

Message

From: Rose Gallagher [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=E8B1D0FD11644A6D9D159E9996D11C55-ROSE GALLAG]
Sent: 29/01/2020 13:39:50
To: stephengroves@nhs.net
CC: SEWELL, Mark (NHS ENGLAND & NHS IMPROVEMENT - X24) [msewell@nhs.net]; chris.moran; [Name Redacted] [NR]
[Name Redacted]@rcn.org.uk
Subject: FW: [secure] EPRR CRG Agenda and Papers

Importance: High

Hello Stephen, many thanks for the update on Coronavirus at yesterday's EPRR T/C. As discussed, I am concerned as a member of the CRG, and on behalf of a key stakeholder organisation regarding a lack of clarity on how the current Coronavirus incident is being managed between the relevant agencies and how key stakeholders are being engaged with. This is not a criticism in any way regarding the IPC advice to date, however key lessons from pandemic flu and more recently Ebola highlighted the crucial need to engage with organisations supporting front line staff to ensure that guidance is both relevant and able to be implemented. I have started to receive feedback from members regarding some guidance issued by PHE and but currently we are unclear how the related agencies are coordinated and the mechanisms for communication and escalation (if required) or concerns or risks.

In the TOR as agreed yesterday, it is specifically stated that the role of members is to support guidance development it would be helpful to understand how the IMT's plans to engage with professional organisations working alongside each other across the many settings and specialities to ensure communications are consistent and lessons identified from previous outbreaks are utilised. Our position is that we wish to support those managing the incident through proactive advice and the development of guidance rather than to have to feedback concerns after decisions are made or guidance issued. This position applies equally with regard to patient care and protection of the public as to the protection of healthcare workers in our role as a trade union.

In terms of future EPRR meetings, advanced notice of proposed dates would be helpful to support diary management.

Finally, as we prepare to exit the EU tomorrow an update on the relationship with ECDC and how the UK will be working with European partners, particularly given the recent cases in Germany and France would be helpful.

With best wishes

Rose

Rose Gallagher MBE

Professional Lead Infection Prevention and Control/AMR

RCN Sustainability Lead

Royal College of Nursing, 20 Cavendish Square, London W1G 0RN, [I&S]

Please note I am currently on secondment. I am working 2 days per week with the DHL Towers of the NHS Supply Chain working across Towers 1 and 3. RCN and DHL allocated days vary each week and I remain in my RCN role 3 days per week until December 2019.

<https://www.rcn.org.uk/employment-and-pay/safe-staffing>



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From: Rose Gallagher
Sent: 28 January 2020 09:48
To: SEWELL, Mark (NHS ENGLAND & NHS IMPROVEMENT - X24) <msewell@nhs.net>
Cc: [Name Redacted]@rcn.org.uk; chris.moran [PD]
Subject: RE: [secure] EPRR CRG Agenda and Papers
Importance: High

Hello Mark, I am just going through the papers in preparation for the meeting and note novel coronavirus is on the agenda as a 'recent incident'.

I'm not sure if this would come under AOB, however I would like to have clarity on the governance and risk management of the coronavirus incident (preparedness and escalation). I am aware that PHE has an incident group and that IPC guidance has been issued however to the best of my knowledge none of the major professional stakeholder groups have been invited to be involved in this or communicated to. Lessons from Ebola and pandemic flu where UK wide stakeholder engagement was key to consistent messages and intelligence gathering appear to have been lost in the system. We have had a lot of change since the last major incident and loss of memory is a real concern. I would like to raise the above points and, if necessary add as a risk

Happy to discuss

Best wishes
Rose

Rose Gallagher MBE

Professional Lead Infection Prevention and Control/AMR

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From: SEWELL, Mark (NHS ENGLAND & NHS IMPROVEMENT - X24) <msewell@nhs.net>

Sent: 24 January 2020 15:08

To: NR [NHS ENGLAND & NHS IMPROVEMENT - X24] NR [nhs.net]; WALSH, Angela (NHS EALING CCG) <angelam.walsh@nhs.net>; Baynton, Clair <clair.baynton@dhsc.gov.uk>; CATTELL, Richard (NHS ENGLAND & NHS IMPROVEMENT - T1520) <rcattell@nhs.net>; Chris Moran (General) <[Personal Data]@me.com>; [Name Redacted] (SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST) [Name Redacted] [nhs.net] [Name Redacted] [Name Redacted] [wmas.nhs.uk] [Name Redacted] [y@nhsbt.nhs.uk] [Name Redacted] [Name Redacted] [rcn.org.uk]; GARRATT, Hilary (NHS ENGLAND & NHS IMPROVEMENT - X24) <hilary.garratt@nhs.net>; [Name Redacted] UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST [Name Redacted] [uhb.nhs.uk]; [Name Redacted] [doctors.org.uk] [Name Redacted] [doctors.org.uk]; WILLETT, Keith (NHS ENGLAND & NHS IMPROVEMENT - X24) <keith.willett@nhs.net>; [Name Redacted] NORTH WEST ANGLIA NHS FOUNDATION TRUST [Name Redacted] [nhs.net]; [Name Redacted] ROYAL FREE LONDON NHS FOUNDATION TRUST [Name Redacted] [nhs.net]; [Name Redacted] [phe.gov.uk]; DICKENS, Paul (NHS ENGLAND & NHS IMPROVEMENT - X24) <p.dickens@nhs.net>; [Name Redacted] IMPERIAL ROAD SURGERY [Name Redacted] [nhs.net]; [Name Redacted] NHS ENGLAND & NHS IMPROVEMENT - X24 [Name Redacted] [nhs.net] [Name Redacted] (NHS ENGLAND & NHS IMPROVEMENT - X24) [Name Redacted] [nhs.net]; Rose Gallagher <Rose.Gallagher@rcn.org.uk>; [Name Redacted] [phe.gov.uk]; SEWELL, Mark (NHS ENGLAND & NHS IMPROVEMENT - X24) <msewell@nhs.net>; [Name Redacted] (NHS ENGLAND & NHS IMPROVEMENT - X24) [Name Redacted] [nhs.net]; [Name Redacted] (NHS ENGLAND & NHS IMPROVEMENT - X24) [Name Redacted] [nhs.net]

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