methods of reporting. Purpose of WAG role unclear.
- Train to achieve successful engagement with key stakeholders who were themselves going through difficulties including major reorganisation and internal flux. Silo mentality.
- Reorganisation: a challenge of ensuring fit for purpose and engaging.

- Lack of clear direction. Developing local algorithm in place of Fluline then chucking out all work for an inferior product.
- Intensity of administrative activity necessary to deliver response in the field.
- Tension between centralisation and subsidiarity. Delays in WAG / UK government decision making.
- Maintaining a proportionality of response: particularly at start and current stages.
- The alert levels in the UK plan were not declared. Has an adverse effect on our plan, rendering these plans null and void.
- Command and control arrangements generally well designed for 'big bang' major incidents but needed adaptation and ongoing review to ensure fit for purpose for sustained response.
- Lack of operable business continuity plans.
- A sense that having a plan would give all the answers i.e strong command and control not needed!
- Relatively late recognition that children and pregnant women were in a high risk group. This led to late development of responses in terms of guidance to schools, childcare settings and in terms of vaccination policy.
- Some changes in direction that meant more work as plans needed to be changed eg local Fluline/no local Fluline.

## **General Negatives**

- Initial reluctance to engage with Business Continuity issues.
- Establishing and maintaining communication mechanisms at the appropriate level for the duration whilst retaining interest. Proportionate, effective communications.
- CCA 2004.
- Resource intensive.
- Due to length of outbreak, commitment of senior members of staff has dropped off.
- SCG now not strategic but tactical. However, now have right people around table.

- Initially communication with other agencies outside of SCG took a while in some areas for co-ordination and condensed information.
- Internal staffing resources.
- Lack of resources to complete tasks. Timescales difficult as day job still had to be done.
- Some perceived confusion on operating in response mode to a situation many view as not a real emergency.

# EXERCISE TALIESIN

## What was the most positive aspect of Ex Taliesin?

### SCG Role and Interoperability

- The interoperability of the agencies represented at the SCG and having the appropriate level of seniority present.
- Seeing and participating in the SCG whilst in action. All representatives were fully committed and keen to learn lessons which would help in consolidating the pan flu planning that had been taking place for a number of years.
- It brought agencies together with an unknown scenario and tested our plans in a collective environment.
- The learning experience achieved from the working of a full SCG and how decisions made would impact on my organisation.
- Number of organisations that took part and how correct level of participation occurred vital to success of the exercise.
- As host it brought other agencies down to ground. It's not an ideal world and sometimes we do have to make do. Awareness of SCGs.
- SCG participation, multi-agency working and the opportunity to test internal communications arrangements
- Good inter-agency dialogue – lots of discussion. Good experience for Environment Agency staff.
- Provided the opportunity to test the working arrangements within a strategic co-ordinating centre in particular the SCG multi-agency extended Gold support function and resourcing implications for Dyfed Powys Police, SCC manager, etc.
- A number of organisations that took part engaged fully at strategic level. SCG worked despite the facilities.

### Key Plans – Organisational, LRF and pan Wales

- The realisation within senior management that significant further plan development was required for both flu and its Business Continuity Management consequences at multi-agency and internal levels and particularly for certain topics eg excess deaths.
- SCG basis of exercise focussed on wider non-health impacts but plans need to be in place to manage.

- Showed the inter-connectivity of several plans under emergency planning. Need to plan in detail recognised.
- The fact that the exercise was run and focussed attention on the issue.
- The bringing together of responding organisations to exercise the multi-agency LRF response to pan flu which was used to identify areas for improvement in processes, procedures and plans.

## **Communications – LRF, Regional, and National**

- Introduction to personnel from other agencies proved very useful particularly communication.
- Joint working with other local authorities eg co-ordinated SitReps, mutual aid, and on local authority responding on behalf of the other three.
- Very well simulated. I found TV inputs, interviews, etc very realistic. (So realistic that first time reports on TV, radio about swine flu in Mexico seemed like an extension of the exercise) and involvement of senior officers for the first time.
- It gave SCG members (and support staff) very timely awareness of their expected roles and for the first time ever a handover process to coincide with time jumps.

## **Planning Assumptions**

- It gave a strong sense of the likely reality for all agencies in worse case scenario: NHS, deaths, schools, local authorities and social services.

## **Management of Excess deaths**

- Organisationally, it raised awareness of issues surrounding major flu pandemics and heightened areas in need of work eg excess deaths.

## **General**

- Opportunity to blood members of staff in new roles ie Gold support officer, Gold admin support.
- Demonstrated some gaps in our planning and the need for some training for some areas/services.
- Experience of Gold and insight as to how this is run and conducted. Health organisations' role in this.

- Meeting partner agencies and working together because this was not a typical emergency.
- Individual agencies gained improved awareness of the impact of their decisions and actions on other agencies. Identified relative strengths and weaknesses of the SCG.
- Senior members of my organisation took part in the exercise raising their awareness and engagement with other emergency planning subjects.
- Role of NPHS in support of ECC(W)/LRF/SCGs and health relatively clear and rehearsed. Infrastructure familiar with anticipated scenario, confident response centrally.
- Focussing on workplace guidance, FFP3 fit testing procedures, identifying issues horizon scanning and developing lines to take for COBR ministers.



## What was the weakest aspect of Ex Taliesin?

### SCG Role and Interoperability

- Not clear what the role of the SCG is / should be during a pandemic (event Taliesin's worst case scenario – 50% infectivity).

### Key Plans – Organisational, LRF and pan Wales

- Limitations of existing untested pandemic and business continuity plans.
- The state of current planning on the founding assumptions and frameworks.

### Communications – LRF, Regional, and National

- Although the SCG sat together and shared inputs, there was a clear lack of ability to match this process in the Gold support room, a single room, but ran very much on a role / silo basis.
- Some troubles with communications which in reality have not been a problem with swine flu response.
- Information flow inter-agencies / WAG / NPHS and outcomes from SCG.
- Communications between two SCG Gold supports and control.
- All reporting back went through us (Gwent Police), SitRep. Forms were not user friendly. Not a structured format.
- Inter-agency communications and joint working led to too much 'fire-fighting'.
- Outside the actual SCG meetings, opportunities were not fully maximised to liaise with other agencies to respond to scenarios and address issues which had arisen from each SCG.
- Lack of clarity over responsibility for media briefing.

## **Planning Assumptions**

- The planning assumptions were too extreme and these coloured early response to real flu outbreak a few days later.
- No negatives on day however would have welcomed injects on rail transport problems arising.
- Pandemic flu was used for the scenario. The main aim was to test how SCCs work and how SCGs manage joint response so any scenario could have been used.
- The scenario's lack of realism hampered effective planning and reflection.
- Actual scenarios felt unrealistic even then therefore unrealistic responses.
- Not the fault of Exercise Taliesin itself but it didn't challenge the Maritime and Coastguard Agency specifically.
- From an organisational perspective an initial buy-in and resources dedicated to planning and organisation's assumptions in dealing with certain aspects (falseness, unrealistic).
- Correct level of delegate participation and organisational participation.

## **Management of Excess deaths**

- Questions raised at SCG not being responded to by ECC(W) thus leaving gaps in response to the issues that arose.

## **General**

- SCGs worked in isolation from individual organisations. Response structures, usual elements of unreality which is hard to overcome in an exercise.
- Lack of space and facilities in SCG for necessary participants and support officers and exchange of information.
- It was chaotic and it was difficult given the collapsed time scales to really dig – when people said they could deliver, could they?
- Resource intensive, facilities displaced staff, WAG sitreps issued prior to SCG meeting with submission due just after meeting finished, time constraints.
- Scenario too unrealistic, engagement waned. Building not suitable, made the exercise play difficult. The rigid membership structure of SCG was unhelpful.

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- Responses to the scenario injects identified that there was confusion over roles and responsibilities and that agencies had a tendency to work in isolation and limits communication between teams/cells.
- Expectation, ability to respond to a compressed worst case scenario. NPHS seen as having all the solutions when we didn't. Knowing how should do what.
- Knee-jerk reaction, lots of activity, high profile, MPs, Press.

**Most significant learning experience gained to date / how can you apply this in the future?**

- Opportunity for both Board Director to sit on SCG; and EPO to support this role. Excellent exercise experience. Applies to future exercises/ training/ incident.
- Assumptions I had previously made were wrong. Preparation and training of Gold Commanders – proper involvement in LRF refresher training.
- Limited exposure to Golds. (Future) Additional staff and additional training for support staff. Extend to Silver.
- Preparedness requires investment and training / experience in the right roles.
- SCGs work for BT Police pan Wales by centring on and feeding into the others. In future, train more officers to required standard to operate at SCG level.
- Resilience is needed at strategic level to resource long term SCG. Business continuity is a must. (Future) Training and awareness for officers at executive level to undertake functions required at the strategic level.
- Importance of being involved in the planning of exercises such as these from the onset and with representation from all the key agencies. All will then have an opportunity to shape it and ensure correct attendance. (Future) By taking part in Wales training and exercising programme and applying same principles to all training and exercising.
- Excess Deaths planning has/had gaps e.g temporary mortuaries, funeral director Business Continuity Management, deferring payments / loans. (Future) Continuing work –transport of bodies within LRF Mass Fatalities Group.
- Potential for mobilising support via ECC(W) structure.
- Depth of support needed for SCG Gold player in rapidly moving scenario.

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- Need to continually cascade awareness training re. all incidents.
- Senior officer commitment and engagement in planning and exercising to ensure leadership for the organisation and effective co-ordination of resilience.
- Planning gaps and weaknesses needed to be resolved both internally and at multi-agency levels.
- The effective joint working of the local authorities in relation to common problems.
- Need to do similar exercises annually but review learning more quickly.
- Exercises need to consider the scale of an incident at the most likely level then raise the 'what ifs?' of lesser and worst case scenarios.
- Linking the right people with appropriate experiences available to assist senior managers in their decision making process.
- Further detailed development within organisational plan. Also other aspects to be considered.
- For such an exercise a team must be established to support the design and delivery. Each team member needs a clear role and responsibility which they must adhere to. And how each team member works with others must be outlined.
- Senior staff and executives' exposure to the SCG environment.
- Not to assume that those in senior positions know their own roles or plans, let alone multi-agency response plans. To satisfy that they need further training and exercises.
- Out of Ex Taliesin – not a lot, except to raise awareness.
- Circulate draft plans and arrangement to stakeholders to ensure that impacts are assessed and that roles are agreed and cleared / concise.
- Implications of maintaining the level of resources required to support the functionality of an SCC. (Future) review of SCC action plans and arrangements.
- Importance compared with the communication and consultation and working with stakeholders. Ongoing continuous improvement process for the future.
- Purely the importance of providing training and exercises (perhaps accreditation) to SCG members and support staff.

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- Clearly identified roles and responsibilities: secretariat functions; external communications; internal communications – keeping people up to date. Incident rooms.
- Current Mass Fatalities planning not sufficient.
- To make exercises credible to enable participants to stay focussed to the end. Not to overload participants with doomsday scenarios so they learn from the experience, not disengage.
- Exercising the plan revealed robustness or not of internal plan- but highlighted the need to practice with partners; to understand how our organisation fits into others. (Future) need to continually redefine roles, responsibilities and permissions.

### Ideas for the future

- Strategic training to be mandated from the centre.
- Gold command training accepted as part of a routine. Understand investment needed.
- Increasing multi-agency response exercises - clear objective training / exercise plan from LRF / WAG / UK Govt.
- Continued support to LRF training where applicable to our business.
- To implement a training programme for the training of officers at both tactical and strategic levels of command in integrated emergency management.
- Wales Training and Exercising Group must have correct representatives from all relevant organisations to ensure no one is under or misrepresented at events (joint agency).
- More multi-agency Golds if possible. Extended events i.e Gloucester floods. Practise handovers. Mandatory attendance.
- Exercise should address the most prominent hazards of the risk assessment of the LRF and gaps identified by LRF groups.
- Exercise design needs to be more structured within LRFs and WAG to ensure the planning/design phase runs more smoothly. Perhaps a pan Wales procedure can be developed.
- Exercise planners should have the capacity to slow down the incident so it is manageable to all involved.

- New health boards can build on experience and expertise inherited from previous structure.
- Refer common problems to joint senior officer meetings.
- Ensure plans are further developed internally and externally through agreed realistic work programmes and timescales.
- Benefit in future exercises: focus on specific challenges to identify issues in depth relating to impacts of Pan Flu e.g social care, mass fatalities and AV distribution.
- Exercise over an extended period. Take participants offsite to meet in field. Provide professional facilitators. Review as soon as possible after exercise. Act on findings /recommendations; Multi agency planning team to work alongside agencies; Not so intensive or spread over several days; Ensure something in exercise for all.
- Reinforcement and acknowledgement of training and exercising within organisation and at the multi-agency level for all groups of staff involved in emergency response.
- Always benefits / learning outcomes for future exercises involving industry/sectors to test plans and BC procedures in place.
- Another exercise perhaps on a different sort of infectious disease outbreak e.g cryptosporidium including contaminated milk. Could be regionalised scenarios affecting local risk register.
- A co-ordinated all Wales SCG programme of exercise and training with accreditation which is subject to audit.
- More specific issue all Wales exercises designed to maximise learning on one issue.
- More partnership working to provide an understanding of each other's roles and capabilities during any emergency. Also, to understand what isn't possible during an emergency situation.
- Is there a need for an exercise? If so, clear aims and objectives that are realistic and have measurable outcomes. Forward action plan to be managed.
- More exercises involving health services executives.
- Regular exercises using appropriate scenarios/scale taking lessons learned from swine flu. Assumptions should be realistic.
- The need for two Gold support officers. Built into emergency plan.

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- Link ECC(W) structure (emergency planning) information distribution mechanism.
- Key part of organisational department for new health board.

## Appendix 2 – Attendance List

No.	Attendee	Agency
1	NR	Climate Change Policy Team
2	Tim James	Director of integrated transport
3	Barrie Evans	Maritime and Coastguard Agency
4	Mrs Terri Thomas	Countryside Policy Division
5	NR	DPHHP Environmental Health
6	Chris Brererton	DPHHP Environmental Health
7	NR	Exotic Animals Diseases
8	Phil Greville	Royal Air Force
9	NR	Life long learning and skills
10	Simon Dean	DHSS Strategy
11	NR	Environment Agency
12	Colin Bryan	British Transport Police
13	Rob Hewitt	HSE, Emergency Planning Unit
14	NR	Emergency Planning Unit - Flint
15	NR	DE&T
16	NR	DE&T
17	Neil Cuff	North Wales LRF Co-ordinator
18	NR	Health and social service
19	Jane Wilkinson	Deputy Chief Medical Officer
20	Doug Wellstead	Powys LHB
21	NR	Environment agency
22	NR	NLIAH
23	Jane Shepherd	Welsh Local Govt Association
24	David Lowles	160 Wales Brigade
25	Nigel Russell	Gwent Police
26	Steve Jones	Pembroke Emergency Planning
27	NR	Betsi LHB
28	NR	National Public Health Service
29	NR	National Public Health Service
30	Mike Cassidy	Welsh Ambulance Services
31	Keith Williams	Welsh Ambulance Services
32	Chris Didio	Arriva Trains
33	Paul Bee	Pembroke CC
34	Mike Lloyd	Dyfed Powys Police
35	Keith Butt	MAWWFR&RS
36	Dr Paul Tromans	NPHS
37	Stuart Moncur	Hywel Dda Health Board
38	Byron Wilkinson	Dyfed Powys Resilience Forum
39	Sheryl Andrews	Caerphilly CC
40	Peter Roberts	Western Power
41	Russell Jones	North Wales Police
42	Gus Howlett	British Red Cross
43	Ian Smith	Western Power
44	Simon Leonard	Gwent Police
45	Kez Mathias	SWFRS

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<b>No.</b>	<b>Attendee</b>	<b>Agency</b>
46	Alan Young	Newport CC
47	Glenys Tyler	Newport CC
48	Deanne Griffiths	Blaneau Gwent CBC
49	Dr Liam Taylor	Aneurin Bevan HB
50	Julie Thomas	Aneurin Bevan HB
51	Jenny Collett	Cardiff and Vale NHS
52	Paul Thomas	Swansea, Neath/Port Talbot
52	Sean Hannaby	CCC
53	Andrew Moore	Welsh Blood Supplies
55	Joyce Pegg	Cwm Taf NHS Trust
56	NR	NHS
57	Clive Spanswick	South Wales FRS
58	Name Redacted	South Wales FRS
59	Neil Reid	BT
60	Huw Griffiths	South Wales Police
61	Dr Roland Salmon	NPHS
62	Nuala Brennan	NPHS